

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

Hesitating 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 recomendation
- 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 important¹.

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 consultation².

"Do you have some more questions?"

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 questions³.

Eliciting **all** parents' concerns early reduces the chance of 'late breaker' questions, makes consultations more satisfying and can reduce consultation time⁴.

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







How long should it take? 15-30mins

ELICIT

Views of partner (where relevant)

Sometimes the primary decision-maker is not in the room. Try scheduling another consultation where the other parent attends too. "Does your partner share your concerns?"

Resist the righting reflex

"How about we get all of your questions into a list and then work through them one by one?"

Correcting misinformation before a parent has had the chance to express all of their concerns or ask all of their questions tends to close down the conversation. Parents may perceive this as adversarial and feel the need to defend themselves. This undermines trust and can result in a lengthy, unproductive consultation.

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SET & MAINTAIN THE AGENDA

Acknowledge parent

Acknowledging a parent's effort or intent does not require you to agree with the subject of their questions or concerns³. This signals respect for the parent and builds their trust¹.

"I can see you have done a lot of thinking about this."

Summarise concerns

Summarise to clarify or prioritise parents' questions or concerns, avoid consuming consultation time with unnecessary information, and structure the remainder of the consultation time effectively³.

"So it sounds like you're concerned about what's in the vaccines, particularly the preservatives, and you have questions about mercury and fluoride?"

Establish agenda

Prioritise the parents' most important concerns and signal the need to rebook or refer if required.

"I'd like to get a little bit of history about Kali and the family background first. And then we can talk about some of your concerns and hopefully try and answer some of them. Would that be okay?"

"It sounds like you are most worried about whether it is safe to vaccinate. Should we start with that and then talk about the vaccines he's due for today?"

Signal time

Temporal signposting helps you maintain control of the consultation's timeframe and enables parents to develop reasonable expectations of what can be achieved³.

"We have about ten minutes left. Let's spend a few minutes talking about your most serious concern and then I'd like to tell you why I think it's important to vaccinate Khalid."







SHARE KNOWLEDGE ABOUT IMMUNISATION

Use Common Questions resources

These resources have been thoroughly tested with parents and checked for accuracy by vaccination experts, infectious disease paediatricians, vaccination nurses and GPs⁵.

"Lots of parents ask questions about that. I have a fact sheet here that explains it really well. Would you like me to work through it with you now or would you prefer to read it at home and then come back next week?'

Recommend vaccination confidently and explain why

Confidence is contagious. When consultations include a clear, confident recommendation, parents are more likely to vaccinate their children⁶. Describing how you came to your position, or

how you decided to vaccinate your own children, illustrates your confidence in a concrete and familiar way that some parents find reassuring⁷.

"I recommend giving Ivy all the vaccinations due today because I am convinced that's the best way to protect her from some diseases that can be serious."

"Perhaps the best recommendation I can give is that I have vaccinated all of my own children."

PLAN & CLOSE

Recheck intentions

Parents who experience uneventful vaccination may feel confident enough to go on to complete the schedule8.

Would you be comfortable starting with the tetanus-containing vaccine today and coming back next week to discuss next steps?"

"Which vaccines would you like to give Ping today?"

Rebook

"We can book another appointment for next week."

"Let's make sure you can get an appointment for Aria's next dose before you leave today."

Refer

Recognising and admitting that you aren't able to answer all of a parent's questions may actually increase their assessment of your competence and build their trust in your advice1.

"Because he had a reaction after the last one, would you like me to refer you to a paediatrician who specialises in vaccination? Then you can discuss your concerns in detail with them and they may be able to vaccinate on-site if it's safe to do so.'

Further reading

providers.talkingaboutimmunisation.org.au

Hesitating Discussion Guide | SKAI Info sheet: July 2020

References

- 1. Berry NJ, et al. Sharing knowledge about immunisation (SKAI): an exploration of parents' communication needs to inform development of a clinical communication support intervention. Vaccine 2018; 36(44): 6480-90.
- 2. Heritage J, et al. Reducing patients' unmet concerns in primary care: the difference one word can make. J Gen Intern Med2007;22(10):1429-1433.
- 3. Heritage J & Robinson JD. Some' versus 'any' medical issues: encouraging patients to reveal their unmet concerns. In: Antaki C (ed). Applied conversation analysis. 2011; Palgrave Macmillan:
- 4. Silverman J, et al. Skills for communicating with parents. 3rd ed. 2013; CRC Press: London, UK.
- 5. Berry N, et al. When parents won't vaccinate their children: a qualitative investigation of Australian primary care providers' experiences. BMC Pediatrics 2017;17:19
- 6. Opel DJ, et al. The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience. Am J Public Health 2015;105(10):1998-2004. 7. Cook J, Lewandowsky S. The debunking handbook. 2011; University of Queensland: St. Lucia, Australia. http://sks.to/debunk
- 8. Danchin M, Nolan T. A positive approach to parents with concerns about vaccination for the family physician. Aust Fam Physician 2014;43(10):690-694.