

Interpersonal communication workshop

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Outline

- Personal reflection
- Why good HCW communication is important
- Parent positions on vaccination
- SKAI approach to communication
- Video role plays and 'bingo'



A quick survey before we start...

How well do you agree with the following?	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>My conversation can influence someone's decision to vaccinate.</i>				
<i>I understand how to adjust my communication approach for individuals who are accepting, hesitant, or declining vaccination.</i>				
<i>I am confident in guiding someone from vaccine hesitancy to greater acceptance through conversation.</i>				

Vaccine concerns

*“Do they really
need this
vaccine?”*

*“Aluminium in
vaccines induces
allergies”*

*“The mRNA
vaccines contains
ingredients which
cause cancer.”*

*“What about all
those
ingredients?”*

*“They get too
many vaccines”*

*“Vaccines
cause autism”*

*“HPV vaccines
cause infertility.”*

Multiple vaccines worry caregivers

B.H.C.3. N.S.W. DEPARTMENT OF PUBLIC HEALTH

BUREAU OF MATERNAL AND CHILD HEALTH

BABY HEALTH CENTRE AT **TURRAMURRA**

IMMUNIZATION RECORD

Primary Immunization Completed.	Boosters
Diphtheria ☒	☐
Whooping Cough ☒	☐
Tetanus ☒	☐
Poliomyelitis ☒	☐

Childhood vaccination	
(Also see vaccination for people with medical risk conditions)	
Age	Diseases
Birth	Hepatitis B (usually offered in hospital)
2 months (can be given from 6 weeks of age)	- Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) - Rotavirus - Pneumococcal - Meningococcal B (Aboriginal and Torres Strait Islander children)
4 months	- Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) - Rotavirus - Pneumococcal - Meningococcal B (Aboriginal and Torres Strait Islander children)
8 months	- Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) - Pneumococcal (Children with specified medical risk conditions) - Poliomyelitis (Aboriginal and Torres Strait Islander children) - Meningococcal B (Aboriginal and Torres Strait Islander children with specified medical risk conditions)
6 months to 45 years (annually)	Influenza
12 months	- Meningococcal ACWY - Measles, mumps, rubella - Pneumococcal - Meningococcal B (Aboriginal and Torres Strait Islander children)
18 months	- Haemophilus influenzae type b (Hib) - Measles, mumps, rubella, varicella (chickenpox) - Diphtheria, tetanus, pertussis (whooping cough) - Hepatitis A (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld)
4 years	- Diphtheria, tetanus, pertussis (whooping cough), polio - Hepatitis A (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld)
15 years (annually)	- Influenza (Children with specified medical risk conditions) - Influenza (Aboriginal and Torres Strait Islander children)

The Dr. Paul Approved Vaccine Plan

Dr. Paul Thomas, M.D., F.A.A.P.

Get your children the protection from infectious diseases while minimizing vaccine side effects.

Since 2008, Dr. Paul and the team at Integrative Pediatrics have been using the plan outlined below. Combining this vaccine plan with exclusive breastfeeding, eating a diet of real food, getting enough vitamin D, exercising, and avoiding toxins like acetaminophen, aspartame, and glyphosate, the children in his practice have experienced superior health, and a significantly lower rate of autism (0 in 1336) than the national average, which is 1 in 45.

If you have autism in the family, a history of autoimmune disorders, or an MTHFR mutation: delay vaccines until at least age five, or never. Do discuss this with your provider and know the risks of not vaccinating.

Pregnancy:	No vaccines (No Tdap, No flu)
Birth:	No Hep B
2 months:	Hib, DTaP (No Hep B, Rotavirus, IPV)
3 months:	Prevnar
4months:	Hib, DTaP (No Rotavirus, IPV)
5 months:	Prevnar
6 months:	Hib, DTaP (No Hep B, Rotavirus, IPV)
7-9 months:	Prevnar
1 year:	Hib, Prevnar (No MMR, Hep A, Varicella)

Vaccination communication

In small groups, discuss an encounter with a person who was vaccine-hesitant

How did it begin?

How did you respond?

How did you feel?

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You will now see a video of a vaccination conversation. As you watch the video, consider the following

- What were the nurse's communication strategies?
- What about their non-verbal communication?
- How do you think the parent was feeling?

Video here

Health professionals are influential

- They can shift people towards (or away from) vaccination
- They have the influence and means for vaccinating all at once
- People access expert knowledge through them
- Trust in them is resilient in the face of low trust elsewhere

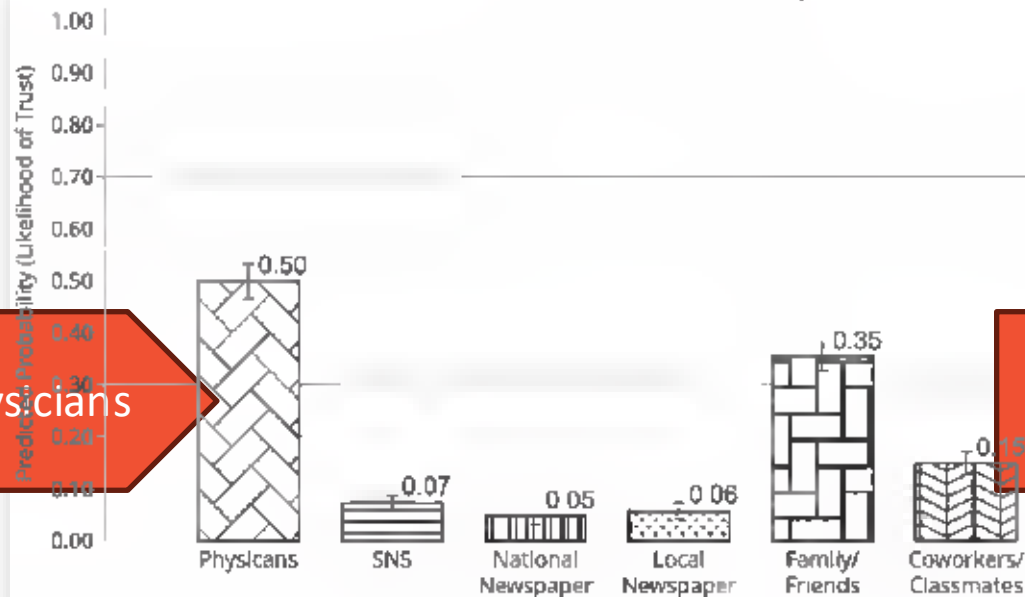


Opel D et al. *Vaccine* 2012:30
Brown K et al. *Vaccine* 2010
Kempe A *Pediatrics* 2015:135
Leask J et al *ANZJPH* 2008:32
Verger P et al. *EBioMedicine*. 2015
Choi Y, Fox AM. *Social Science & Medicine*. 2022

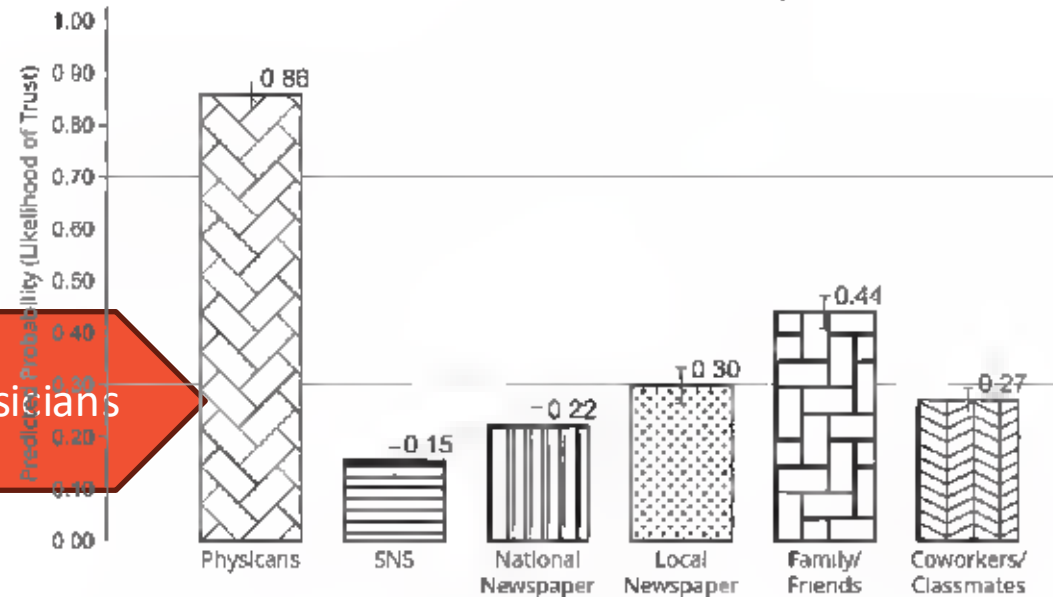
Trust in public health interventions (PHIs), trust in Trump

Choi Y, Fox AM. *Social Science & Medicine*. 2022;314:115440.

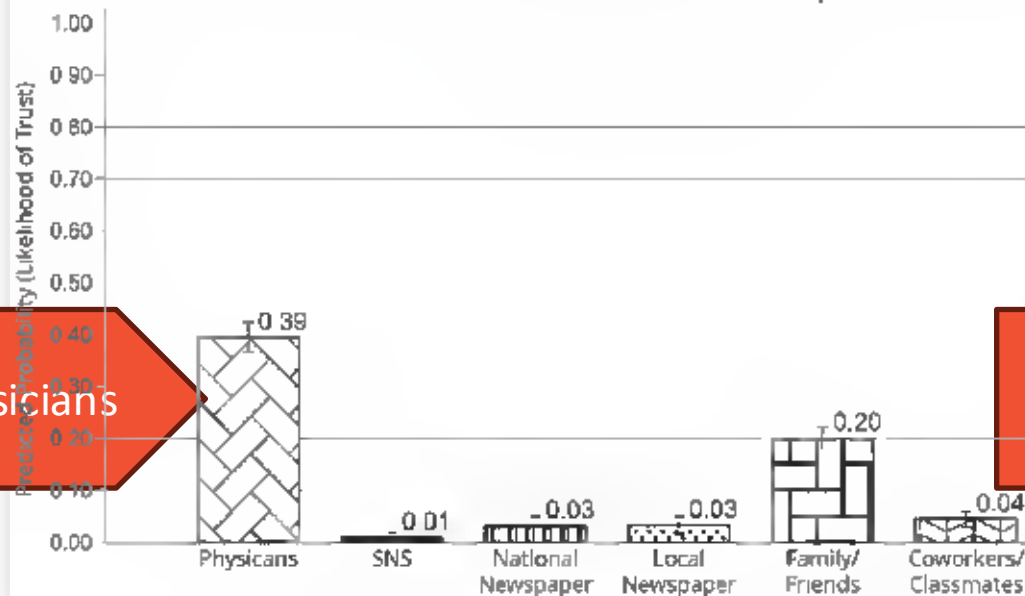
A. Mistrust PHIs & Trust Trump



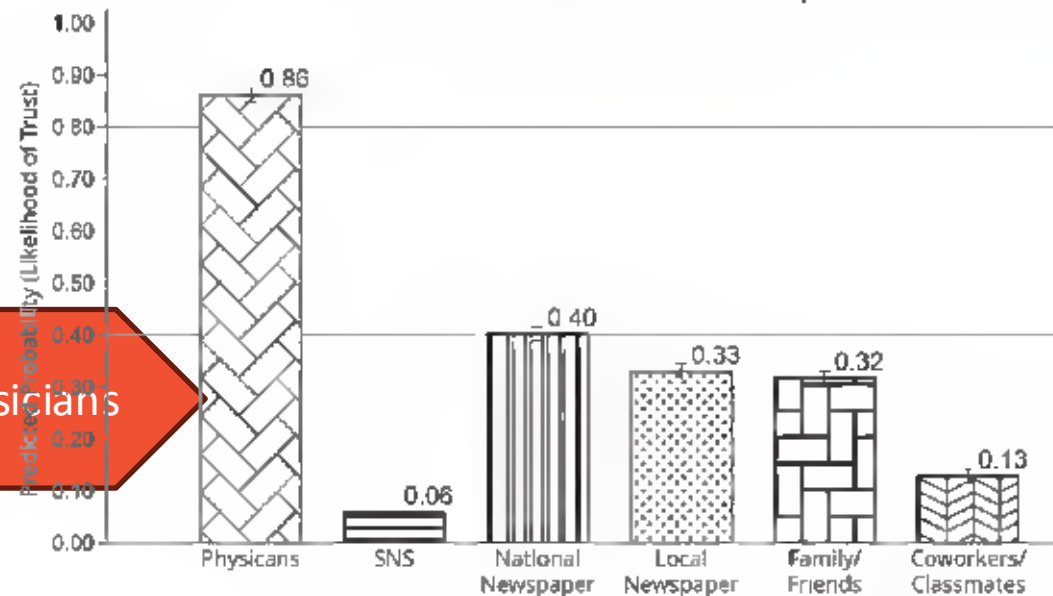
B. Trust PHIs & Trust Trump



C. Mistrust PHIs & Mistrust Trump



D. Trust PHIs & Mistrust Trump



HCW find vaccine conversations challenging

“I try and tell people these are real diseases, and it’s like talking to a brick wall.” GP

“The first time I had to have the conversation, I was really stressed, I was very concerned about what was expected of me in that situation” GP

What is SKAI?

- Package of resources and structured communication for primary care providers
- Aims to move parents towards vaccination
- Build trust among non-vaccinators, support the hesitant, facilitate consent
- Evidence-informed
 - Research on provider practices
 - Communication science
 - Motivational interviewing
 - Calgary Cambridge Model



Publications

Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination. A framework for health professionals. BMC Pediatrics 2012; 12:154

Randall, S., Leask, J., Robinson, P., Danchin, M., Kinnersley, P., Witteman, H., Trevena, L., Berry, N. Underpinning of the sharing knowledge about immunisation (SKAI) communication approach: A qualitative study using recorded observations. Patient Education and Counseling 2020;103:1118-1124.

Berry NJ, Danchin, M, Trevena L, Witteman HO, Kinnersley P, Snelling T, Robinson P, Leask J. Sharing knowledge about immunisation (SKAI): An exploration of parents' communication needs to inform development of a clinical communication support intervention. Vaccine 2018;36(44):6480-6490

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Wiley KE, Steffens M, Berry N, Leask J. An audit of the quality of online immunisation information available to Australian parents. BMC Public Health 2017;17(1):76.

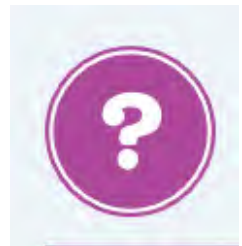
Berry NK, Henry A, Danchin M, Trevena LJ, Willaby HW, Leask J. When parents won't vaccinate their children: a qualitative investigation of Australian primary care providers' experiences. BMC Pediatrics 2017;17:19

<https://skai.org.au/>



Ready

Confident
Want chance to ask questions



Hesitant

Are ambivalent
Many concerns: safety, reactions, too many, autism etc
Strong sense of responsibility to make 'right decision'
Want child treated individually

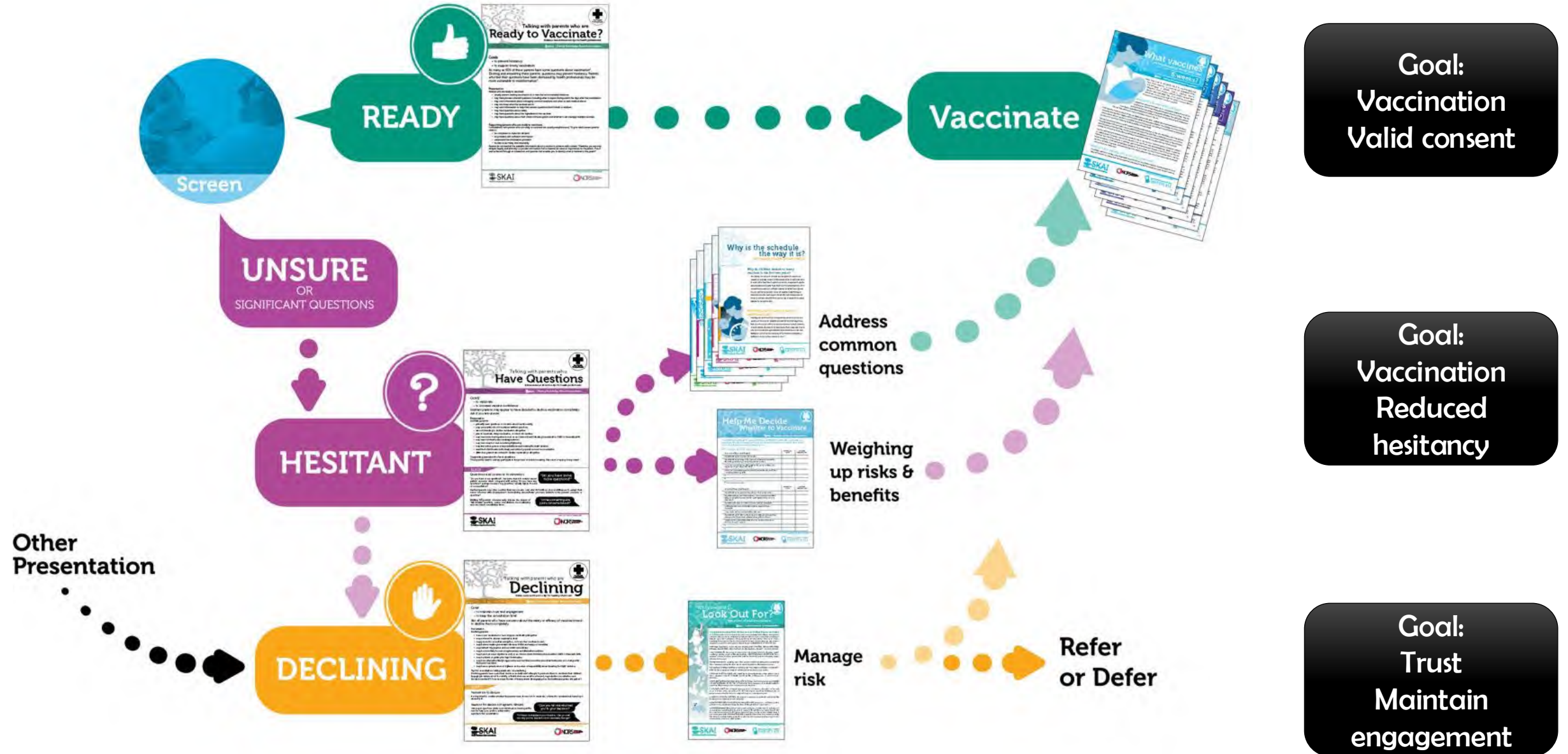


Declining

May not want to discuss or disclose
May talk about having 'done my own research'.
May have had a bad experience
Vaccines seen as unsafe
Some are alternative, some not

Jackson C, et. al. Health Expectations. 2008;11:232-51.
Leask J, et. al., Vaccine. 2006;24(49-50)
Chow M et al Aus Fam Phys 2017
Berry NJ, et. al., *Vaccine* 2018;36(44):6480-6490
Ward PR, et. al., Journal of Risk Research, 21:9, 1117-1130
Wiley KE, et al Soc Sci Med, 2021

The pathways



Initiating the conversation



Ready

He's due for his four-month-old vaccines today. Do you have some questions?



Hesitant

He's due for his four-month-old vaccines today. I noticed you had a few questions here on the SKAI sheet

What questions would you like answered before getting your child's needles?

☐ I have no questions



Declining

I noticed she has no vaccines on her record. Is that correct?

Do you mind if we discuss that?

I'd like to understand your decision if that's OK.

Tips for talking with people who are hesitant or declining

Part 1



Elicit questions and concerns

- Use open-ended questions, e.g. *“What questions do you have?” “Tell me about that”*
- Active listening (pause, nod)
- Resist the righting reflex

Acknowledge the person's concerns and experience

“It sounds like you had a strong reaction to that vaccine”
“I can see you have done a lot of thinking about this”



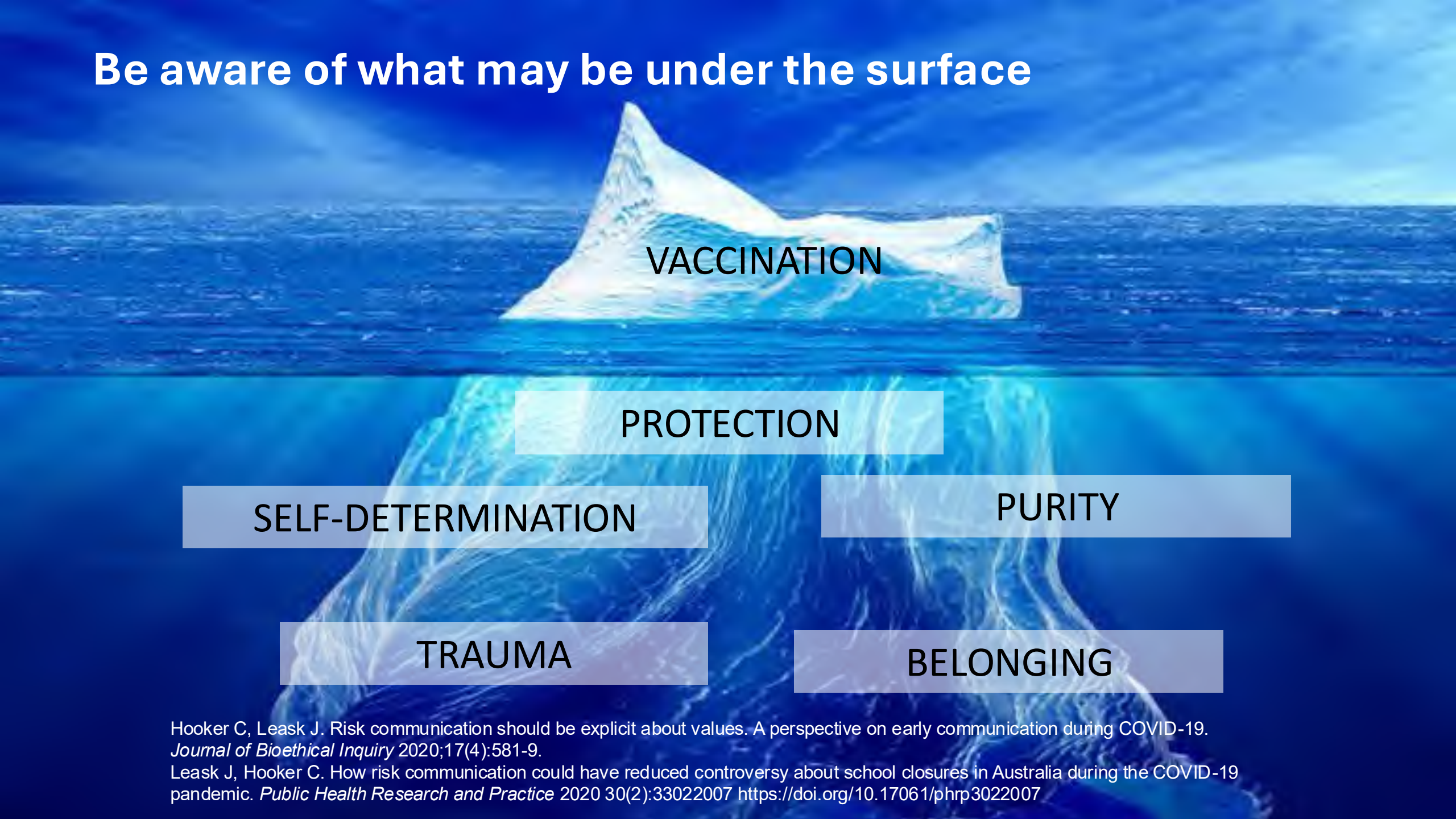
How to acknowledge people who are hesitant or declining

- Resist the righting reflex
- Be curious – ask the person about their views on vaccination
- Take note of your own feelings and manage them
- Recognise the root causes
- Know when to let go



Image adapted from <https://mifonurses.com/empathic-listening-silencing-our-inner-expert>

Be aware of what may be under the surface



VACCINATION

PROTECTION

SELF-DETERMINATION

PURITY

TRAUMA

BELONGING

Hooker C, Leask J. Risk communication should be explicit about values. A perspective on early communication during COVID-19. *Journal of Bioethical Inquiry* 2020;17(4):581-9.

Leask J, Hooker C. How risk communication could have reduced controversy about school closures in Australia during the COVID-19 pandemic. *Public Health Research and Practice* 2020 30(2):33022007 <https://doi.org/10.17061/phrp3022007>

Tips part 2

Set agenda

“What’s your biggest worry today? Can we work together to answer your questions?”

Share your knowledge

“There’s no benefit in separating them out. It’s better to have them at the one time. If you separate them out, they might get a fever on one occasion and be grumpy.”

Help the person find their own reasons to vaccinate (reinforce motivation)

“Maybe it’s best you get it all done today rather than coming all the way back out here and going through all that again.”

Recommend vaccination

“Because he’s really vulnerable to the severe side effects of these disease, I think there’s a real benefit to having these vaccines today.”

“Would you be willing to starting the vaccines today?”

Vaccinate, refer or defer

Plan and close



Some practical communication tips

- Attend to health literacy
- Dealing with emotions
Responding to a patient's emotional cues helps them to subsequently process information

- Any v some
“Is there anything else you want to address in the visit today?”

Vs

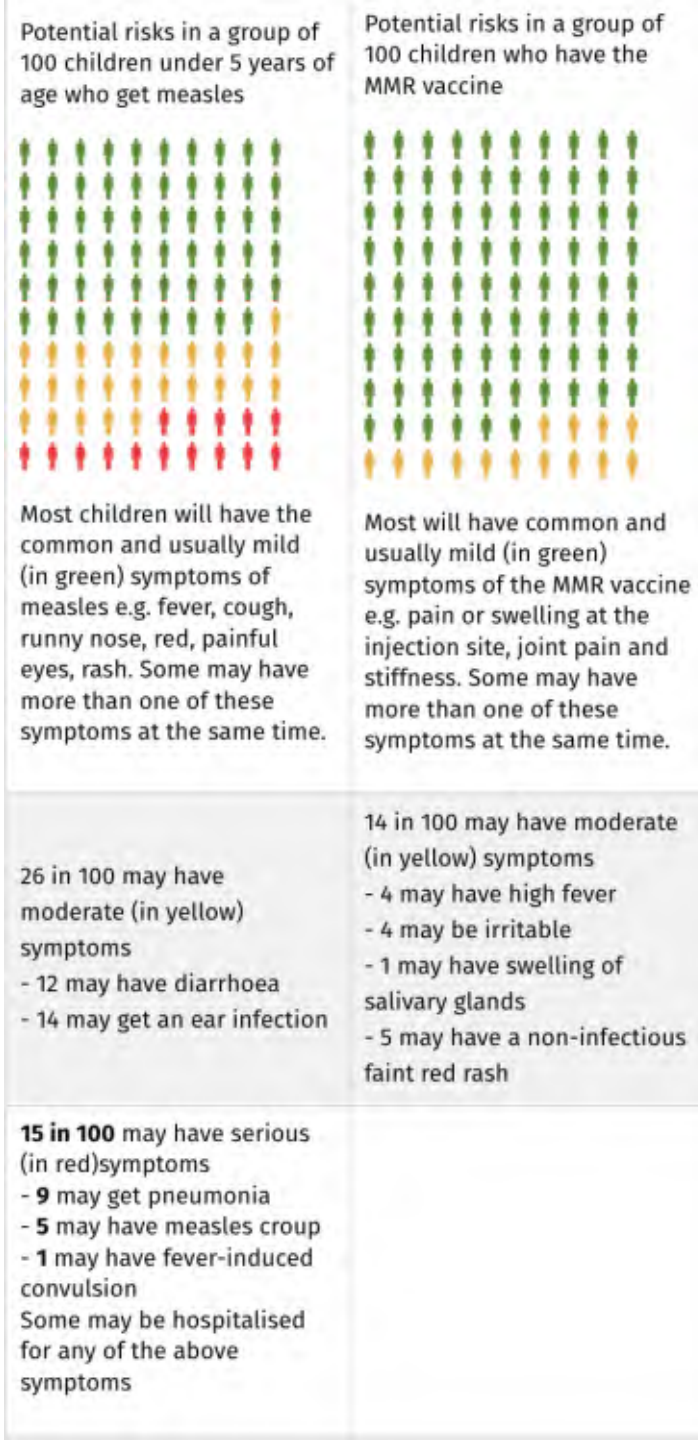
“Is there something else you want to address in the visit today?”

Significantly more unmet concerns are addressed.

“Would you be willing...”



1. Jansen J, van Weert J, de Groot J, van Dulmen S, Heeren TJ, Bensing JM. Emotional and informational patient cues: the impact of nurses' responses on recall. *Patient Educ Couns*. 2010;79(2):218–224.
2. Heritage J, Robinson JD, Elliott MN, Beckett M, Wilkes M. Reducing Patients' Unmet Concerns in Primary Care: the Difference One Word Can Make. *Journal of General Internal Medicine*. 2007;22(10):1429-1433.
3. Sikveland, R.O., & Stokoe, E. (2016). Dealing with resistance in initial intake and inquiry calls to mediation: The power of 'willing'. *Conflict Resolution Quarterly*, 33 (3), 235-253.
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The MMR decision aid

<https://ncirs.org.au/public/mmr-vaccine-decision-aid>

Rare complications 2 in 1,000 children may have inflammation of the brain (encephalitis). Encephalitis from any reason may result in children surviving with permanent brain damage or death. ⁸	Rare complications Uncertain; a maximum of 1 in 1 million children may develop encephalitis. ^{18,19}
3 in 1,000 children develop thrombocytopenia (tendency for bruising or bleeding) ^{19, 20}	26 in 1 million children may have thrombocytopenia. ¹⁹
1 in 100,000 children may get subacute sclerosing panencephalitis (SSPE), a late complication of measles, which causes progressive brain damage and nearly always results in death. ²⁰	No child will get subacute sclerosing panencephalitis (SSPE). ²¹

1. Wallace C, Leask J, Trevena LJ. Effects of a web based decision aid on parental attitudes to MMR vaccination: a before and after study. *BMJ*. 2006;332(7534):146-9.
2. Shourie S, et al. A cluster randomised controlled trial of a web based decision aid to support parents' decisions about their child's Measles Mumps and Rubella (MMR) vaccination. *Vaccine*. 2013;31(50):6003-10.

Tips for communicating with the hesitant

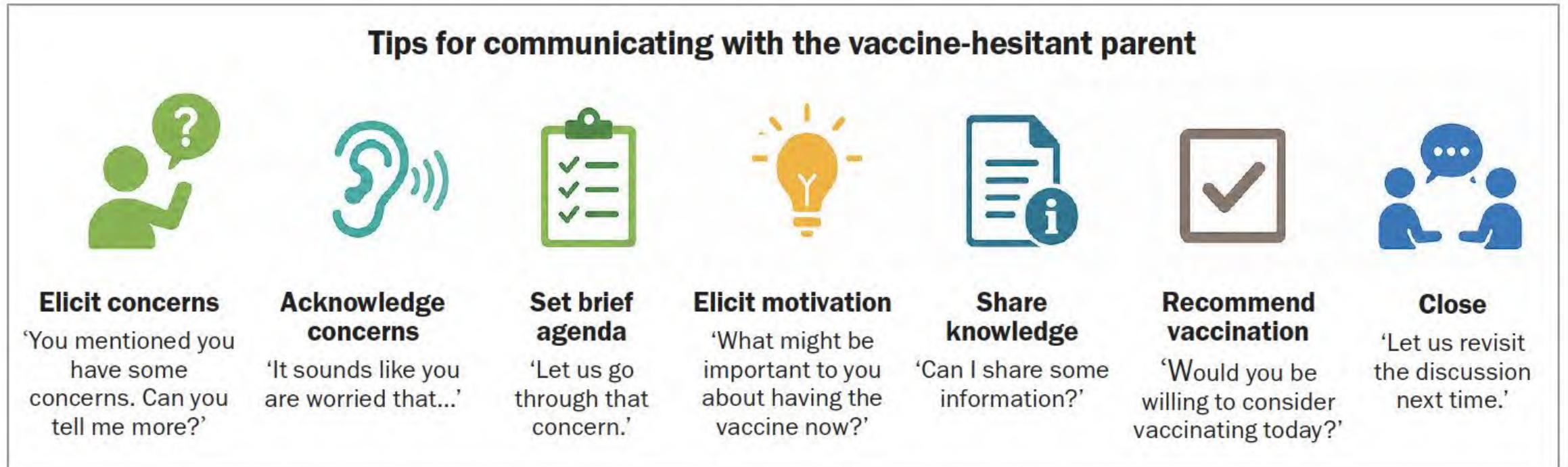


Figure. How to approach vaccine hesitancy using the Sharing Knowledge About Immunisation approach.

Leask et al. *Medicine Today*, 2026: August
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Randall, S., et al. *Patient Education and Counseling* 2020;103:1118-1124.
NCIRS <https://skai.org.au/healthcare-professionals/>
Opel et al *Am J Prev Med*, 2015

Role play bingo

Listen to the next conversation

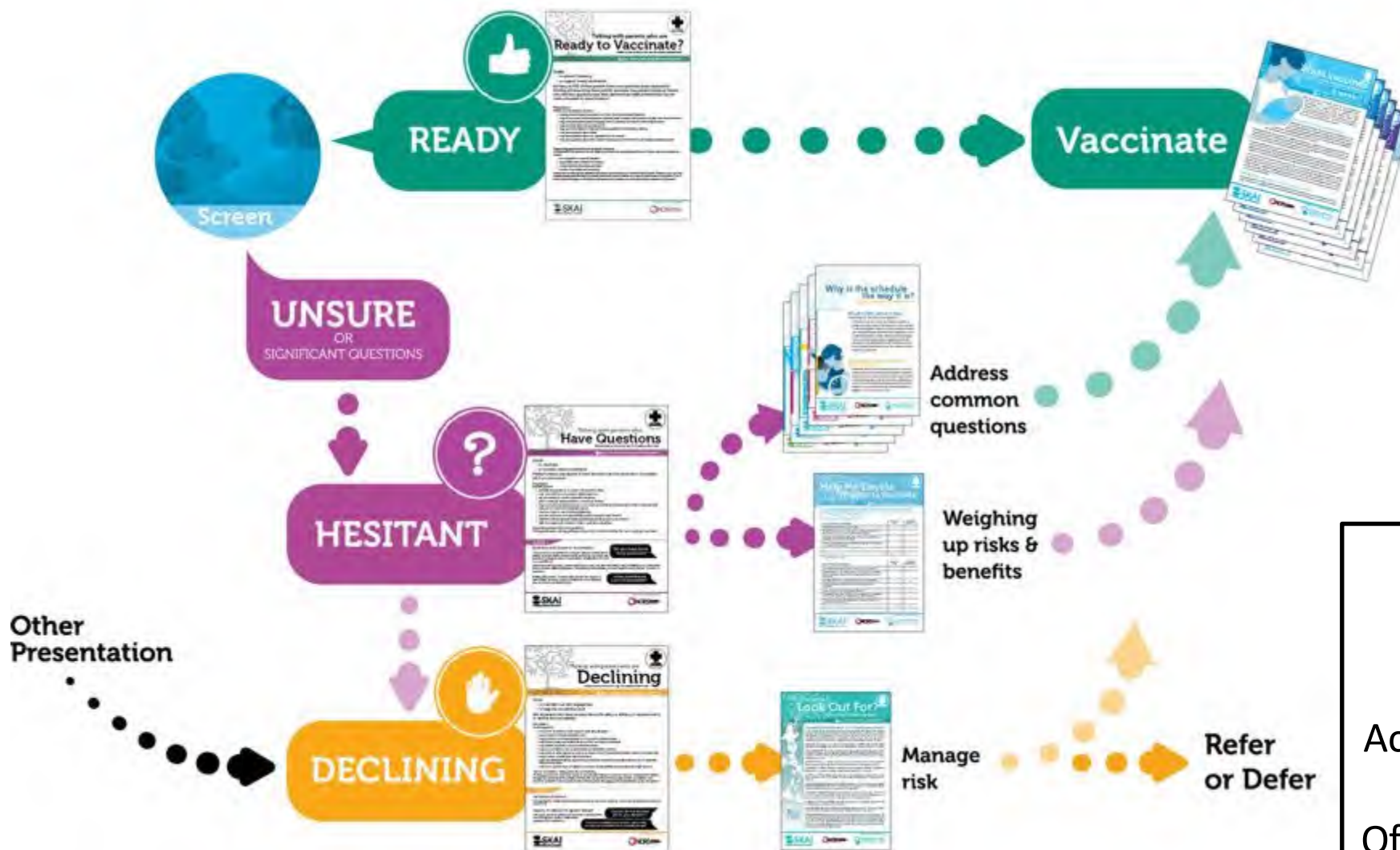
Mark off each communication practice as you hear it

Yell 'bingo' when you mark all the boxes

Opens conversation	Finds out questions and concerns	Elicits views of partner
Acknowledges and validates parent	Summarises	Shares knowledge
Shares relevant resource	Helps parent find their own reasons to vaccinate	Recommends vaccination



- Video here



As permission to discuss
Elicit reasons for decision
Acknowledge and validate person
Offer anticipatory guidance
Offer opportunity to discuss again

Video here

What about conversations between people in the community?

- Start the conversation
- Find out all their questions and concerns
- Decide on your conversational goal.
- Acknowledge the person's concerns and experience
- Share what you know
- Share your story
- Encourage or recommend vaccination
- Offer practical help
- Suggest next steps

Summary

- Identify person's position on vaccination
- If they are hesitant:
 - Ask, listen and understand before addressing issues
 - Validate the person
 - Give information in small chunks, using resources, and check for understanding.
 - Recommend vaccination and (if HCW) vaccinate if person is ready.
 - If not ready at all, keep it brief and close with a plan.

Role plays

Role play scenarios 10 mins

Get in groups of three

Agree on roles

Act out the scenario, using your characters

Observer takes notes

Debrief in your group

Community conversation – flu vaccine

- Vaccine champion
- Aunt Me-Ling – flu vaccine hesitant
- Observer

Clinic conversation – MMR concerns

- Health care worker
- Lisa, mother of Robbie aged 14 months
- Observer

Explore SKAI



**SKAI
Pregnancy and
Newborn**



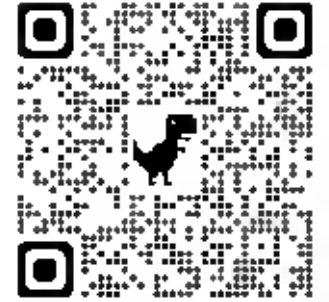
SKAI Childhood



**SKAI
Adolescent**



**SKAI
Healthcare
Professionals**



<https://skai.org.au/pregnancy-and-newborn>

What vaccines are recommended for you and your newborn?



**1st
trimester**
(0–13 weeks)



**2nd
trimester**
(14–26 weeks)

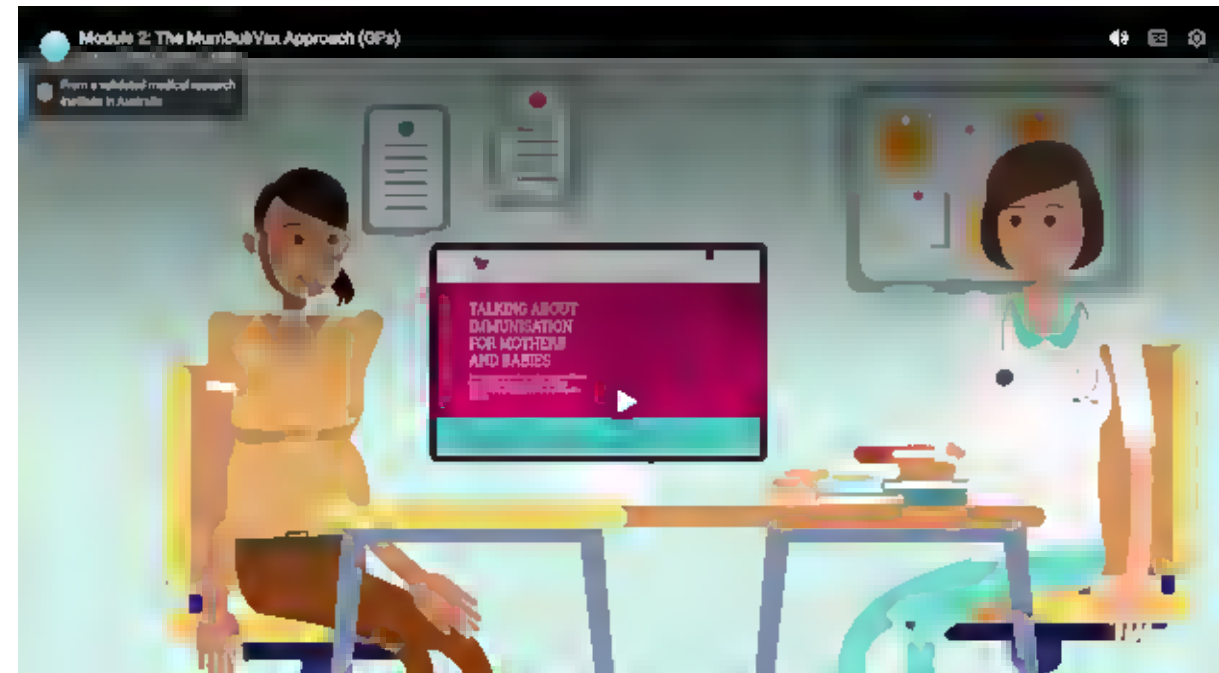


**3rd
trimester**
(27–40 weeks)



At birth

Resources



Communication tips and training

Vaccine risk information reduced side-effect and safety



Resource gave information on:

- Common local and systemic reactions
- Febrile convulsions
- Intussusception
- Anaphylaxis

Table 4. Comparison of Responses to Likert-Type Items Pre and Post Intervention.

Survey Item ^a	Response Group ^a	Pre	Post	Difference	95% CI		p-Value
					Lower Limit	Upper Limit	
Positive Attitude Assessment	Agree	43.8%	50.4%	6.5%	3.0%	10.0%	0.001 *
Side-effect Concerns	Concerned	37.0%	29.0%	-8.0%	-4.0%	-12.0%	<0.001 *
Safety Concerns	Concerned	28.5%	23.0%	-5.6%	-2.3%	-8.8%	0.001 *
Stage of Decision Making	Firmly decided	75.4%	72.5%	-2.8%	-5.9%	0.2%	0.097
VCF Question	Accepting	90.1%	92.0%	1.9%	-0.1%	3.9%	0.096

^a Refer to Table 1 for a description of survey items and response grouping. * Statistically significant.

McDonald C, Leask J, Chad N, Danchin M, Fethney J, Trevena L. A consent support resource with benefits and harms of vaccination does not increase hesitancy in parents. An acceptability study. *Vaccines*. 2020;8(3).

Conversation Guides

Talking with parents who are Ready to Vaccinate

Evidence-based discussion tips for health professionals

Goals

- to prevent hesitancy
- to support timely vaccination

As many as 50% of these parents have some questions about vaccination. Eliciting and answering these parents' questions may prevent hesitancy. Parents who feel their questions have been dismissed by health professionals may be more vulnerable to misinformation.

Presentation

Parents who are ready to vaccinate:

- usually present smiling/vaccination at or near the recommended milestone
- may have process-oriented questions including what to expect during and in the days after the vaccine
- may want information about managing common reactions and when to seek medical advice
- may not know what the vaccines are for
- may want information to help them answer questions from friends or relatives
- may have questions about safety
- may have questions about the ingredients in the vaccine
- may have questions about their child's immune system and whether it can manage multiple vaccines

Supporting parents who are ready to vaccinate

Consultations with parents who are ready to vaccinate are usually straightforward. To give valid consent, parents need to:

- be competent to make the decision
- be provided with sufficient information
- understand the information provided
- be able to act freely and voluntarily

Parents do not need all the available information about a vaccine to achieve valid consent. Therefore, health professionals are obliged (legally and ethically) to provide information that is material (of value or importance) to the parent. This is best achieved through an interaction with parents that enables you to identify what is material to the parent.

Talking with parents who Have Questions

Evidence-based discussion tips for health professionals



Goals

- to vaccinate
- to increase vaccine confidence

Hesitant parents may appear to have decided to decline vaccination completely. Ask if you are unsure.

Presentation

Hesitant parents:

- primarily have questions or concerns about vaccine safety
- may come with lots of (sometimes written) questions
- are not intending to decline vaccination altogether
- plan to vaccinate, delay vaccination, or select out vaccines
- may have had a bad experience such as an Adverse Event Following Immunisation (AEFI) or traumatic birth
- may have lost trust in the medical profession
- may have heard or read something frightening
- may feel a strong sense of responsibility around making the 'right' decision
- want their child treated individually and distrust population-level recommendation
- differ from parents who intend to decline vaccinations altogether

Supporting parents who have questions

These parents want to actively participate in the process of decision-making. This sense of agency is important!

ELICIT

Questions and concerns to saturation

'Do you have some questions?', has been found to reduce unmet patient concerns when compared with asking 'Do you have any questions?' perhaps because 'Any questions?' usually signals the end of a consultation.

Hesitant parents may often mention their key concern only after first testing out your willingness to accept their minor concerns without judgement. Summarising demonstrates you have understood the parents' concerns or questions.

Eliciting **all** parents' concerns early reduces the chance of 'late breaker' questions, makes consultations more satisfying and can reduce consultation time.

"Do you have some more questions?"

"Is there something else you're concerned about?"

Talking with parents who are Declining

Evidence-based discussion tips for health professionals



in trust and engagement
in consultation brief

Parents who have concerns about the safety or efficacy of vaccines intend to decline vaccination completely.

Parents who are declining:

- do not discuss vaccination at all
- do not discuss vaccination, or for another medical concern
- discuss preventable diseases (VPDs) are benign or beneficial
- discuss 'big Pharma' and conventional medicine
- discuss 'natural' and alternative medicine
- have had experience such as an Adverse Event Following Immunisation (AEFI) or traumatic birth
- are not getting the right information
- have lifestyle approaches and feel that conventional medical treatments do not align with their values
- have a strong sense of vigilance and a sense of responsibility around making the 'right' decision

Supporting parents who are declining

Parents who are declining will make their decisions and will resist attempts to persuade them to vaccinate their children. About the capacity of their beliefs can result in extended, unproductive consultations and it is important to ensure the risk of these parents disengaging from the healthcare system altogether.

discuss

Confirm whether the parents have chosen not to vaccinate, or intend to vaccinate but haven't got around to it.

Decision (if agree to discuss)

Parents who agree to discuss will yield more information. Hearing all the concerns and addressing them in a collaborative way.

"Can you tell me what led you to your decision?"

"I'd like to understand your decision. Can you tell me why you've decided not to vaccinate George?"



Q&A for the hesitant

How do vaccines affect immunity?

Vaccines strengthen natural immunity

Why is the schedule the way it is?

Vaccines are timed to protect children

How are vaccines shown to be safe?

Vaccines are carefully tested

What is in vaccines?

All ingredients in vaccines
are tested for safety

What about autism?

Many large studies have found
vaccines do not cause autism

Debunking

What about autism?

Core fact

Many large studies have found vaccines do not cause autism

Explain core fact

How do we know?

A number of high quality studies have compared the health of large numbers of vaccinated and unvaccinated children over many years. The largest study included 537,303 children born in Denmark and found that unvaccinated children were just as likely to develop autism as vaccinated children.¹ When the results of this study were combined with the results of nine other studies to include medical information from nearly 1.5 million children living all around the world, researchers were able to confirm that vaccination could not be causing autism.²

Then, what causes autism?

It is not known exactly why some children develop autism.

The idea that vaccination caused autism was attractive to some people who wanted to find a clear cause. However, this idea arose from a few studies that were badly conducted and have since been proven wrong. Current research suggests that autism cannot be explained by a single cause, but is probably due to a combination of developmental, genetic and environmental factors.

Fill the gap

The myth



Authors and qualifications

About us

This information sheet was developed by a group of researchers called the SKAI Collaboration. It was written by Nina Chad PhD and Julie Leask PhD from the University of Sydney, Margie Danchin PhD from the University of Melbourne, Tom Snelling PhD from the Telethon Kids Institute, and Kristine Macartney MD and Melina Georgousakis PhD from NCIRS. SKAI is funded by the Australian Government Department of Health.

Further reading

talkingaboutimmunisation.org.au

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3. Wakefield AJ. Best-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998;351:637-641 (RETRACTED).
4. Deer, B. How the case against the MMR vaccine was fixed. *BMJ* 2011;342:c5347.
5. Retraction - Best-lymphoid-nodular hyperplasia, non-specific colitis and pervasive developmental disorder in children. *Lancet* 2010;375:445.
6. Honda, H, et al. No effect of MMR withdrawal on the incidence of autism: a total population study. *Journal of Child Psychology and Psychiatry* 2005;46:572-579.

Evidence base

So, where did the misunderstanding come from?

In 1998, a research group in the UK, led by Andrew Wakefield, said that some children who had received measles-mumps-rubella (MMR) vaccine went on to develop bowel disease and developmental disorders such as autism.³ The results of the research, which had included only twelve children, were published in a respected medical journal. However, the authors retracted their claim that there was any association between vaccination and autism in 2004. The paper was withdrawn from the journal in 2010 after the General Medical Council found that results reported in the paper had "proven to be false".⁴ A retraction and apology was printed in the journal that same year.⁵

After it became clear that MMR vaccine was not the problem, some people suggested a preservative sometimes used in vaccines that are packaged in multi-dose containers might be linked to autism. The preservative, called thiomersal, is a salt that contains a tiny amount of mercury. The mercury salt in thiomersal is not the kind of mercury compound that accumulates in the human body. None of the vaccines normally given to children in Australia are packaged in multi-dose containers so none of them contain thiomersal or any other form of mercury. A study of children born in Yokohama, Japan found removing MMR vaccines from the childhood vaccination program didn't change the rates of autism there.⁶

Funding source

Familiarity backfire effect - debunked

Steffens MS, et al. Addressing Myths and Vaccine Hesitancy: A Randomized Trial. *Pediatrics*. 2021;148(5).

"Vaccines overwhelm a baby's immune system"

"Can vaccines overwhelm a baby's immune system?"

"A baby's immune system is able to respond to a vaccine and fight germs at the same time."

"Parenting teamwork is about making decisions together"

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Question?
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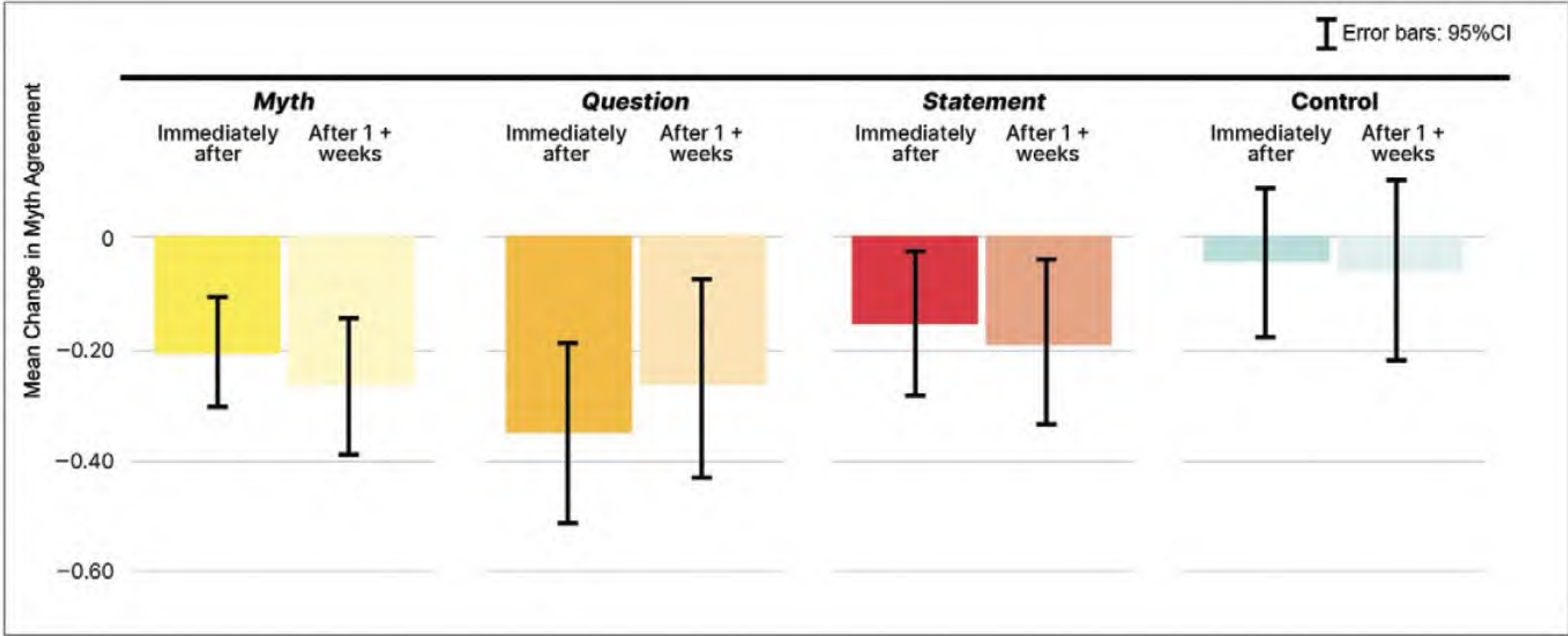
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Statement
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