

# Combatting Postcolonoscopy Colorectal Cancer: An Educational Perspective

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#### Special Thanks

Prof. Dr. Carl Wieman, Stanford University Prof. Dr. William McGaghie, Northwestern University Chicago Dr. Argenta Price, Stanford University

For mentorship and tireless support



Prof. Dr. Roy Soetikno, UCSF VA, SF

Prof. Dr. Han-Mo Chiu NTUH

Dr. Silvia Sanduleanu, Maastricht University

Dr. Ravishankar Asokkumar, Singapore GH

Prof. Dr. Tonya Kaltenbach, UCSF VA, SF

All participants for their time and efforts throughout the course

#### No disclosures





"Systematic review with meta-analysis: the prevalence of PCCRC using the WEO nomenclature"

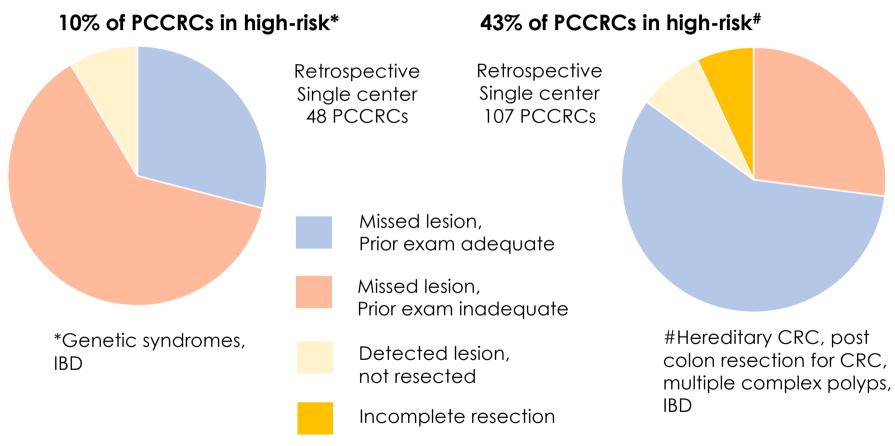
Kang GH...Lee J et al, APT 2021

Thank you!
WEO PCCRC Team
Prof. Matt Rutter
Dr. Jeffrey Lee

Pooled 3-year PCCRC prevalence:

8.2% (95% CI = 6.9%-9.4%)

#### Hereditary CRC is a common cause of PCCRC



Beaton et al, Endoscopy 2021

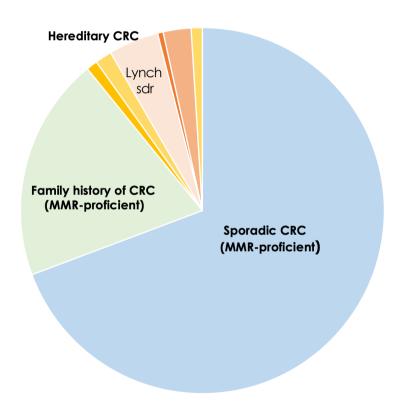
Anderson R et al, Gastroenterology 2020

#### Hereditary CRC – An Awareness Battle



- Patients with hereditary CRC are often under-recognised, under-diagnosed, and under-served.
- 1: 279 individuals carry a germline mutation in MMR genes
- However, approximately 95% of mutation carriers remain undiagnosed. So, opportunities to reduce cancer incidence and mortality are missed

#### Why is Hereditary CRC unrecognized?



 Recognition depends on either the healthcare professional or the patient raises a critical question:
 Is there a family risk for cancer?

Because this does not happen routinely we often fail to identify them

 Clinical diagnosis is not always straightforward; genetic classifications are complex and difficult to apply at bedside

#### How to close the gap?

#### **Traditional education**

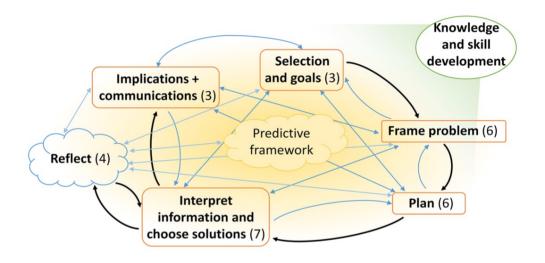
- no structured curriculum during GI fellowship
- didactic lectures, self-learning
- insufficient exposure for creating mental representations
- no formal assessment

#### **Science of Education & Expertise**

- captures problem-solving expert decision skills
- deliberate practice with feedback
- social learning, cohort-based learning
- objective assessment

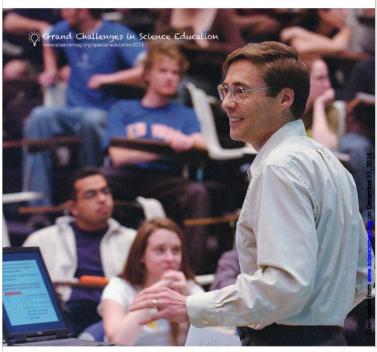


## Science of Education & Expertise



A Detailed Characterization of the Expert Problem-Solving Process in Science and Engineering: Guidance for Teaching and Assessment Argenta M. Price<sup>1</sup>..., Carl E. Wieman<sup>1,2</sup> et al.,

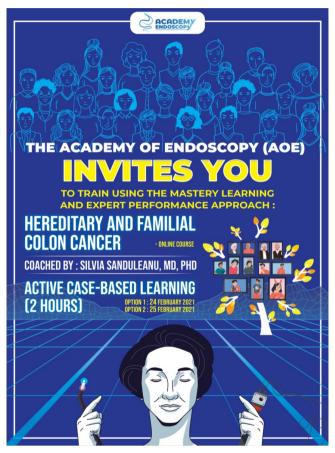
Life Science & Education 2021



'...True understanding comes only when learners actively construct their own understanding via a process of mentally building on their prior thinking and knowledge...'

Carl Wieman. "Improving How Universities Teach Science." (2017) Harvard Univ Press





#### Hypothesis

We hypothesized that implementation of a training curriculum grounded in the science of expertise can lead to Mastery of the detection and management of HCRC and FCRC in practicing gastroenterologists

#### Curriculum Development: Key Steps



Deconstruction
of expert thinking
In basic, trainable units
(Cognitive analysis)



Create materials;
Deliberate Practice with targeted feedback on authentic cases (Instructional design)



Assessments (Simulation-Based Mastery Learning)





#### Training Interventions

- ❖ Effectiveness 2021 Cohort
- ❖ Replication 2022 Cohort

#### Cohort description

Note: No intention to compare between cohorts but rather to assess the reproducibility in a different setting

# 2021 Cohort Completely independent Country A Vast experience on population-based CRC screening program Program 2022 Cohort Country B Inaugural stage CRC screening program

We delivered the same course (methods, materials) by same instructor.

Same inclusion criteria

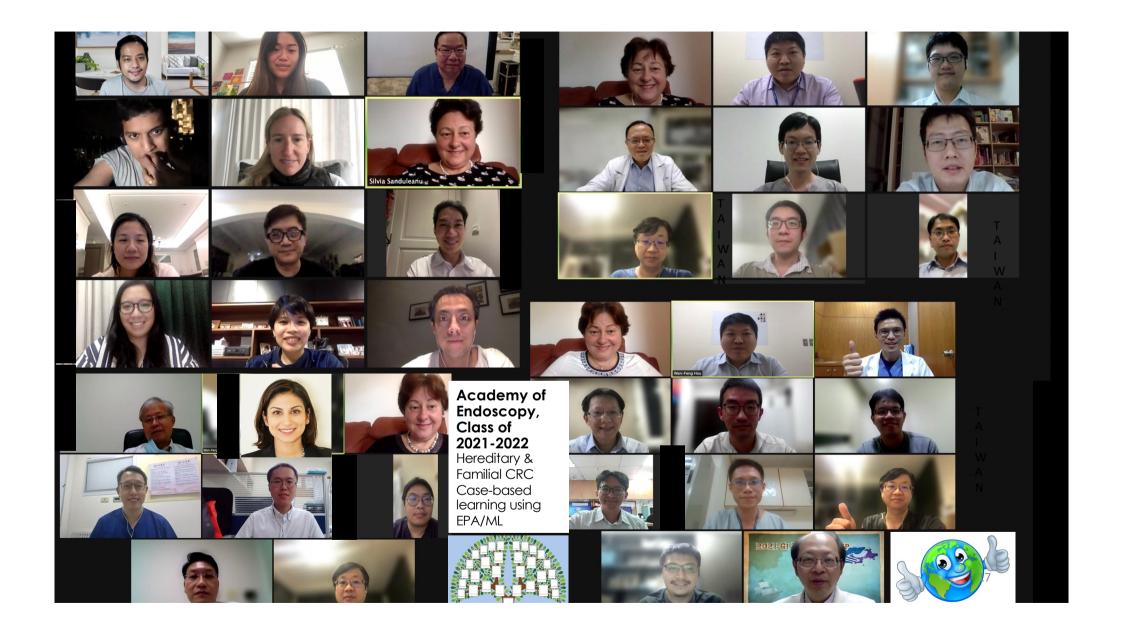
### Effectiveness 2021 Cohort

#### Primary outcomes (QUAN)

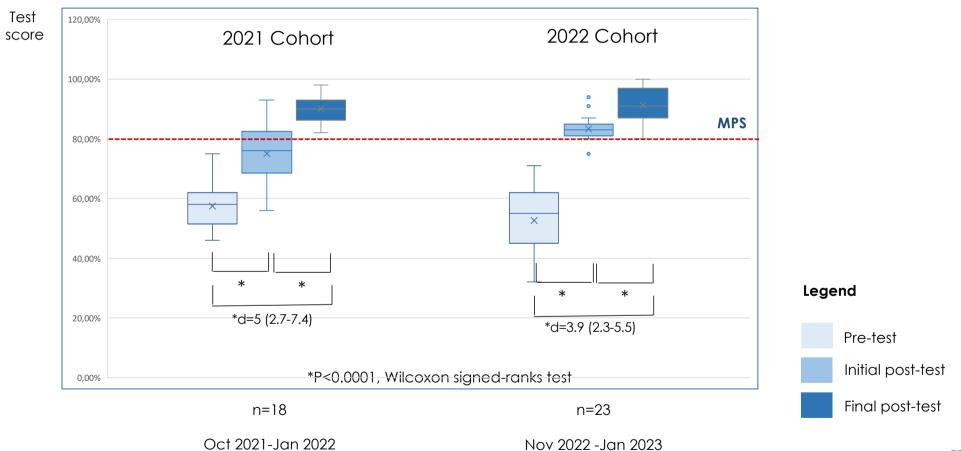
proportion of participants reaching MPS effect size (Cohen's d and Hedge's g coefficients)

#### Secondary outcomes (QUAL)

course satisfaction return on investment (short-term)



#### Excellence for all



and 18



#### Return on Investment

- set-up dedicated clinical programs in their institutions
- conducted a genetic study and reported the data
- transferred this knowledge to GI fellows/ peers
- included it in national GI board examination
- first step towards setting-up cancer registries for HCRC

#### Course feedback

- \* "I was surprised to discover during the course that decision frameworks provide a well-structured, a 'mathematical' approach to solving difficult problems" like HCRC recognition"
- ❖ "Applied decision making is the most intuitive format for learning..."
- \*"The unique part of this course is teaching clinical reasoning...This course is like playing chess"

#### Key learnings

- Teaching clinical decision making accelerates the transfer of complex knowledge on recognition of HCRC and FCRC for achieving Mastery among practicing clinicians
- Deliberate practice of decisions using problem solving expert decision frameworks applied on authentic cases creates powerful mental representations which in turn forms the basis for high-competence
- ❖ Train-the-Trainer programs are needed to develop expert-like decision skills to foster a change in practice and ultimately bridge the gap in HCRC recognition