

What do you think of the new vaccines? Do you think I should get it? Is it safe?

When LTC staff ask these questions, it may be tempting to dive into answering.

However, LTC colleagues who have had success in promoting vaccine confidence with team members tell us that:



“ You really, really need to take your time, before giving the facts. It makes a difference. And although less efficient, smaller group conversations are going to be more effective. ”

The goal is to build trust with team members and to support incremental shifts in confidence over multiple conversations.



This framework will help approach these iterative conversations thoughtfully using cognitive, emotional and behavioural supports to achieve a positive, effective interaction that builds trust while sharing important information.



The “e” in the adapted framework emphasizes the importance of relationship-building through empathy and understanding to foster vaccine confidence. The pandemic has been stressful for all LTC team members. The first step to vaccine confidence is to acknowledge the disruption COVID-19 has caused in all our lives, providing an opportunity to recognize the emotional and personal concerns that can be addressed by a vaccine. Understanding holistic needs, then empathizing with the many factors that impact a vaccination decision are key to developing trust and positive health behaviour engagement. This component overarches the framework.

*Adapted and reprinted with permission from the Centre for Effective Practice, by the Ontario Centres for Learning, Research and Innovation in Long-Term Care at Baycrest Centre for Geriatric Care, 2021.

This Resource was developed by the Centre for Effective Practice and Alberta Department of Pediatrics. Clinical leadership and expertise provided by Cora Constantinescu, BSc, MD, FRCPC, Noah Ivers MD, CCFP, PHD and Kelly Grindrod, BScPharm, PharmD, MSc. This Resource was developed for licensed health care professionals in Canada as a guide only and does not constitute medical or other professional advice. Primary care providers and other health care professionals are required to exercise their own clinical judgment in using this Resource.

The PrOTCT Framework is a product of Centre for Effective Practice to use, copy, and distribute this material for all non-commercial and research purposes is granted, provided the above disclaimer, this paragraph and the following paragraphs, and appropriate citations appear in all copies, modifications, and distributions. PrOTCT Framework is for commercial purposes or any modifications of the Resource are subject to charge and use must be negotiated with the Centre for Effective Practice (Email: info@cep.health).

For statistical and bibliographic purposes, please notify the Centre for Effective Practice (info@cep.health) of any use or reprinting of the Resource. Please use the below citation when referencing the Resource: Reprinted with Permission from the Centre for Effective Practice. (December 2020) Constantinescu, C., Ivers, N., Grindrod, K. PrOTCT Framework: Ontario. Toronto: Centre for Effective Practice.

Pr Presume they will get the vaccine with positive statements

Appeal to personal and professional responsibility, passion and caring for self, family, friends and LTC residents

- "The COVID-19 vaccine is important for you – as a member of a family and community and because of your role in LTC. It will not only protect your health and health of your family members, but also help keep the residents you care for safe. You play a pivotal role in helping to end this pandemic. Getting vaccinated will give you the protection you need to stay safe and continue to care for those who are counting on you."
- "I will get/have already gotten the COVID vaccine and I am happy to help you get it too, so you can protect yourself, your loved ones and your residents."¹

Resources | [Multilingual videos: Health care workers and LTC residents explain why they got the COVID-19 vaccine \(The Toronto Star 21/3/21\)](#)

O Offer to share your knowledge about the facts and your experience with having had the vaccine

Build psychological safety and trust through a mutually shared safe, shame and blame-free space
Share your personal decision to vaccinate to promote positive shifts in conscience, conviction and confidence, even if incremental

- "I have been thinking a lot about this vaccine and educating myself on the science around it. Can I share some of what I know with you?"²
- "Though getting the COVID vaccine is your choice, as your colleague and peer, I strongly recommend that you get the vaccine to protect yourself, your loved ones and LTC residents from COVID."³

Resources | [Authorized Vaccines: What you should know \(Health Canada\)](#) | [Addressing patient questions about vaccines \(CEP 20/12\)](#)

T Tailor the recommendation to their specific health concerns

Customize messages to build relational trust, meet individual health information needs, and influence information satisfaction

- "Here's why you are the right person to get this vaccine": [example: you have high blood pressure and diabetes but have a high quality of life. Because of your conditions, you are at high risk of being hospitalized with COVID, so we need to maintain the quality of life you have right now].^{3,4}
- "The COVID vaccines are 100% effective at reducing your symptom burden and keeping you out of the hospital if you do get it. Because you have [i.e. high blood pressure and diabetes etc.] you are at high risk of being hospitalized with COVID. The vaccine, then, is very important for you to consider."⁵

Resources | [Recommendations on the use of COVID-19 vaccine \(NACI, Mar 16, 2021\)](#)

e Empathize with their feelings, thoughts, and lived experiences

Vaccine confidence is based on gist and feelings
Explore, understand, and be aware of and sensitive to what they care about⁵

- "It's ok to have questions and concerns about the vaccine - you are not the only one. I want to give you the answers you may need in order for you to make an informed decision about getting vaccinated."⁶

Resources | [Multilingual tools to boost vaccine confidence in LTC teams \(MOHLTC 21/3/2\)](#) | [Helpful information for health care workers \(19tozero\)](#)

C Address specific concerns, yet focus on the positive message

Acknowledge, then address fears, concerns and correct any misinformation

- "When you think of the COVID-19 vaccine, what do you think about?"⁶
- "What are your particular concerns about this vaccine that you want me to address?"²

Resources | [Addressing patient questions about vaccines \(CEP 21/3/29\)](#)

T Talk through a specific plan for where and when to get the vaccine

Provide decision and preparation support that influences action on positive intention and health protection self-management

- "You can do the following to get the vaccine..."²

Resources | [COVID-19 vaccines \(CEP 21/3/29\)](#) | [COVID-19: Guidance for prioritizing health care workers for COVID-19 vaccination \(MOHLTC 3/17/21\)](#)

References

1. Opel et al. Impact of childhood vaccine discussion format over time on immunization status. *Acad Pediatr*. 2018;18(4):430-436. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5936647/>
2. Shen, S. & Dubey, V. Addressing vaccine hesitancy: Clinical guidance for primary care physicians working with parents. *Can Fam Physician*. 2019 Mar; 65(3): 175–181. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6515949/>
3. Connors et al. Provider-parent communication when discussing vaccines: A systematic review. *J. Pediatr Nurs* Vol 33, March–April 2017, Pages 10-15. <https://www.sciencedirect.com/science/article/abs/pii/S0882596316302895>
4. Kennedy et al. Development of vaccine risk communication messages using risk comparisons and mathematical modeling. *J Health Commun* 2008;13(December (8)):793–807. <http://www.ncbi.nlm.nih.gov/pubmed/19051114>
5. Frankel et al. Empathy in the clinician–patient relationship: The role of reciprocal adjustments and processes of synchrony. *J Patient Exp*. 2017 Jun; 4(2): 64–68. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513642/>
6. Papadakos et al. From Theory to Pamphlet: The 3Ws and an H process for the development of meaningful patient education resources. *Journal of Cancer Education*; 2014; 29: 304–310. <https://pubmed.ncbi.nlm.nih.gov/24420003/fa>