Colorectal cancer screening aims to detect colorectal cancer at an early stage, when treatment is more likely to be curative. Lack of participation in such screening is a major issue in primary care practices, where nurse practitioners (NPs) often provide care. This study aimed to determine whether an educational intervention for NPs would increase their awareness of, and increase patients’ participation in, colorectal cancer screening.

AT A GLANCE

- Colorectal cancer screening guidelines recommend four methods of screening to meet the needs of adults aged older than 50 years.
- An educational intervention focused on increasing nurse practitioner knowledge of colorectal cancer screening guidelines is feasible.
- Primary care providers play an important role in educating patients regarding colorectal cancer screening.

Colorectal cancer continues to be the second leading cause of cancer-related deaths in the United States and the third most common cancer diagnosis in men and women (Baker et al., 2013; Centers for Disease Control and Prevention [CDC], 2017c). In 2014, more than 139,000 people in the United States were diagnosed with colorectal cancer, and more than 51,000 died from the disease (CDC, 2017c). However, as of 2014, only 66% of U.S. adults reported being up-to-date with colorectal cancer screening (CDC, 2017a). Missed opportunities to prevent the disease, or to diagnose it prior to metastasis or its progression to a life-threatening condition, are responsible for morbidity and mortality in colorectal cancer. Research has shown a strong association between provider communication with patients about colorectal cancer screening and increased compliance with such screening (Underhill & Kiviniemi, 2012).

Because nurse practitioners (NPs) provide primary care services, they also should remain informed about current colorectal cancer screening guidelines to encourage timely screening, which may improve health outcomes. NPs in New Hampshire, a full licensure state, are permitted to practice independently and autonomously and are required to provide evidence-based care that is grounded in current guidelines for colorectal cancer screening, as well as in established preventive screening guidelines for other diseases. The percentage of adults aged 50–75 years who reported receiving colorectal cancer screening is generally higher in the northern states (70%) than in the southern states (60%).

KEYWORDS

colorectal cancer; prevention and detection; screening guidelines; advanced practice

DIGITAL OBJECT IDENTIFIER

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Research has shown an association between healthcare provider communication with patients about colorectal cancer screening and increased compliance.
(SD = 0.3) 90 days postintervention. No significant change was observed in NPs’ perception of the effectiveness of colonoscopy or sigmoidoscopy screening for colorectal cancer from preintervention, immediate postintervention, and 90-day postintervention. Of the 11,483 medical records reviewed, 8,230 patients (72%) had complied with colorectal cancer screening recommendations before the educational intervention. After the educational intervention, 3,851 of 5,160 patients (75%) complied with colorectal cancer screening recommendations. An improvement of 4% in colorectal cancer screening rates was observed (see Figure 1).

**Colorectal Cancer Screening Rate Compliance by Nurse Practitioner Demographics**

A 3% difference was observed in patient screening rates for NPs with less than 10 years of practice experience as compared to those with more than 10 years of experience (n = 2). However, the three NPs with 5–10 years of practice experience showed the highest increase in rates of colorectal cancer screening (seven NPs had fewer than five years of practice experience). A 3% difference in screening rates for NPs aged younger than 40 years as compared to those aged older than 40 years was also noted (no NPs were aged younger than 30 years, seven were aged 30–40 years, one was aged 41–50 years, and four were aged older than 50 years). Older and more experienced NPs had the highest screening rates and met or exceeded the medical center goal rate of 80%. There was no difference in the number of patients screened across all NPs’ age groups.

**Discussion**

This pilot study demonstrated that a colorectal cancer screening educational intervention increased participants’ knowledge and subsequently increased their patients’ screening rates. Specifically, NP participants retained knowledge that the four screening procedures are effective options, per CDC guidelines. With this focused intervention, NPs discussed screening with patients; as a result, patient compliance increased, as demonstrated by a 4% rise in colorectal cancer screening rates.

Retention of knowledge can be explained by the cognitive theory of meaningful learning, as opposed to rote verbal learning (Ausubel, 2000). This theory defines meaningful learning as the process of integrating new information into an existing knowledge system and when actions become automatic. This project demonstrated that an educational intervention involving NP review of CDC guidelines for colorectal cancer screening can improve knowledge and actual screening rates. An increase in colorectal cancer screening rates was noted across all ages of NPs and all levels of experience. Although the reason is not clear, age and experience may have an effect on encouraging patients to become compliant with screening recommendations.

**Limitations**

A major limitation for generalizability is that the study was conducted at one medical center in New Hampshire, with a focus on its primary care practices. Postintervention colorectal cancer screening data for patient screening rates were collected over a short duration; additional data collection may provide better insight regarding compliance rates. Additional limitations pertain to the small sample size and the allowance of NPs to explore all colorectal cancer screening recommendations rather than a single screening mechanism. Because
NPs in New Hampshire are permitted to practice autonomously, the educational intervention would benefit all primary care providers who discuss colorectal cancer screening with their patients; this would demonstrate generalizability and, ultimately, increase screening compliance rates.

Implications for Practice and Conclusion
This study can be used as a model to improve compliance with other preventive screening recommendations, such as mammography for breast cancer and Papanicolaou tests for cervical cancer, as well as immunizations. This educational model can also help to meet ACO quality measures, drive outcomes, and affect hospital reimbursement. Annual education about current colorectal cancer screening guidelines will support current standards and, as in this pilot study, increase participation in screening as a result of primary providers’ increased knowledge. This study determined that an educational intervention involving NPs who reviewed current colorectal cancer screening guidelines can improve knowledge and actual patient participation in colorectal cancer screening.

Tai C. Slyne, DNP, MSN, APRN, FNP-BC, is a family nurse practitioner at the Catholic Medical Center in Manchester and Amodeus Healthcare in Londonderry, both in New Hampshire; and Ramraj Gautam, PhD, is a lecturer and Valerie King, DNP, FNP-BC, is a clinical assistant professor, both in the Susan and Alan Solomont School of Nursing at the University of Massachusetts in Lowell. Slyne can be reached at tai_slyne@amodeushealthcare.com, with copy to CJONEditor@ons.org.

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REFERENCES


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