Screening for Students Planning to Study Abroad: What you need to know and what to do with it

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Behavioral Objective #1

• Discuss the advantages and disadvantages of a screen during the time students are still making decisions about to which programs they may apply
  – Potential content of pre-screen
  – Who does the pre-screen
  – How to use the pre-screen to help students plan ahead (for med supply, vaccinations, local referrals, etc.)
Behavioral Objective #2

• Describe modes of managing cases in which elements of the study abroad plan may be contraindicated for medical and/or psychological reasons
  – Review of potential "no-go" diagnoses and itinerary combinations
  – How to obtain needed information from programs
  – Some ways to discuss these concerns with the patient
Behavioral Objective #3

• Identify recommendations for more detailed screening for university-sponsored study abroad programs as well as recommendations for developing a health-issue-related communication and support system for the program’s in-country representative
  – Potential content of screening
  – Management of privacy issues
  – Pre-trip communication to in-country representative
  – During-trip communication with in-country representative
The Medical Interface with the Study Abroad Experience

• Pre-screening
  – Applying to the college for permission to study abroad

• Completion of program-specific evaluations and forms

• Development of medical protocols for own-institution-sponsored programs
Why Screen At All?

• Mild psychological or physical difficulties can become serious while studying abroad.
  – In some cases the experience is causative
  – In others the environment makes management more complex.
Why Screen cont’d

• Many of these incidents can be anticipated.
  – Facilitates the management
  – Lessens the morbidity
  – Diminishes the negative impact on the academic experience.
    • For all students in the program
Connecticut College

• 50% of third year students at Conn study abroad
  – 250 students/year
Approval for Study Abroad

- Academic
  - Committee on Academic Standing
- Judicial
  - Clearance from the Office of Student Life
- Health
  - Student Health Services
Background

• Number of students studying abroad in 2006 is more than 200,000\(^1\)
  – An increase of 8% over the previous year
• Increase in number of students entering college with emotional/psychiatric diagnoses\(^2\)

Background cont’d

• Increased parental expectations of supportive services in the college setting\(^3\)
• Increased partnering of institutions with other colleges or organizations for study abroad programs\(^4\)
  – Who is seeing the forms we complete?

\(^3\) [http://chronicle.com](http://chronicle.com) Section: Students Volume 52, Issue 32, Page A39
\(^4\) [Chronicle Review 9/7/07](http://chronicle.com)
Health Pre-Screening Pros

• Opportunity to:
  – Review general health, counsel on health habits
  – Assess current and previous history of mental health treatment
  – Advise students with chronic medical conditions on how to access care abroad
Pre-Screening Pros cont’d

– Review current medications and assist in accessing medication while abroad
– Update immunizations
– Review alcohol and other drug use
  • Offer anticipatory guidance regarding alcohol and drugs
Health Pre-Screening Cons

• Cons:
  – Time
  – Information received may not predict behavior abroad
  – A professional’s sign-off on “medically qualified to study abroad”
  – Information that may question suitability to go abroad
Alcohol and Drugs

- Alcohol abuse on campus a domestic issue
- Different cultural attitudes toward alcohol abroad
- Lower drinking age abroad
- Need to “fit in”
Alcohol and Drug Use
Consequences

• Institutional standards of conduct continue while abroad

• US citizenship does not protect from local laws concerning drug possession
Resources

• Mobility International USA
  – www.miusa.org/ncde
  – National Clearinghouse on Disability and Exchange
    • Q/A regarding ADD/medications/study abroad
FERPA

• “The student has the right to provide written consent before the University discloses personally identifiable information from the student’s education records, except to the extent that FERPA authorizes disclosure without consent.”
Mental Health

• “The possibility of known, or new, emotional and mental problems emerging overseas is seen by many experienced education abroad administrators and advisers as a health and safety concern second only to alcohol abuse in its potential negative impact on an education abroad experience.” (Slind, Herrin, Gore)
Mental Health

• Disclosure of diagnosis?
  – Encouragement of self-disclosure
  – Signed consent
  – “Need to know”
Case Study #1

• 20 y.o. female presents for “medical clearance” to study abroad early spring semester, planning to go to South America next fall

• Pertinent history: on an SSRI, in counseling at the college. No substance abuse history

• Needs tetanus booster
Case Study #1 cont’d

• Campus Safety report following fall states student had been drinking on campus, friend heard her say “nobody will notice if I’m gone.” On-call counselor contacted

• On-call states student will be “fine” and will be seen in the morning.

• Student evaluated the next day, and sent via ambulance to hospital

• Student released from hospital next day, goes home with parents “for a break”
Case Study #1 cont’d

- Spring semester, College contacted by study abroad program for family information
  - Student survived an accident vs. suicide attempt.
Case Study #2

- 20 year old bulimic, in treatment at Student Health and Student Counseling Services.
- In October found to have a low potassium
- Sent to the ER for EKG and evaluation.
- Found to have QT prolongation and was treated with PO potassium until her level was normalized.
Case Study #2 Cont’d

• Student declined to continue in counseling, however she came several times for blood work.
  – She acknowledged she was planning to study abroad
  – She was told she needed to be actively engaged in treatment and “medically cleared”

• Went abroad based on pediatrician’s “clearance”
School for International Training

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What do we want?

• What are programs looking for in the forms that get filled out?
SIT Background Info

• SIT’s mission is to prepare students to be interculturally effective leaders, professionals, and global citizens.
  – We know our programs change students’ lives.
  – 60 programs across Asia, Africa, Pacific, Middle East, Latin and South America, Caribbean, and Europe.
  – SIT is a pioneer in experiential field based study abroad with immersion in another culture and language.
  – Health Safety and Security are top priorities. We are committed to ensuring safe and stable Study Abroad Programs environments.
  – Manage the challenges of the physical and psychological issues by prescreening preparation consistent with country specific Study Abroad Program.
What are we looking for?

• Physical and mental stability over preceding six months.
• Clear full disclosure and transparency of all health issues by students and medical providers.
InSTRUCTIONS

The medical form must be completed by all applicants. Failure to submit the medical form on time or to answer all questions will jeopardize your participation in the Program. Your participation depends on our review of your medical history and on any limitations that could affect your experience abroad. You must ensure that this form is submitted to:

SIT Study Abroad
Kipling Road, P.O. Box 676
Brattleboro, Vermont 05302-0676 USA

The guidelines below will assist you in completing your medical form and making a medical appointment. Please be advised that leaving anything blank on your medical form will delay your medical approval process. Your medical form will not be reviewed until all completed parts are received. Please be sure to make a copy of the completed medical form for your records.

PART I

This is the portion that you fill out. Complete all questions in “Part I: Medical History” (pages 2 and 3).

Childhood Immunizations (page 2); information needed to complete this section can be obtained from your high school or university health center, your physician's office, or your parents.

Complete name and date of birth at the top of pages 3, 4, 5, 6, and 7.

PART II

Your physician, or other medical provider (Name Practitioner or Physician's Assistant) completes “Part II: Physician's Report and Examination” (pages 4 and 5).

If going to South Africa, Part II MUST be completed and signed by a physician. (Required as part of this country's visa process).

The completion of Part II must be based upon a physical examination conducted within twelve months of the program start date. When making your appointment, be sure to inform your health care provider that you will also need the following tests done on the same day:

- TB test (you will need to return in 2 days to have the results read. If you have been tested positive for TB (tuberculosis), it is an SIT requirement that you have a chest x-ray and have the results and date forwarded to SIT. We only need the document stating the results of your test, the date it was done, and the signature of the attending physician or medical provider:
- Urine test
- Hemoglobin or hematocrit test
- An HIV test if you are applying to our programs in Ecuador or Russia required as a part of these countries’ visa processes and due to this cannot be anonymous)

The physician must complete and sign the “Physician’s Authorization.” Please note: We do not accept reports completed by a relative.

PART III

Applicants who answered “yes” to any questions under “Review of Past Illnesses and Symptoms” in Part I must have their physician complete Part III of this medical form. Part III must be filled out completely by the person who treated or is treating you.
Why the complicated forms?

• Conceptualize a process in which to obtain the necessary health information to provide the best possible Study Abroad experience
  – Screening is the essential initial step in providing accommodation
What about Part III?

• Medical and mental health providers filling out Part III have to make statements beyond short, non-informational phrases – “Sally improved greatly this past semester. A semester in India would be good for her.”
What’s in it for the student?

• Educate students regarding the importance of full disclosure.
• Demonstrate that full disclosure does not prevent participation in Study Abroad Programs
  – Instead, will help improve student experience
What if things change?

• Updates
  – In certain cases, a month prior to a student’s departure a medical or mental health provider might want to submit an update of student’s treatment plans and re-assess readiness.
What do providers need to know?

• Medical and mental health providers should consider:
  – How a stressful in-country experience and the lack of medical and mental health resources might relate to preexisting health condition of student
  – Students with health concerns should set up a session with medial provider to make a letter of support plan with explicit strategies, warning signs and symptoms and even websites to help.
  – Consider use of health contracts with students.
Good Health, Safety and Security Practices

• Due diligence – online at SIT Study Abroad website: Health, Safety, and Security sites.
  – Safety Guidelines, Health Orientation, Crisis Contingencies, Parents Comments, FAQ about Safety.

• Websites to help orient students to SIT policies and procedures.

• Student Handbook, pre-departure documents
Academic Directors’ Roles

• AD’s Have new hire training and annual training retreats
  – Health safety
  – Security
  – Managing group dynamics
• AD’s Handbook has extensive mental health training
  – Conflict resolution
Academic Directors cont’d

• AD’s have in-country medical, psychological, and crisis connections established.
• Students have on-site health training 1st week program.
Academic Directors cont’d

• AD’s have available websites with reference to specific mental and physical issues, checklists for signs and symptoms, crisis procedures, intervention strategies. (As opposed to treatment plans.)

• AD’s receive ongoing training and discussions with regard to highly sensitive student personal health issues.

• AD’s have clear decision role on “Suicidal Students”
Country Specific Health Guidelines

- SIT website includes country specific guidelines for each country and each specific program.
  - Information from CDC, WHO, State Department Advisories
Case Study I

• 20 year old had a stroke in the right thalamus secondary to AV malformation at age 13.
  – Restricted from any sports, residual minor loss of strength and dexterity on left side.
  – Part III medical provider indicated remote possibility of hemorrhage or seizure.
  – In event of medical emergency needs to be within minutes of MRE and high level medical care center
Case Study II

• 20 year old with history of Crohn’s disease with bowel resection 3 years prior to application.
  – Occasionally needs steroids therapy.
  – Has on-going issues with diarrhea
Case Study III

- 21 year old with a 4-year history of an eating disorder.
  - She is restricted from running.
  - Actively in ongoing therapy with dieticians, psychologists, psychiatrist, and physician.
- Hospitalized x 3 months 3 years prior to application, again two years prior and in outpatient intensive therapy summer immediately prior to planned semester abroad.
Case Study III cont’d

• Height 5’5 ½” Weight 117.5 lbs BMI 19.3
• Medications: Buproprion 300mg, Citalopram 40mg, Seroquel 50-100mg.
• Her MD writes “needs to continue medication and treatments while in country. If weight drops to less then 112lbs and in 1 week she does not improve; needs to return home.”
• Stable weight to participate in program-115-125 lbs.
Case Study IV

• 20 year old woman with a history of Anemia, diet consulting for energy levels, depression, hospitalized several months prior to application.
• Medications Effexor 150mg.
• Height: 5’4” Weight: 131.4 lbs
• Psychiatrist 296.90 Mood Disorder with Major Depression, traits of manic depressive symptoms.
• Suicide attempt two years prior to application.
• Post traumatic stress disorder secondary to childhood abuse.
Case Study IV cont’d

• Adjustment issues on small college campus continues to be a challenge.
• Ego strength with core beliefs remains limited
• Struggles with core beliefs trust/belonging
• MD writes “In an emergency while overseas needs psychiatrics assessments in event of acute situation.”
• Our decision- follow up Part III immediately before semester’s start regarding stability or offer deferral to next semester.
Thank You
Objectives of Screening

• Physical and Behavioral Health screening of candidates for study abroad should:
  – Protect the privacy of students’ confidential medical information.
  – Occur on a timetable reasonable and convenient to students, health services and the office of international studies.
  – Be in a format or formats which encourage and promote students’ ability and responsibility to evaluate themselves and their fitness for travel.
Objectives cont’d

– Allow for a careful review of candidates’ records by both the medical and behavioral health services

– Generate data which are meaningfully predictive of potential need for care or services while studying abroad.
Pre-Screening

Description:
- A review of a student’s health history at the time of making a decision for or against study abroad and while deciding among locations, programs and types of study.

• Pros
- Opportunity to encourage students to incorporate mental/physical health issues into decision making when selecting program type/location
- Time to “tune-up” before departure
- Time to ensure connection with in-country resources i.e. specialist
- Time to plan for adequate supply of medications
Pre-Screening cont’d

• Cons
  – Does failure to divulge breed liability?
  – If a student who may be at risk for e.g. psychological decompensation does not divulge their prior history with sufficient accuracy and is not counseled about potential complications from a very psychologically challenging experience, may the reviewer be found to be at fault?
  – Is approval tantamount to clearance/guarantee of success?
  – Meaningful communication back to study abroad office complicated by privacy issues
Screening for Outside Programs

• Description:
  – Review and completion of a form usually to include significant past medical history, review of symptoms and complete physical for a student applying to a program which has faculty and staff separate from the student’s college.

• Questions
  – What does the screener need to know about the program?
    • Potential risks/challenges i.e. will there be exposure to altitude, challenging habits to do with food, lack of ready access to quality medical care?
  – Does documenting past history set a student up…
    • To be categorized?
    • To miss an opportunity?
Outside Programs cont’d

- Is approval tantamount to clearance/guarantee of success?
- Does the program have protocols for what to transmit on to the Program Director (PD) vs. keep on file at the home office.
  - Should the examining clinician have access to this information (more knowledge about who will be reviewing the document and how the information will be used)?
- Are we at risk of liability for telling the program something that keeps a student out?
  - Will a student ever be refused?
  - If not, why bother screening?
- Are we liable for withholding or failing to detect something that impact on the student’s success on the program?
Screening for In-House/College-Sponsored Programs

• Description:
  – Completion of a form or otherwise reviewing the health status of a student planning on participating in a study abroad program partly or wholly sponsored/overseen by their own college or university.

• Who needs to know about a student’s health issues?
  – The Director of the Study Abroad Program?
  – The in-country representative (ICR)?
  – The designated medical contact person at the program site (e.g. the go-to doctor in Paris)?

• How is protected medical information stored, transmitted, preserved, destroyed?
In-House cont’d

• What training does the ICR need with regard to…
  – Handling protected medical information?
  – Managing physical and/or mental health problems among program participants?

• Does the program need to have prospectively made arrangements for in-country medical consultation?
  – Should there be an on-campus medical reference point for the ICR?
  – What is the role of out-sourcing in-country care, extrication, etc.

• What factors should be considered in optimizing the relationship among the screening clinician, reviewer of completed documents and the in-country representative.
Applying What We’ve Learned Elsewhere

• Pre-op clearance analogy
  – Rule-out cardiac disease, pulmonary disease
  – For students - instability
  – What we used to say
    • “I clear this patient for surgery”
  – Now we say now
    • “There is no identified contraindication to the planned procedure…”
Applying What We’ve Learned Elsewhere

• Accommodation analogy
  – Need to know
  – Self-disclosure
    • Consensual communication
  – Working together to make things better for the student

• Consultation analogy
  – What’s the question we’re answering
Lessons Learned

• Communication with your study abroad office is key
  – What are the deadlines?
  – Who is looking at the forms we fill out?
    • How are they interpreting them?
  – What happens if the student’s status changes?
    • Where is the locus of responsibility for notification
Lessons Learned cont’d

• Communication with the student is critical
  – Be explicit
    • Your concerns
    • Your expectation for their role in managing them
    • Your plans to communicate
      – With other providers
      – To the study abroad office
      – To the program
Lessons Learned cont’d

• Clear documentation is essential
• Consider certain built-in fail-safes
  – Cannot go abroad semester after a psych leave