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### Leadership and team building in gastrointestinal endoscopy



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A modern endoscopy service delivers high volume procedures that can be daunting, embarrassing and uncomfortable for patients [1]. Endoscopy is hugely beneficial to patients but only if it is performed to high standards [2]. Some consequences of poor quality endoscopy include worse outcomes for cancer and gastrointestinal bleeding, unnecessary repeat procedures, needless damage to patients and even avoidable death [3]. New endoscopy technology and more rigorous decontamination procedures have made endoscopy more effective and safer, but they have placed additional demands on the service. Ever-scarcer resources require more efficient, higher turnover of patients, which can be at odds with a good patient experience, and with quality and safety.

It is clear from the demands put upon it, that to deliver a modern endoscopy service requires effective leadership and team working [4]. This chapter explores what constitutes effective leadership and what makes great clinical teams. It makes the point that endoscopy services are not usually isolated, independent units, and as such are dependent for success on the organisations they sit within. It will explain how endoscopy services are affected by the wider policy and governance context. Finally, within the context of the collection of papers in this edition of Best Practice & Research: Clinical Gastroenterology, it explores the potentially conflicting relationship between training of endoscopists and service delivery. The effectiveness of leadership and teams is rarely the subject of classic experimental designs such as randomized controlled trials.

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Nevertheless there is a substantial literature on this subject within and particularly outside healthcare [5]. The authors draw on this wider, more diffuse literature and on their experience of delivering a Team Leadership Programme (TLP) to the leaders of 70 endoscopy teams during the period 2008–2012.

(Team Leadership Programme Link-<http://www.qsfh.co.uk/Page.aspx?PageId=Public>).

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## Background

In many places endoscopy services have grown up in an ad hoc fashion, in a variety of settings and with a variety of business models. As a consequence, endoscopy services have not had the same recognition as other diagnostic services such as radiology or pathology. Moreover, there has not been a tradition of leadership and management structures that other diagnostic services take for granted.

There has been a massive growth in the volume of endoscopy in the last 20–30 years [6]. Procedures have become more complicated and varied, demands on decontamination have increased, expectations of the public have risen and concerns about variable quality and safety have put further pressure on services to monitor quality and respond to poor performance. All these changes have increased the pressure on endoscopy teams and their leaders.

There is compelling evidence that safety in healthcare depends on human performance [7]. Current research demonstrates that human factors known to affect the performance of healthcare professionals are similar to those in other high-risk industries, such as aviation, oil and nuclear power [8]. All these other industries have a strong focus on safety and they systematically learn lessons from incidents that arise from human factors and team performance. Healthcare in general, and endoscopy in particular, has a lot to learn about leadership and team working from these other industries.

This chapter will first of all consider what constitutes a good service, including providing high quality training, and then reflect on how the endoscopy team delivers such a service. It will then explain how effective leaders develop great teams to deliver an excellent service. It will explore the extent to which leaders are constrained or supported by the organisations they work within. Finally, it will review the wider context, especially the external drivers affecting endoscopy to improve quality such as standards and methods to enforce them.

## What constitutes an excellent endoscopy service?

### *Service delivery*

If you ask different people what constitutes an excellent service you will get different answers. Endoscopists, most of whom are doctors, will focus on quality and safety [9]. Nurses will primarily focus on team working and the patient experience [10]. The key concern for managers will be waiting lists, throughput, efficiency and productivity [11]. Most patients don't understand what quality really means and naively assume that quality is at least adequate. Their main concerns relate to privacy, dignity, comfort, efficient processes and good communication at all stages of their journey.

Endoscopy teams in the United Kingdom preparing for accreditation assessments describe five key areas that define a high quality endoscopy service:

1. Patient focus with good customer service
2. Use of guidelines to continually improve safety and quality
3. A coordinated team with efficient processes
4. Staff with excellent skills and knowledge
5. A quality improvement culture supported by leaders and managers

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