



South Carolina Center for
**Rural and Primary
Healthcare**



Enabling Healthcare Providers to Use a Patient-Centered Approach to Educating Patients about the COVID-19 Vaccine in Medically Underserved and Rural Communities in South Carolina

Expanded Conversation Guide for Building Vaccine Confidence

The Expanded Conversation Guide for Building Vaccine Confidence is accredited for CME credit. Refer to the Enabling Healthcare Providers to Use a Patient-Centered Approach to Educating Patients about the COVID-19 vaccine in Medically Underserved and Rural Communities in South Carolina CME page for instructions on how to obtain CME Credit. You may also contact the CME office at cpdsa@uscmcd.sc.edu or 803-434-4211 for additional assistance.

Introduction

Research shows that healthcare professionals are peoples' most trusted source of information regarding the COVID-19 vaccine¹. Studies of other vaccination initiatives²⁻⁴ indicate that many people choose to get vaccinated based on the recommendation of their physicians, while others continue to choose not to be vaccinated for a variety of reasons, such as distrust in the government and medical systems, misinformation or a lack of evidence-based information and even disinformation. While the decision to get vaccinated is up to the individual, the importance of having as many people vaccinated for COVID-19 as possible is paramount for the public's safety and, as healthcare professionals, we must take steps to ensure that people are making well-informed decisions based on an accurate understanding of the scientific evidence. At the same time, many healthcare professionals are still asking, "How do I talk to patients who are still choosing not to get vaccinated?"

In this activity we will describe how to engage patients in conversations that build an atmosphere of trust and respect, which are necessary to help them make well-informed decisions regarding the vaccine.

We will provide a realistic communication approach to guide you through brief conversations with patients that both address hesitancy and build confidence toward the COVID-19 vaccine. The framework and techniques of this approach are based on a patient-centered communication method known as Motivational Interviewing (MI)⁵. In addition, the approach and accompanying information (e.g., FAQ and Brief Guide) are grounded in scientific evidence as well as cultural rigor^{6,7}- input we sought from patients and healthcare professionals from medically underserved and rural areas of South Carolina.

This guidebook will introduce you to the essential concepts and communication strategies of the style of conversation used in this approach. You will begin by learning the core phases of the conversation and key communication strategies that will help you remain patient-centered in your approach. You will then learn several tips for what to do and what to avoid which will enable you to successfully use this style of conversation. This framework is intended to help guide you through the vaccine conversation, it is not intended to represent a script or a formula to which you must strictly adhere.

To ensure that the content of this activity is as relevant as possible to healthcare practice in South Carolina, we conducted personal interviews with vaccine hesitant patients from rural and medically underserved areas of the State regarding the reasons for their reluctance to take the COVID-19 vaccine. We also sought feedback from healthcare professionals working in these communities regarding the most common questions and concerns they are hearing from patients who express hesitancy about the COVID-19 vaccine. The *accompanying "Frequently Asked Questions and Response Guide"* addresses those concerns as well as those identified from a survey of the literature.

Rationale of the Approach

The following approach is based in the principles and practices of Motivational Interviewing (MI) - an evidence-based communication method used to enhance patient's motivation and commitment to health behavior change.^{3,5,8-12} Using an MI style of approach helps to address several key issues related to reducing hesitancy and building confidence toward the COVID-19 vaccine, including:

- ✦ People need to be engaged in a conversation, not a lecture. They are not empty vessels waiting to be filled with knowledge.^{13,14} They have their own thoughts, ideas, fears and concerns about their health and the COVID-19 vaccine which drives their views and decisions about the vaccine. It is best to treat the vaccine conversation as a two-way exchange of information between yourself and the patient, where you have as much to learn about the patient from the patient as you do information to give. Treating the conversation in this way will help you identify the patient's particular needs and tailor the information to those needs.
- ✦ Trust and respect are paramount. Approaching the discussion as a two-way conversation will help you meet people where they are and get to know who they are. This is essential for building the atmosphere of trust and respect necessary for people to fully engage in the conversation and build confidence toward the vaccine.
- ✦ Ambivalence is expected. As with any decision, it is natural for people to experience ambivalence when faced with the decision to get the COVID-19 vaccine. People who express hesitancy may be feeling two ways about the vaccine, considering the reasons for and against getting it. People need their healthcare providers to use an approach that helps them talk through both sides of the decision, not someone who only tries to convince them that the vaccine is the best thing for them.

“People don't care how much you know until they know how much you care.”
(Attributed to Theodore Roosevelt)

Phases of the Conversation

Raise the Subject

Ask for permission to discuss the vaccine:

- ✦ "Would it be okay if we took a couple of minutes to talk about the COVID-19 vaccine?"
- ✦ "I wanted to check in with you about the COVID-19 vaccine. Would that be okay?"

Recommend the vaccine if this has not already been done:

- ✦ "As your doctor I recommend that you get the COVID-19 vaccine, especially given that you are at increased risk for complications due to (other health conditions). What are your thoughts about the vaccine?"

Throughout the conversation be sure to **emphasize the patient's autonomy** and freedom of choice to take the vaccine as well as whether to have the conversation about it in the first place.

- ✦ "It's up to you..."
- ✦ "It's your choice..."

Some patients may benefit from you **explaining your role** regarding the subject:

- ✦ "I am here to understand your perspective about the vaccine and to answer any questions you have so that you have the information you need to make the decision that is best for you."

Listen to Understand Their Perspective

Find out before you fill them up. Find out what the patient understands, thinks, feels and/or values before trying to fill them with information they may already know or may not yet be open to hearing. If you start giving the patient information without first asking for their permission to share it or for their thoughts on the subject, it is probable that they will not be ready to listen to and hear what you have to say, which is often a waste of time. Instead...

After raising the subject:

Ask open questions to learn (hear) about the patient's experience, perspective, and what matters to them (i.e., what they value) and ultimately their own motivation for getting the vaccine. Open questions are questions to which a "yes or no" answer will not suffice, as opposed to closed questions.

- ✦ "What are your thoughts/feelings about the vaccine?"
- ✦ "Tell me more about..."
- ✦ "What questions do you have about the vaccine?"

Then:

Listen to hear and understand the patient's perspective, not to change their minds. The purpose of the conversation is to learn and understand their perspective and to be able to convey that understanding to them. This is critical to creating an atmosphere of trust and respect necessary to help them make an informed decision about the vaccine. Patients notice when we are listening to correct or counter them or searching for ways to convince them to take the vaccine, to which they often react by becoming defensive or shutting down. Instead:

Use reflective listening to ensure you are listening to hear and understand the patient's perspective AND to convey that understanding to the patient. Reflective listening is a critical communication skill that enables us to be sure we are hearing what the patient is saying and to express empathy and convey our understanding.

A reflection is a statement back to the patient that either restates what the patient has just said or offers a guess about the implicit or explicit meaning they are conveying. The key to effective reflective listening is not only to hear the words the patient is saying but also the meaning behind those words. In addition, reflecting what the patient has just said assists them in considering their own thoughts and feelings as they talk themselves through both sides of the ambivalence (reasons for and against), without having to contend with the pressure of someone telling them what they should do or think about the vaccine. Reflective listening may be the most useful communication tool we have to help facilitate that conversation with themselves.

- ✦ "There is information out there that is causing you doubt, at the same time, you like the idea of being protected from the virus."
- ✦ "It's been difficult for you to trust that the vaccine is safe given what's happened in the past."
- ✦ "You've been considering the vaccine; you just don't like some of the things you've been hearing."

Reflections with affirmation. Affirmations are reflections that affirm the patient's strengths, efforts, and past successes. These attributes may vary by the patient, however, in the case of vaccine hesitancy, be sure to affirm their commitment to their health. Keep in mind that the most common concerns people raise regarding the COVID-19 vaccine are almost always related in some way to them wanting to protect themselves or their loved ones. It is erroneous to assume that people who express reluctance or resistance do not care about their health.

- ✦ "You are committed to your health, and you want to protect it."
- ✦ "Your health really matters to you and you're trying to do what's best for it."

An additional tool: Use Scaling questions to assess and build readiness. A scaling question is a particular kind of open question that can be used to provide a quick assessment of a patient's level of motivation and/or confidence toward the vaccine. Start by asking:

- ✦ "On a scale from 1 to 10, where 1 is not at all ready to get vaccinated and 10 is absolutely ready, what number would you say you are?"

After the patient identifies their number, follow up by asking:

- ✦ "What makes you a 5 (e.g.) and not a lower number?"
- ✦ "What would put you at a 6 (e.g.) or a little higher on the scale?"

Asking both follow up questions will help to evoke the patient's own ideas about 1) what motivations they have to get the vaccine and 2) what could be done to make them more confident in the vaccine, often including actions they could take themselves to feel more confident.

Use Ask-Offer-Ask to Give Key Information

Giving information lies at the core of the vaccine conversation. The Ask-Offer-Ask framework provides a method for providing critical information to patients in a manner that adheres to the principles of effective asking and listening described above.

After listening to and conveying understanding about the patient's perspective regarding the vaccine use Ask-Offer-Ask to identify the patient's particular needs/concerns and provide key information related to those needs:

Ask what they understand or have heard about the COVID-19 vaccine.

- ✦ "What do you understand about the COVID-19 vaccine?"
- ✦ "Tell me more about what you've heard."

Offer - Provide key information after first asking for permission.

- ✦ "Would it be okay if I shared my perspective?"
- ✦ "I have some information about that I could share if that would be okay."

Then provide the information.

Ask what the information means to them.

- ✦ "What are your thoughts?"
- ✦ "What do you make of that information?"

Asking patients what sense they make of the information will help to clarify the patient's understanding as well as elicit where the patient needs to go next in the conversation.

Elicit next steps and Offer Support

To move into the planning phase of the conversation, we suggest using the following framework to continue emphasizing the patient's autonomy while identifying concrete steps they may be ready to take:

First...

Summarize the conversation acknowledging the patient's concerns and reflecting the reasons they may be motivated to take the vaccine.

- ✦ "I just want to be sure I'm with you. You are concerned about the unknown long term side effects of the vaccine, and, at the same time, you'd like to be able to take it to protect yourself and your family..."

Then...

Elicit the patient's own sense of where they are and what they'd like to do next.

- ✦ "Where does this leave you?"
- ✦ "Where would you like to go from here?"

Finally...

Offer your support to the patient.

- ✦ "How can I/we help you (take that step)?"
- ✦ "What would be most helpful to you right now?"
- ✦ "It's up to you. The decision is yours. In the meantime, what can I do to support you as you think about this?"
- ✦ "I am here for you to answer any questions or if you want to talk about this some more as you decide."

Key Communication Strategies

- ✦ **Emphasize patient autonomy.** Support people's autonomy, their right to make their own choices about whether and how they will engage in something. When we give people the option to say "no" or offer an alternative we not only convey respect for their right to determine what is best for themselves, we also increase their sense of control and make it more likely they will be open to listening to and considering the information we would like them to understand.
- ✦ **Ask permission** to raise an issue, share information or give advice. People generally do not listen to or heed unsolicited information or advice. In fact, many people can feel as if we are talking down to them, which erodes trust and respect. They are more apt to engage in the conversation and consider the information if we start by asking for permission first.
It is not necessary to ask for permission if the patient explicitly asks for the information or advice.
- ✦ **Use open-ended questions and reflective listening** to identify and explore what matters to the patient and to meet them where they are.
- ✦ **Affirm** the patient's commitment to their health, their desire to protect themselves and their loved ones, and/or any steps they have taken toward staying safe/healthy.
- ✦ **Normalize and validate** the patient's perspective. Keep in mind that people's reluctance to take the vaccine is born out of fear that the costs outweigh the benefits, regardless of whether their concerns are related to scientific evidence, their lived experience, or misinformation. To build vaccine confidence, we must first acknowledge in a nonjudgmental way the concerns that stand in the way.
 - ✦ "It makes sense that you have concerns about the vaccine based on...what you've heard/experienced/what's happened in the past."
 - ✦ "You're not alone. I/many people share the same concerns."

Tips

- To form a **reflective listening statement**, in your mind answer the question, "What's it like to be this person right now, what are they experiencing?"

Start the reflection with "You..." or "It sounds like you...". For example, in the case of a patient who seems to be afraid of the uncertainty about long term efficacy or side effects, you might reflect: "You care about your health, and you really want to protect it."

Keep in mind that a reflection is a statement - it ends in a period, not a question mark. "You're worried about the side effects." Not, "You're

worried about the side effects?" In a reflection the inflection in your voice will be down, not up, as it is at the end of a question.

- To form an **affirmation**, in your mind answer the question, "What impresses me about this patient?". While affirmations should be focused on identifying and reinforcing an attribute in the patient and not your opinion of the patient, asking yourself this question will help you tune into the patient's strengths and efforts.
- **Curiosity is an essential instrument.** Remind yourself that the purpose of the conversation is to create an atmosphere of trust and respect in which the patient can make a well-informed decision. The success of the conversation depends on your ability to hear the patient's story and convey your understanding of what matters to them. By exercising genuine curiosity, you will help to ensure that you listen to hear and understand, instead of listening for ways to change their mind. When patients feel heard and understood they are more likely to be open to hearing and considering the information you have to offer.

Avoid

- **Lecturing**, or telling the patient what to do or giving information or advice without first asking permission to share.
- **Using imperative language**, such as "should" or "must." Instead, use autonomy-supportive language like "could" or "might" which reinforce patients' freedom of choice.
- **Correcting the patient.** When we begin statements with "Well..." it is a cue that we are likely in a correcting or lecturing mode.

Likewise, if the patient begins their responses with "Yes, but..." or sounds defensive, this is a cue that we are likely correcting, lecturing, or trying to persuade the patient. This disempowers patients and can cause them to shut down.

Instead, acknowledge their concerns and ask for permission to share before providing relevant information:

- ✦ "There are definitely a lot of different kinds of information out there. Can I share with you what I found when I looked into this?"

To learn more about Motivational Interviewing or the information covered in this Guide, visit motivationalinterviewing.org or contact the Office of Continuous Professional Development and Strategic Affairs at cpdsa@uscmed.sc.edu or 803-434-4211.

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