

## Background

- The 2017-18 influenza season was of epidemic proportion. Many of the children who died were unvaccinated. Yet one third of parents interviewed prior to the 2018-2019 influenza season reported their children would not receive influenza vaccines.
- Pediatric residents may not be comfortable counseling vaccine hesitant families.
- Through a fellow-led QI project, we sought to provide educational interventions to increase pediatric residents' knowledge and confidence in counseling influenza vaccine hesitant families.
- The site for this project was the Texas Children's Hospital Primary Care Practice clinic, a continuity clinic for approximately 45 pediatric residents located outside of the medical center in an underserved area of Houston.

## Aim/Objective

- Within a 7 month period, through educational interventions:
  - Increase the percentage of residents who give a favorable rating of their perceived knowledge of resources for influenza vaccine hesitant parents to 85%
  - Increase the percentage of residents who give a favorable rating of their confidence in addressing parents' concerns about the influenza vaccine to 85%

## Methods

- Baseline data was obtained via anonymous online surveys to measure pediatric residents' confidence and perceived knowledge of resources.
- We defined a favorable rating for perceived knowledge of resources as "average", "above average", or "excellent".
- We defined a favorable rating for confidence in addressing parents' concerns about the influenza vaccine as "very confident" or "extremely confident".
- PDSA Cycle 1
  - Residents participated in fellow-led educational sessions that discussed vaccine manufacturing, adverse effects and common myths.
  - The CASE method, a resource to improve counseling skills toward vaccine hesitant families, was introduced. Badge cards were distributed with facts debunking common myths and an outline of the CASE method.
  - Residents participated in a role play activity to practice counseling.

- PDSA Cycle 2
  - In a second educational session, the role play activity was modified to facilitate increased interaction and provide feedback on counseling techniques.

Figure 1: Badge cards distributed to residents

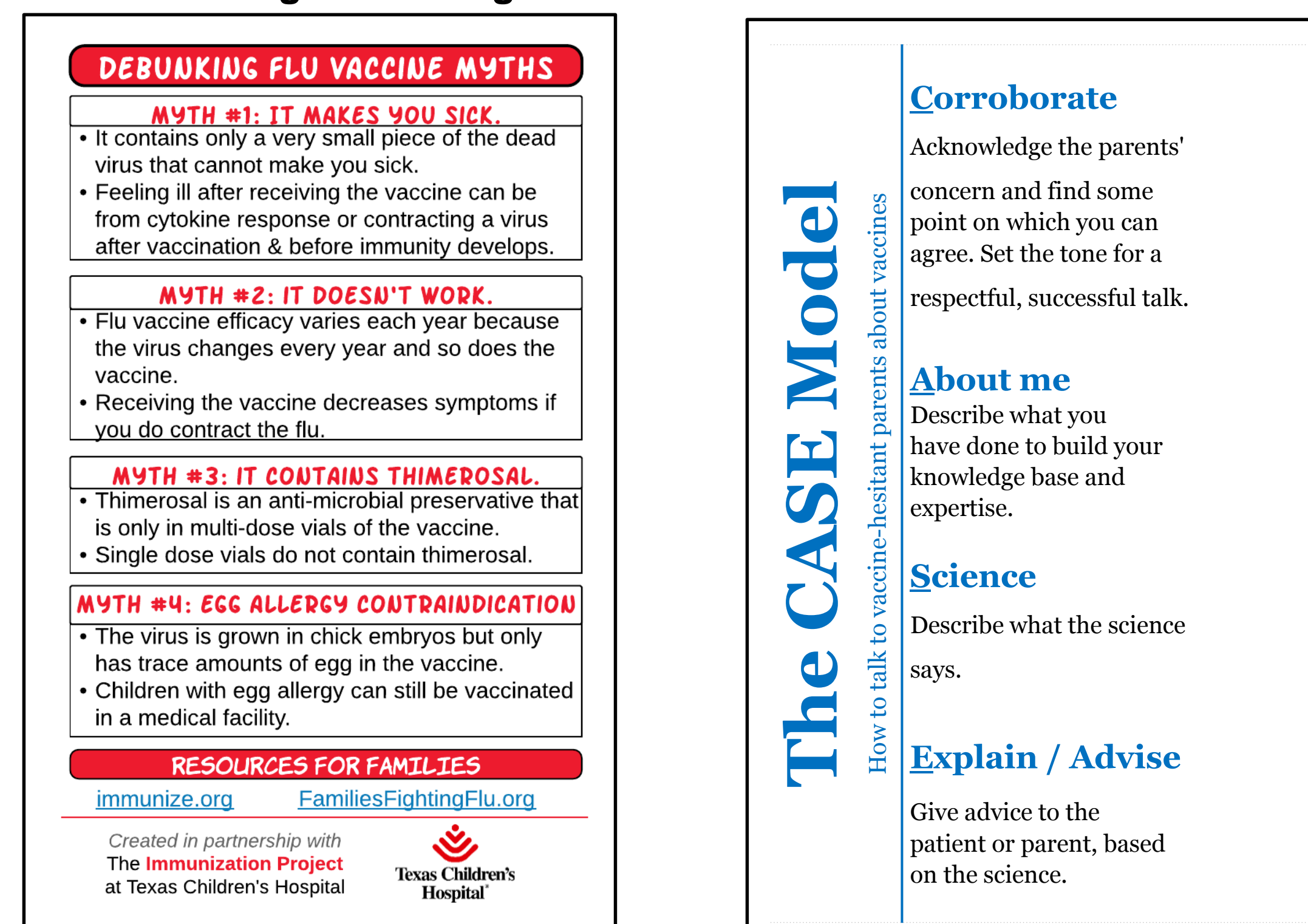
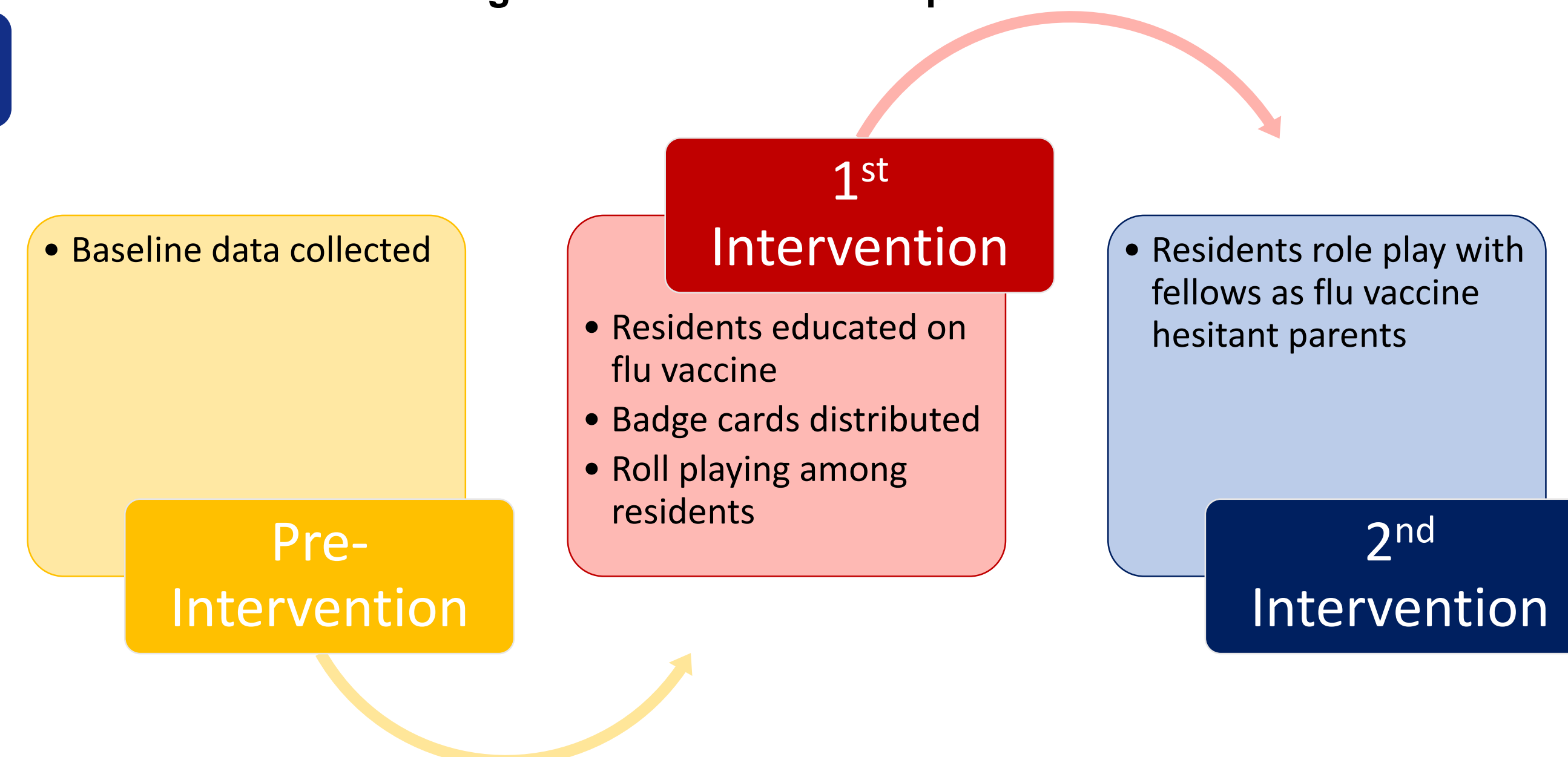


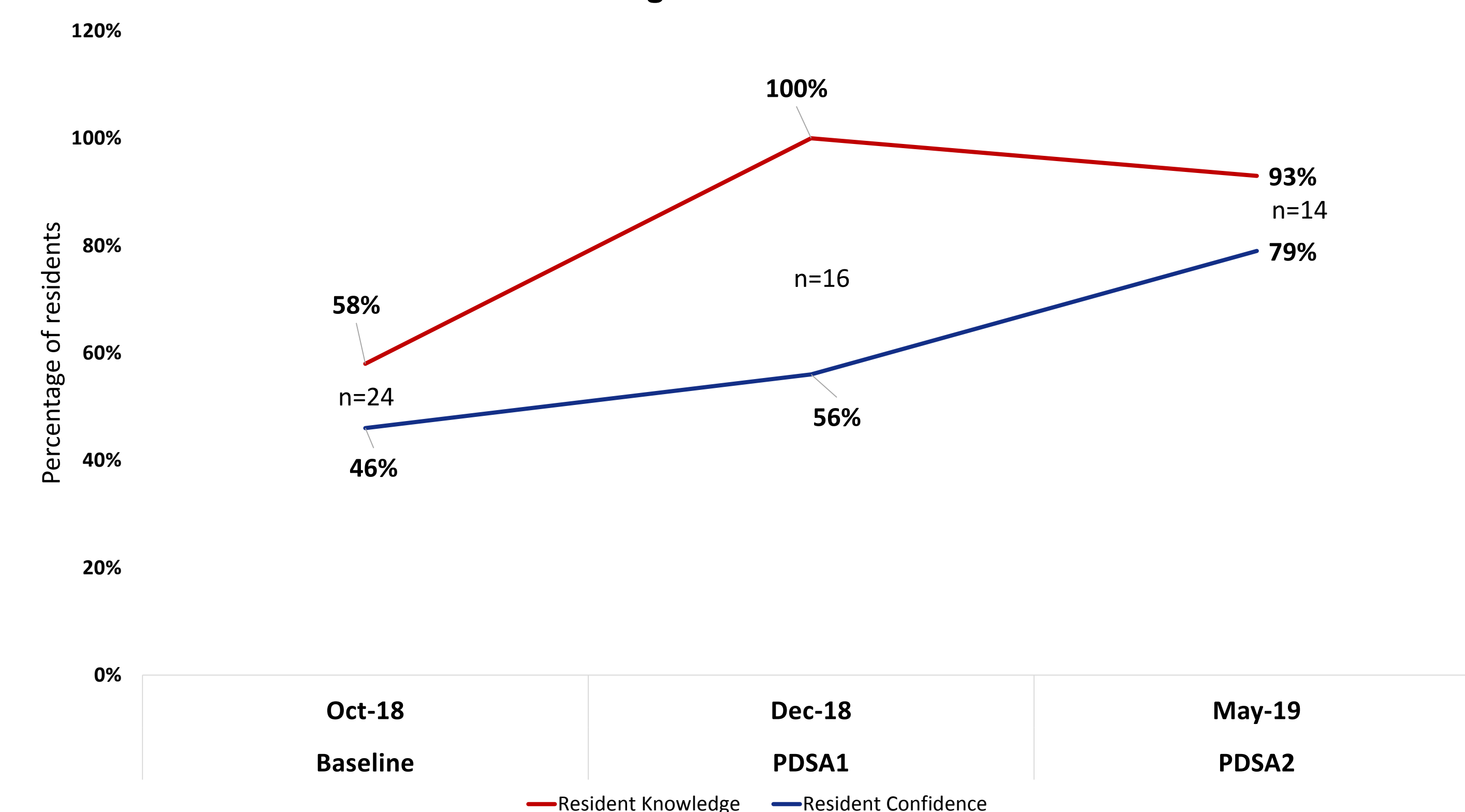
Figure 2: Interventions implemented



## Results

- Overall, self-reported resident knowledge about resources for influenza vaccine hesitant parents increased by 35%. Self-reported resident confidence in counseling parents increased by 22% overall.

Figure 2: Run Chart



## Conclusion

- Providing interactive education and reference tools regarding influenza vaccine and guided counseling for vaccine hesitant families can increase residents' knowledge and confidence in counseling parents who are influenza vaccine hesitant.
- Future plans to apply this same education to residents in counseling for general vaccine hesitancy is also being considered.