

An Appreciative Inquiry Approach to Practice Improvement and Transformative Change in Health Care Settings

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Amid tremendous changes and widespread dissatisfaction with the current health care system, many approaches to improve practice have emerged; however, their effects on quality of care have been disappointing. This article describes the application of a new approach to promote organizational improvement and transformation that is built upon collective goals and personal motivations, invites participation at all levels of the organization and connected community, and taps into latent creativity and energy. The essential elements of the appreciative inquiry (AI) process include identification of an appreciative topic and acting on this theme through 4 steps: Discovery, Dream, Design, and Destiny. We describe each step in detail and provide a case study example, drawn from a composite of practices, to highlight opportunities and challenges that may be encountered in applying AI. AI is a unique process that offers practice members an opportunity to reflect on the existing strengths within the practice, leads them to discover what is important, and builds a collective vision of the preferred future. New approaches such as AI have the potential to transform practices, improve patient care, and enhance individual and group motivation by changing the way participants think about, approach, and envision the future.

In addition to encountering daily challenges that demand new approaches to care delivery, leaders of health care practices throughout the United States are faced with the reality that the larger health care system within which they operate facilitates or constrains initiatives that influence the quality and accessibility of care for many Americans.^{1,2} The need for transformative change, or fundamental alterations to long-established patterns of behavior and operation at the practice and system levels, has been clearly recognized^{1,3–10} but may be difficult to undertake as it requires skills that are poorly developed among health care professionals.^{11,12} Given the current pace of change and administrative burdens placed on practices, new approaches to quality improvement implementation

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are needed.¹ The traditional problem-solving approach underlying many forms of quality improvement has shown mixed results, and often yields changes that are not sustained.¹³

Appreciative inquiry (AI) is an energizing and uniquely effective approach to nurturing organizational change,^{14,15} originally developed and applied in the business world to improve organizational culture, efficiency, and profit margin. It has also been successfully used in community-development efforts, humanitarian organizations, educational systems, and in an interreligion dialogue initiative,¹⁶ although experience with its application in health care settings has been limited. In contrast to traditional change approaches that emphasize problems, gap reduction methods and “fix-it” solutions, the crucial insight in AI is that meaningful and fundamental change occurs through discovering and valuing the strengths, assets, vision, and ideals of individuals in an organization. By appreciating core strengths and values, people in an organization recognize those factors that give purpose and meaning to their work. This, in turn, enables them to imagine a preferred future in bolder (ie, less incremental) ways. By identifying the most shared visions or dreams of what their organization could be, participants are then inspired to take collective action toward reaching a shared ideal.^{14,15,17}

In this article, we define the essential elements of AI and draw upon our experience working with primary care practices to describe the processes we have found useful in applying this technique. A case study from a composite practice with features from several groups with whom we have worked illustrates the challenges that may be encountered in applying AI and the results that can be achieved in health care settings. A series of dialogue boxes linked with this example highlights key processes and suggested strategies in guiding the implementation of each step of this transformative process.

THE AI PROCESS

AI is a technique for quality improvement that identifies an “appreciative topic” and that follows 4

steps acting on this theme (Fig 1): Discover, Dream, Design, and Destiny (the “4Ds”). The appreciative topic, a component at the heart of AI, is discerned from discussions of problems and opportunities among key stakeholders within and sometimes outside of the practice. With buy-in from key stakeholders, the topic focuses on the hopes of the practice for a desired outcome and reframes short-term problems, crises, and dilemmas into constructive opportunities that align with strategic goals. For example, a practice with a problematic phone system might articulate its appreciative topic in the form of a question: “How can we develop communication systems that best meet the needs of patients for personalized accessibility and the needs of practice members for feeling more in control?”

Once a topic has been chosen, the practice moves into the 4D AI cycle. Ideally, the work for each stage is accomplished when all members of the practice are present. These meetings may also involve stakeholders outside the practice (eg, patients, providers from community service agencies, health system administrators) or others within the practice who might help make transformative changes happen. Typically, this cycle is pursued during a 1- or 2-day retreat. In our experience, most practices choose to spread these AI sessions out over a series of meetings, often held at lunchtime or before patient care starts. This produces the challenge of maintaining momentum, but creates the opportunity to integrate the AI work with the reality of day-to-day activities.

Discovery: Tapping into sources of meaning and purpose within the practice

The *Discovery* stage elicits sources of meaning and purpose among individuals in the practice. Practice members are asked, for example, to recall a high-point experience related to the appreciative topic—a time when the individual and/or the practice was at its best or most effective; a time when the individual found his or her work experience most rewarding. Participants are asked to reflect on the details of the scenario: what role they played, who was involved, what was in place that allowed this peak experience to occur. The stories are then shared with someone

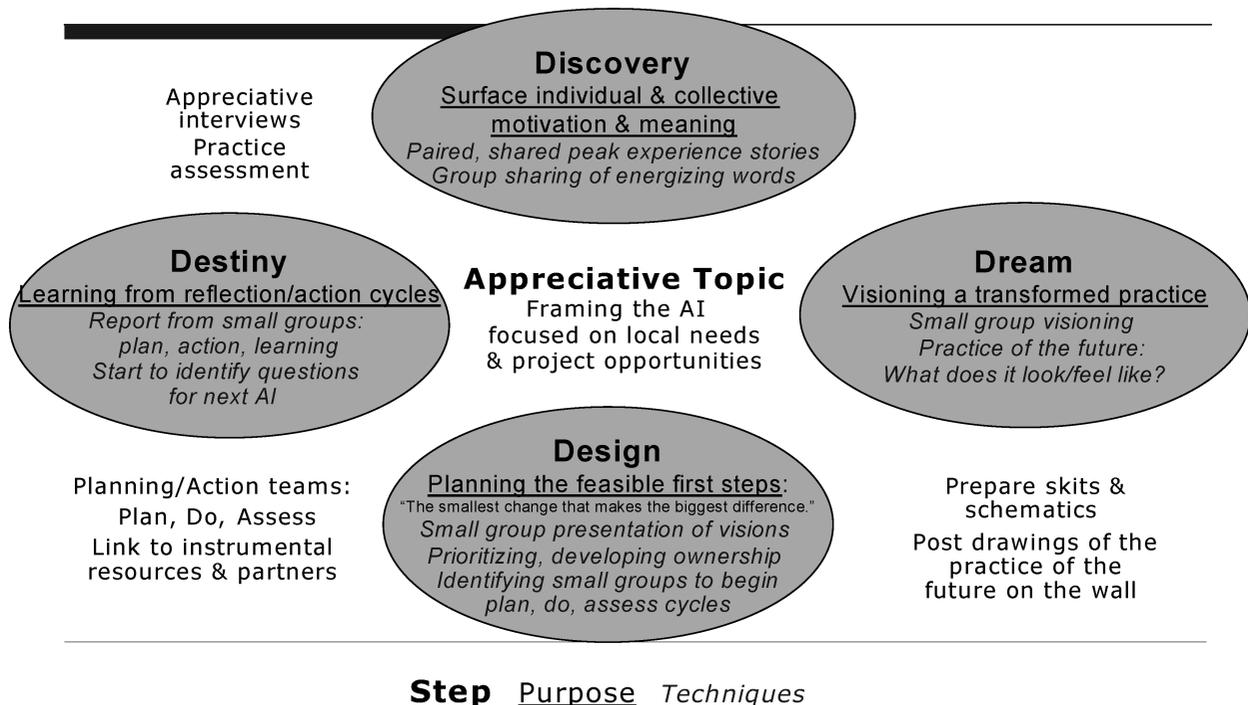


Figure 1. Appreciative inquiry (AI) for practice change. Each oval in the figure names the step (**bold**), its purpose (*underlined*), and examples of techniques (*italics*) that can be used to facilitate the AI process. Between-meeting work is depicted next to the ovals.

in a different role at the practice. Inquiry into these stories draws out individual strengths, cooperative capacities, and positive images and creates a “buzz” of energy in the room—positive energy that is tied in to sources of meaning for individuals in the practice. Often, this meaning relates to the reasons why people chose careers in health care—reasons that often are forgotten in the press of busy practice life in the current environment. The positive stories set the stage for participants to Dream or imagine what the practice might look like if peak experiences were daily occurrences.

Dream: Creating a collective vision of the ideal practice

Next, in the *Dream* stage, practice members tap into the positive energy generated in Discovery to imagine a transformed practice. Participants are asked to visualize what their practice might look and feel like

3 to 5 years in the future if the strengths and meaningful experiences highlighted in Discovery related to the appreciative topic happened more often. This stage focuses on envisioning the optimal practice, as if one were in it now: what the ideal practice *is*, not what it will be or could be.

Larger practices engaging in AI may benefit from dividing members into small groups with representation from each service area (eg, medical, nursing, clerical/billing). Previous work on small group dynamics observes that group size has the potential to influence interpersonal dynamics and the level of participation by group members who are not usually engaged in decision-making roles within the practice.¹⁸ We therefore recommend that groups with 8 or fewer members be formed to undertake the Dream stage, in which each group “portrays” its image of the ideal practice to the larger group in fun and creative ways, perhaps using drawings, skits, a song, or a story. Next, the practice group looks for common topics and

works to develop a shared vision of its ideal practice. The essential task of Dreaming is to reveal the group's image of a preferred future practice by identifying common themes.

Ideally, Discover and Dream take place at the same meeting, so that the meaning of personal stories immediately informs and energizes the vision for a transformed practice. However, if enough time cannot be set aside, the small groups can prepare their presentations before the next meeting.

Design: Moving a vision into a plan

The *Design* stage moves from a vision to a more specific plan. At this stage, practices propose and discuss concrete steps that individuals and groups can take to realize the vision of their practice of the future. A helpful prompt here is to ask the group to explore the first step needed, or the smallest change with the biggest impact in moving toward its ideal practice. Ideas can be brainstormed in small groups and shared with the larger practice to look for commonalities. Often seemingly diverse ideas can be consolidated under larger themes. Common themes can be posted on the walls, and then, if necessary, project choices may be narrowed on the basis of priorities, existing resources, or participants' interest. Practice members vote for the idea in which they have the greatest personal interest—one to which they would be willing to commit their energy and effort. These groups then form action teams that begin to work on specific projects.

The action team(s) designate a coordinator—someone who will organize meetings and focus practice groups on the chosen task. The working groups use the familiar “Plan,” “Do,” “Study,” “Act” (PDSA) cycle to work on a project.¹⁹ Each action team considers whom it needs to include to get the job done, sometimes including patients and health care system or community partners, depending on the topic. They plan initial activities, try out early steps, evaluate the results, and report back regularly to the larger practice. Updates and solicitation of input at practice meetings or use of progress charts in a lunchroom can meet this need.

Destiny: Implementation, ongoing support, and shared learning

After an agreed-upon time (the *Destiny* deadline), the practice reconvenes to review, communicate, and celebrate accomplishments and learning. This gives the larger group a chance to validate action team efforts, have input into next steps, and revisit how the work fits with the vision of the practice of the future. Although the *Destiny* stage ensures that Dreams are realized through planned actions and outcome assessments, it also encompasses plans to continue generative, appreciative learning. It is essential to reflect on what has been learned throughout the process including the small successes and skills learned during the AI process that can be applied in the future to new issues that arise. Practice members may work together through the AI process several times sequentially, or choose to reengage periodically to make their envisioned *Destiny* a reality.

Sustaining transformative change, once implemented, can be challenging. To promote a practice atmosphere in which ongoing change is considered possible, reminding practice members of past successes and the potential to apply skills learned during this process to new issues can be useful. In introducing the possibility of ongoing change, one approach suggests that practice members revisit stories of peak experiences, reflecting on their meaning, and again envisioning their practice at some point in the future. With the experience of the AI cycle fresh, participants are encouraged to imagine new challenges—a dramatic change in reimbursement structure, changes in the demographics of the patient population served by the practice, or the retirement of a valued practice member.

CASE EXAMPLE

The practice

Heartland Family Practice has 3 physicians and 1 physician assistant and has been serving this small community for more than 30 years. This practice has a long history of being highly integrated into the community and has a reputation for accommodating

Box 1. Appreciative inquiry interview protocol

The interviews are for soliciting examples, stories, and metaphors. Interviews search for the generative and joyful moment. The interviewer elicits particulars of real events rather than generalizations.

Interviews may occur at multiple steps including the identification of the appreciative topic as well as at the Discovery stage.

Purpose

Reflect on potential appreciative topics OR reflect on the identified appreciative topic.

Elicit stories from another person that bring to light what is personally meaningful and reveal existing strengths.

Share stories that bring to light what is personally meaningful and reveal existing strengths.

Helpful hints may involve some or all of the following:

Ask open-ended questions that elicit thoughtful reflection, for example:

“Looking at your entire experience with this practice, remember a time that was most meaningful to you; when you felt most alive, most fulfilled and most excited?”

Ask questions that probe for the personal and the heartfelt, for example:

“Can you talk for a moment about what you value deeply; things about yourself, your life experiences, or maybe your work?”

“What personal characteristics do you admire in yourself or others?”

“When you are feeling best about your work, what’s happening?”

“What do you experience as the core factors that give life to this organization?”

Ask questions in a way that elicits detailed descriptions:

“What made it meaningful?”

“What did you like most about the experience?”

“Can you describe how you felt?”

“Can you give some examples?”

patients’ needs for illness care. Traditionally, the care received in this practice has been physician driven and problem focused. With local payers tightening reimbursement, and with payers and purchasers increasingly calling for payment to be linked to performance on chronic disease and prevention guidelines, this practice has found that just “taking care of the folks (patients)” is no longer creating sufficient financial margin. The practice manager read about AI and suggested it as an approach for them to find their way toward a better future. She got full buy-in from the new physician, the physician’s assistant, 1 of the 2 older physicians, and a medical assistant who is an opinion leader; however, the most senior physician who had founded the practice remained skeptical.

Appreciative interviewing

As a means of identifying an appreciative topic, the practice manager began by reflecting upon and observing the practice in action and opening discussions with clinicians and supervisors about the cur-

rent goals and challenges of the practice. The office manager conducted appreciative interviews (Box 1) with clinical and administrative staff members.

The manager listened particularly to the oldest physician in the practice who was skeptical of the process, and to his longings for a simpler time when he had more occasion to do what he felt gifted at—making challenging diagnoses. The office manager kept notes on her own self-reflections and shared her emerging ideas during informal discussions with all members of the staff.

The appreciative topic

From these informal observations and appreciative interviews an appreciative topic began to emerge (Box 2). The practice manager observed that many voiced concern about the loss of positive interactions among practice members and between practice members and patients.

Work was less enjoyable as a result and opportunities to reap the intrinsic rewards of caring for

Box 2. Determining an appreciative topic*The focus of the practice enhancement effort*

Purpose

- The topic must be meaningful to the practice
- The topic must be positive and generative

Helpful hints may involve some or all of the following:

- Practice-wide focus group
- Practice interviews
- Discussions among key stakeholders
- Discussions with individuals organizations outside the practice
- Topics may arise from current goals or needs
- Topics may address current concerns or problems

patients were few. In contrast, working one-on-one with patients or partnering with other practice members to deliver care that helped patients was energizing and gave practice members a sense of being part of a team. Reflecting on these values, the practice manager crafted an appreciative topic in the form of questions and circulated it for review by the clinicians and a representative group of staff.

The AI

The practice was not in the habit of having practice-wide meetings, but with the support of the office manager and clinicians they were able to schedule two 1½-hour lunchtime meetings and planned to have food delivered. The office manager started the meeting with a brief overview of the AI process. Then, she began the AI by posing 2 questions: “Given our current time and financial pressures, how can this practice move beyond our usual roles to develop a more rewarding, relationship-centered approach to patient care and the work environment? How can we still be sensitive to patients’ requests while being more proactive in our approach to care?”

Reflexively, everyone looked at the oldest physician who had founded the practice. When the office manager asked for his personal reaction to the topic, he said “I’d like some help to see if I can get back to what I’m good at: diagnosing complicated diseases in people I know.” Relieved at his willingness to engage in the AI process, everyone turned back to the

office manager, who then introduced the Discovery stage (Box 3). Everyone was asked to reflect quietly on the questions posed and their personal work experiences to identify highpoints—personally meaningful stories of accomplishment, strengths, success, or “best times” related to their work. After a few minutes, she asked individuals to pair up with someone whom they did not usually talk or work directly with and share their high-point stories.

Participants’ comfort level increased as stories were shared, and the energy level in the room grew. Stories overheard included references to patients and the community being one and the same, and practice members being like family. After the group reconvened, the practice manager asked participants to summarize in a phrase or word how it felt to share and listen to each other’s stories: “heartwarming,” “inspiring,” “energizing,” “affirming” were typical replies. One of the physicians was so moved by his partner’s story that he asked to share it. The story involved the sense of pride and affirmation his partner felt when the practice rallied together to treat and stabilize a well-established, elderly patient who experienced a myocardial infarction in the waiting room.

At this point, with the buzz in the room perceptible, the practice manager moved the group to the Dream stage (Box 4) by asking them to imagine how their practice might look in 3 years if peak experiences such as those they had just shared were a regular occurrence. She asked participants to divide themselves into 3 groups that contained at least one clinician, one clinical staff member, and one clerical or administrative staff member. Each group brainstormed about how the practice might look and feel if it had more time in relationship with patients, more of a team feeling throughout the practice, and a more proactive approach to managing patients’ chronic illnesses.

Each group was then asked to portray the central part of its vision to the larger group. One group drew a picture of a house to represent its ideal practice. Each room was inscribed with “names” on the windows reflecting qualities reminiscent of a happy home (practice): “open communication,” “teamwork and

Box 3. Discovery

Tapping into what gives meaning and purpose to this practice and the individuals in this practice

Purpose

Engagement of every voice in sharing personally meaningful positive stories of experiences around the topic.

Helpful hints may involve some or all of the following:

Find a partner from a different role at the practice

Determine time allotted for each person to share his or her story

Reflect quietly on past events; reminisce, think back, dig down, and retrieve a personally meaningful experience related to the appreciative topic

Stories may include personal/group success, accomplishment, collaboration, learning, etc

Stories may be about an event you found uplifting, rewarding, and/or emotionally satisfying; a peak experience

Prompts might be “Who was involved?” “How did you feel at the time?” “What was in place that allowed it to happen?” “What made this event remarkable?” etc

Purpose

Inquiry into the assets and strengths that have helped the practice succeed so far relating to the topic

Identify the elements/strengths that cross stories

Summarize collective assets and strengths

Helpful hints may involve some or all of the following:

Reframe negatives into positives

Participants may shout out how it felt to share stories

Small groups may share “headlines”; what was heard as the strengths of partner’s stories

efficiency,” “proactive instead of reactive,” “leadership at many levels,” and “generating resources.” Another group wrote out statements to describe its practice of the future: “We treat each other as well as we

treat the patients,” “We are slick and quick and have a good time,” “We are excited by our work and we provide excellent care to the people of our community.” A third group struggled a bit, but eventually

Box 4. Dream

Bringing personal meaning to the group vision; creating a collective vision of the ideal; sharing and portraying a preferred future.

Purpose

Explore the ideal practice of the future around the appreciative topic

Helpful hints may involve some or all of the following:

Small group dialogue (4–8 people)

Envision the ideal practice of the future where meaningful experiences and successes occur on a regular basis

Elicit the preferred future by framing it as an engaging or challenging question

Talk about the future as if you are in it and you are already successful; this helps to generate images

Keep the focus on envisioning the optimal whole—rather than specific details or steps

Encourage fun and creativity in “drawing a picture” of the ideal practice

Purpose

Capture the most shared images of the preferred future

Helpful hints may involve some or all of the following:

Small groups report out to the large group their collective vision of the preferred practice

Identify meaningful, shared elements of the ideal practice as illustrated in the presentations

Portray the collective Dream practice

developed a collective image: “We are like the family in the movie ‘Cheaper by the Dozen,’ we have structures in place that keep things functioning efficiently, but the bottom line is that everyone cares about each other and our patients.”

As each small group presented its dream, comments, laughter, and affirming nods and smiles indicated that this practice had a lot of positive history to build upon and many shared values. Next, the practice manager challenged the entire group to identify a collective vision of its ideal practice. A lively discussion of the elements common to all the presentations ensued. The image of the house was a favorite, but all agreed the labels on the rooms needed to be changed to better reflect common themes. The final version had 4 windows with the following labels: “assuring respectful and caring relationships,” “efficient teamwork (resulting in good patient care),” “recognition of patients and the practice,” and “opportunities for growth and leadership.”

Each of the small group’s “visions” was posted on the wall of the lunchroom, and 1 to 2 people from each of the small groups agreed to create a consolidated poster of the ideal practice. This was posted on the wall too, with a separate sheet for comments. Before concluding the session, the practice manager encouraged participants to consider the personal meaning they attached to the “happy home” vision of the practice and to come the next session prepared to generate action steps. At the next meeting a week later, the practice manager reintroduced the Design stage (Box 5), explaining that this required moving from reflection to a specific plan for practice enhancement. After a busy morning of patient care, the energy was low, so the office manager asked the new physician and a long-time medical assistant (MA) to present the refined “happy home” practice to the group by saying what it meant to them. The physician shared that the “ideal practice” reminded him of why he had chosen to become a family doctor. The MA expressed enthusiasm for “making our practice a caring and supportive place.”

The small groups reconvened to discuss concrete steps to move the practice toward their ideal. One suggestion was a regular practice meeting with all

staff. Another group recommended morning and after lunch “huddles” to review briefly the next half-day’s patient care or to prepare for a difficult patient. These ideas were grouped under the general heading of “working together as a team.” Once all the options for change were posted and clustered, the manager asked everyone to “vote with your feet.” She explained that this meant to stand by the plan they thought would have the most impact in moving the practice toward the ideal *and* that they would be personally willing to work on.

Based upon practice members’ interest, 2 action teams evolved. One, the teamwork group, was to develop plans for efficient teamwork on the basis of recognizing and tapping into individuals’ unique strengths and interests, and balancing strengths and weaknesses throughout the practice. A second team, the proactive care group, was to develop tools for proactively identifying and meeting evidence-based preventive and chronic illness care standards. Seventeen of 21 practice members joined an action team. Each action team designated a coordinator to schedule meetings and ensure communicating the team’s progress to the larger practice. Action teams were to plan, implement, and evaluate their specific practice enhancement project. Action teams were given 6 weeks to carry out projects, concluding with a report back to the entire practice in a Destiny meeting.

At the Destiny meeting (Box 6), both groups presented their accomplishments and reflected on what they had learned along the way. The proactive care group reported consulting with an outside quality-improvement specialist to design an illness and preventive care flow sheet. They also arranged a future consultation to explore options for transition to electronic health records. The teamwork group reported that it had developed a 1-page survey to assess practice members’ strengths and interests. This resulted in a proposal that patient care be provided by clinician/MA dyads in order to maximize strengths and support personal interests. At this, the senior physician commented that he was “eager to see if pairing with Susan (a medical assistant) who likes working from protocols might free me up to concentrate more on patient symptoms.” A front-desk staff

Box 5. Design

Moving a vision into a plan: Design is about sorting, sifting, and making choices about what will be

Purpose

Consider and choose a focus for a practice enhancement project from the collective “Dream Practice” and building on existing strengths

Helpful hints may involve some or all of the following:

Map out opportunities for moving the practice toward the ideal (with the topic in the middle options as spokes off the center)

Consider levels of interest and enthusiasm about particular opportunities

Consider characteristics of the ideal practice that are most relevant and strategic at this time

Consider what is the smallest step that would have the greatest impact

What needs to be done sooner rather than later

Purpose

Create action teams around the most preferred topic(s)

Helpful hints may involve some or all of the following:

Participants vote “with their feet” to commit to an action team

Consider representatives from different areas of the practice/community/patients

Establish mechanism for communication with larger practice

Purpose

Generate action steps around the topic(s)

Helpful hints may involve some or all of the following:

Brainstorm actions; withholding judgment or comment

Do not assume you already have “the” answer

Base actions on best practices

Do a needs assessment

Follow familiar “Plan, Do, Study, Act” (PDSA) cycles

Define measures and success

Purpose

Implement plan and set “destiny” deadline

Helpful hints may involve some or all of the following:

Determine and seek our needed system level or individual support and resources

Seek positive input from non-action team members to keep the project “collective”

member noted how much the groups complemented each other: the new flow sheet facilitated teamwork and teamwork reinforced proactive patient care. In the lively ensuing discussion, the 2 groups agreed on the need for frequent discussions about the implications of efficiency and teamwork, and on representation by patients and members of the front-desk staff on the action teams to ensure a balanced perspective on future plans. Two new members joined the teamwork group to explore cross-training front-desk and clerical staff and a new group emerged to look into the financing and workflow options for an electronic medical record. Participants agreed that

actions teams report back during monthly meetings and that the practice consider another AI in 6 months.

CONCLUSION

As suggested in the case example, the Design and Destiny stages of AI are similar to other quality-improvement approaches: techniques for planning, doing, and “learning from the doing” are well established.¹⁹ However, it is our experience that launching these more instrumental later stages within the framework of a carefully formed

Box 6. Destiny*The story of a practice appreciative inquiry*

Purpose

Broadcast an open invitation
Identify learning, share best practices, celebrate progress and successes

Helpful hints may involve some or all of the following:

Ask questions that prompt reflection: “What happened?” “How did it work out?” “What were the hurdles and successes?” “What did you learn that will help or sustain change?”

Purpose

Plan “what’s next”

Helpful hints may involve some or all of the following:

Ask what people liked most about what they did?
Ask what people would add or edit to make the process stronger?
Ask how recognition might inspire ongoing action?
Appreciative inquiry

appreciative question/topic sets a unique initial condition that unleashes enthusiasm and cooperative capacity inherent in most practice settings. In addition, allowing people to (re)Discover what gives meaning to their work and to share stories of meaning grounds the subsequent Dream stage in deeply motivating values and releases positive energy to help to move the practice through the challenges of Designing and conducting the instrumental steps necessary for the practice to achieve its Destiny.

AI offers an alternative to traditional quality efforts oriented toward identifying and modifying special case variation (ie, problems): the continued and increasing participation by practice members in the case described evidences a more positive orientation. By tapping into a latent cooperative capacity that attracts people to want to work toward shared ideals (positive images pull positive actions), AI is a “generative” approach. That is, it reframes “what is” into “what might be,” thereby uniting what is meaningful to individuals into a shared quest for growth that enhances capacity for change within the practice. Because the process engages the voice of all practice members, AI has the potential to enhance buy-in and motivation to change, thus increasing its potential

to sustain practice improvement and transformative change.

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