

MEDICAL RESIDENCY TRAINING IN VACCINE SAFETY COMMUNICATION: GAPS AND RECOMMENDED STRATEGIES FOR IMPROVEMENT



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CALIFORNIA ACADEMY OF FAMILY PHYSICIANS**

Project Overview



- CDC Project funded by ARRA Oct. 2009 – Sept. 2011
- Goal: Develop and distribute vaccine safety communication curriculum for primary care medical residency programs nationwide
- Objective One: Identify gaps in vaccine safety communication (VSC) training for medical residents

Background



- Excellent data and ongoing research
 - Parents' VSC concerns
 - Practicing physicians' knowledge and attitudes regarding VSC
- Data gap
 - Residents' knowledge and attitudes regarding VSC
 - Practicing physicians' input regarding residency training in VSC

Method



- Online survey with residents (N=276)

- Link:

http://www.surveymonkey.com/sr.aspx?sm=EJ62wWgabZaGb_2bWmplzGIwkkII0XwxONWwmwqNkxrLk_3d

- 6 focus groups with residents

- California, Illinois, and Massachusetts

- Four pediatrics groups and two family medicine groups (N=47)

- 3 focus groups with practicing pediatricians (N=27)

What did we learn?

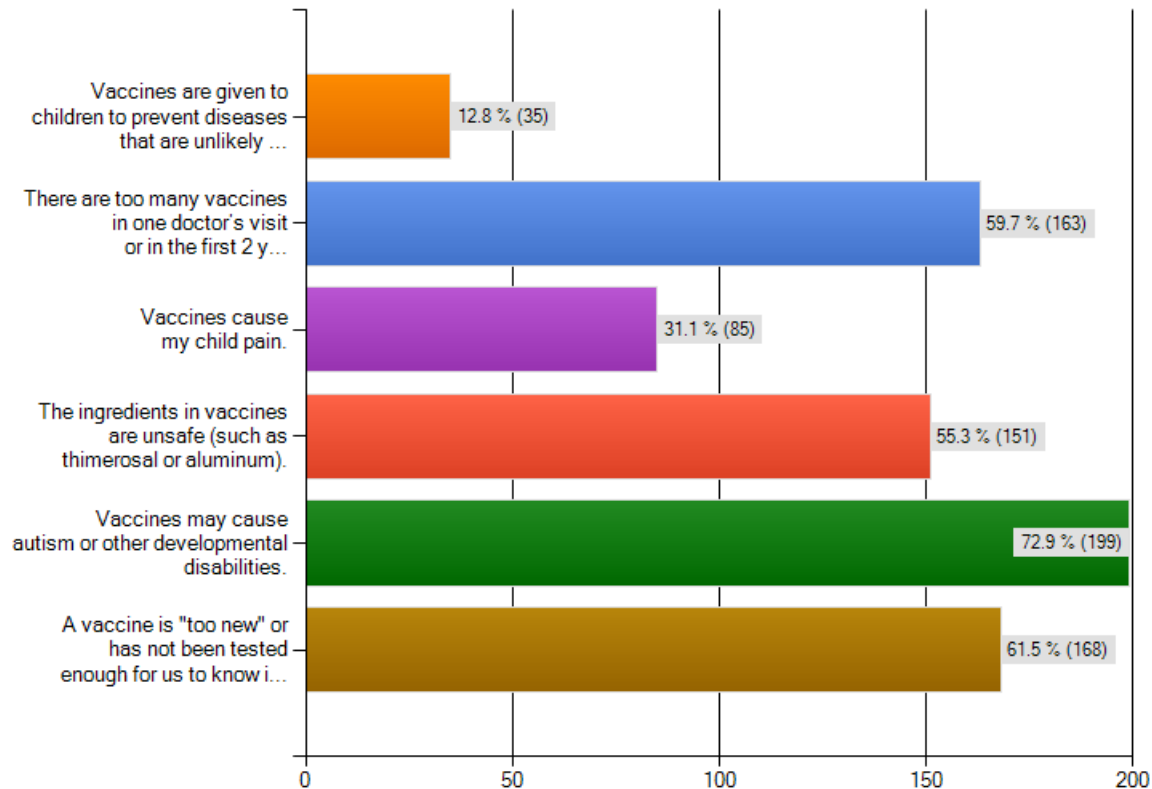
(And what surprised us!)



Top vaccine safety concerns of families as perceived by residents



What are the top 3 vaccine safety concerns you have heard expressed by families/patients (please check the top three):



Resident Comments



“Number one concern right now... has been H1N1.” (3rd yr)

“I think the biggest concern is autism.” (3rd yr)

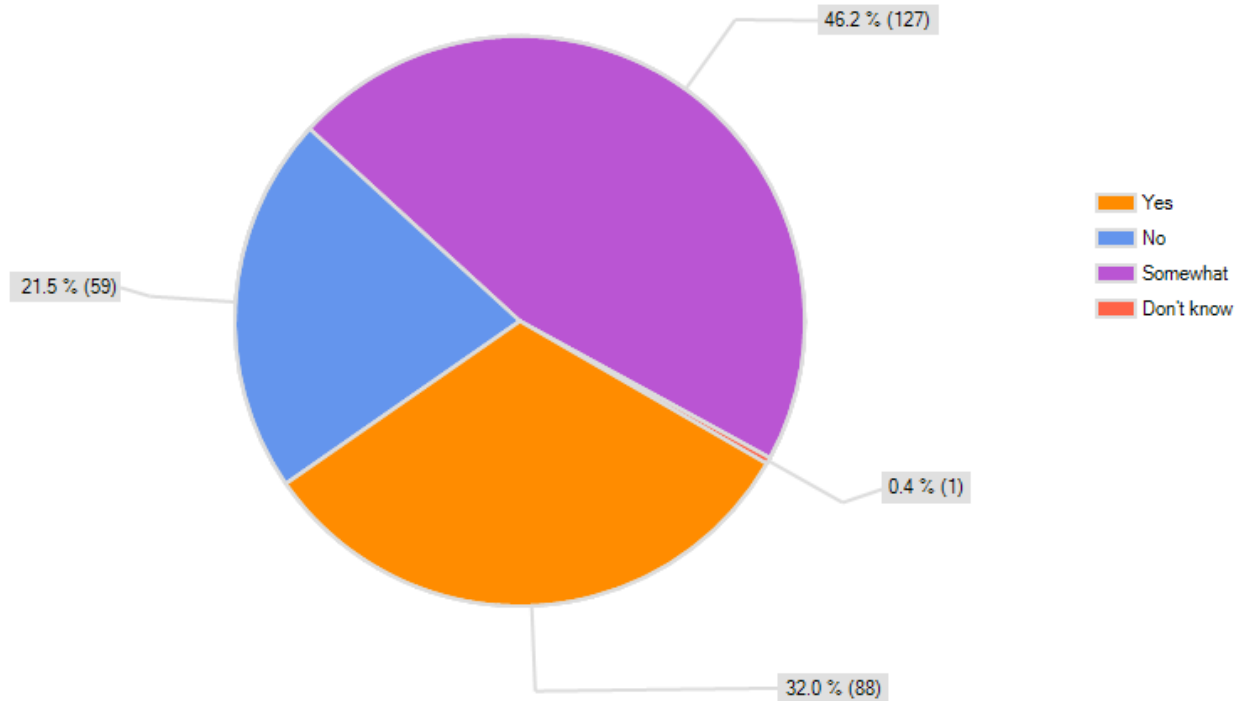
“ They go ‘I’m healthy, I’m strong as a horse and if I take it, it will make me sick’ ... and I find that’s a really hard argument to deal with ... there’s something about immunization of adults that its easier for me to let go than with kids. And I know that influenza kills a lot of adults.”
(3rd yr)

“Too many shots at one time.” (2nd yr)

Do residents perceive themselves to have learned about VSC in their program?



Have you learned specifically about vaccine risk communication (how to communicate to families and patients regarding their concerns about vaccines and vaccine risks) in your residency program?



Resident Comments



“In terms of vaccine specific [communication], I’ve gotten no formal training on that...” (3rd yr)

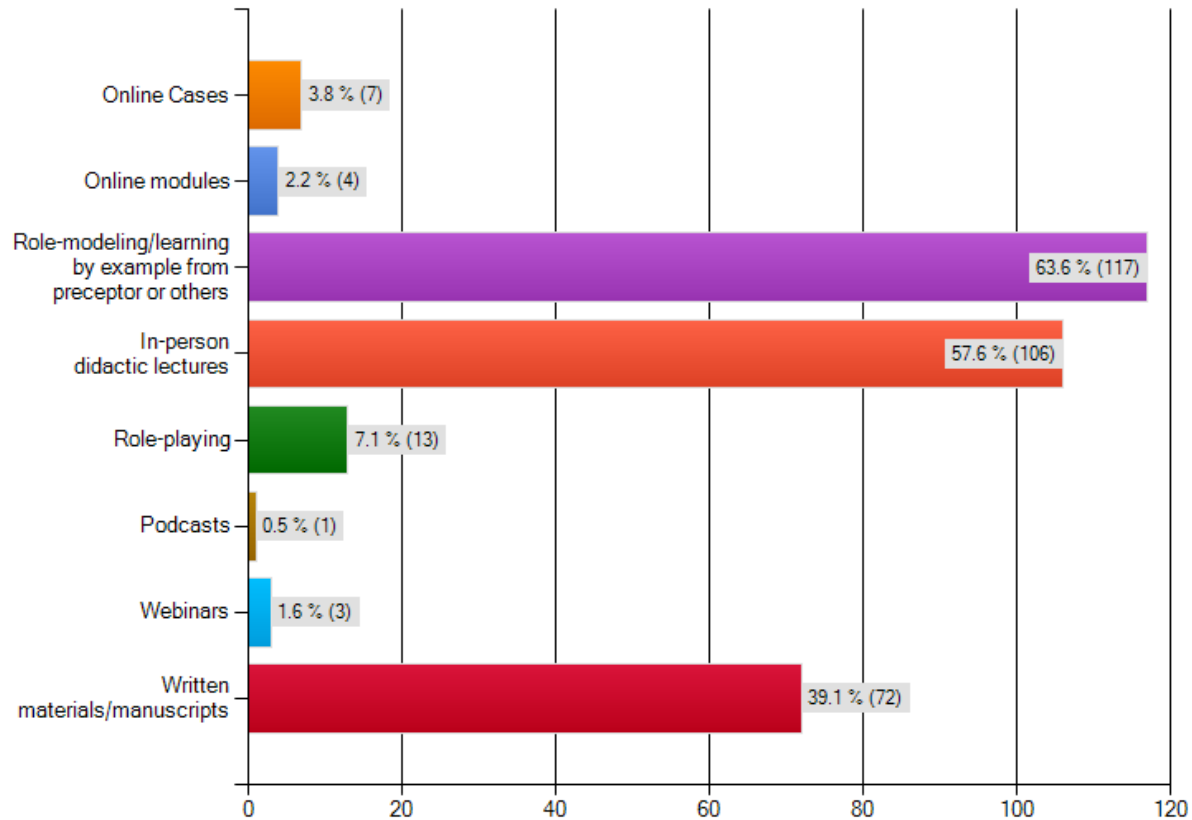
“...I work in the patient population which shows so little resistance to vaccines that I haven’t had to have the tough conversation...and hear it modeled...” (3rd yr)

“I’ve done a lot of research on my own, but I’ve had no formal training in it.” (3rd yr)

If YES or SOMEWHAT, how are they learning VSC in their program?



If you answered yes above, what methods were used in your residency program to teach you about vaccine risk communication?



Resident Comments

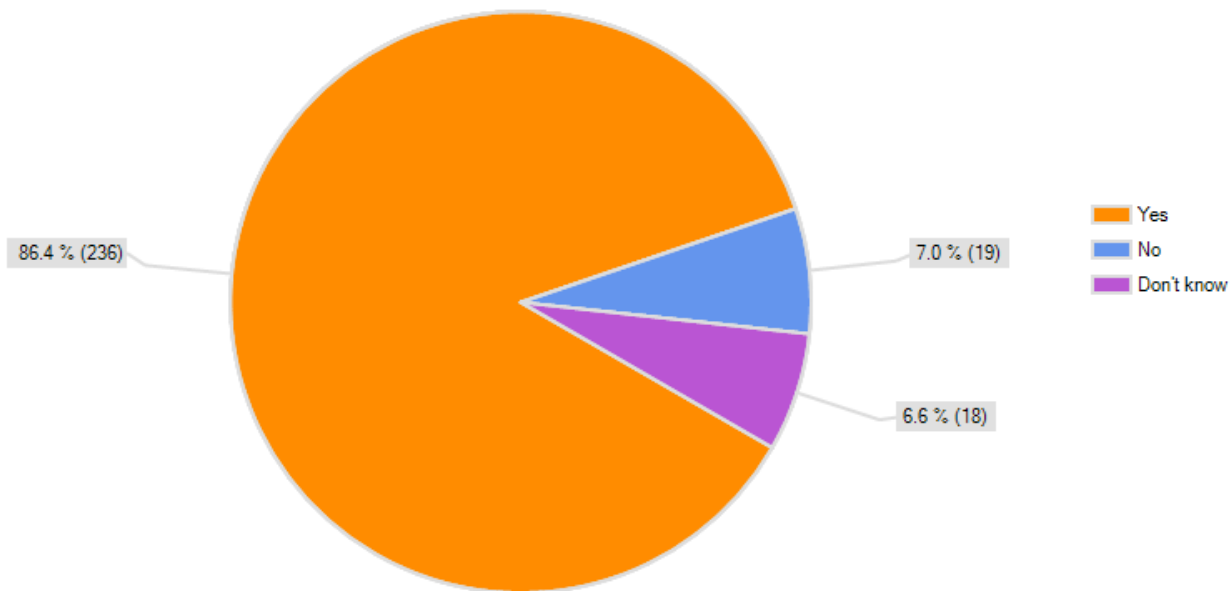


“My teaching came when a parent would have a concern... and then being taught by the preceptor to elicit what their concern is outright.” (3rd yr)

Would they like to learn more VSC in their program?



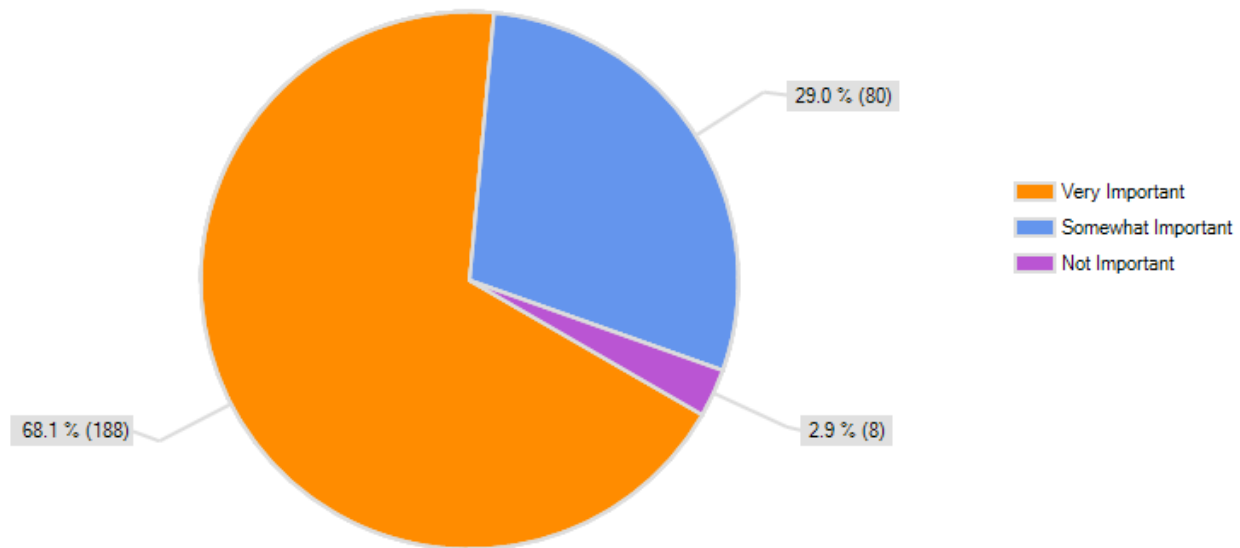
Do you believe further education on vaccine risk communication in your residency program would be valuable to you?



What is the importance of learning about vaccine risk communication for your future practice/career?



What is the importance of learning about vaccine risk communication to you for your future practice/career?



Comments



“... this would fall under training that may not be as applicable when you are a resident but as you... mature in your career... it’s more useful over time...” (3rd yr)

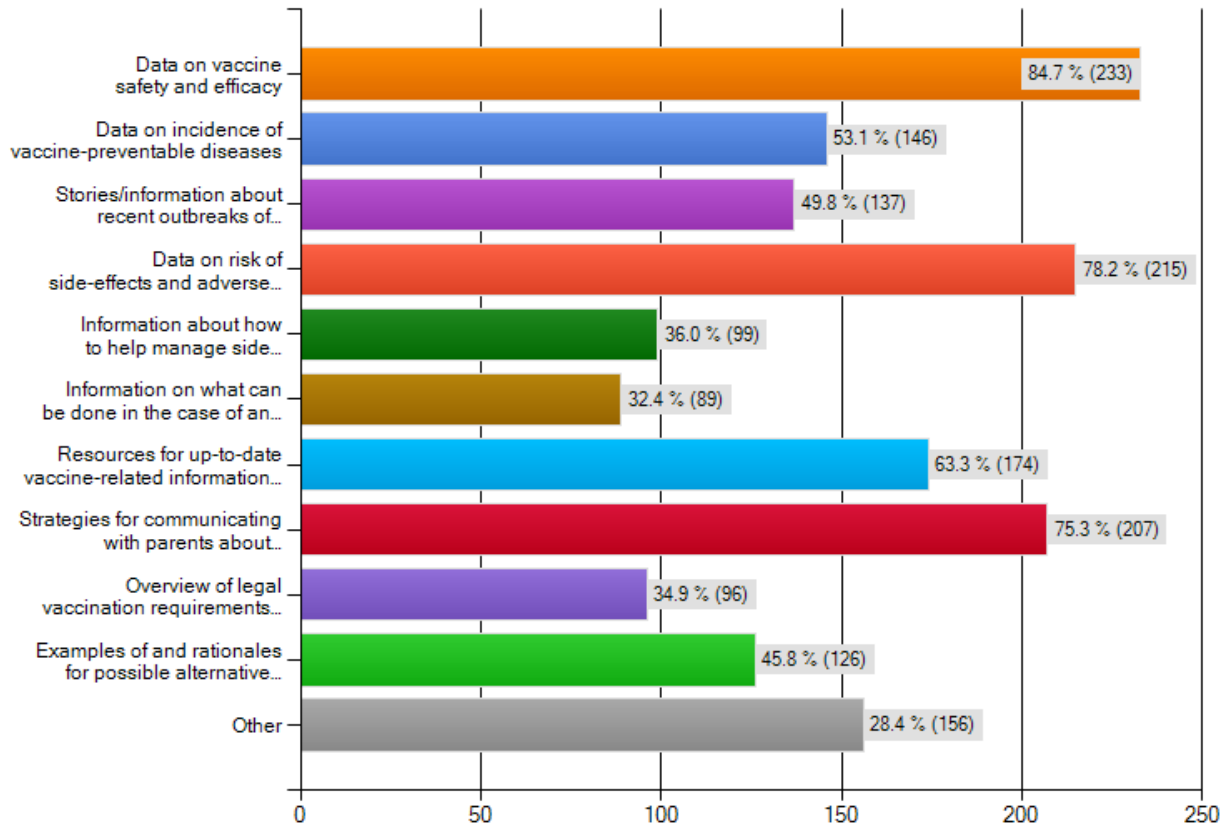
“Number one question I get from friends is, ‘Should I vaccinate my kids?’... the only motivation I’ve really had to learn about Thimerosal is through them...” (3rd yr)

“My husband will say, ‘We’re not vaccinating our kids’ ... that’s the motivation I’ve had...” (3rd yr)

Content



What areas of content would you recommend for future training of residents in vaccine risk communication (check all that apply)?



Comments



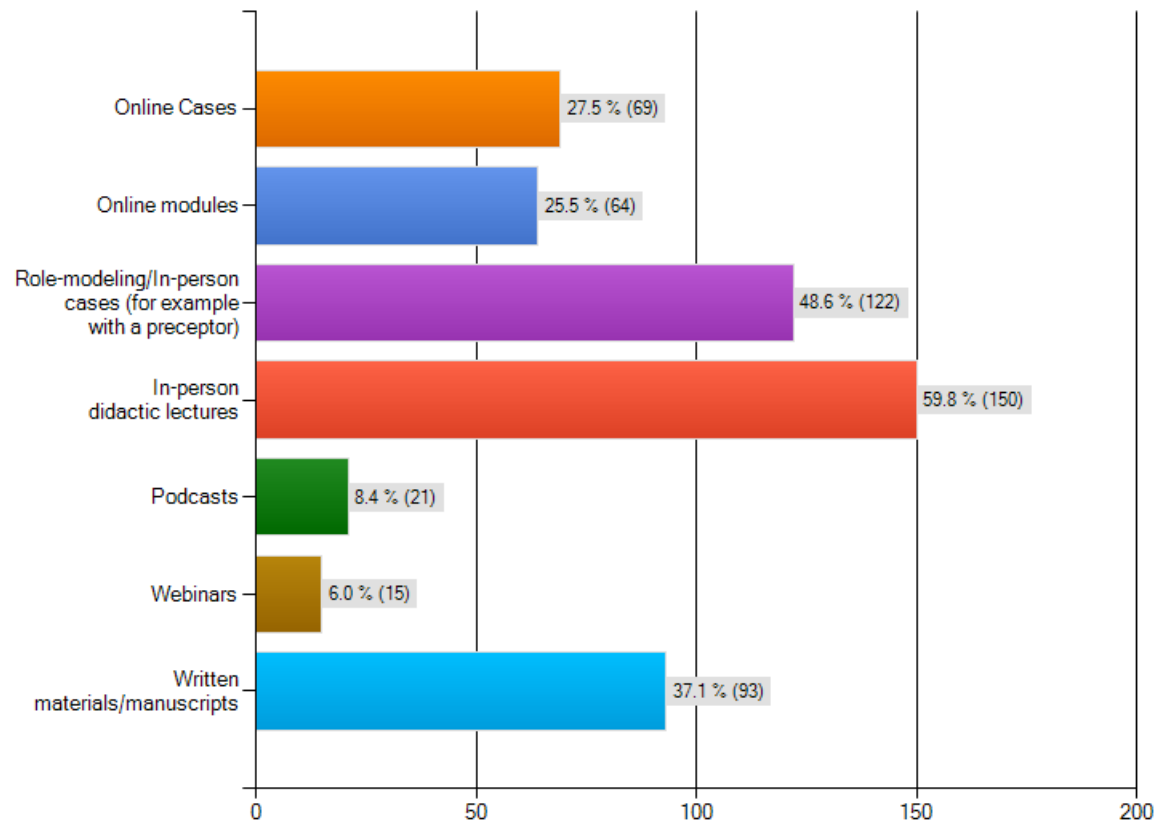
“Why do people have these concerns in the first place?...Like why did it get blown so much out of proportion?...” (3rd yr)

“Or maybe some ways to compromise with the patients. Like for example, you know sometimes some of them get worried if you give all the shots at once.”
(3rd yr)

Method



If yes, what teaching methods do you prefer (check all that apply)?



Comments



“... noon conference is a place to start.” (3rd yr)

“... having things printed out ... so we can hand that to the parents and say ‘OK, your next visit... we’ll talk about it some more.’” (2nd yr)

“I think it would be good to have a different case based on the different vaccines.” (3rd yr)

“... having some type of expectation of our preceptors that they’re going to formally teach is good—rather than just role model.” (3rd yr)

Comments



“...(online) is easy, when you can find any time you can use it...” (2nd yr)

“lectures will be excellent, and... interactive teaching modules, but I would like online resources too for people who miss lectures... if there’s something new coming, that will be good to have it online.” (2nd yr)

“I am... morally opposed to online click-through education tools because I don’t pay attention to them ...” (1st yr)

Do practicing MDs consider it important to teach residents VSC?



- Many spoke to what a huge part of practice vaccines have become.
- Numerous spoke about the importance of this training for both general pediatricians and subspecialists.
 - Importance of subspecialist supporting need for vaccines, even in cases where they do not give the vaccines themselves.
 - Also for many children with special health care needs, the subspecialist is the medical home.

Listen first



Ask each family/parent what, if any, are their concerns about vaccines.

“...spouting lots of science without knowing what someone’s specific concerns are wastes time and does not build trust.”

Assess depth of concern



- First tier: Parents who want to “exercise due diligence.”
- Second tier: One or more specific fears based on myths in the media or from friends, that if listened to and carefully responded, will set aside.
- Third tier: Those who are fearful of vaccines either due to a close personal experience (a sibling whose child had autism after a vaccine, or had what they perceived as a bad adverse reaction) or who refuse vaccines as part of a larger life philosophy.

Be ready for your own negative emotions



- Help residents recognize they will need to come to terms with emotions of anger or disappointment because parents listen to celebrities or media rather than trained MDs, who feel that they know what is best for the child.

Pre-empt resistance



- Begin at the first visit letting the family know proactively your position as a doctor in strong support of vaccines for their child. Give websites you trust about vaccines.

Use “stories” rather than theories



- Focus on those diseases that are still seen and they can understand, and tell stories about children who did not get vaccine.
- The science only works for some.

Conclusion: Residents



Residents

1. Significant percentages answered “not” (21.5%) and “somewhat” (46.2%) for whether they learn VSC in residency.
2. Those serving compliant populations not sure this will be a big issue in practice, although nearly all said more VSC training would be valuable.
3. Online is not the top choice for method in program; residents prefer didactic lectures and role-modeling.
4. New vaccine/inadequate testing competes with autism/dangerous ingredients as a primary VSC concern.

Conclusion: Practicing Pediatricians



Practicing Pediatricians

1. Nearly all have learned to “negotiate” vaccines, use alternate schedules as part of routine practice today.
2. Many parents feel it is now “due diligence” to question one or more vaccines, even if they will readily accept them.
3. MD must deal with own anger/rejection at not being trusted over vaccines.

Immense credit goes to:



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