



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**FACILITATOR'S GUIDE:
COMMUNICATING WITH HEALTH WORKERS
ABOUT COVID-19 VACCINATION**

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ABBREVIATIONS

HWs	Health Workers
ToT	Trainer of Trainers
COVID-19	Corona Virus Disease - 2019
COM-B	Capability, Opportunity, Motivation - Behaviour
MI	Motivational Interviewing
VH	Vaccine Hesitancy
ECDC	European Centre for Disease Prevention and Control
US CDC	United States Centers for Disease Control and Prevention
WHO	World Health Organization

INTRODUCTION

This guide is designed to accompany the training module, *Communicating with health workers about COVID-19 vaccination*. It provides detailed explanations, resources and guidance to accompany the slides in the training module and support those implementing the training. It is intended for training facilitators or trainers of trainers (ToTs) who will be conducting the training at the country level either face-to-face or online with a group of participants. Facilitators can use this guidance document to help them adapt the training content to their local context and facilitate discussion with training participants. Facilitators are encouraged to have this guide available to them as a tool during the training session.

BACKGROUND FOR FACILITATOR

Health workers (HWs) play a central role in maintaining public trust in vaccination. (Leask, J., et al, 2012) They need to be well educated and conversant on best practices in vaccination safety communication, including: specific and serious risks of vaccine preventable diseases, possible side-effects of vaccines, managing adverse events, the importance of clear language and framing conversations, motivational interviewing (MI) techniques and pain mitigation strategies. (MacDonald, E, N., & Dubé, È, 2018)

This training module is designed to equip HWs with knowledge and communication skills to build their confidence and support them in their ability to promote acceptance and demand of COVID-19 vaccination among other HWs. It provides a structured approach to assist HWs with interpersonal communication during conversations with other HWs who are vaccine hesitant or decide to decline the vaccine. HWs must feel confident in their decision to get vaccinated before they can recommend the vaccine to their colleagues. As such, this module also provides guidance aimed at program managers on how to foster a work culture to promote COVID-19 vaccine uptake.

While the focus is on interpersonal communication strategies, participants are directed to COVID-19 vaccine resources at the end of the training module to help build knowledge and awareness on COVID-19 vaccine safety and effectiveness.

DISCLAIMER

This tool is not vaccine specific, rather it provides the structure necessary to tailor conversation to HWs' vaccine concerns. The focus of this tool is on interpersonal communication skills; it is not intended to provide guidance on vaccinology and COVID-19 vaccines. To effectively apply the communication techniques, a HW also needs to be knowledgeable and confident about vaccinology, specifics of COVID-19 vaccines used in their country and credible sources of COVID-19 vaccine information for health professionals advised in their local contexts.

A complementary online WHO training on COVID-19 vaccination for HWs is strongly recommended to support HWs' knowledge, skills and practices during COVID-19 vaccination consultations. A link to this training is provided under COVID-19 vaccine resources for HWs at the end of the training module.

SLIDE NOTES AND COMMENTS FOR FACILITATORS

Slide 1. Title slide

Slide 2. Training module contents

Slide 3. Overview of training module

Slide 4. Introduction to training module

Slide 5. Expectations for this training module

Notes for facilitator: Accompanying training module materials include:

1. Pre and post training self-reflection survey, post training evaluation and feedback survey
2. COM-B model and HW vaccination scenarios 1-2
3. Conversation challenge 1-3, dialogues between HWs and HW colleagues.

The expected duration of the training is 3 hours including time for participant self-reflection and evaluation surveys; however training facilitators can adjust the content to allow for local considerations. It is recommended that participants are given 5-10 minutes before starting the training contents to complete the pre training self-reflection survey and 10 minutes at the end of the training to complete the post training self-reflection survey and training module evaluation. Participants are guided through slides focusing on a combination of theory and practical skill building scenarios. It is recommended that all participants have an electronic or print copy of the slides available to them during the training to follow along with the facilitator.

Slide 6. Pre-training self-reflection

Notes for facilitator: Ensure all participants complete the pre-training self-reflection survey and return to the facilitator/ToT. Nine pre-training questions measure the level of confidence that the participants have in their professional capacity to respond to vaccine hesitancy expressed by other HW colleagues and promote COVID-19 vaccine uptake in their work setting. The goal is for HWs to be able to identify an improvement in their confidence levels as a result of participating in this training.

NOTE: Questions are available in PDF format at the end of this guide. See appendix 1. Questions can also be made available in your local setting through an online survey tool (i.e. google survey) and a link can be inserted into the PPT.

Slide 7. Setting the scene for health workers

Notes for facilitator: Review training objectives and the message to HWs with all participants and ensure they are made aware of the disclaimer.

Message to HWs:

- HWs involved in immunization programmes are key to communicating that vaccination is as safe and effective as possible.
 - Building confidence in COVID-19 vaccination among your HW colleagues through effective conversations is critical to promoting vaccine uptake and helping to protect patients and communities.
-

Before you can build confidence among your colleagues, you need to be confident in the COVID-19 vaccine and about getting the vaccine yourselves.

- This training module will help you in your role to ensure acceptance and trust in COVID-19 vaccination in your work setting and provide you with communication strategies and tools you can use to: facilitate effective conversations among HWs about COVID-19 vaccination, inform HWs about COVID-19 vaccines, and promote COVID-19 vaccine uptake in your work setting.

Disclaimer: This tool is not vaccine specific, rather it provides the structure necessary to tailor conversations to a HW's vaccine concerns. The focus of this tool is on interpersonal communication skills and is not intended to provide guidance on vaccinology and COVID-19 vaccines. To effectively apply the communication techniques, a HW also needs to be knowledgeable and confident about vaccinology, specifics of COVID-19 vaccines used in their country and credible sources of COVID-19 vaccine information for health professionals advised in their local contexts.

A complementary online WHO training on COVID-19 vaccination for HWs is strongly recommended to support HWs knowledge, skills and practices during COVID-19 vaccination consultations. A link to this training is provided under COVID-19 vaccine resources for HWs at the end of the TM.

Slide 8. Learning outcomes

Notes for facilitator: These are learning outcomes for all training module participants. It is advised to review the 6 learning outcomes before starting the training module and after completion of the training module.

Slide 9. Part 1. Vaccine confidence and the role of HWs

Notes for facilitator: Introduce Part 1.

Part one covers learning outcomes # 1 and # 2: Define vaccine confidence and understand HWs' impact on vaccine acceptance; Understand vaccine hesitancy among HWs and factors that contribute to it in the context of the COVID-19 pandemic.

Slide 10. HWs: A top priority for COVID-19 vaccination

Notes for facilitator: In most countries, HWs have been identified as top priority to have access to COVID-19 vaccines.

Why are HWs a top priority?

HWs are on the front lines of this pandemic and are at high risk of exposure.

They can potentially transmit COVID-19 to patients, including older adults and those with high-risk medical conditions, as well as their family and community.

At risk of severe disease and outcomes from exposure to COVID-19 among their patient population served.

They are critical to the health care sector and essential to health system capacity.

They can positively influence vaccination decisions of peers, patients, friends, and family.

They are known to play a crucial role in fostering vaccine acceptance among the vaccine-hesitant.

Each country should define "health worker" as it deems relevant within its context.

In this training module HWs are referred to as "All people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials."

Source: US CDC, 2021. Essential workers COVID-19 vaccine toolkit.

Slide 11. What is vaccine confidence?

Notes for facilitator: Vaccine confidence, is a multi-faceted concept, based largely on trust.

Vaccine confidence is the trust that patients, public and HWs have in:

- recommended vaccines;
- HWs who administer vaccines; and
- processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.

A person must have trust in all 3 of these items to feel fully confident in their decision to get vaccinated. The foundation of trust is critical, and this is something that must be built over time. This is an important concept to think about when working with others who may be uncertain or distrustful about getting vaccinated.

HWs have an impact on the second sub-bullet – promoting trust in their role as vaccine administrators. HWs can also help build trust in vaccines as well as the processes and policies by helping others in their work setting to understand new vaccine technologies, what to expect in terms of vaccine side effects, and how these vaccines are being continuously monitored for safety. Being honest about what you don't know is also important for building trust in conversations.

Taking time to listen to concerns and answer questions from other HWs can build their confidence in their decision to be vaccinated. When HWs decide to get vaccinated and share the reasons why they did, this can have a powerful influence on colleagues, patients and community. "Strong confidence in the vaccines within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths." (US CDC, 2021)

Source: MacDonald, E, N. 2015. Vaccine hesitancy: Definition, scope and determinants; US CDC. 2021. Vaccinate with confidence

Slide 12. How do health workers impact vaccine confidence?

Notes for facilitator:

- HWs are extremely influential when it comes to building vaccine confidence. Research indicates that HWs are the most trusted advisors and influencers of vaccination decisions and people more like to vaccinate when their health care providers recommend it.
- The general public are looking to HWs and taking their lead when it comes to COVID-19 vaccination. If they get vaccinated and recommend the vaccine to patients, this will help increase uptake among their patients, their friends, families and fellow HWs.
- HWs knowledge and attitudes about vaccines have been shown to be an important determinant of their own vaccine uptake, their intention to recommend the vaccine to others.
- HWs who underestimate their influence, don't take the time to talk about vaccines or lack vaccine confidence decrease vaccine uptake. Whereas a HW recommendation and leading example are likely to affect the attitudes and decisions of many other people.
- As the European Centre for Disease Control and Prevention put it: *"Healthcare workers are considered to be the most trusted source of vaccine-related information for patients. They are in the best position to understand hesitant patients, to respond to their worries and concerns, and to find ways of explaining to them the benefits of vaccination"*. (ECDC, 2015)
- HWs must feel confident in their own decision to get vaccinated and to recommend vaccination to others.

- Recommending the COVID-19 vaccine and leading by example are likely to increase vaccine acceptance in the general public, as well as among colleagues and other healthcare professionals. (Lewandowsky, S., et al. 2021)

Source: Dubé, E., et al. 2013. Vaccine hesitancy, An overview.

Slide 13. Vaccine acceptance continuum

Notes for facilitator:

- Through an extensive review of literature, the SAGE Working Group on Vaccine Hesitancy established that VH is a behavioral phenomenon and refers to “a delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines..”
- Acceptance of vaccination is the norm in the majority of populations globally. However, a smaller number refuse some vaccines but agree to others and some delay vaccination or accept vaccination but are unsure in doing so.
- Willingness to accept a vaccine is thus set on a continuum of vaccine acceptance, between those that accept all vaccines with no doubts, to complete refusal with no doubts, with vaccine hesitant individuals encompassing the large heterogeneous group between these two extremes.
- HWs must recognize that hesitant individuals comprise of a wide range of people who differ from the very small percentage who refuse all vaccinations. Within this heterogeneous group, many may have questions, want more information, or take the “wait and see approach”.
- Communication strategies must be tailored when addressing people, including fellow HWs, from these various categories on the continuum.
- The goal in conversations with HWs about the COVID-19 vaccine is to increase their confidence and move them to vaccinate.
- Remember the majority of people accept vaccination, several are uncertain and will have questions, few people refuse.

Source: MacDonald, E, N. 2015. Vaccine hesitancy; Dubé, È. 2020. Quick and Efficient Vaccine Communication; Leask, J., et al. 2012. Communicating with parents about vaccination.

Slide 14. How are concerns about COVID-19 vaccines expressed among HWs?

Notes for facilitator:

- Most HWs are not experts in vaccination and share many of the same concerns about vaccines that the wider public have.
- It is common for new vaccines to be met with initial questions and concerns. This slide reflects some common examples of how questions and concerns about COVID-19 vaccination are being expressed by the public including HWs.

- Early data suggests high demand for the COVID 19 vaccine, that said there is variability between countries, cultures, demographic, and ethnic groups. Perceptions about COVID-19 vaccination are constantly changing as the situation evolves. Many people have questions and concerns and often resort to HWs for clarification.
- Key factors that can impact COVID-19 vaccine acceptance, include: concern about side effects, vaccine efficacy, risk perception, and associated costs.
- HWs were prioritized to receive the COVID-19 vaccines because of their essential role in fighting this deadly pandemic, as such, they have a unique opportunity to promote vaccine confidence in their patients and the general public.
- Building confidence among populations about COVID-19 vaccination will be a key factor in HWs' efforts to curb the rate of infections and help to end the pandemic.

Slide 15. Understanding vaccine acceptance and demand

Notes for facilitator:

A person's vaccination behaviour can be conceptualized through a behaviour change model called the COM-B model; the letters stand for Capability, Opportunity, Motivation—Behaviour. This model helps us to understand vaccine acceptance and demand in the public.

The core of the model are 3 factors that need to be in place for vaccination to occur: capability, opportunity and motivation. Capability and motivation factors are individual determinants. Opportunity factors are context determinants, that is factors outside of the individual, in the physical and social surroundings.

Capability refers to an individuals' level of knowledge, health literacy, skills and personal ability to follow through on intentions to vaccinate. For instance, a HW may hear from a colleague: *There is not enough information on this vaccine as yet. I'm going to wait and see how things develop.*

Motivation refers to an individual's attitudes and intentions which influence vaccination decision making and behaviours, this includes perceptions, risk assessment, beliefs, confidence and trust. For instance, a HW may hear from a colleague: *I do not trust that the COVID-19 vaccine is safe, it was developed too fast...*

Opportunity refers to convenient access to vaccination and support from social networks. These are both physical and social processes that are important determinants for vaccination behaviors. Vaccination relies on physical opportunity in the form of a well-functioning public health and vaccination service delivery system as well as appropriate legislation, vaccination supply, qualified staff and sufficient financial resources in the health system. For instance, a HW may hear from a colleague: *"I really wanted to get the COVID-19 vaccine but I can't book an appointment because no more times are available."* Social opportunity relates to peers, family, community, cultural norms and values.

These factors all interact; capability and opportunity both influence motivation; and all three factors influence vaccination behaviour. Conversely vaccination behaviour influences all three factors.

The multiple factors can act as both drivers and barriers to one's vaccination behaviour.

Research has already identified a wide range of potential barriers and drivers, including some related to: – personal motivation – a sense of duty to public health, personal protection, concerns about vaccine safety (particularly for new vaccines), trust, emotional affect; – capability – knowledge, confidence in times of evolving evidence; and – opportunity – clarity in policies and prioritization, structural and operational support, legal support in case of a vaccine safety event, social norms, peer support.

HWs must be aware of the multiple individual and contextual interacting factors that can influence a person's vaccination behaviour.

Notes to ToT: The quotes on this slide reflect examples of how Capability, Motivation and Opportunity factors may be expressed by HWs. Review each quote. Ask participants if they have any examples of these factors that have been expressed by other HWs.

Source: Habersaat, K.B. & Jackson, C. 2020. Understanding vaccine acceptance and demand – and ways to increase them.

Slide 16. Activity: Exploring vaccine behaviours of HWs

Notes for facilitator:

This is a participatory activity designed to enable participants to apply the COM-B model to the real life circumstances encountered by HWs and affecting their vaccination behaviour. Read both scenarios as a group and identify the Capability, Motivation and Opportunity factors that might influence the HWs' decision to vaccinate. The first scenario emphasizes the drivers influencing COVID-19 vaccination uptake among HWs and the second scenario emphasizes the barriers preventing COVID-19 vaccination uptake among HWs. Read each HW scenario as a group and discuss the follow-up questions. If conducting this activity online, encourage participants to provide responses in the chat box.

Slide 17-18. COVID-19 HW vaccination scenario – drivers to uptake

Notes for facilitator:

Read the scenario out loud and ask the participants to note the COM-B factors that they hear or read.

Slide 19. Group discussion

Notes for facilitator:

Ask participants to reflect on the scenario and identify the drivers to vaccine uptake affecting the HWs in the scenario that are related to Capability, Motivation and Opportunity. Complete the table as a group before listing the examples. To facilitate further discussion, ask participants to consider their own work settings and provide other examples of potential drivers to vaccine uptake affecting HWs.

Examples of COM-B Factors that act as drivers to vaccine uptake in the first HW scenario include the following:

Work culture promotes vaccination with posters and photographs – (physical opportunity).

Manager supports vaccination – (motivation).

Tina indicates she will join the Q and A session because she wants to increase her knowledge – (capability).

Vaccine clinics are accessible (opportunity), manager signals her values, beliefs, confidence and trust in vaccine (motivation), opportunity to follow-up on questions via email requires skills and personal ability to follow through (capability).

HW colleagues signaling positive attitudes about vaccination by wearing pins to say "I got my COVID-19 vaccine" (motivation).

Information promoted on availability of vaccination clinics (physical opportunity).

Tina makes an effort to schedule a vaccination time signalling her intention to vaccinate (capability and motivation).

Slide 20-21. COVID-19 HW vaccination scenario – barriers to uptake

Notes for facilitator:

Read the scenario out loud and ask the participants to note the COM-B factors that they hear or read.

Slide 22. Group discussion

Notes for facilitator:

Ask participants to reflect on the scenario and identify the barriers to vaccine uptake affecting the HWs in the scenario that are related to Capability, Motivation and Opportunity. Complete the table as a group before listing the examples. To facilitate further discussion, ask participants to consider their own work settings and provide other examples of potential barriers to vaccine uptake affecting HWs.

Examples of COM-B Factors that act as barriers to vaccine uptake in the second HW scenario include the following:

- Long working hours potentially preventing access and convenience of vaccine (physical opportunity)
- Lack of knowledge about vaccines available (capability)
- Nurse manager does not have time to acknowledge the HW's question, signaling lack of emphasis on vaccination in the work culture (social opportunity)
- Vaccine clinics are not very accessible (physical opportunity)
- Lack of interest among HW colleagues (motivation)
- Anti-vaccinator protestors signaling cultural/social values (social opportunity)
- HW signals lack of confidence in national authorities (motivation)
- HW signals lack of trust in national authorities (motivation)
- HW signals lack of trust in vaccine development (motivation)
- HW signals lack of resilience, he will "wait and see" (capability)

Slide 23. Group discussion

Notes for facilitator:

Discuss with the participants possible interventions for each intervention area that can address the barriers and increase vaccine confidence and acceptance within George and his HW colleagues.

Consider the following questions to help guide the discussion.

- Is George encouraged by his community to vaccinate?
- Is George supported by his management—and do managers actively encourage vaccination?
- Is George supported by his colleagues; and do colleagues actively encourage vaccination?
- Are HWs supported by the local and national government and health authorities?
- Are HWs affiliated with a group or community which actively encourages or discourages vaccination?
- What are the social consequences and reactions if they do not vaccinate themselves?
- Is vaccination a workplace norm?
- Are there role models for HWs, and who do they respect and trust when it comes to vaccination?

Consider actions and activities from the first scenario that could be applied to the second scenario to address the barriers.

Intervention examples to address **capability** factors:

- Technical HW webinars to learn about vaccines
- HW communication trainings
- Q and A discussion forums led by experts or vaccination champions

Intervention examples to address **motivation** factors:

- Promote vaccine uptake via multiple communication channels (meetings, posters, bulletins, social media, discussion forums)
- Communicate key messages to all staff
- Engage vaccination champions
- Offer small tokens of appreciation for getting the vaccine

Intervention examples to address **physical opportunity** factors:

- Provide information updates from national authorities
- Provide onsite vaccine clinics

Intervention examples to address **social opportunity** factors:

- Become a vaccination champion
- Management support
- Celebrate those who vaccinate

Slide 24. Part 2: Strategies for communicating about COVID-19 vaccination with HWs

Notes for facilitator: Introduce Part 2.

Part two covers learning outcomes # 3 and # 4: Learn communication strategies for an effective vaccine conversation with HWs; Apply communication strategies to build confidence in COVID-19 vaccination and promote vaccine uptake among HWs.

Slide 25. Elements of an effective conversation with HWs expressing vaccine hesitancy

Notes for facilitator:

- This section describes 7 elements of an effective conversation with HWs who express vaccine hesitancy or refusal. These elements are grounded in motivational interviewing techniques in vaccination communication.
- These conversations are not easy and require the HW to take a professional, empathetic, non-judgemental and non adversarial approach, emphasizing a positive team-based work culture.
- Conversations with HW colleagues are diverse in nature. For instance, they may take place in both formal and informal settings and employ some or all of the elements.
- The goal is to increase confidence in the COVID-19 vaccination and this may require more than one interaction over time.

Click on each circle for an explanation of each element.

Source: Dubé, È. 2020. Quick and efficient vaccine communication; Atwell, K., et al. 2019. Vaccine acceptance: Science, policy, and practice in a 'post-fact' world.

Slide 26. Announce

Notes for facilitator:

- A HW can initiate a conversation with an announcement about vaccination. The goal is to assume the unvaccinated HW is willing to vaccinate.
- The HW uses a presumptive statement that assumes the person is ready to vaccine. These statements have been shown to increase vaccine uptake, signal the HW's confidence in vaccination and help to establish vaccination as the norm.
- These statements are more effective at increasing uptake than more reluctant language (such as, "What do you think about getting the COVID-19 vaccine today?")

Examples:

"We are eligible for our COVID-19 vaccine today"

"It's time to get our COVID-19 vaccine"

"Great news, COVID-19 vaccines are being administered to all health care employees this week"

Click on the blue arrow to return to elements of an effective conversation with HWs

Source: Opel, D, J., et al. 2013. The architecture of provider-parent vaccine discussions at health supervision visits.

Slide 27. Listen

Notes for facilitator:

Allow the HW to respond, listen closely to the response and determine their stance toward COVID-19 vaccination uptake. According to the response, where does the person stand on the continuum of vaccine acceptance? Is the person ready to accept the vaccine? Does the person indicate signs of hesitancy? Is the person refusing the vaccine?

Remember that the majority will accept vaccines, many have questions and few will refuse.

Click on blue arrow, more about determining hesitancy

Slide 28. Individuals may express one or more of the attributes in each category...

Notes for facilitator:

- Depending on the response, individuals will fall into one of these 3 broad categories: Acceptors of vaccine, vaccine hesitators, or vaccine refusers.
- Review attributes with participants and advise to be familiar with the key attributes in each category to understand how HWs may present.
- Ask participants to share examples of attributes from their experience with HWs that correspond with the three categories.

Click on the blue arrow to return to elements of an effective conversation with HWs

Source: Adapted from Sharing Knowledge About Immunisation (SKAI).
2020; Leask J., et al. 2012. Communicating with parents about vaccination.

Slide 29. Ask permission to discuss

Notes for facilitator:

- Ask the HW permission to discuss with the goal of understanding their concern or decision not to vaccinate.
- Ask open ended questions to explore reasons behind vaccine hesitancy or refusal without judgment.
- Use open questions such as: What? How? Tell me?
- Use open-ended questions, which: facilitate dialogue, elicit information in a neutral way, cannot be answered with a single word, help you understand a person's point of view & feelings.

For instance, "What is your greatest concern about the vaccine?" OR "Tell me what you heard about the vaccine?", "How do you think this vaccine will affect you if you get it?"

Click on the blue arrow to return to elements of an effective conversation with HWs

Source: Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy.

Slide 30. Acknowledge concerns

Notes for facilitator:

- Acknowledge concerns by using the skills of reflective listening.
- Reflective listening confirms what the person is saying. This is a very important skill and harder than it may seem. The HW must show interest in what the person has to say and respect for the person's values and opinions.
- The HW can use Simple Reflection: directly repeating what the person says OR Complex Reflection: repeating what you think the person means.
- The aim is to show the person that you understand their concerns and how they feel about them.
- Asking permission to reflect-back increases a person's receptivity.
- Once the HW has verified the concern(s) through reflective listening, then the HW may respond to the person's concern(s).

Example of Simple Reflection: *"If I understand you correctly, you are worried about the side-effects of the vaccine. Is this it?"*

Example of Complex Reflection: *"If I understand correctly, you are saying that you want to make the best choice for your health, but you are nervous about experiencing an adverse reaction from the vaccine. Have I caught your concern?"*

Click on the blue arrow to return to elements of an effective conversation with HWs

Source: Gagneur, A. 2020. Motivational interviewing: A powerful tool to address vaccine hesitancy.

Slide 31. Share expert knowledge

Notes for facilitator:

- Once the HW has listened, asked permission to discuss and acknowledged their colleague's concern(s) through reflective listening, the HW is now ready to share their expert knowledge with permission.
- The HW should continue to demonstrate respect, understanding and empathy. If the colleague is willing, the HW can provide evidence to respond to the colleague's concern(s).
- The HW should use resources supported by their healthcare facility, national health authority or WHO to help establish vaccination as the accepted norm.

Click on the blue arrow to return to elements of an effective conversation with HWs

Slide 32. Provide your strong recommendation

Notes for facilitator:

According to the ECDC, *"HWs are considered to be the most trusted source of vaccine-related information. They are in the best position to understand hesitancy, respond to worries and concerns and to find ways of explaining the benefits of vaccination"*.

- The HW must leverage their unique position of influence and provide their strong recommendation.
- HWs can also lead by example by sharing their experience getting vaccinated or intention to do so.
- HWs can use a statement such as:
- *"I believe in this vaccine so strongly that I plan to get it when it's offered."*
- *"This vaccine is especially important for us because of our work in a health care environment"*
- *"I strongly recommend you get the COVID-19 vaccine available to us"*

Click on the blue arrow to return to elements of an effective conversation with HWs

Source: ECDC. 2015. Vaccine hesitancy among healthcare workers and their patients in Europe.

Slide 33. Secure trust

Notes for facilitator:

The last key element of these conversations is to secure trust, remembering these individuals are our professional colleagues. Often, we work on the same team and want to achieve common goals to promote and protect the health of patients, family and the community. Therefore, it is better to demonstrate respect and understanding without being adversarial and judgemental. The goal at the end of these conversations is to leave the door open for discussion.

- If the colleague continues to display hesitancy, for instance, they decide to take the “wait and see” approach or display signs of uncertainty, the HW must demonstrate respect and understanding.
- The HW can let the colleague know that they are open to continuing the conversation, direct the colleague to credible resources and encourage the colleague to read expert information shared about COVID-19 vaccination.
- If the colleague declines or refuses vaccination, the HW must avoid confrontation and move immediately to secure a trusting relationship.
- Even though the HW may disagree, the HW can demonstrate respect for the colleague's personal decision and non-judgement and emphasize a mutual concern for their health.

Source: Atwell, K., et al. 2019. Vaccine acceptance: Science, policy, and practice in a ‘post-fact’ world.

Slide 34. Tailoring the conversation to attitudes and beliefs

Notes for facilitator:

The following 3 case studies are examples of potential scenarios HWs may encounter with other HWs in the context of COVID-19 vaccination. These conversations apply the recommended conversation elements to respond to concerns regarding COVID-19 vaccine safety and effectiveness and promote vaccine acceptance among HWs.

- Read each of the 3 scenarios together as a group. For each patient scenario, review the communication strategies in the box and discuss possible responses. Examples of potential responses are provided. Then follow the corresponding role play activity.
- After each scenario, a full dialogue between the HWs is provided, applying the recommended elements of an effective conversation.

Slide 35. 1. Conversation challenge – the undecided nurse

Notes for facilitator:

Read the first HW scenario (the undecided nurse) together as a group. Review the communication strategies one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this HW applying the elements of an effective conversation. Remember these conversations must be tailored to the specifics of the COVID-19 vaccine used in your country. Then read the associated response examples for guidance.

Slide 36. Role play activity conversation challenge #1

Notes for facilitator:

- Divide the participants in small groups to perform a role play between 2 members of the group.
- One person act as the HW vaccine champion, who is applying the elements of an effective vaccination conversation.

- The other person act as the hesitant HW described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, see the following example conversation and discuss as a group the responses in the role play.

If conducting the training with a large group of participants (>30) request 2 participants to role play the scenario for the entire group.

If conducting the training on a web-based platform such as Zoom, consider diving the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 minutes in a breakout room or small group setting.

After this time is up, lead a 5-minute discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW vaccine champion. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 37-38. Dialogue conversation challenge #1

Notes for facilitator:

This slide and the next present the full dialogue between the HW and the undecided nurse, applying the recommended elements of an effective conversation.

After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the elements of an effective conversation.

After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.

Slide 39. 2. Conversation challenge – the mistrusting HW

Notes for facilitator:

Read the second HW scenario (the mistrusting HW) together as a group. Review the communication strategies one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this HW applying the elements of an effective conversation. Remember these conversations must be tailored to the specifics of the COVID-19 vaccine used in your country. Then read the associated response examples for guidance.

Slide 40. Role play activity conversation challenge #2

Notes for facilitator:

- Divide the participants in small groups to perform a role play between 2 members of the group.
- One person act as the HW vaccine champion, who is applying the elements of an effective vaccination conversation.
- The other person act as the hesitant HW described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, see the following example conversation and discuss as a group the responses in the role play.

If conducting the training with a large group of participants (>30) request 2 participants to role play the scenario for the entire group.

If conducting the training on a web-based platform such as Zoom, consider diving the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 minutes in a breakout room or small group setting.

After this time is up, lead a 5-minute discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW vaccine champion. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 41-43. Dialogue conversation challenge #2

Notes for facilitator:

This slide and the next 2 slides present the full dialogue between the HW and Sara the mistrusting HW, applying the recommended elements of an effective conversation.

After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the elements of an effective conversation.

After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.

Slide 44. 3. Conversation challenge – a refusing HW

Notes for facilitator:

Read the third HW scenario (a refusing HW) together as a group. Review the communication strategies one by one. Before reading the associated examples of conversation guidance provided in the box, discuss how to respond to this HW applying the elements of an effective conversation. Remember these conversations must be tailored to the specifics of the COVID-19 vaccine used in your country. Then read the associated response examples for guidance.

Slide 45. Role play activity conversation challenge #3

Notes for facilitator:

- Divide the participants in small groups to perform a role play between 2 members of the group.
- One person act as the HW vaccine champion, who is applying the elements of an effective vaccination conversation.
- The other person act as the refusing HW described on the previous slide.
- Others can be observers and provide feedback after the role play.
- After completing the role play, see the following example conversation and discuss as a group the responses in the role play.

If conducting the training with a large group of participants (>30) request 2 participants to role play the scenario for the entire group.

If conducting the training on a web-based platform such as Zoom, consider diving the group into smaller groups using breakout sessions to conduct the role play activity. Give each group 5 minutes in a breakout room or small group setting.

After this time is up, lead a 5-minute discussion with the larger group to understand how the breakout sessions went. Ask an individual from each group to provide feedback on the response strategies used by the

person who played the HW vaccine champion. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 46-48. Dialogue conversation challenge #3

Notes for facilitator:

This slide and the next 2 slides present the full dialogue between the HW and Maria the refusing HW, applying the recommended elements of an effective conversation.

After discussing feedback from the group activity, facilitators or 2 participants can read out loud the dialogue emphasizing the elements of an effective conversation.

After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.

Slide 49. Conversation considerations

Notes for facilitator:

Review these eight key conversation considerations with HWs. HWs can remember these and keep them in mind during their conversations with other HWs.

Slide 50. Keep in mind

Notes for facilitator:

These conversations are meant to promote vaccination acceptance and demand among our HW colleagues. Recognize that hesitant colleagues may not change their stand-point immediately. This may take more than one conversation. The long-term goal of these conversations is to move the person towards a "yes" for acceptance. The short-term goal may be to win their confidence. A good conversation weaves together:

- Listening and showing empathy
- The art of asking appropriate, non-judgmental questions that are questions tailored to concerns
- The ability to craft effective messages using expert evidence

Conversations that guide HWs to explore their reasons for hesitancy can help increase confidence and trust in the COVID-19 vaccine.

Slide 51. Part 3: Fostering a work culture to promote COVID-19 vaccine uptake

Notes for facilitator: Introduce Part 3.

Part three covers learning outcomes # 5 and # 6: Foster a work culture to promote COVID-19 vaccine uptake; Refer to evidence-based COVID-19 vaccination resources for HWs.

Slide 52. Five strategies to make COVID-19 vaccination a workplace norm

Notes for facilitator:

- HWs need to feel confident in their decision to get vaccinated. One way to build that confidence is by normalizing vaccine acceptance in the work culture and making vaccine confidence visible in the health care setting.
- To promote vaccination as a workplace norm, HWs need the support and buy in from their supervisors, management and organization leadership. This requires a team-based approach, whereby HWs can lead by example.

- This slide proposes 5 key strategies to fostering a work culture to promote COVID-19 vaccine confidence and uptake.

Source: WHO. 2021. Healthcare workers in focus; US CDC. 2021. How to build healthcare personnel's confidence in COVID-19 vaccines.

Slide 53. 1. Identify and leverage vaccine champions

Notes for facilitator:

- Identify trusted health care leaders in your health care setting who can serve as vaccination champions.
- When a respected colleague gets vaccinated, other HWs are more likely to get vaccinated as well. Evidence shows that engaging respected colleagues as champions of vaccination can make a difference because they build relationships and deliver meaningful and relevant messages. This can help to combat resistance and increase willingness to change perceptions and practices. Champions can be engaged to share information directed at HWs, to participate in trainings, and to promote vaccination among colleagues in health clinics and hospitals. Highlighting those who do vaccinate can create a positive social norm among HWs.
- Ask participants to offer suggestions or share their experience on how to engage and leverage vaccine champions.

Source: WHO. 2021. Healthcare workers in focus.

Slide 54. 2. Provide information, tools and resources to HWs

Notes for facilitator:

- Provide evolving and up-to-date information, tools and resources to HWs.
- A lack of knowledge can decrease HWs' willingness to recommend vaccination, where as tailored, effective and clear official communication and up-to-date information enable HWs to feel informed and in control of their decisions.
- Proactively share easily accessible information with HWs through various tools, materials and channels, such as: online and intranet sites, chats or telephone hotlines with vaccine experts to answer difficult questions, job aids, lists of answers to frequently asked questions, newsletters/bulletins, staff meetings and briefings.
- Ask participants to offer suggestions or share their experience on how to provide information, tools and resources to HWs.

Source: WHO. 2021. Healthcare workers in focus.

Slide 55. 3. Promote collaborative discussions

Notes for facilitator:

- Promote collaborative discussions with HWs.
- Plan and promote forums for discussions about COVID-19 vaccines and vaccination where HWs can openly discuss their views and ask questions without judgement.
- Open discussions help to address staff questions and concerns and get their input on how to best build vaccine confidence within the work setting.
- For example, work places can host live question-and-answer sessions with vaccine experts and local staff members, including vaccine champions using: Bring your lunch sessions for staff or public facing social media livestreams.
- These are opportunities to provide tailored, effective, clear official communication and up-to-date information on vaccine and vaccination plans to enable HWs to feel informed and in control of their decisions.

- Ask participants to offer suggestions or share their experience on how to promote collaborative discussions in the workplace.

Source: WHO. 2021. Healthcare workers in focus; US CDC. 2021. How to build healthcare personnel's confidence in COVID-19 vaccines.

Slide 56. 4. Communicate key messages to all staff

Notes for facilitator:

- Communicate key messages and up-to-date resources about COVID-19 precautions, vaccines, the importance of vaccination and vaccine confidence to all staff through the use of multiple channels (i.e. team meetings, posters in common spaces, email blasts, short videos, health system intranet, social media).
- Solicit and update information from health authorities regularly.
- Examples of vaccine promotion messages are provided on this slide.
- Emphasize that HWs can promote vaccine uptake by: choosing to get vaccinated, sharing reasons for getting vaccinated and encouraging others to get vaccinated, learning how to have effective COVID-19 vaccine conversations with others to encourage them to get vaccinated.
- Ask participants to offer suggestions or share their experience on how to communicate key messages to all staff.

Source: US CDC. 2021. How to build healthcare personnel's confidence in COVID-19 vaccines.

Slide 57. 5. Acknowledge and celebrate the decision to get vaccinated

Notes for facilitator:

- Acknowledge HWs and celebrate their decision to get vaccinated.
- Highlighting those who do vaccinate can create a positive social norm among HWs and motivate others toward vaccine acceptance.
- Suggestions for acknowledging vaccinated HWs are provided in this slide:
 - Provide "I got my COVID-19 vaccine!" pins, lanyards, masks, bracelets, stickers, etc.
 - With permission, post a photo gallery in common healthcare facility areas or online as part of a social media vaccination campaign showing cheerful staff who were just vaccinated.
 - Offer a small, sincere token of gratitude for early adopters.
 - With permission, record testimonials on why HWs in your facility decided to get vaccinated and share widely with staff.
 - If permitted reach out to local media outlets to highlight your health facility's leadership in COVID-19 vaccine introduction.
- Ask participants to offer suggestions or share their experience on how to acknowledge and celebrate the decision to get vaccinated.

Source: US CDC. 2021. How to build healthcare personnel's confidence in COVID-19 vaccines.

Slide 58-59. COVID-19 vaccine resources for HWs

Notes for facilitator:

- These slides offer training and educational materials from the WHO, the European region and other international and national organizations. HWs can use to prepare for COVID-19 vaccination conversations with other HWs.
- Remember to also check with your professional associations or your national health authority for COVID-19 vaccine information and updates.

Slide 60. Post-training self-reflection and evaluation

Notes for facilitator:

- All participants are asked to take 15 minutes to complete the post-training self-reflection survey, post-training evaluation and feedback survey and return these to the facilitator or ToT.
- Completion is important to consolidate learning and evaluate the module.
- Nine training self-reflection questions measure the level of confidence that a HW has to respond to vaccine hesitancy expressed by HW colleagues and promote COVID-19 vaccine uptake in their work setting.
- It is important for HWs to be able to identify a change in their confidence levels as a result of participating in this training.
- The post-training evaluation aims to determine if the training is effective at meeting the outcomes proposed, whether it is accessible and acceptable to participants and whether it can influence a change in behaviour.

NOTE: Questions are available in PDF format at the end of this guide. See appendix 1. Questions can also be made available in your local setting through an online survey tool (i.e. google survey) and a link can be inserted into the PPT.

Slide 61. Training module references

Notes for facilitator:

The list of references cited can be found at the end of this guide.

Slide 62. Thank you

Acknowledgements

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APPENDICES

Appendix 1. Pre- and post-training module self-reflection survey, evaluation and feedback survey

Pre-training module self-reflection survey

The pre- and post-training self-reflection surveys are used to assess for a change in your confidence from participating in this training module. There are 9 pre- and post-training questions to measure the level of confidence that you have in your professional capacity to respond to vaccine hesitancy expressed by health worker (HW) colleagues and promote COVID-19 vaccine uptake in your work setting.

Note: the self-reflection survey is not anonymous, as it needs to be linked with your post-training responses to evaluate achievement of module learning outcomes, however, only de-identified data will be made available for analysis.

For each of the following pre-training questions please rate your confidence on a scale of 1 to 5 (where 1 = not at all confident; and 5 = very confident).

Complete the following 9 pre-training questions before starting the training module.

How confident are you in your ability to:

1. Have a conversation about COVID-19 vaccination with HWs?

1 (Not at all confident)

2

3

4

5 (Very confident)

2. Initiate conversations with HWs about COVID-19 vaccination and explore reasons for vaccine hesitancy?

1 (Not at all confident)

2

3

4

5 (Very confident)

3. Respond to concerns raised by HWs about the safety and effectiveness of COVID-19 vaccines and vaccination?

1 (Not at all confident)

2

3

4

5 (Very confident)

4. Recommend the COVID-19 vaccine when a HW is hesitant about the COVID-19 vaccines and/or vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

5. Manage disagreement with HWs who decide to decline the COVID-19 vaccine?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

6. Establish an ongoing dialogue with HWs about COVID-19 vaccination when they decide to delay or refuse the COVID-19 vaccine?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

7. Access expert information and resources about COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

8. Provide HWs with expert information and resources about COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

9. Promote COVID-19 vaccine confidence and acceptance in your work setting?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

Adapted from:

Henrikson et al 2015, Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial, Paediatrics, 136:1. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>. Accessed on January 06, 2021.

Post-training module self-reflection survey

The pre- and post-training self-reflection surveys are used to assess for a change in your confidence from participating in this training module. There are 9 pre- and post-training questions to measure the level of confidence that you have in your professional capacity to respond to vaccine hesitancy expressed by health worker (HW) colleagues and promote COVID-19 vaccine uptake in your work setting.

Note: the self-reflection survey is not anonymous, as it needs to be linked with your post-training responses to evaluate achievement of module learning outcomes, however, only de-identified data will be made available for analysis.

For each of the following pre training questions please rate your confidence on a scale of 1 to 5 (where 1 = not at all confident; and 5 = very confident).

Complete the following 9 post-training questions at the end of the training module.

Now that you have completed the training module, how confident are you in your ability to:

1. Have a conversation about COVID-19 vaccination with HWs?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

2. Initiate conversations with HWs about COVID-19 vaccination and explore reasons for vaccine hesitancy?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

3. Respond to concerns raised by HWs about the safety and effectiveness of COVID-19 vaccines and vaccination?

1 (Not at all confident)

2

3

4

5 (Very confident)

4. Recommend the COVID-19 vaccine when a HW is hesitant about the COVID-19 vaccines and/or vaccination?

1 (Not at all confident)

2

3

4

5 (Very confident)

5. Manage disagreement with HWs who decide to decline the COVID-19 vaccine?

1 (Not at all confident)

2

3

4

5 (Very confident)

6. Establish an ongoing dialogue with HWs about COVID-19 vaccination when they decide to delay or refuse the COVID-19 vaccine?

1 (Not at all confident)

2

3

4

5 (Very confident)

7. Access expert information and resources about COVID-19 vaccines and vaccination?

1 (Not at all confident)

2

3

4

5 (Very confident)

8. Provide HWs with expert information and resources about COVID-19 vaccines and vaccination?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

9. Promote COVID-19 vaccine confidence and acceptance in your work setting?

- 1 (Not at all confident)
- 2
- 3
- 4
- 5 (Very confident)

Adapted from:

Henrikson et al 2015, Physician Communication Training and Parental Vaccine Hesitancy: A Randomized Trial, Paediatrics, 136:1. Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals> . Accessed on January 06, 2021.

Evaluation and feedback survey

Please take time to complete this short survey directly after the training. This aims to determine if the training is effective at meeting the outcomes proposed, whether it is accessible and acceptable to participants and whether it can influence your ability to promote acceptance of COVID-19 vaccination among HW colleagues and within your work setting. Your feedback is important for follow-up analysis and can help improve this training for future use.

Please select your professional group.

- Medical
- Nursing
- Midwifery
- Pharmacy
- Manager
- Other

Please indicate the extent to which the following learning outcomes were met through this training module:

Define vaccine confidence and understand HWs impact on vaccine acceptance.

- Not met
- Partially met
- Entirely met

Understand vaccine hesitancy among HWs and factors that contribute to it in the context of COVID-19.

- Not met
- Partially met
- Entirely met

Learn communication strategies for an effective vaccine conversation with HWs.

- Not met
- Partially met
- Entirely met

Apply communication strategies to build confidence in COVID-19 vaccination and promote vaccine uptake among HWs.

- Not met
- Partially met
- Entirely met

Foster a work culture to promote COVID-19 vaccine uptake.

- Not met
- Partially met
- Entirely met

Refer to evidence-based COVID-19 vaccination resources for HWs.

- Not met
- Partially met
- Entirely met

Please answer the following questions regarding your evaluation of the training module.

How would you rate your overall satisfaction with this training module?

- Not satisfied
- Partially satisfied
- Entirely satisfied

Was this training module appealing to you?

- Not appealing
- Partially appealing
- Entirely appealing

Was this training module acceptable to you?

- Not acceptable
- Partially acceptable
- Entirely acceptable

Was this training module user-friendly for you?

- Not user-friendly
- Partially user-friendly
- Entirely user-friendly

Do you think the strategies you learned in this training will influence your ability to promote acceptance of COVID-19 vaccination among HWs?

- Yes, I can use all of the strategies discussed in conversations with HWs.
- Yes, I can use some of the strategies discussed in conversations with HWs.
- No, I will not use the strategies discussed to promote acceptance of COVID-19 vaccination among HWs.

Do you think the strategies you learned in this training will influence your ability to promote acceptance of COVID-19 vaccination in your work setting?

- Yes, I can use all of the strategies discussed to promote COVID-19 vaccine acceptance in my work setting.
- Yes, I can use some of the strategies discussed to promote COVID-19 vaccine acceptance in my work setting.
- No, I will not use the strategies discussed to promote COVID-19 vaccine acceptance in my work setting.

What MAIN reason motivated you to complete this training module?

- Relevant to my work. (i.e. I communicate to HWs about COVID-19 vaccination and/or vaccines)
- I want to improve my communication skills when having a discussion with a HW about COVID-19 vaccination and/or vaccines.
- I am professionally interested in interpersonal communication specific to vaccination.
- I was required by my work to complete this training module.
- I want to learn more about professional resources for COVID-19 vaccination and/or vaccines.
- Other (please specify in the next question)

If you stated 'Other' in the previous question, please specify below.

What SECONDARY reason motivated you to complete this training module?

- Relevant to my work. (i.e. I communicate to HWs about COVID-19 vaccination and/or vaccines)
- I want to improve my communication skills when having a discussion with a HW about COVID-19 vaccination and/or vaccines.
- I am professionally interested in interpersonal communication specific to vaccination.
- I was required by my work to complete this training module.
- I want to learn more about professional resources for COVID-19 vaccination and/or vaccines.
- Other (please specify in the next question)

If you stated 'Other' in the previous question, please specify below.

(OPTIONAL) Please provide any other feedback or suggestions for improvement of this training module.

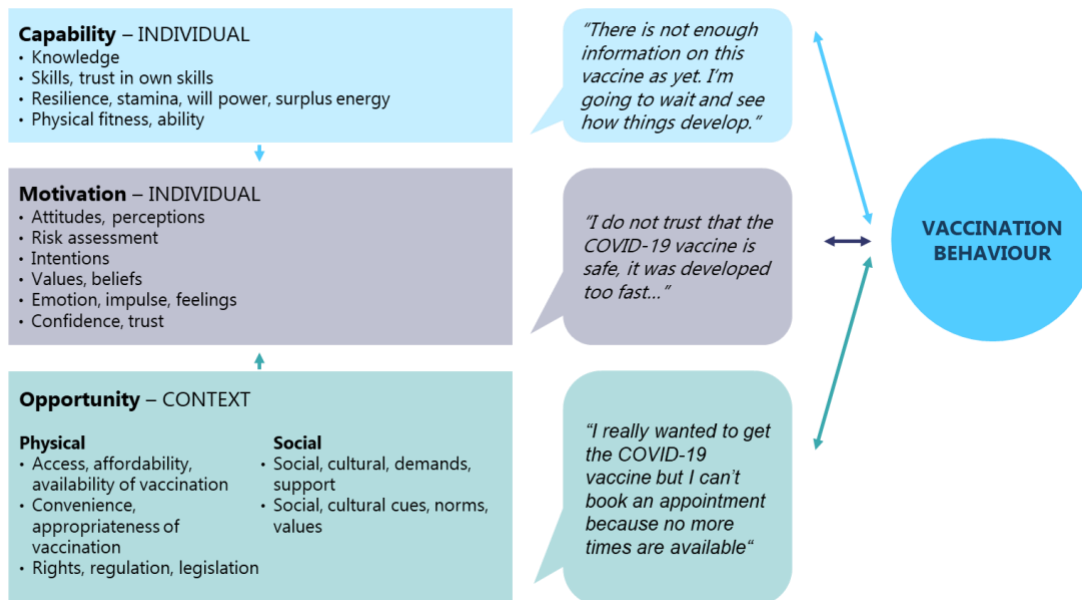
Thank you for completing this survey. We value your feedback.

Adapted from:
Sharing Knowledge About Immunisation (SKAI). 2020. E-Learning Module. Available from <http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals> . Accessed on January 06, 2021.

Appendix 2. COM-B model and HW vaccination scenarios 1-2

COM-B model

3 Factors influence vaccination behaviour



Source: Habersaat, K.B. & Jackson, C. 2020. Understanding vaccine acceptance and demand – and ways to increase them.

1. COVID-19 HW vaccination scenario – drivers to uptake

Tina is a pediatrician working at a children’s hospital in the city. It is Monday morning and Tina is hoping to get her COVID-19 vaccine at work this week. When she arrives to work there is a notice on the front door requesting all people to wear a mask and keep one meter distance. She applies hand sanitizer from the pump at the entrance and notices a large poster in the front foyer of the clinic reading “Vaccinating health care workers protects health care capacity”. Beside the large sign are photographs of several of her HW colleagues who recently had their COVID-19 vaccines. **Physical Opportunity**

On her way to her office Tina greets her manager in the hallway.

Manager: “Good morning Tina, if you haven’t heard Dr. Robertson Chief of the pediatric infectious disease department will be hosting a lunch time Q and A seminar for staff about the COVID-19 vaccines, you should come if you can.” **Motivation**

Tina: “Thanks, I will definitely join I have some questions about the development process. Did you get your vaccine?” **Capability**

Manager: “Yes, I got mine on Monday, (manager shows off her pin to say, “I got vaccinated”) they are offering routine clinics over lunch hours for all staff, and some evenings. You can find more information in the staff lounge, also an email was sent this morning to all staff. You can email all your vaccine related questions to staff health or give them a call during regular clinic hours. They respond in one day.” **Opportunity, Capability, Motivation**

Tina thanks her manager for the information and continues on her way to her office. Tina greets HW colleagues in the hallway and notices they too are wearing pins to say, “I got my COVID-19 vaccine”. **Motivation**

She stops at the staff lounge for a cup of coffee and notices the large bulletin board with fact sheets on the COVID-19 vaccines and information on where and when the next onsite vaccine clinics are offered. **Physical Opportunity**

Tina arrives at her office and notices another poster on her door encouraging HWs to get the COVID-19 vaccine. In her office she opens the email from staff health with the contact information for vaccination related questions and the information on vaccine clinics at the health facility for staff. Tina opens her mobile phone and updates her calendar with a time to get vaccinated at the onsite staff vaccination clinic on Wednesday. **Capability, Motivation**

2. COVID-19 HW vaccination scenario – barriers to uptake

George is an acute care nurse working in a busy emergency department. During the pandemic he has been working 12 hour shifts 5 days a week from 8am to 8pm. He has not had the COVID-19 vaccine as yet and many of his colleagues have been sick with COVID-19. **Physical Opportunity**

It's Monday morning, George takes a one-hour train across town to get to work. He puts on his face mask and gets on the train. He notices some people wearing masks while others do not. There is a poster from the national health authorities reminding the public about COVID-19 precautions to prevent disease spread. George wonders if he will get the COVID-19 vaccine when it is offered to him but realizes he does not know a lot about the COVID-19 vaccines available in his country. **Capability**

He gets to work at 7:35 am and meets his nurse manager in the hallway who is in a rush. George greets her in passing.

George: "Have you heard anything about COVID-19 vaccines for staff?"

Nurse Manager: "Sorry, nothing yet, the staff health manager is on leave. I think there is a COVID-19 vaccine clinic in the city centre at the children's hospital over lunch hour. But I don't know much more, look it up online. I have to run to a meeting now." **Opportunity**

George changes into his nursing scrubs and takes a quick coffee in the staff lounge. He looks out the window and sees a group of loud protesters on the street holding anti-vaccination signs in front of the hospital. He asks some HW colleagues if they have heard anything about the COVID-19 vaccine for staff and they shake their heads to say no and don't seem very interested. George takes a look at the staff information board on his way out but finds no information about vaccination for staff. **Motivation, Opportunity**

George approaches his colleagues who are just about to start the shift change meeting. As they wrap-up the handover notes from the evening shift, George asks a question.

George: "Has anyone heard about when the COVID-19 vaccine will be offered to us"?

Another nurse: "Nope, nothing yet, and I'm not feeling very confident about it, I have heard the national authorities still have not secured enough vaccine doses." **Motivation**

A staff doctor: "I don't trust the national authorities, they say one thing and do another..." **Motivation**

Another colleague: "Well, there is no way I'm getting the vaccine, I do not trust that the COVID-19 vaccine is safe, it was developed too fast..." Anyway, we are already short of staff. If we all get vaccinated now and experience side-effects, who will cover us?" **Motivation**

George turns to the nurse beside him.

George: "No one seems to know much about the plan for vaccines. I guess there is not enough information yet. I think it's better we wait and see how things develop." **Capability**

George is interrupted by the code blue alarm and realizes it is time to get to work.

Appendix 3. Conversation challenges 1-3, dialogues between HWs and HW colleagues

Conversation challenge – the undecided nurse

Scenario: A nurse manager (NM) and a nurse are in a hallway discussion on a general hospital ward.

The NM states that staff will be getting the COVID-19 vaccines this week.

Nurse Manager (NM): I heard from staff health that we are all getting the COVID-19 vaccine. *(Presumptive statement)* It will be offered to staff on Friday. Are you working that day?

Nurse: Yes, I am working that day, but I have not made up my mind about the vaccine. I have been reading some worrying things online and I am not sure it is a good idea to get vaccinated.

NM listens to the response and determines the nurse is signaling Hesitancy on the continuum of vaccine acceptance.

NM: If it is okay with you, can we talk about your decision, so I understand your concerns? What did you read online that worries you? *(Ask permission to discuss, ask an open-ended question)*

Nurse: Well, stories on Facebook have made me question if it is safe for everyone. I have diabetes and it concerns me that vaccines haven't been tested on all different groups.

NM: If I understand you correctly, the stories you read online have caused you to question the vaccine's safety and you are worried about the effects the vaccine may pose to your health given the fact you have a chronic disease? *(Reflective listening, complex reflection)*

Nurse: Yes that's right, I am just not convinced the vaccine is right for people like me.

NM: I can understand you are concerned. *(Demonstrate respect, understanding and empathy)*. You're right, sometimes clinical trials focus on people without health conditions. *(Acknowledge)* We know that there were people in the vaccine trial who had diabetes and pulmonary diseases. In fact, large scale clinical trials have showed that vaccine efficacy was high in subgroups at higher risk of severe COVID-19, including people with comorbidities such as diabetes. The vaccine has been rolled out in multiple countries with safety data being continuously collected by national health authorities, the WHO and the European Medicines Agency (EMA). We know that people who get this vaccine may get a sore arm and some may get chills, tiredness and/or headache. Remember that these common side-effects happen with other vaccines and they are often mild. Clinical trials show that people who got the vaccine were less likely to have more serious outcomes from COVID-19 infection compared to people who got the placebo. We also know that people with diabetes are at a higher risk of developing severe illness from COVID-19. *(Share expert knowledge)*

Nurse: Are you planning to get the vaccine?

NM: Yes, I will be in on Friday and will get my 1st dose. As you know many of our colleagues have been sick with COVID-19. Given our increased risk of infection, I think getting the vaccine is the safest way to protect us and others. *(Provide your strong recommendation)* I know the hospital has posted some information on the vaccine. You should also have a look at that and remember you can always ask me questions. *(Secure trust. Leave the door open for discussion)*

Nurse: Thanks, I will have a look at the information before Friday.

Summary message to HWs when responding to vaccine hesitant or refusing colleagues

Initiate a conversation guided by the following conversation elements:

1. **ANNOUNCE** - assume vaccination.
2. **LISTEN** - Identify colleague on vaccine acceptance continuum.
3. **ASK PERMISSION TO DISCUSS** - Understand the concern and use open-ended questions.
4. **ACKNOWLEDGE CONCERNS** - Use reflective listening.
5. **SHARE EXPERT KNOWLEDGE** - Provide evidence with permission.
6. **PROVIDE YOUR STRONG RECOMMENDATION**
7. **SECURE TRUST**- Leave the door open for discussion.

2. Conversation challenge – the mistrusting HW

Scenario: A HW meets his colleague Sara on their break and announces that the COVID-19 vaccine is offered to staff at their clinic this week. Sara shares her fear of long-term side-effects and concern over the vaccine's development process.

HW: Hey Sara, I just heard some great news, we are getting our COVID-19 vaccines this week. (*Presumptive statement*)

Sara: Yeah, I saw the email from staff health. I'm not sure I will be getting the vaccine. I just don't trust it.

HW listens to the response and determines her colleague is signaling Hesitancy on the continuum of vaccine acceptance.

HW: If you don't mind me asking, what is it about the vaccine that you don't trust? (*Open-ended question*)

Sara: Well, I'm worried it was developed too fast and steps in testing were skipped just so we could get a vaccine developed. For other vaccines, I don't have the same doubts because they have been in use longer, but this one makes me nervous. It is not even clear what the long-term side effects are. I prefer to wait and see how things go. Maybe I will get it next year.

HW: Okay, so if I understand correctly, you are saying that other vaccines seem safe to you, but you are concerned that this vaccine was developed too fast and this makes you worried about the possibility of unknown side-effects? Is this it? (*Complex reflective listening*)

Sara: Yes that's correct.

HW: I can understand why you are worried, the vaccine was indeed developed quicker than previous vaccines. (*Acknowledge*) Could I provide you with some information based on what you just shared that may help to address your concern? (*Ask permission to discuss*)

Sara: Sure.

HW: Keep in mind, safety requirements are the same as for any other approved vaccine. Vaccines are only approved if the benefits far outweigh their risks. All vaccines must go through preclinical and three phases of clinical trials before authorization. In fact, three things made it possible for the vaccines to be developed

quickly while maintaining safety: First, COVID-19 vaccines build on scientific and technological progress. The vaccine technology was already in place before the pandemic. As soon as the necessary information about the virus that causes COVID-19 was available, scientists began designing the vaccines. Second, timelines for development were accelerated by conducting trials in parallel rather than sequentially. Regulatory agencies prioritized to review each phase quickly so, if all went well, they could approve each next step soon after data from the previous step became available. Global information sharing among regulatory authorities also helped to improve and speed up the regulatory process. Third, due to the global risk of disease, massive investments were made well before the end of the clinical trials so that it was possible to have millions of doses ready to deploy. *(Share expert knowledge)* So, although the vaccines were developed at record speed, no compromises were made on ensuring their safety and efficacy.

Sara: Okay, but what about the long-term side-effects?

HW: It does take time and more people getting vaccinated before we can learn about very rare or long-term side effects. That is why safety monitoring continues after vaccines are authorized for use. National health authorities, the WHO, manufacturers and the EMA review all the safety data on an ongoing basis and update recommendations based on emerging information. Any possible problems will be thoroughly investigated to find out if the issue is related to the COVID-19 vaccine and determine the best course of action. Based on the large clinical trials conducted so far, we know that the benefits of the vaccine far outweigh the risks of the vaccine. *(Share expert knowledge)*

Sara: That's really good to know.

HW: I really believe in this vaccine, that's why I plan to get it this week. *(Strong recommendation)*

Sara: I'm going to think about it this evening and make a decision.

HW: The hospital has posted some useful information on their website about COVID-19 vaccine safety. If you'd like I could share the link with you. *(Secure trust)*

Sara: That would be great, thanks.

HW: No problem, and if you like, I can check-in with you when I'm working next week to talk about it more. I'm happy to help. *(Secure trust)*

Summary message to HWs when responding to vaccine hesitant or refusing colleagues

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3. **ASK PERMISSION TO DISCUSS** - Understand the concern and use open-ended questions.
4. **ACKNOWLEDGE CONCERNS** - Use reflective listening.
5. **SHARE EXPERT KNOWLEDGE** - Provide evidence with permission.
6. **PROVIDE YOUR STRONG RECOMMENDATION**
7. **SECURE TRUST**- Leave the door open for discussion.

3. Conversation challenge – a refusing HW

Scenario: An emergency doctor texts her colleague Maria to inform her about a COVID-19 vaccine clinic open to all HWs at the hospital where they both work. Maria explains she is trying to become pregnant.

HW: Hey Maria, it is time to get our COVID-19 vaccines, there is a vaccination clinic for HWs at the hospital tomorrow. *(Presumptive statement)* Are you working?

Maria: Yes, I saw the email, but I won't be going. I don't want to get the vaccine - I don't think it is safe for me right now.

HW listens to the response and determines her colleague is signaling Refusal on the continuum of vaccine acceptance.

HW: If it is okay, do you mind if I ask what it is about the vaccine that makes you think it is not safe for you? *(Open-ended question)*

Maria: I may have mentioned, I am trying to have a baby. Getting pregnant is difficult at my age and I heard that the vaccine is not safe for pregnancy. I think it is just too risky.

HW: That's exciting news that you are trying to get pregnant. Just so I understand correctly, are you saying you have decided to not get the vaccine because you are worried about the risk it may have on pregnancy if you do get pregnant? *(Reflective listening)*

Maria: Well yeah, I know the vaccine is not universally recommended for pregnant women as yet. Pregnant women were not included in the clinical trials and if I get the vaccine tomorrow and then get pregnant soon, I will be worried about the effects on my pregnancy. I wouldn't want to terminate a pregnancy when it is already so difficult to get pregnant. That would be devastating.

HW: I can understand you are worried, if you like I can share with you some information from WHO and national authorities about women of fertility age I recently read. *(Acknowledge)*

Maria: Sure.

HW: You are right, there is limited information on the coronavirus vaccine in pregnant and lactating women. However, there have been many pregnant women who were inadvertently enrolled in the vaccine trials and no specific safety concerns related to pregnancy have been identified. If you are trying to become pregnant now you may receive a COVID-19 vaccine. *(Share expert knowledge)*

Based on how these vaccines work in the body, experts believe they are unlikely to pose a specific risk for people who are pregnant. Routine questioning about last menstrual period and/or pregnancy testing is not required before offering the vaccine, and those who are trying to become pregnant do not need to avoid pregnancy after vaccination. In fact, termination of pregnancy following immunization is not recommended. *(Share expert knowledge)*

If a woman finds out she is pregnant after she has started a course of vaccine, she may complete vaccination during pregnancy if she is considered at high risk of exposure to COVID-19, like frontline HWs. The WHO states there is no reason to believe there will be specific risks that would outweigh the benefits of vaccination for pregnant women. Pregnant women should be vaccinated in consultation with their health care provider. *(Share expert knowledge)*

Maria: Well maybe I need to read more about this, can you send me the information you have just shared?

HW: Yes of course! Given our high risk of exposure in the emergency department, I would strongly recommend for you to get the vaccine. *(Strong recommendation)*

Maria: I am still feeling very reluctant.

HW: I can understand, vaccination is a personal choice. I'm just concerned about our health as so many of our colleagues have been sick with COVID-19. Here are some suggested links. *(Share expert knowledge)* I would also encourage you to talk about your concern with your health care provider.

Let me know if you want to talk more about this, I am always here to listen. *(Demonstrate respect for decision and secure trust)*

Maria: Thanks so much.

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4. **ACKNOWLEDGE CONCERNS** - Use reflective listening.
5. **SHARE EXPERT KNOWLEDGE** - Provide evidence with permission.
6. **PROVIDE YOUR STRONG RECOMMENDATION**
7. **SECURE TRUST**- Leave the door open for discussion.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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