Using a Travel Clinic as a Global Health Experience in a Family Medicine Residency

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Abstract

Research has demonstrated that global health electives can improve recruitment into primary care. Travel medicine is one way resident physicians can be involved in global health without having to leave home for an international based elective. This report describes the implementation of a travel clinic in a family medicine residency practice and the development of a travel medicine elective geared toward senior family medicine residents.

Introduction

Greater than 25% of US medical school graduates enter residency training with some international health experience. Research has also demonstrated that international health electives can improve recruitment to primary care. Additionally, the number of travelers crossing international borders continues to grow. According to the World Tourism Organization, the number of international tourist arrivals in 2011 was 980 million, significantly increased since 1993 (500 million). Travel Medicine requires both preventing disease specific to travel as well as optimizing the management of chronic diseases. Family medicine is well suited to address these needs. According to the Infectious Disease Society of America (IDSA) guidelines on the practice of travel medicine “primary care physicians should be able to advise travelers who are in good health and visiting low-risk destinations with standard planned activities.” Some have advocated that the optimal time for global health training is during residency. Travel medicine clinics are one way in which resident physicians can be involved in global health. While travel clinics may be a mechanism to develop new income sources and invigorate practices, there has only been one report about a travel clinic in an academic practice which included a review of the types of patients seen, the destinations for travel and the types of vaccines given, however the implementation process was not described.

Materials and Methods

1. Developing a Travel Clinic at the Family Health Center:
   Services and pricing for both immunizations and travel consultations at other local travel clinics were obtained. We found that no one provided consultation via email during travel, and few provided post-travel consultations for illness. We therefore offered both of these services in addition to our pre-travel consultations. Furthermore, we noted that no one offered Saturday hours, which we offered. As part of Oregon Health and Science University (OHSU) Family Medicine, we marketed the travel clinic to our existing patients and the patients of our three sister clinics in the Department. We also advertised to OHSU Employee Health and the OHSU Internal Medicine Clinic. We marketed our services at another local university, other private practices in the area, and a local international school. Finally, we created a website to increase our exposure to the general public.

   To maximize the effectiveness of our pre-travel consultations, a workflow was created. When the patient makes an appointment their destination(s) are recorded in the electronic record by the scheduling staff and forwarded to an RN who forecasts recommended vaccinations. At the time of the visit the travel medicine provider then discusses the vaccinations with the patient and reviews travel related health topics (such as malaria and traveler’s diarrhea). We also catch up the traveler on routine vaccinations such as tetanus and flu vaccinations, if needed. At the end of the pre-travel consultation, the patient is given a folder with country specific information and handouts on various health topics related to travel.

2. The Resident Rotation:
   As our family health center is a part of the OHSU Family Medicine residency, we wanted to provide an elective opportunity for family medicine residents. PGY-2 and 3 residents are able to participate in the Travel Medicine Elective. The resident has the option of attending a travel medicine review course prior to starting the rotation. They are also given two travel medicine texts as references. The elective consists of the resident seeing patients in travel clinic with the main travel medicine provider and participating in weekly journal club discussions on travel medicine.
Results and Conclusions

While we initially advertised the travel clinic for Saturdays, we still allowed patients to schedule travel consultations at other times that our main travel medicine provider was available. We found that patients used time slots on Friday afternoon more than any other time slot during the week, which led to moving the travel clinic to Friday afternoons. We will continue to offer Saturday clinics during high times of travel, such as the winter holidays and summertime. While the optimum number of travel visits to maintain travel medicine competency is unknown and controversial, several sources suggest a target average of 10-20 visits per week. At time of this writing, our travel clinic is averaging approximately seven visits per week in nine months of operation, consisting of both established family medicine patients and new patients to the practice. However, we have done very few post-travel consultations thus far. It is unclear if this is due to advertising or to the fact that it is difficult to capture the post-travel visit data as possible diagnoses are diverse. We continue to be challenged in several ways: first, we have little flexibility in adjusting the cost of our vaccinations, as they are distributed by the university. The costs of the vaccinations are more expensive than many of our competitors. We attempt to compensate for this by adjusting down our consultation price. We also explain our higher prices by promoting the fact that we offer during-travel and post-travel consultations and advertising that our visits are done by a MD with travel medicine credentials. In the long run it may be more financially feasible to hire an RN for pre-travel consultations and allow the MD to handle more complicated pre-travel consultations and post-travel visits. Regarding the resident rotation, we will continue to build upon this experience. There is a need to standardize a curriculum for this elective. As the number of people who travel continues to increase, travelers will look to their primary physicians for pre- and post-travel advice. We will need to meet these educational needs in travel medicine for future family physicians.

References

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