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# A video-based educational intervention for providers regarding colorectal cancer screening

Zoe Agoos, MD

*Thomas Jefferson University, zoe.agoos@jefferson.edu*

Bryan Botti, MD

*Thomas Jefferson University, bryan.botti@jefferson.edu*

Laura Emerson, MD

*Thomas Jefferson University, laura.emerson@jefferson.edu*

Angela Silverman, MD, MPH

*Thomas Jefferson University, angela.silverman@jefferson.edu*

Lori Atkinson, MD

*Thomas Jefferson University Hospital, Philadelphia, PA, lori.atkinson@jefferson.edu**See next page for additional authors*Follow this and additional works at: <http://jdc.jefferson.edu/patientsafetyposters> Part of the [Medicine and Health Sciences Commons](#)[Let us know how access to this document benefits you](#)

## Recommended Citation

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**Authors**

Zoe Agoos, MD; Bryan Botti, MD; Laura Emerson, MD; Angela Silverman, MD, MPH; Lori Atkinson, MD; Danielle Dang, MD, MPH; Elizabeth Collins, MD; Erica Li, MD; Rebecca Simon, MD; Michael Weissberger, MD; and Geoffrey Mills, MD, PhD

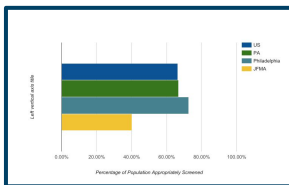


# A video-based educational intervention for providers regarding colorectal cancer screening

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Thomas Jefferson University Hospital, Department of Family And Community Medicine

## Background

- Colorectal cancer is the third leading cause of cancer-related deaths in men and women of all ages in the US
- Colorectal Cancer Screening Recommendations (USPSTF)**
  - Screen all adults aged 50-75 using one of four methods:
    - Annual screening with FIT
    - Screening every 10 years with flexible sigmoidoscopy and annual screening with FIT
    - Screening every 10 years with colonoscopy
    - Screening every 5 years with CT colonography
- Colon cancer screening rates (prevalence): \*JFMA = Jefferson Family Medicine Associates



- Shared decision-making** is an approach to medicine in which clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.\*

## Materials and Methods

**Population:** All providers at the Jefferson Family Medicine Associates (JFMA) clinic at 833 Chestnut Street

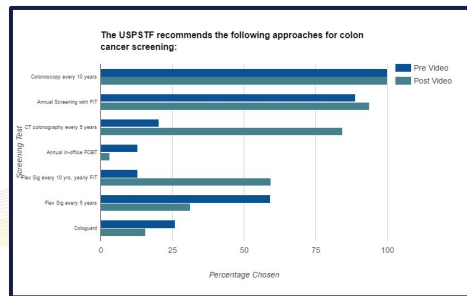
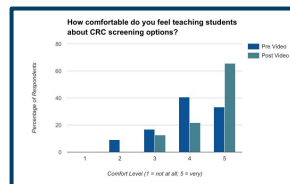
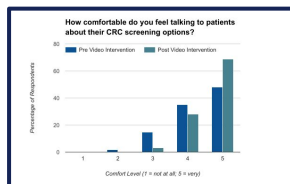
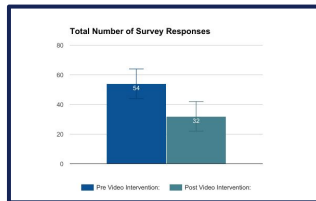
### Methods:

- Email sent to providers asking them to complete a 7 question survey regarding knowledge and self-reported comfort in screening for colorectal cancer using a shared decision-making approach
- Link to a 5 minute narrated instruction video sent to providers after pre-intervention survey
- Email sent to providers to complete the same 7 question survey after having watched the video
- Reminder emails were sent at each step
- Qualitative comparative analysis of pre- and post-intervention survey responses

### Outcomes:

- Primary outcome:** Improvement in provider knowledge and comfort, as assessed by the pre- and post-intervention surveys
- Planned Secondary outcome:** Change in screening rates over time, measured by pre- and post-intervention documentation of completed tests in the EMR

## Results



## Discussion

- Providers reported greater comfort discussing CRC screening with patients using the shared decision-making model
- Providers reported greater comfort teaching medical students about CRC screening
- Provider knowledge of USPSTF guidelines improved after the intervention
- This data suggests that a video-based intervention is an effective method of teaching providers
- Limitations:
  - Low provider post-intervention response rate precluded comparative statistical analysis between pre- and post- data
  - Low sample size
  - Need for providers to dedicate time to watching video
  - Change in EMR during duration of study precluded the ability to gather data regarding the secondary outcome
  - No longitudinal follow-up to assess retention of knowledge gained during video intervention

## Future Directions

- Fully explore the intended secondary outcome of the study, namely to determine if the intervention had an impact on actual screening rates at the practice level
- Medical assistants at JFMA now order CRC screenings in an updated practice workflow. Future studies should include medical assistants as stakeholders.
- Find ways to increase participation from providers
- Study shared decision-making in CRC screening education and practice
- Determine if change in provider comfort reflects change in practice

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