

Better conversations about COVID-19 vaccines: A guide for primary care clinicians

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Since the rollout of the COVID vaccines, clinicians have been dealing with countless questions, concerns and hesitations from their patients.

Will the vaccines affect my DNA?

How were they developed so quickly?

I'm concerned this is a big ploy by the government and pharma industry.

Family physicians have heard these and many other concerns in clinics across Canada since the vaccine rollout began. Effectively answering vaccine questions, acknowledging concerns, and working alongside hesitant patients has not been easy, and the stakes are high. To reach vaccine uptake thresholds that will hold both virus variants and public health restrictions at bay, we need to improve the hesitancy conversations that are playing out in family physicians' offices.

With this goal in mind, our research team at the University of Calgary's School of Public Policy began talking with family doctors in January this year. We asked: What would make these conversations easier? The doctors answered: An interactive up-to-date resource that would help address the various types of hesitations among patients, and a collection of clinical wisdom from colleagues on how to improve these conversations. To address this need, with the aim of improving conversations between vaccine hesitant patients and family doctors with help from clinicians from across Canada, we created www.vhguide.ca. This fully interactive website organizes common COVID vaccine hesitancy types and presents tailored strategies for having better conversations in the primary care context. As vaccine policy, availability, approval, and hesitancy evolve, we continue to work with primary care teams to update the Guide's content to serve a broad range of Canadians.

As a team, we have been [studying Alberta's policy responses](#) to the pandemic since March 2020. Much of our work has focused on helping improve how primary care clinics and their teams have dealt with massive losses in appointment volume, the shift to virtual care, and the introduction of vaccine delivery. It has been our privilege to work with primary care clinicians who have been [essential in managing the pandemic](#), which has truly changed how primary care is practiced.

Our preliminary survey of the psychology literature related to vaccine hesitancy led us to recognize the '[trust sensitive](#)' nature of the decision to get vaccinated. The long-term, trusting relationships between family physicians and patients was a natural place to support better conversations about that choice.

Although public health communications have focussed on vaccine hesitancy as a single entity, our initial interviews revealed not just one form of hesitancy, but many hesitations that ranged from a fear of needles to mistrust of institutions. Organizing these various forms of hesitancy into a menu, we then asked family doctors across the country how they were approaching conversations with patients in each category. Those who were having the most success tended to follow the principles of [Motivational Interviewing](#). This well-established concept has been applied often to the vaccine hesitancy space.

The key take-homes from our research, and the principles at the crux of www.vhguide.ca, are that vaccine hesitancy conversations are more successful when they occur over time. Trying to quickly convince a patient to take the vaccine is often an ineffective approach.

The Guide also assumes that family physicians may find more success when they move away from trying to sell a patient on the vaccination, and instead focus on being empathetic allies to patients. This takes time and a resetting of vaccine conversation expectations. More successful vaccine counsellors do not enter a conversation aiming for a 'yes'. Instead, their focus is on helping patients move towards contemplation while respecting the questions, concerns, and hesitations they encounter along the way.

Our Guide incorporates these take-homes and provides pragmatic advice not just for family physicians, but all healthcare workers who find themselves in the role of vaccine counselor. If you find the Guide useful in your clinical practice, we hope you will not only share it with colleagues, but also contribute to its evolution by providing your own observations on 'what works.'

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Dr. Myles Leslie, PhD is the Associate Director of Research at the School of Public Policy in the University of Calgary and Principal Investigator on the Vaccine Hesitancy Guide. He is a qualitative researcher focused on applying the principles of engagement to re-world challenges in the policy and practice of healthcare. Dr. Leslie's primary substantive interest is in primary care and the technology, policy, organizational, and clinical level reforms that are needed to support the delivery of high quality care. Recent COVID-19 funding has seen him working across the acute, primary, and public health systems to understand policy responses and implementation challenges in the context of the pandemic. He brings extensive international experience in ethnography to his research, and an interest in the origins and challenges of trust in the creation and implementation of policy to his teaching. Dr. Leslie joined the University of Calgary faculty in the autumn of 2016, arriving from the Johns Hopkins School of Medicine in Baltimore, MD. He was trained at the Universities of Toronto and Leicester where he held Canada Graduate and Trudeau Foundation Scholarships, and a post-doctoral position in patient safety and quality.