



**REPORT ON VACCINOLOGY AND
VACCINE COMMUNICATION
SESSIONS HELD DURING THREE
INTERNATIONAL EVENTS**

DELIVERABLE 5.3



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1 Objective

Healthcare providers are the most trusted source of information about vaccines for the general public (confirmed by the [Special Eurobarometer](#) and [Wellcome Global Monitor](#)). Therefore, healthcare providers play a major role in supporting vaccination campaigns and reaching a good vaccination coverage. However, [research](#) performed under the umbrella of the EU Joint Action on Vaccination has stressed that many healthcare providers do not feel confident to answer questions about vaccines and/or lack specific knowledge about vaccines. The findings further indicated that the vast majority of healthcare providers is willing to follow extra courses on vaccinology and would benefit from extra support (such as FAQ modules, trustworthy websites, support from the government, etc.). These findings were confirmed by [research](#) carried out by IMMUNION as well. To meet the needs of healthcare providers, WP5 of the IMMUNION project focuses on providing vaccinology training in different formats.

Within WP5, the University of Antwerp (WP5 lead) organised special **vaccinology sessions** during three international events organised by the members of the Coalition for Vaccination, with the purpose of providing advocacy for vaccinology for healthcare providers, including those who are not necessarily administering vaccines or confronted with vaccination/vaccine hesitancy issues on a daily basis. During these sessions, special attention was given to tailoring the content to the needs of the audience through an extended Q&A module.

This work was developed in parallel with a [Train the Trainers Workshop](#) to improve vaccine confidence focusing on knowledge and communication about vaccines. The University of Antwerp developed an EU Train the Trainers workshop, which served as the basis for national partners to organise [three tailored country sessions](#) in Greece, Latvia and Romania.

The content of the vaccinology sessions as well as the Train the Trainers draws on an [all-in curriculum](#) (IMMUNION M5.1), developed in a cross-project effort (including with the EU Joint Action on Vaccination). The curriculum contains all information about vaccines that (future) healthcare providers need in terms of knowledge, practical skills and communication. This curriculum was used to **tailor** the general/country sessions and the special vaccinology sessions at international events to the needs of the targeted healthcare providers.

2 Summary

In this report, we describe the outcomes of the **vaccinology and vaccine communication sessions at international events**, an initiative under IMMUNION deliverable 5.3.

A total of three side sessions were organised, tailored to the needs of and/or the opportunities created by members of the Coalition for Vaccination. A discussion was set up between WP5 leads, the Coalition for Vaccination chairs and the IMMUNION Scientific Advisory Board (principally made up of Coalition members), to select the best opportunities and events at which to organise the side sessions, in the aim of maximising the outreach of these sessions. This resulted in an agreement on organising the following sessions:

- A session at the Standing Committee of European Doctors (CPME) General Assembly on 25 March 2022: a live meeting with a hybrid option (90min).
- A dedicated online session for Council of European Dentists (CED) members on 28 June 2022 (60min).
- A session at the European Pharmaceutical Students' Association (EPSA) Autumn Assembly on 4 November 2022: a live meeting with no online option (90min).

The **content** of each of the trainings was first discussed with the organising parties (CPME, CED and EPSA), in order to tailor the content to the needs of the audience and the format of the session. The content mainly focused on:

- The role of the healthcare provider in the vaccination process
- Vaccine confidence in Europe
- The importance of communication about vaccines

Identified **experts** were invited as speakers (e.g., from the WHO, the Vaccine Confidence project, the JITSUVAX project, and communication/vaccinology experts). Each session ended with a Q&A session with the expert panel.

Even though there was no formal evaluation of the sessions, the **feedback** received through the organising parties (CPME, CED, EPSA) was very positive.

The **recordings** of the [CPME session](#) and [CED session](#) are available online on the [IMMUNION YouTube Channel](#). The session at the EPSA autumn assembly was not recorded.

3 Side session CPME

Meeting information

General Assembly of Standing Committee of European Doctors (Comité Permanent des Médecins Européens), 25 March 2022.

Audience

In-service healthcare providers (CPME members - country representatives).

- Number of live participants: **55** (AL, BE, CH, CY, CZ, DE, DK, EE, FI, FR, HR, IE, IL, IS, NL, NO, PL, UK)
- Number of participants connecting online: **40** (AT, BG, GR, HU, LT, LV, MT, RO, SE, SI, SK, TR)

Programme

Chairs: Sara Valckx & Greet Hendrickx

9:00-9:10 Role of the healthcare provider - Brett Craig

WHO Euro

9:10-9:25 Vaccine confidence in Europe - Heidi Larson

London School of Hygiene and Tropical Medicine (LSHTM), Vaccine Confidence Project

9:25-9:40 Communication about vaccines - Angelo Fasce

University of Coimbra, JITSUVAX

COVID-19 vaccine communication handbook - Dawn Holford

University of Bristol, JITSUVAX

9:40-10:30 Q/A - expert panel (Brett Craig, Heidi Larson, Angelo Fasce, Dawn Holford, joined by Aurélie De Waele – University of Antwerp)

Highlights of the meeting

Greet Hendrickx situated the initiative within the broader frame of the IMMUNION project and the Coalition for Vaccination.

Brett Craig elaborated on the role of the HCP in the vaccination process and how we know that this is important. He shared valuable insights from the COVID-19 pandemic situation.

Heidi Larson gave an overview on vaccine hesitancy in Europe and gave some important insights into the history of vaccine hesitancy.

Angelo Fasce explained the origin of vaccine hesitancy with 11 attitude roots and 62 themes. He then provided very practical examples about how to respond to specific types of questions/hesitancy.



Dawn Holford briefly elaborated on the [COVID-19 vaccine communication handbook](#), an interactive handbook to help healthcare providers talk about vaccines with their patients.

The last part of the session was a Q/A between the audience and the expert panel, consisting of the speakers, accompanied by Dr. Aurélie De Waele (Communication Expert, UAntwerpen).

Questions and answers

1. How to interact with someone who feels **strongly opposed to vaccination(s)**?

Don't try to debate, but explore their concerns. For example: "I would like to understand your decision, can you tell me more?". Acknowledge their concerns, and ask for their permission to share your knowledge. For example: "I can see you have done a lot of thinking about this and I understand you are concerned about vaccines. If it's okay with you, I'd like to give you my view." Give your strong recommendation for vaccination and share expert information. Respect their choice, but inform them about the risks of vaccine refusal. For example: "I understand that you have decided not to vaccinate today. I'd like to share with you what this means...". Finally, leave the door open for further discussion. For example: "You are always welcome to come back to the clinic for another talk."

2. **Discussion about mandatory vaccination and listening to concerns:** Vaccination pass had the largest effect on vaccine uptake in the COVID-19 pandemic. It wasn't the efforts of the healthcare providers who changed the vaccination rate. Should healthcare providers forget about political correctness and just state the facts and the science, instead of focusing on being nice and listening?

- *Legal initiatives are very difficult. From a purely medical point of view, mandatory vaccination would serve us best.*
- *It's important to discriminate between those we cannot convince and those we can (movable middle).*
- *Listening needs to come first, so that we are not losing someone who is actually open to vaccination because we are judging them because of their questions. This does not mean that you should not be clear about the evidence.*
- *Listening to people's questions is an opportunity to build trust.*
- *Listening is not about being politically correct, but a way to ease the science in and be able to convey your expert information.*
- *Mandates may work in the short term, but we don't know about the long term effects on vaccine confidence and uptake. Communication and listening are more powerful tools in the long term.*

3. Should it **only be healthcare providers** who try and convince people to get vaccination? Would it be better to have a "population" approach (family, friends, community, government, healthcare providers)?

Communication is an effort for everyone, but healthcare providers are in a context where the topic of vaccines is going to come up, and they are a trusted source of information. But they are only one piece of the puzzle, and the communication techniques can also be used by other people.

4. **Good practice:** *Ireland has a very high vaccination rate, higher rate of vaccination when led by GPs. Importance of continuing to see people, be respectful, polite and listen.*
5. **Changing landscape of vaccine confidence,** especially in light of the COVID-19 pandemic (e.g., France).
6. Concerns for **Ukraine's low vaccination rates:** *combination of issues (adverse events that scared the public, political issues, preference for Europe made vaccines, lack of budget, lack of vaccine confidence in medical community, lack of information in certain languages/misinformation).*
7. **New vaccines vs 'proven' vaccines:** e.g., in Finland a large part of the population is against COVID vaccinations, but not against vaccinations in general.
 - *It is a known issue of new vaccines (e.g., HPV vaccine) vs. 'proven' vaccines (many years of use). Perception of rushed development, experimental vaccines, ...*
 - *Transparency of how vaccines are developed and being tested is important, and an explanation of why the COVID-19 vaccine development process was faster (e.g., more resources).*
 - *Stress that we know more about the vaccine than about the disease, and that we have decades of vaccine research that this is built on.*
 - *The vaccine is politicised, which is new in Europe. There is a correlation between political polarisation and vaccine hesitancy. This is difficult to address for physicians, because they need a new level of expertise.*

Output materials

Program Flyer (see Annex 1, distributed among live participants).

The video recording of the meeting is available through the IMMUNION website: [Education and Reports | IMMUNION \(coalitionforvaccination.com\)](https://www.coalitionforvaccination.com/education-reports).

Link to video directly: [Vaccination Session for The Standing Committee of European Doctors \(CPME\) - YouTube](https://www.youtube.com/watch?v=...)



4 Session CED

Meeting information

Independent online lunch session for members of the Council for European Dentists (CED) on 28 June 2021. This session was not organised as a side-session to an existing CED event, as initially foreseen in the IMMUNION Grant Agreement, because discussions with the CED representative in the Scientific Advisory Board indicated that more members would be willing and able to join if we were to organise an online session specifically dedicated to the topic. The timing was also chosen specifically upon request of CED members.

Audience

Dentists (CED members).

Number of participants connecting online: **40**

Programme

13:00-13:45 **Opportunities and how to communicate about vaccines by healthcare providers (who are not vaccinating)** - Prof. Dr. Pierre Van Damme, Greet Hendrickx and Dr. Aurélie De Waele

University of Antwerp, Belgium

- a. *Introduction*
- b. *Vaccine Hesitancy*
- c. *The role of the healthcare providers*
- d. *Research on vaccine confidence and attitudes among dentists*
- e. *How to improve vaccine literacy*
- f. *Communication about vaccines*

13:45-14:00 **Tailored Q&A**

Highlights of the meeting

Greet Hendrickx situated the initiative within the broader frame of the IMMUNION project and the Coalition for Vaccination.

A short introduction was given on vaccine hesitancy, including the history of vaccine hesitancy, the vaccine hesitancy continuum and data from the vaccine confidence project. Also determinants of vaccine hesitancy were discussed.

Pierre Van Damme profoundly discussed the role of the healthcare provider in the vaccination process, by first focusing on the impact healthcare providers can have on vaccine uptake.

Greet Hendrickx further elaborated on specific research done on vaccine confidence and attitudes among dentists.



In the next section Pierre Van Damme discussed how to improve vaccine literacy (data from the EU-JAV vaccine training barometer and IMMUNION WP4 survey).

Aurélie De Waele further elaborated on communication about vaccines (prebunking & debunking), with tips and tricks to improve vaccine confidence.

Questions and answers

The final part of the meeting focused on tailored questions that were sent in by the participants before the start of the meeting:

1. In which way did COVID-19 **shift the paradigm of vaccination being provided only by general doctors**? After the pandemic can we look into the competences of other healthcare professionals, including dentists, to administer vaccines, which could be useful in the future for other health threats and diseases, including HPV?
There is already a shift in paradigm, because, for example, in a large number of countries, pharmacists already administer vaccines. We should use the pandemic as an opportunity to look at other healthcare professions to administer vaccines, like dentists. The more frontliners we have communicating about vaccines and offering vaccines, the closer we get to hard-to-reach or underserved groups and to the general population. If you look at HPV specifically, it makes sense, because dentists are very much aware of this pathology. We have to understand that there are legal issues – if you offer vaccines to minors, parents need to be present to give their approval. In a number of countries, in phase 3 and 4 of the implementation of COVID-19 immunization, larger groups of healthcare providers will be asked to participate in the immunization program. We have to look at this for the broader European picture.
2. What is the main way and solution to tackle **vaccine mis- and disinformation**?
If you are in a one-to-one conversation with a vaccine-hesitant person, using the motivational interviewing technique provides a good opportunity to increase vaccine confidence. In a broader context such as on social media, you can rely on techniques such as debunking and prebunking, because research shows that they are effective for dealing with misinformation. Prebunking is a technique to prevent misinformation from having an impact. Debunking can be used to address misinformation that is already out there.
3. What is the role that **academia** plays in forming healthcare professionals able to tackle vaccine hesitancy among their patients and general population?
What we are doing today is already part of that role: to inform healthcare providers, to try to explain how to address vaccine hesitancy. It can be multiplied in the organization of webinars in different European countries. Academia can also play a role in adapting the curriculum of nurses, midwives, dentists, doctors, pharmacists. Collaboration with professional organizations like CED is also important because these organizations are very credible among their members. We should continue using this trust to bring the message across.
4. How to deal with **vaccine misinformation and hesitancy among healthcare professionals** (“green doctors”)?
Research shows that hesitancy among healthcare professionals is indeed an issue. There is for example a study from Italy, describing why some HCPs are hesitant. It’s mainly when they receive little or conflicting information about vaccines. The main solution to tackle this hesitancy is education and training. This starts at the level of the education of future HCPs: it could be useful to include knowledge about vaccines in the curriculum. But also for in-service HCPs, training and reliable information is important. Professional organizations could play an important role in this. For example, CED asked us to organize this session, which is an excellent example of how attention

is given to training. If you are confronted with misinformation and hesitancy in a personal conversation with a colleague/HCP, you could use the communication techniques that we discussed before.

5. Should vaccination as a topic be included in the **health and environmental context of “one health”**?

On the one hand, immunization fits in a very comprehensive package of prevention. Dentists offer this already, because a large number of the population goes to dentists for a preventive check-up. Discussing and communicating about vaccines fits within such a consultation as well, and offering vaccines as well. On the other hand, if we look at the broader aspect of one health, looking at animal health, human health, and the environmental context, we have the change in climate, the larger mobility of people, and the frequent interaction between the animal and the human world. Vaccines may play a more important role in the future with the emergence of new infections and zoonosis. Vaccines are key in the preparation against future pandemics.

Output materials

The video recording of the meeting is available through the IMMUNION website: [Education and Reports | IMMUNION \(coalitionforvaccination.com\)](#).

Link to video directly: [Vaccination Session for the Council of European Dentists - YouTube](#)



5 Side session EPSA

Meeting information

Session at the **Autumn Assembly** of the European Pharmacy Student Association, 4 November 2022, Athens.

Audience

Pharmacy students (EPSA members).

Number of live participants: **30**

Programme

- 11:30-11:45 Vaccine confidence – Greet Hendrickx
University of Antwerp
- 11:45-12:00 The role of the healthcare provider – Aurélie De Waele
University of Antwerp
- 12:00-12:45 Communication about vaccination – Philipp Schmid
University of Erfurt (JITSUVAX)
- 12:45-13:00 Q&A – Greet Hendrickx, Aurélie De Waele, Philipp Schmid

Highlights of the meeting

Greet Hendrickx situated the initiative within the broader frame of the IMMUNION project and stressed the relevance of the session by presenting the results of a study showing that healthcare students don't feel confident to answer questions about vaccines. A short introduction was given on vaccine hesitancy, including the history of vaccine hesitancy, the vaccine hesitancy continuum, determinants of vaccine hesitancy and data from the vaccine confidence project. The influence of social media and misinformation on vaccine confidence was also discussed.

Aurélie De Waele discussed the role of the healthcare provider in increasing vaccine confidence, and zoomed in specifically on the role of the pharmacist as vaccine administrator and vaccine educator and advocate. She then presented the barriers and difficulties of pharmacists to address vaccine hesitancy and indicated the need for communication training.

Philipp Schmid presented evidence-based guidelines on how to communicate about vaccination, both in public discussions and in private discussions. Techniques for public discussions included topic rebuttal and technique rebuttal of science denialism, debunking misinformation, and prebunking as a pro-active intervention. The techniques were practiced through exercises. As a technique for private discussions, motivational interviewing was discussed and a [website](#) was presented which gives guidance for addressing concerns of patients about vaccination.



The final part of the session left room for questions from the audience, which were answered by a panel consisting of the three presenters (Greet Hendrickx, Aurélie De Waele and Philipp Schmid). At the start of the Q&A session, Philipp Schmid asked who of the participants had received questions about vaccination in the past (most hands raised), but when he then asked who could answer those questions, most hands dropped. This illustrates the need for training in the audience. During the Q&A, the audience was interested in the role of pharmacists in communicating about vaccines. Other questions related to how to respond to true anti-vaxxers.

Evaluation of the session

After the session, participants could fill in an evaluation form provided by EPSA. 11 participants filled in the form. The survey asked them to rate the session on a scale from 1 (very interesting) to 5 (not interesting):

- 8 participants rated the session with a 1
- 2 participants rated the session with a 3
- 1 participants rated the session with a 5.

The participants also received an open question asking to offer suggestions for improvement of the session. 4 participants filled in this question:

- “This was the best session I’ve been to! Super interesting! I’m really impressed! Would recommend it to anyone! All three of the speakers were great!”
- “The best session of the whole congress, very educated speakers”
- “Could have been more interactive”
- “No”

Output materials

Educational booklet for the 18th EPSA Autumn Assembly (see Annex 2), distributed among all conference participants).

As the event was a live-only event, there is no video recording of session. This report provides details on the key points of the meeting.

6 Conclusions

With these three sessions, the University of Antwerp has successfully brought attention to the topic of vaccine confidence and the importance of communication about vaccines to healthcare providers, include those that are not necessarily confronted with questions about vaccines on a daily basis. This **advocacy** was important to highlight the role of the (all) healthcare provider in the vaccination process, to identify the needs of healthcare providers and to bring the debate to the table.

The following materials are available online:

1. This report (IMMUNION D5.3)
2. The recording of the CPME side session
3. The recording of the CED session

This report (including the recordings of 2 of the sessions), the all-in curriculum (IMMUNION M5.1) and the materials of the general train-the-trainer session (D5.1 and D5.2) can be used by other members of the Coalition for Vaccination as reference material and resources. The added value of the training materials described in this report is that they are tailored to specific target groups, so they can serve as a direct resource or inspiration for tailoring trainings in case of another target group. By providing three examples of how the all-in curriculum can be used in specific settings, we highlight the potential for long-term sustainability of the materials that were developed.



7 Annex

Annex 1

VACCINE CONFIDENCE & COMMUNICATION

AT THE CPME GENERAL ASSEMBLY
25 MARCH 2022

A session organised by University of Antwerp within the IMMUNION project, in collaboration with the Coalition for Vaccination and CPME.

OBJECTIVE

Advocacy for vaccinology via healthcare providers, with a focus on knowledge and communication.

PROGRAM

- 9:00-9:10 Role of the healthcare provider - **Brett Craig**
WHO Euro
- 9:10-9:25 Vaccine confidence in Europe - **Heidi Larson**
LSHTM, Vaccine Confidence Project
- 9:25-9:40 Communication about vaccines - **Angelo Fasce**
University of Coimbra, JITSUVAX
- COVID-19 vaccine communication handbook - **Dawn Holford**
University of Bristol, JITSUVAX
- 9:40-10:30 **Q/A - expert panel**
Brett Craig, Catharina de Kat-Reynen, Heidi Larson, Angelo Fasce, Dawn Holford, Aurélie De Waele

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Annex 2

11:30 - 13:00 Workshop

WS 6.4 How to communicate about vaccination?

Prof. Dr. Aurélie De Waele – Assistant professor and post-doctoral researcher at University of Antwerp, Belgium



Bio: Aurélie De Waele is working at the University of Antwerp as a professor at the Department of Communication Studies and as a post-doctoral researcher at the Centre for Evaluation of Vaccination. Her research interests include vaccine communication, nonverbal communication, and crisis communication. She is involved in projects concerning communication and training to address vaccine hesitancy.



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Educational Programme

Health for All Track

11:30 - 13:00 Workshop

WS 6.4 How to communicate about vaccination?

Ir. M.Sc. Greet Hendrickx – Project manager at University of Antwerp, Belgium

Bio: After her studies as Biomedical Engineer at Group T in Leuven, Greet Hendrickx followed a postgraduate course certificate in the Biotechnology Biomedical Sciences at the University of Louvain. For 18 years she worked at the bio-tech company INNOGENETICS in the development as well as in the marketing of diagnostic assays to detect infectious diseases. Since 2007, she works as a senior project coordinator at the University of Antwerp within VAXINFECTIO at the Centre for the Evaluation of Vaccination. She mainly supports all activities of the Viral Hepatitis Prevention board (www.vhpb.org) and is also involved in vaccine confidence and education projects.

Dr. M.Sc.-Psych. Philipp Schmid – Psychologist and post-doctoral researcher at University of Erfurt, Germany

Bio: Philipp Schmid is psychologist and postdoctoral researcher at the University of Erfurt, Germany. He studies the psychology of science denialism and health misinformation and aims to support people's informed decision making in health, for example, vaccination. He applies a persuasion psychology perspective to understand the impact of misinformation in health communication and to develop and evaluate promising interventions.



Abstract: This session will first address the issue of vaccine hesitancy and will provide insights about the role of healthcare providers and more specifically pharmacists in the vaccination process. The session will then focus on communication about vaccination. Psychological interventions to tackle health misinformation in general and vaccination misinformation in particular will be introduced. A variety of evidence-based techniques will be covered from debunking, psychological inoculation to refutational interviewing. The latter is a new interview technique to improve any conversation with vaccine hesitant peers, friends, or patients. The goal of the technique is to decrease the belief in misinformation among vaccine hesitant individuals. A new publicly available learning resource will be introduced (<https://jitsuvax.info/>), which can be used to learn refutational interviewing. Participants of the session will learn to use the resource via interactive exercises.



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