Focusing on Solutions Instead of Problems: A Qualitative Descriptive Study Piloting Appreciative Inquiry as a Physician-Driven Quality Improvement Approach in Internal Medicine

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Abstract

Quality improvement (QI) efforts in healthcare often struggle post-implementation, known as the "improvement evaporation effect." Traditional QI approaches yield mixed outcomes, with many failing within a year, and top-down strategies are often perceived as burdensome by physicians. This study addresses the gap in effective, physician-driven QI processes. By focusing on physician-led initiatives, this research aims to enhance the sustainability and effectiveness of QI efforts using strengths-based methodologies like Appreciative Inquiry (AI). Our approach followed AI, which involves identifying real-world examples experienced by practitioners. AI includes four phases: Discover (learning about 'the best of what is'), Dream (envisioning possibilities), Design (identifying actions), and Destiny (sustaining future actions). We conducted 1.5-hour group interviews using semi-structured guides adapted to our research question and participants' context. Conducted in three phases, Phase 1 involved identifying improvement areas and positive practices through physicians' best moments in medicine and their reactions to changes. Phase 2 used Appreciative Inquiry to advocate for what already works well for physicians. Phase 3 included evaluations using the ReAIM framework, with 6- and 12-month follow-ups. Through the interviews we identified key supports for clinical performance improvement including: creating a safe culture for data-driven discussions, fostering comfort in discussing practice, and emphasizing informal workshops. Success enablers included AI principles, leveraging existing practices, non-evaluative physician leadership, and voluntary participation.

Introduction

Challenge of QI in Healthcare:

- Many QI initiatives fail within a year due to the **"improvement evaporation effect."**
- **Top-down QI strategies** are often burdensome and unsustainable for physicians.

Objective of the Study:

- Develop **physician-driven, sustainable QI efforts using strength-based approaches** like **Appreciative Inquiry (AI).**

Appreciative Inquiry (AI) Methodology:

- **Discover:** Identify "the best of what is" from physicians' real-world experiences.
- **Dream:** Envision new possibilities for improvement.
- **Design:** Create actionable steps to implement improvements.
- **Destiny:** Sustain these actions over time.

Research Design:

Three phases:

1. **Phase 1:** Identified improvement areas through physicians' best moments and their responses to change.
2. **Phase 2:** Applied AI to advocate for **what already works well.**
3. **Phase 3:** Evaluated outcomes using the **ReAIM framework** with 6- and 12-month follow-ups.

Key Findings:

- Essential supports for improvement:
  - **Safe culture** for data-driven discussions.
  - Comfortable conversations about individual practices.
  - **Informal workshops** integrated with routine work.
- **Success enablers:** AI principles, leveraging existing practices, **non-evaluative leadership,** and voluntary participation.

Methodology

Study Design: AI Process (Adapted from HHS)

1. **Discovery** – Identify best moments in practice to uncover values and strengths.
2. **Dream** – Build visions for improvement based on positive experiences in key areas.
3. **Design** – Develop practice interventions using Plan-Do-Study-Act (PDSA) cycles.
4. **Destiny** – Implement strategies that align with physician values (e.g., peer-to-peer feedback).

Phase 1: Needs Assessment

- **Tools:** Focus Groups (n=3), Surveys (n=6)
- **Insights:**
  - Building trust to discuss performance data is essential.
  - Informal, in-person interactions are preferred for improvement discussions.

Phase 2: Pilot AI Strategy

- **Participants:** 20 physicians
- **Chosen Strategy:** Appreciative Inquiry (AI)
- **Interventions:**
  1. Integrating feedback into handovers
  2. Peer-nominated "Excellence Talks"
  3. Case-based learning with challenging scenarios

Phase 3: Evaluation (ReAIM Framework)

- **Follow-up:** 6 and 12 months
- **Analysis:** Thematic analysis with input from physician teams and literature review.

Results

Phase 1: Needs Assessment

- **Key Supports Identified:**
  - **Safe Culture:** Build trust when discussing performance and improvements using data.
  - **Comfortable Conversations:** Encourage open dialogue about individual practice improvement.
  - **Preferred Formats:** Emphasize **informal, in-person interactions** (e.g., workshops outside practice hours).

Best Moments in Medicine

- **Relationships were the Greatest Enabler:**
  - **Trust and teamwork** across departments enhanced communication and coordination.
  - Informal access to colleagues fostered stronger working relationships.
  - These relational aspects guided the focus of practice improvement methods.

Phase 2: Pilot

- **Strength-Based Approach:**
  - Focused on **what matters to physicians** and **reflected on best moments** in practice.
  - Used existing strengths and resources, avoiding dependency on external solutions.
- **Addressing Scarcity of Best Moments:**
  - When examples were limited, participants drew on **personal or residency experiences** to spark insights.
- **Key Enablers of Success:**
  - **AI principles** integrated into existing routines (e.g., pre-existing meetings).
  - **Physician-led sessions** without evaluative oversight fostered trust and participation.

Voluntary participation encouraged engagement and ownership.

Phase 3: Evaluation ReAIM Framework Results

Component	Details
Reach	27 internal medicine physicians (one site)
	Participation rate: 78% (n=21)
	Sessions NOT mandatory or incentivized
	Virtual vs In-Person (Participation over 4 sessions):
Session 1	66% (14); Virtual: 42% (6)
Session 2	71% (15); Virtual: 47% (7)
Session 3	71% (15); Virtual: 47% (7)
Session 4	52% (11); Virtual: 54% (6)

Attendance Summary:

- **Attended all sessions:** 23% (5)
- **Attended 3 of 4 sessions:** 38% (8)
- **Attended 2 of 4 sessions:** 9% (2)
- **Attended only 1 session:** 38% (8)

Effectiveness

- **Practice Improvement Interventions (n = 3):**
  - **Integrated feedback** into handover routines
  - **Nominated "Excellence Talks"** where peers recognize outstanding work
  - **Case-based discussions** around challenging scenarios
- **Engagement:**
  - High levels of engagement noted with peer-to-peer feedback as a primary driver.
  - **Facilitator's Reflection:**
    - "We are really surprised by the level of engagement."

Adoption

- **Setting:** Academic hospital
- **Integration:** AI-based interventions were embedded into **existing routines** and meetings to minimize disruption.

Implementation (In Progress)

- **Number of Interventions Implemented:** 3
- **Status:**
  - Interventions remain active and are evolving based on feedback.
- **Success Factors:**
  - Sessions were **voluntary** and **led by a physician** without evaluative power, fostering open dialogue.

Maintenance (In Progress)

- **6- and 12-Month Interviews:**
  - Evaluating the evolution and **legacy of the interventions** over time.
- **Sustainability Insight:**
  - This AI approach starts with existing strengths, reducing reliance on external resources.

Discussion & Conclusion

Key Insights:

- Physician-driven QI efforts are more sustainable and effective than traditional top-down approaches.
- **Strength-based methodologies** like Appreciative Inquiry (AI) help focus on **what already works**, reducing reliance on external solutions.

Critical Supports for Success:

- **Safe, data-informed culture** promotes open discussion on performance.
- **Comfortable peer-to-peer conversations** encourage continuous improvement.
- **Informal workshops** integrated into routine practice enhance engagement.

Enablers of Long-Term Sustainability:

- AI principles foster **positive, collaborative change.**
- **Non-evaluative physician leadership** builds trust.
- **Voluntary participation** encourages genuine involvement and ownership.

Conclusion:

- This study shows that **strength-based, physician-led QI initiatives** can mitigate the "improvement evaporation effect."
- Future QI efforts should emphasize **existing strengths** and **relational aspects of care** to enhance sustainability.
- Follow-up evaluations at 6 and 12 months will determine the long-term impact and legacy of these interventions.

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