

IMPACT OF ONE-ON-ONE VIDEO EDUCATION IN INCREASING TURNOVER FOR COLORECTAL CARCINOMA SCREENING – A SYSTEMIC REVIEW

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Background Various individual, cultural, and systemic barriers exist, leading to low Colorectal Cancer (CRC) screening. Our systematic review aims to assess whether one-on-one supervised culturally tailored CRC screening video education aid improves decision-making and CRC screening rates; and will patient-targeted education helps to reduce decisional conflict and improve self-advocacy among these patients.

Methods We examined various methods for CRC screening education and improved compliance. A detailed literature search utilizing the PRISMA guidelines was done on PubMed, clinicaltrials.gov, Web of Science, and Cochrane Library, using relevant Medical Subject Headings (MeSH) keywords. The data collected was analyzed and studied by two independent reviewers. Articles were screened, and only relevant articles were included after full-text analysis.

Results The American Cancer Society estimates approximately 1 in 23 (4.4%) men and 1 in 25 (4.1%) women will be diagnosed with CRC in their lifetime as of the 2020 census.³ Due to poor acceptance and compliance, very few people go forward with any screening modalities leading to increased prevalence and mortality with CRC.⁴ There are various reasons for poor compliance. Firstly, there is a lack of education and knowledge about the available options, exact procedures, indications, complications, risks, benefits, and alternatives. Secondly, a lack of trust in the clinical provider or a communication gap due to the language barrier or other factors like old beliefs, fixed mindsets, and sociocultural factors play a significant role. These deep-rooted issues need to be addressed, leading to a substantial increase in screening compliance.⁵ Studies show that patient-targeted video education helps reduce decisional conflict and improve self-advocacy among these patients fostering informed decision-making.¹ Patients' knowledge of all methods used for CRC screening improved saliency and most of these completed their colonoscopy within three months.² We need to use innovative audio-visual education like recording street plays in patients' native language with active one-on-one instruction; this will increase understanding and compliance with colorectal cancer screening.^{6, 8} A system utilizing minimal resources to improve the compliance and turnover of patients due for CRC screening under the USPSTF guidelines.⁷

Conclusions Various organizations worldwide have been working to increase awareness and create projects to improve the turnover for CRC screening. We conclude that one-on-one supervised culturally tailored CRC screening video education aid improves the CRC screening rates with minimal staffing and reduces the resource utilization, mortality, and morbidity related to late diagnosis.

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