

# Q&A Session: Empowering Physicians and APPs to Manage Challenging Encounters During COVID

Q&A From the Sept. 22 and Sept. 23 Sessions Featuring Antoine Douaihy, MD, and Don Yealy, MD

## Sept. 22 Q&A

**Q: How do you suggest discussing vaccination with people who have clearly wrong views on vaccination, such as the vaccine kills more than COVID itself?**

**A:** With a lot of people, the conversation tends to become more about misinformation than the issue itself. A more helpful approach is to make it centered on them and not start on “correcting facts” – be person-centered. Try “Tell me what your thoughts are, tell me how you feel, what do you know. I know that you have particular information here, I do not want to challenge that.” Focused dialogue and conversation on interaction with the person. Try to understand their perspective and values. Start seeking a conversation, not a “fix”, and seeing where it goes. Avoid telling them what to do. They know you promote health.

**Q: How would you recommend discussing wearing a mask with colleagues who may not be following the policy?**

**A:** First, ask their thoughts on wearing the mask. What is their reason for not wearing a mask (or not wearing a mask correctly)? Our first effort often is to correct and argue – again start with understanding and dialogue. Ask their thoughts, how did they come to decide to not wear a mask and not follow the policy. Attacking will not get you anywhere, it will backfire. Instead, take a look and have a conversation about it, exchange thoughts, feelings, and perspectives. Be a good role model, and be understanding to the many reasons people have to act differently. People have to take responsibility for themselves, creating that dialogue with them can help them understand their value system, shared valued system with their community, and their responsibility. We do not want to judge them.

**Q: I saw a teenager last month for his checkup. The mom spent almost a full hour talking about why she was opposed to him getting the COVID vaccine. I listened politely and respectfully shared my medical opinion. Despite my best intentions she wrote an angry 1 star review about me on Press Ganey. It felt frustrating.**

**A:** It is perfectly natural to be frustrated having tried your best, investing the effort, and it created the opposite outcome of what you wanted, which you have to control over. Forgive yourself for being frustrated, and then dissect what you can do differently next time. Recognizing you are human like everyone else and letting go of it before your next interaction.

Some of these conversations need to be parent and physician, with the child not present, finding out where they are in their decision making process. Be very careful of not skipping the listening aspect, as it is a very important aspect of the process. If the child is older, 13, 14, 15, 16, ask the parents’ permission to ask the child’s opinion. Older children have their own thoughts and opinions and having a conversation with them could empower them to take responsibility and make their own decisions.

**Q: What are your thoughts on how to respond to people asking for specific treatments (like Ivermectin or therapies we don't recommend)? Particularly in those opposed to vaccination.**

**A:** Use our structure and group expertise – say “UPMC does not permit those therapies for COVID-19 treatment, based on the evidence” this is true. Note that COVID 19 therapies are not the only ones we regulate in care, and we do so to optimize helping everyone. We closely guide therapy choices thru collective input of many experts here at UPMC.

This can allow you to be empathic, nonjudgmental without using a confrontational style. Recognize they are seeking something to help, and they have heard that this was available, but let them know UPMC does not provide this treatment, and do not engage further than necessary. Ask permission to give your medical opinion, and respect their boundaries.

**Q: Have people been deciding or being manipulated by mass disinformation?**

**A:** At this point, we don’t know for each person how much is real misinformation, meaning “I read something that is baseless but didn’t know it,” versus someone who decided first and then sought “information” that simply supports that decision. The latter can come from many places besides political or ignorance issues. As opposed to rattling off the scientific information, *engage in dialogue to understand* how they gained their information, and ask permission to offer your scientific medical opinion.

**Q: I’ve gotten a little more buy-in from patients in discussion about the Covid-19 vaccination when, after listening to their questions/concerns, I address their concerns, give my recommendation for vaccination and my why, and discuss their risk status if they contract Covid-19 as so many underestimate their risk/co-morbidity) and I tell them to contact me if they still somehow develop Covid so we can arrange for mAb. From a “political side” mAbs seem to be acceptable to most, so including that and knowing I’m going to help them if they get sick, helps round out the discussion.**

**A:** You are employing many of the things we discussed, listening, meeting folks where they are without “fixing them” right away, and being caring no matter what. Thanks for sharing.

**Q: What if patients are telling us their other doctors or other hospital staff have told them not to be vaccinated?**

**A:** There are going to be diverse opinions and influences on any topic, but engage in dialogue with the individual to understand where they stand. Where are they with the decision, what do they want? What do they want to know?

### **Sept. 23 Q&A**

**Q: Months ago, it seemed all my patients were vaccinated. I had a few here and there who weren't. Now I am seeing more and more patients who are not vaccinated and seem to be more strongly against it. Having conversations with them makes my visits longer and me less efficient and late for others. Should I still be trying to convince them or just accept it? Any thoughts?**

**A:** The change in vaccinated people seeming more common isn’t a surprise – those were the motivated ones who engaged in recommended health care actions and likely returned for needed care first. Over time, many others returned for care – that is a good thing for them and for us, allowing us to aid.

Still have the conversation - asking, listening, providing/informing – to get perspective of where they are. How, what, why. Where do they stand with this aspect? Do not go with trying to convince, go with getting perspective. See if they

would like further information about the vaccine, and if they are interested in any advice from you. See how the conversation goes without feeling the obligation of needing them to be vaccinated, do not frame it as a failure before it begins. Move their level of motivation without convincing them, it is their decision at the end of the day.

Listening for opportunity to insight that could foster change, and start slowly.

**Q: Sometimes anger - patient/family's anger toward the medical establishment/provider or provider's anger toward unvaccinated patients and related impact on health care workers - gets in the way of the empathy/compassion. Many are struggling with this, what do you suggest?**

**A:** Anger feelings emanate from frustration and fear, instead of sending back frustration and anger, open the conversation to understand their frustrations and fears. Speak with a colleague, "I am having this difficulty, can we talk about it." You are going to have feelings of anger, understand why they are there instead of engaging immediately.

**Q: We have been having patients in our outpatient office with cough or some symptoms of covid and our staff room them and patients get upset when you suggest they be tested. It can be very frustrating to feel like we are subjected to increased risk particularly with delta variant.**

**A:** This is an opportunity to frame how we can help them, and maybe you plus others nearby too, but focus on them. They are seeking care, and our ability to be *caring* is a powerful tool. Frustration feelings and other thoughts are common when you have seen the consequences and when you feel drained helping folks through these things.

Another way to think - after realizing your feeling and responses are natural and ok - is to see how this is a bigger opportunity, but not an easy one. You might not succeed today or at all, but the opportunity exists inside those seemingly "wrong" replies you hear.

**Q: Are there any other recommendations to try when it's your significant other who refuses to get vaccinated, despite multiple unsuccessful conversations regarding the safety and importance of the vaccine?**

**A.** There are many other layers to all spousal relationships. Maybe finding another person who could be helpful in the decision making is an option, separating yourself from the situation. Do not shame, and do not use scare tactics. Having someone neutral to provide unbiased information. Formulating written thoughts, not in the heat of the moment, to share via email or text message can be beneficial.

**Q: Some patients say since they had COVID, they don't need to be vaccinated and don't believe masks will protect anyway. Therefore, they wear ill-fitting cloth masks and refuse to switch to a better one.**

**A:** They are not completely wrong about true recovery providing some immunity - nor are they completely correct. Immunity from any means does not mean "impenetrable." Things that cut exposure (masks indoors) and enhance responses (vaccine) are additive measures. In the end, who wants to get COVID 19 - the symptoms, the risk, the long haul things – likely that isn't anyone. A good start is to link to their positives: "I am glad you know about the infection and the responses we can have," then merge the new thoughts in.

**Final Thought:** "We speak about "burnout" and yet for many that word doesn't always resonate in the circumstances being discussed here. Interestingly, there is new research here at University of Pittsburgh exploring the concept of physician "disenchantment" (i.e. the traumatic loss of one's idealizations about their occupation, due to perceptions of

"moral injury"). I suspect that meaningful conversations like these, validation of our frustrations, feeling heard by leadership, and connectedness within our work communities could potentially combat this phenomenon."