

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/vaccination/practical-strategies-for-strengthening-patient-trust-in-covid-19-vaccines/35647/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Practical Strategies for Strengthening Patient Trust in COVID-19 Vaccines

Announcer:

You're listening to *VacciNation* on ReachMD, and this episode is sponsored by Pfizer. Here's your host, Dr. Charles Turck.

Dr. Turck:

Even as vaccine science evolves, skepticism continues to shape patient decisions, but the good news is that patients still trust their doctors most, putting clinicians in a powerful position to guide related conversations. Welcome to *VacciNation* on ReachMD. I'm Dr. Charles Turck, and joining me to discuss communication strategies for strengthening patient trust in vaccines is Dr. Brett Gilbert. He's the Chief of the Division of Infectious Diseases and Preventive Medicine and Medical Director of Infection Prevention at Main Line Health. He's also the Medical Director of the Annenberg Program for Infection Prevention and Control. Dr. Gilbert, welcome to the program.

Dr. Gilbert:

Thank you. Thanks for having me.

Dr. Turck:

So Dr. Gilbert, if we start with some background, how has vaccine hesitancy evolved in recent years, especially in light of newer vaccines and shifting guidelines?

Dr. Gilbert:

Yeah, that's a great question. I mean, as an infectious disease physician, I always stress the ability to vaccinate patients to prevent disease rather than having to treat it. And I think at times, over the years, people can be overwhelmed by the vaccine recommendations and the constantly changing recommendations and all the new vaccines that have come out, especially in response to the pandemic, as you know, and newer vaccines just in the last couple of years. And it can be quite exhausting for patients and even other clinicians to actually understand what's best for people. And I think the key is to just have an open line of communication and continually talk with your patients, talk with your colleagues, try to teach and explain why you're giving the vaccine, what the vaccine is intended to do. And I think that goes a long way.

Dr. Turck:

Now, in spite of the hesitancy we've been discussing, the CDC reports that healthcare professionals are consistently identified as the most trusted source of vaccine information by parents and patients. So with that in mind, how can we make most of this trust in one-on-one settings?

Dr. Gilbert:

Yeah, that's a great question. I mean, it's really important. And I find this in my own practice, it's really important that when you're making a recommendation, especially with a vaccine, to your patient or to a parent of a child, whatever it may be, that you actually explain why you're giving it to them. What are you trying to prevent? What illness are you trying to prevent? What are the potential side effects from the vaccine? What are the potential complications of not getting vaccine and actually getting the disease itself? So I think if you sit down one on one and have a conversation with patients and families and even other clinicians that may not understand or understand why they're giving vaccines, I think everyone will benefit. And if you tell a patient why they're getting the vaccine, not just, 'Oh, you're here today for your physical, I'm going to give you this vaccine,' I think it's way more important, and if they understand why you're recommending it, not just you need a vaccine today, that goes a long way. And some vaccines are based on age, some vaccines are based on underlying medical problems. And I think if you highlight what the reason is and why you're even bringing it up in the first

place, people are much more willing to listen. And again, you have to explain the risks and the benefits, not just the benefit. And I think if you are objective with that, it really helps people to understand and are more willing to then accept your recommendations.

Dr. Turck:

For those just joining us, this is *VacciNation* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Brett Gilbert about how we can build patient trust in vaccines.

So Dr. Gilbert, given that patients view clinicians as a trusted source, let's zero in on ways we can strengthen vaccine confidence. And when it comes to personalizing conversations, what are some other real-world techniques for tailoring education to individual patient concerns?

Dr. Gilbert:

Yeah, I mean, that's another good question. And one of the things that I try to do when I'm in my own office setting or making recommendations is really hone in on that particular patient's medical history, their age. As I said, a lot of recommendations for vaccines are just based on age. Well, a lot of them are also based on what the underlying medical history is, which would potentially increase the risk of developing that illness you're trying to prevent from the vaccine. So it's important to point that out.

Sometimes what I even do is give own personal examples of other patients that are very similar, that have received vaccine, or even myself when I've recommended, or a doctor had recommended to me to get a vaccine. So I think if you make it personal, you give specific examples, you explain why they're getting the vaccine. And as I pointed out before, it's really important to explain not just that you're giving a vaccine, but what is your purpose, what are you trying to prevent them from getting, they understand.

And the other thing that I often try to point out too is sometimes, if they get the disease that you're trying to prevent, it may make their underlying medical problems worse. So again, it's tailored to the individual patient. It's a one-on-one conversation. And it should be explained, and you have to give the patients the time to digest what you're saying and even ask questions, because a lot of times they don't even know why you're even recommending the vaccine. A lot of people don't know what pneumococcal disease is or pneumonia is. And I think when you're making a recommendation for a vaccine to prevent pneumonia, sometimes you actually have to explain what that is first.

So again, a lot of it is listening and education, real-time education and giving one-on-one examples that the patients can relate to.

Dr. Turck:

Now, we also know that for some communities, especially those that have been historically marginalized, vaccine hesitancy is tied to deeper issues of systemic mistrust. So how can we best approach these conversations with cultural sensitivity and humility?

Dr. Gilbert:

Yeah, I think what the most important thing is, is to listen, because a lot of times there is vaccine hesitancy. And again, I think once the patient develops confidence in you as the clinician providing that recommendation, it goes a long way. And you have to understand cultural differences among different patient populations and understand their belief system and why they may be hesitant. And then, once you understand that as the clinician, you have to address those concerns and then reassure them how the vaccine will benefit them, both them and their families.

And also, one of the things that I try to also talk about with patients and their families is there may not only be a benefit to them, but it could be a benefit to other family members that they live with. Because there are certain infectious diseases when they affect that individual and they're in a family unit, it may affect multiple other family members as well that may have significant comorbidities or whatever the situation is.

So I really think it's important to sit down to listen, to understand cultural differences, to understand different ways people understand and appreciate what vaccines can and cannot do, and then answer any questions that may arise.

Dr. Turck:

Now, when a patient declines a vaccine, how do we keep the conversation open and then preserve the potential for future dialog?

Dr. Gilbert:

Yeah, so that's a great question too, because believe me, there are plenty of times when I make recommendations and people say, 'You know I just don't want it today.' I say, 'Well, that's okay. I understand. But at your next visit, we're going to probably bring this up again, and we will continue to bring it up so you can understand the benefit of the vaccine, why I continue to recommend it for you, and it will also give you some time in between our visits to maybe research it on your own and then come back with some specific questions or concerns that maybe I didn't even bring up or address, that you may want to know before you're willing to do it.' And I think that continuous and recurrent education goes a long way and helps people understand why we're making these recommendations.

Dr. Turck:

Now, before we wrap up our program, Dr. Gilbert, are there any final thoughts or recommendations you have for building patient trust in vaccinations?

Dr. Gilbert:

Yeah, I think it's really important for people to understand that vaccines really do save lives. And again, I speak from personal experience, being on the frontlines of the COVID pandemic, being on the frontlines as an infectious disease physician of multiple diseases that can really have an impact on the individual patient, the family, and even the community at large. And sometimes there are real concerns about vaccines and I think you really have to stop, listen to patients, understand where their hesitancy is, and try to explain it to them in a way that they understand why you're making the recommendation and that they may get a benefit from the vaccine, including potential risks. I mean, it's important to have fair balance when you're explaining these things, vaccines in particular, what the benefit, what the risk is, what the long term implications may be? What kind of follow-up is needed? Do they need a booster?

So all these conversations are really important to have, as opposed to someone just coming to your office and say, 'Hey, you're due for your physical today. I'm going to check your blood pressure, and you're going to need these three shots.' I just don't think that is enough. I think you really need to sit down with your patients, one on one, and have an honest conversation about the risks and benefits and why the recommendation is being made.

Dr. Turck:

Well, with those key insights in mind, I want to thank my guest, Dr. Brett Gilbert, for joining me to discuss techniques for reinforcing patient confidence in vaccine decisions. Dr. Gilbert, it was great speaking with you today.

Dr. Gilbert:

Thank you. Thank you. I appreciate the opportunity.

Announcer:

This episode of *VacciNation* was sponsored by Pfizer. To access this and other episodes in our series, visit *VacciNation* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!