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# Audit and feedback interventions to improve endoscopist performance: Principles and effectiveness



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### A B S T R A C T

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There is considerable variation in the quality of colonoscopy, attributable in part to endoscopist performance. Audit and feedback (A&F) provides health professionals with a summary of their performance over a period of time and is a common strategy used to improve provider performance. In this review, we discuss current understanding of the mechanism of A&F and describe specific

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features of effective A&F. To date, trials of A&F to improve colonoscopy performance report heterogeneous results, in part because colonoscopy is a complex procedural skill but also because the quality improvement interventions were sub-optimally implemented or inadequately evaluated. Nonetheless, evidence from a wide range of literature suggests that A&F has the potential to improve endoscopist performance. We discuss future directions for research in this area and provide guidance for providers or health system planners wishing to implement A&F to address quality of colonoscopy in their practice and/or jurisdiction.

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## Overview

High quality colonoscopy is integral to the diagnosis and prevention of colorectal cancer (CRC) as well as to the management of gastrointestinal disease. Unfortunately, colonoscopy quality is highly variable [1,2] and poor quality colonoscopy adversely affects patients. For example, poor quality is associated with post-colonoscopy CRC [3–5] and therefore, increased patient morbidity and mortality [3].

Variation in the quality of colonoscopy is likely multifactorial, including patient, physician, equipment and system factors; however, variation in the quality of the endoscopist's performance is an important contributor. As audit and feedback (A&F) is one of the few performance improvement tools that has been shown to effect a change in provider behaviour [6], it is commonly incorporated into quality management programs aiming to improve quality of colonoscopy [7,8]. However, colonoscopy is a complex procedural skill and A&F is an equally complex intervention. Therefore it is important to have a thorough understanding of the principles and features of effective A&F prior to implementation in colonoscopy settings. In addition, the use of A&F to improve colonoscopy presents unique challenges, largely because colonoscopy is comprised of multiple interacting motor and cognitive components, which may make A&F less effective.

In this review, we describe what is known about A&F in general, including current understanding about how A&F works, its effectiveness in changing provider practice and features of effective A&F. We also review the use of A&F to improve colonoscopy performance in particular and identify opportunities to optimize future interventions. The audience for this review is broad and includes health system planners and policy makers as well as physicians who are interested in engaging in or who are leading A&F activities in their practices or hospitals.

## What is A&F?

A&F is a common intervention that is used to improve health professional practice in a wide variety of clinical contexts. It is broadly defined as 'any summary of clinical performance of healthcare over a specified period of time' [9] and is one of the few quality improvement interventions that has been shown to improve physician performance, leading to better patient care [6]. By providing objective data, A&F can highlight discrepancies between current practice and target performance, and accordingly, can prompt action for practice improvement when clinical practice is recognized as suboptimal [10].

## How does A&F work?

To best ensure that an A&F intervention succeeds, it is important to consider the mechanism of action of a successful A&F intervention and how a specific intervention might work in a given context.

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