

## Communication skills for talking about COVID vaccines

A new supplement to the VitalTalk COVID-Ready Communication Playbook

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These communication skills are designed for clinicians to use with patients and families, using an approach adapted from [motivational interviewing](#) and research on vaccine hesitancy. Note that this approach differs from [public messaging](#), which is meant to introduce the topic to broad groups of the public, usually on social media or mass media. In contrast to public messaging, clinicians have the opportunity to engage patients as persons so that their particular concerns can be addressed and coping strengths mobilized.

The concerns addressed by these skills reflect research published in Dec 2020 identifying [common reasons people cited for not wanting to be vaccinated](#).

Note that [prior research on vaccine hesitancy](#) indicates that persons holding extreme negative views on vaccines are unlikely to be swayed. Thus these skills are designed to address people who are indeterminate, or not sure, or deciding—for this group, openness, empathy, and offering information after they give permission or show interest can build trust and your credibility as a messenger.

### 1. Start with open-ended questions that do not assume vaccine acceptance.

(Principle: a soft start into a controversial topic enables engagement.)

What the patient does or says	What the clinician says
“I’ve been hearing a lot about the COVID vaccine. What do you think?”	“What have you been hearing? I’d be interested in how you see the positives and negatives.”
“I don’t know if I can trust everything I read about vaccines.”	“That is a sensible approach. Do you have questions that I could answer?”

### 2. Acknowledge patient concerns without judging.

(Principle: empathy reduces the perception that you approve or disapprove of someone.)

What the patient does or says	What the clinician says
“I don’t really know what’s in it [the vaccine].”	“The information is just starting to come out, so having questions is normal. Could you say more about your concern?”
“How did they do it so fast?”	“I realize that this is happening faster than anyone predicted, so having questions is

	normal. The people who developed this vaccine have been working on vaccines for two decades. It's been in the making for a long time."
"I just don't trust vaccines."	"I have heard other people say they are worried about the vaccine. Could you say more about your concern?"

**3. Avoid criticizing the patient's information sources; cite your experience and/or point them to high quality sources.**

(Principle: instead of trying to argue against misinformation, provide high quality information from a positive frame.)

What the patient does or says	What the clinician says
"I just think this has gotten really political."	"You are right, it has gotten political. Here's what I can say. I've looked at the results of the vaccine we have to offer. This vaccine does really protect people from COVID. I want you to have the benefit of it."
"You just never know what the side effects will be."	"Yes, it is true that there have been some side effects. The most common side effect is some soreness at the injection site. There have been a couple of people who have had severe allergic reactions that were treated successfully. In the trials, more than 40,000 people were treated, and the serious side effects were very rare. The vaccine that we have is proven to be safe, and I have taken it."
"I read on social media that the risk of COVID is not that high."	"It is true that COVID can affect people mildly or severely. My colleagues and I are seeing enough severe cases of COVID that our hospitals are so full that they cannot do everything they would like to do for patients. There is a daily newsletter from the department of health that shows the latest numbers that I can share with you."

**4. Show awareness of your status as a messenger, especially for people of color and members of other underserved groups.**

(Principle: who you are as a messenger matters, and your awareness of that contributes to your authenticity and trustworthiness. Use examples of other messengers who resemble your patient.)

What the patient does or says	What the clinician says
“I am not sure that the needs of my people have been taken into account.”	“I realize that the medical system in the United States has not treated everyone fairly in the past, and that it has been racist. I recognize the injustices that have happened in the past. We are handling the COVID vaccine differently. It has been tested in people of all different backgrounds, and it is proven to be safe for all. At this clinic/hospital we are offering the vaccine according to someone’s risk of getting COVID.”
“I have heard that you can get COVID from the vaccine.”	“I recognize that our country has a terrible history of injecting Black people with diseases. That should never happen again. This COVID vaccine is different. It has been proven to prevent infection, and I have taken it myself. Did you see the Black nurse in the newspaper getting the vaccine? She was trying to teach us all that it is safe.”

**5. Link vaccine acceptance to the patient’s hopes and goals**

(Principle: showing how the vaccine is a stepping stone towards a future the patient wants can motivate them.)

What the patient does or says	What the clinician says
“I’m just going to wait.”	“Of course, this is your decision. I do think that the vaccine is a step towards a social life with fewer restrictions. And you mentioned that you want to visit your friends [or family]. The vaccine will help you and all of us do that sooner.”
“I want some other people to take it first.”	“You mentioned that you’re concerned about your family members who have high risk

	conditions. The vaccine is a step towards protecting them as well as protecting you.”
“I just don’t think I’m going to get COVID. I’m careful.”	“I’m glad you are being careful. That is still important. However, even patients who have been careful can still get COVID, and COVID can be fatal even for healthy people. That’s why the vaccine is worth considering.”

**Using these skills**

These tips provide suggestions about how to respond to patient concerns, but in trying to cover a lot of ground, we have not shown the back-and-forth that good communication requires—remember that when patients are reticent to voice their concerns, it is better to suggest a topic and ask permission to explain what you know than to plow into a long lecture.

In addition, while these tips incorporate some skills about bridging inequities and a history of racism, they are not a complete guide to antiracist communication. We have published an earlier supplement to the COVID-Ready Communication Playbook on [bridging inequities](#) with additional examples of antiracist communication.

We realize these are a work in progress. Please send your comments or feedback to [tonyback@uw.edu](mailto:tonyback@uw.edu). We’d love to hear from you, because you can help us improve these.

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