The Imperfect Travel Health Consult
Strategies for Promoting Better Outcomes

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Disclosure Statement
I declare that I have no conflict of interest in providing this presentation

Presentation Overview
- Factors that can influence travellers’ behaviour(s)
  - Key issues identified by practitioners and in literature
- Strategies for achieving better outcomes
  - Resources, recommendations and best practices
- Case Studies
- Questions/Discussion

Factors that influence travellers’ behaviour(s)
- Misinformation
- Pre-conceived ideas
- Past experiences
- Risk tolerance
- Religious beliefs
- Perception of risk(s)
- Vaccine hesitancy
- Risk attitude(s)

Factors that influence outcomes of the travel health consultation: Clinicians
- Qualifications
- Experience
- Knowledge
- Beliefs and Perceptions
- Time constraints
- Conflicting recommendations
- Information overload

Literature review:
- Perceptions of risk
- Patterns of learning
- Risk-taking attitudes
- Customized risk assessment
- Information recall
- Behavioral psychology
- Shared decision making
“Pre-travel medical consultations often rely on blanket medical advice based on destination” (Farnham et al., 2018)

“Most travel health risks are not vaccine-preventable...but instead depend on modification of risk-taking behaviours based on an accurate risk estimation and the delivery of advice which effects positive behavioural change.” (Flaherty, 2018)

What can we learn from the literature?

Methods of learning:
- People have different patterns of learning
- Learning styles/needs of younger travelers are often different than those of mature travelers
- Traveler’s previous knowledge and experience need to be considered

(Bauer, 2005)

What can we learn from the literature?

Suggestions by Irmgard Bauer:
- A few simple questions added to pre-consultation questionnaire (or asked verbally at start of consult)
  - “What are you most worried about for this trip?”
  - Did you get sick during or after a previous trip?
  - What is your view on potential risk(s) for this trip?

What can we learn from the literature?

Risk Perception:
- Perceptions of risk vary greatly among travellers
- These perceptions may not be realistic/accurate
- Travellers’ perception of risk may not align with clinician’s

(McIntosh, 2015; Bauer, 2005)

Attitudes:
- Travellers differ fundamentally in their attitudes (behaviour) to risks
- Risk-taking attitudes and risk perception are linked to health behaviour
- Distinct risk profiles exist among different sub-groups of travellers

(Farnham et al., 2018)
What can we learn from the literature?

**Attitudes**

- Men, backpackers and young travellers have a higher willingness to take recreational risk(s) than women, luxury and older travellers
- Recommendation to incorporate a few short questions on the pre-travel questionnaire, regarding traveller risk attitudes
- Info from these questionnaires can identify high-risk characteristics of the traveller and enable clinicians to provide more specific advice
  
  (Farnham et al., 2018)

**Main Take Away:**

One size does not fit all

**Strategies for promoting better outcomes**

- Clinicians must take a customized approach
- Understanding the risk perceptions, attitudes and learning needs of each traveller is important
- Travellers should be free to express concerns, ask questions and identify their priorities
- Clinicians and travellers work together to make decisions (shared decision making)

**What is shared decision making (SDM)?**

THE BEST THING YOU CAN DO IS GIVE UP SHARMING

A DRESS TO THE WOMEN.

THE SECOND BEST? 4
What is shared decision making?

“A process in which patients and clinicians work together to make decisions and select... treatments...based on clinical evidence that balances risk and expected outcomes with patient preferences and values”
(National Learning Consortium, 2013)

Tips for shared decision making

From the US Office of the National Coordinator for Health Information Technology:
- Invite the patient to participate
- Present options
- Provide information on benefits and risks
- Assist patients in evaluating options based on their goals and concerns
- Facilitate deliberation and decision making
- Assist patients to follow through on decision

Additional strategies for better outcomes

- Electronic, visual and/or interactive aids
- Secure electronic messaging and apps
- Supplementary information for travelers (e.g., written, electronic)
- Use of plain language
- Use of large-size font to emphasize key points
- Use of icons and/or colour codes

Case Study: Co-decision making to avoid Zika
- Healthy 28 y.o. male traveling to Caribbean
- One week stay on a resort
- Height of Zika outbreak

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Resources

- The Pretravel Health Consultation
  Iain B. McIntosh JTM Volume 22, Issue 3, 1 May 2015, p.143-144

- Educational Issues & Concerns in Travel Health Advice:
  Is all the effort a waste of time?
  Irmgard Bauer JTW 2005; 12:45-52

- Does the Dospert Scale predict risk taking behaviour during travel?
  A study using smart phones

- The Dospert Scale (from Blais & Weber 2006)

- One size does not fit all:
  Towards personalized risk assessment in travel medicine.
  2018.
  Gerald T. Flaherty MD JTM, Volume 25, Issue 1.

- Immediate Recall of Health Issues Discussed during the Pre-Travel Consultation

- Preferences and Decision Needs of Boston-Area Travellers to Country with Risk of Yellow Fever Transmission: Implications for health care providers
  Beth A. Lown MD et al.
  JTM Volume 21, Issue 4, 1 July 2014

- National Learning Consortium; Shared Decision Making:
  December 2013 Fact Sheet
  www.HealthIT.Gov