Primary Care Practice Facilitation Curriculum

Module 9: Using Appreciative Inquiry with Practices

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Contents

Module 9. Using Appreciative Inquiry With Practices

Practice facilitator (PF) competencies addressed in this module:
- Basic quality improvement and change management skills
- Practice assessment

Time
- Pre-session preparation for learners: 1 hour
- Session: 2 hours

Objectives
After completing this module, learners will be able to:
1. Describe how Appreciative Inquiry (AI) differs from the problem-solving approach to quality improvement.
2. Describe how common facilitation activities are modified when taking an AI approach with a practice.
3. Decide when to use an AI approach with a practice.
4. Deliver an introductory training to a practice on the AI approach, its methods, and its assumptions.

Exercises and Activities To Complete Before, During, and After the Session

Pre-session preparation. Ask the learners to read and watch the following information. (1 hour)
1. Module
2. Video introduction to Appreciative Inquiry https://www.youtube.com/watch?v=ZwGNZ63hj5k

During the session. Presentation (30 minutes)
1. Present key concepts from the module.

Discussion. Ask questions and explore answers with learners. (30 minutes)
1. How would AI change the way you approach practice assessment? Your use of performance data? Root cause analysis? Goal setting with the quality improvement team and leadership?
2. If you are currently working with a practice, what would you need to modify to implement an AI intervention?
3. How likely are you to want to use AI with your practices? What do you like about it? What concerns you?

Exercise 1 (30 minutes total)
Conduct an Appreciative Inquiry interview. (20 minutes)
1. Ask the group to break into pairs and select roles (interviewee or practice facilitator [PF]).
2. Provide each pair with a copy of the basic AI interview guide (see table 9.4).
3. Ask the PF in each pair to conduct the interview. The AI affirmative topic should be: improving this class/course.
4. Remind PFs to stimulate in-depth narrative and storytelling during the interview.

Discuss the experience. (10 minutes)

1. Ask pairs to report back to the large group what they learned from conducting the interview.

    a. What lessons did you learn about conducting an AI-focused interview?
    b. What was comfortable?
    c. What was more difficult?
    d. How did this compare to interviews and data collection you've done in the past?
    e. How do you envision using this with your practices?

Exercise 2 (30 minutes total)
Have learners practice creating a provocative proposition. (20 minutes)
1. Ask learners to break into groups of three-to-five.
2. Ask each group to identify someone to play role of facilitator.
3. Have each group to create a provocative proposition for their ideal PF training program using the process described in this module.
4. Ask each group to develop a skit that "acts out" their provocative proposition or to create a drawing that illustrates it.
5. Have each group present their skit or drawing to the rest of the class.

Discuss the experience. (10 minutes)
1. After all skits and drawings have been shared, ask each learner to share one lesson learned about working with a group to create a provocative proposition that they can use in their work with practices.

After the session. Ask the learners to prepare. (2 hours)
1. A presentation that they can use to introduce a practice to AI.

Optional post-session activities for learners
AI is a complex approach to organizational change that requires more than this module to master. There are certification programs available for PFs who would like to develop additional competencies in this area. Some places to look include:
Case Western Reserve
http://weatherhead.case.edu/executive-education/certificates/appreciative-inquiry
The Center for Appreciative Inquiry
http://www.centerforappreciativeinquiry.net
Appreciative Inquiry Commons
http://appreciativeinquiry.case.edu/intro/default.cfm

Module 9

"The significant problems we face cannot be solved at the same level of thinking that created them."

—Albert Einstein

Appreciative inquiry (AI) is an approach to organizational improvement that focuses on identifying organizational strengths and leveraging them to create system-wide change. AI builds on the idea of positive deviance or focusing on what is working rather than what is not working, and on the use of inquiry to drive change. It offers an alternative to traditional, problem-focused models of organizational improvement that start with identifying organizational problems and weaknesses, and develop interventions to eliminate the weaknesses.

AI emphasizes the important role of questions and language in the change process. It suggests that one of the most important roles of a change agent is to construct and ask affirmative questions. Affirmative questions lead to appreciative discourse and focus organizational work on collective strengths and desired outcomes. The questions determine how an issue is framed and understood, and this information becomes the foundation for the transformation work. If the questions are poorly formed or hastily considered, the ensuing work may lead to unintended or unhelpful outcomes. If the questions are well formed, and well considered, the ensuing work is more likely to enhance motivation for change and produce desired goals (Ludema, et al., 2003).

This module will introduce you to AI and its primary method, the 4D cycle and suggest ways you might use it to support practices' efforts to improve patient care. Knowing the core AI principles can broaden your understanding of human organizing and organizational change. This enhanced understanding may translate into practical ways of introducing, framing, and motivating positive organizational change when using a variety of improvement approaches.

After completing this module, you should be able to describe AI to a practice and introduce elements of the AI approach into your work with practices. However, this module is not intended to make you proficient in the use of AI as a practice improvement approach. You will need to consult the resources mentioned in this module, and obtain additional training to build enough proficiency to use AI as your primary approach to improvement work.

The Basics of Appreciative Inquiry

Appreciative inquiry has its roots in the positive psychology movement that began in the 1980s and is grounded in "hope theory," which posits that people are most likely to change when they have: (1) an elevating purpose, (2) a sense of collective confidence to accomplish it, and (3) a set of practical steps for moving forward (Hammond, 1998; Ludema, et al., 2003).

The key guiding principles of AI (adapted from Whitney and Trosten-Bloom, 2010) include:

- Dialogue and words form one's understanding and view of reality.
- Questions create change.

- What we choose to focus on or study, whether the positive or the negative, will determine what we learn.
- Creating images of the future can guide and inspire action.
- Positive questions promote positive change.
- People perform better when given a choice about how and what they contribute.
- Every organization has at least one thing they do well. Focus on finding this and building on this area of "positive deviance."
- What the organization pays attention to will increase, so pay attention to areas where the organization is exceling and seek to expand them.

The AI approach was developed by students and faculty from Case Western University as part of their work to improve organizational effectiveness at the Cleveland Clinic. Since then, hundreds of organizations around the globe have used AI to improve effectiveness and AI has emerged as a new paradigm for organizational improvement (Carter, et al., 2007; Cooperrider, et al., 2008).

Table 9.1 shows how AI compares to traditional problem-focused approaches. The key differences between the two are that AI emphasizes identifying organizational strengths and building on them whereas traditional problem-focused approaches stress identifying and addressing causes of poor performance.

AI interventions can involve all members of a practice or organization and focus on system-wide improvements. Alternatively, they can be used with small groups within a practice, such as the quality improvement team, and focus on more circumscribed changes such as improving diabetes care or patient engagement (Hammond, 1998).

You may choose to take an AI approach with all your practices, or you may decide to use AI as an alternative approach for practices in which traditional problem-focused improvement efforts have failed. AI can be particularly helpful in instances in which practice morale is low, the organizational culture is punitive or not conducive to ongoing quality improvement, or a practice has failed to improve using traditional problem-solving approaches in the past.

Table 9.1. Focus of Appreciative Inquiry compared to traditional problem-focused approaches

Problem Focused	Appreciative Inquiry
Felt or identified "need" or problem	Appreciating the "best of what is"
Identifying root causes underlying problem	Imaging the "possible"
Use of quantitative performance data with limited attention to personal stories	Use of storytelling and personal narrative in addition to quantitative data
Developing solutions to problems	Determining what "should or could be" and pursuing this; spreading positive deviance to other topics/areas
Inclusive process involving individuals from all over practice or small group	Inclusive process involving individuals from all over the practice
An organization is a problem to be fixed	An organization is an asset to be appreciated and engaged

Adapted from Ludema, et al., 2003. Reprinted with permission.

Figure 9.2. AI compared to traditional problem solving
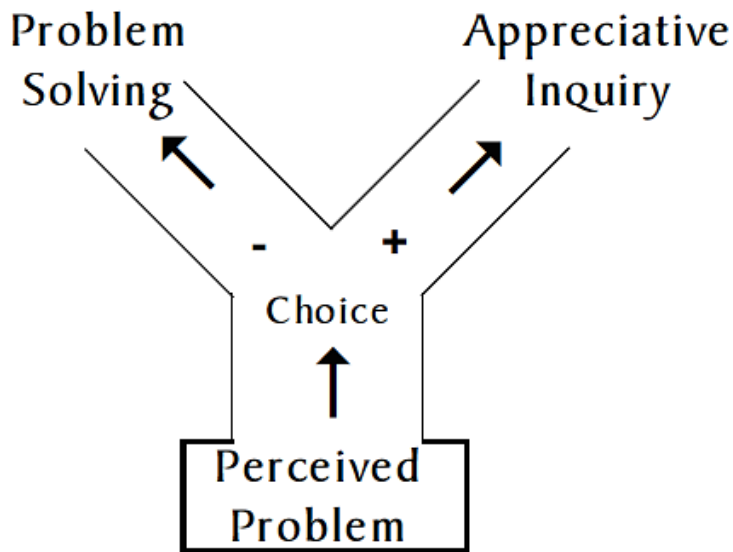
Reproduced from: Taylor J. An introduction to Appreciative Inquiry. Rolyat Corp. Red Deer, AB.
https://appreciativeinquiry.champlain.edu/wp-content/uploads/2016/01/Rolyat-Corp.-Intro-to-AI.pdf

Appreciative Inquiry Process

"Appreciative inquiry gets much better results than seeking out and solving problems. We concentrate enormous resources on correcting problems… but when used continually over a long time, this approach leads to a negative culture and a descent into a paralyzing sense of hopelessness. We can't ignore problems, we just need to approach them from the other side."

—Thomas H. White, President, Telephone Operations, GTE Wireless

(quoted in Ludema, et al., 2003)

The first and most critical step in the AI process is to identify the focus for the improvement work that will be undertaken. In AI terminology, this is called the appreciative (or affirmative) topic. The appreciative topic must be strategic for practice goals, attractive to practice members and key stakeholders, and motivational and engaging. Examples might be "Revolutionary Customer Response" or "Magnetic Work Environment" or more expansive topics such as transforming to a patient-centered medical home. Good topics are bold. They are a stretch beyond the status quo, they are desired, and they use energizing words (Carter, et al., 2007; Misak and Carter, 2010).

The appreciative topic is identified through discussions with practice leadership, staff, and other key stakeholders about the organization's goals and the problems it is experiencing. In a practice setting, appreciative topics are analogous to goals in more traditional improvement models, but should be positively worded, compelling, and something that the organization wants to change and considers a priority (Carter et al., 2007).

After the topic is identified, the next step is to **develop it into a positive question that stimulates discussion and reflection.** For example, "How can we develop a comprehensive diabetes care program that consistently exceeds quality performance measures and also creates a positive, engaging experience for our patients and staff?" (Carter, et al., 2007).

Step 2. Implement the 4D Cycle. The 4D cycle is the main process used in AI. It includes four phases: discovery, dreaming, designing, and destiny. Figure 9.3 depicts the phases, their relationships to each other, and a sample of methods used during each phase. The four phases of the 4D cycle can be carried out over the course of an organizational retreat, or during 5 to 10 shorter sessions. The AI retreat is the preferred method. The shorter sessions lose momentum and require rebuilding the positive energy at each session (Ludema, et al., 2003). The rest of this section provides a more detailed description of each stage in the cycle and suggests useful tools you can use to help your practices move through these stages.

Each step of the 4D cycle has a particular focus:

- **Discovery:** Determining "best of what is"
- **Dream:** Imagining what "could" be
- **Design:** Co-constructing what "should" be

- **Destiny:** Empowering, adjusting, innovating to bring the "should" into reality and sustaining it

Figure 9.3. The 4D cycle and methods

The 4D Cycle and Methods

Appreciative Interviews
Practice assessment

Discovery
Surface individual & collective motivation & meaning
-Paired shared peak experience stories
-Group sharing of energizing words

Destiny
Learning from reflection/action cycles
-Report from small groups
-Plan action learning
-Start to identify questions for next AI

Appreciative Topic
Framing the AI focused on local needs & project opportunities

Dream
Visioning a transformed practice
-Small group visioning
-Practice of the future
-What does it look/feel like?

Design
Planning the feasible first steps
The smallest change that makes the biggest difference
-Small group presentation of visions
-Prioritizing developing ownership
-Identifying small groups to begin plan, do, assess cycles

Planning/Action teams:
Plan, Do, Assess
Link to Instrumental resources & partners

Prepare skits & schematics
Post drawings of the practice of the future on the wall
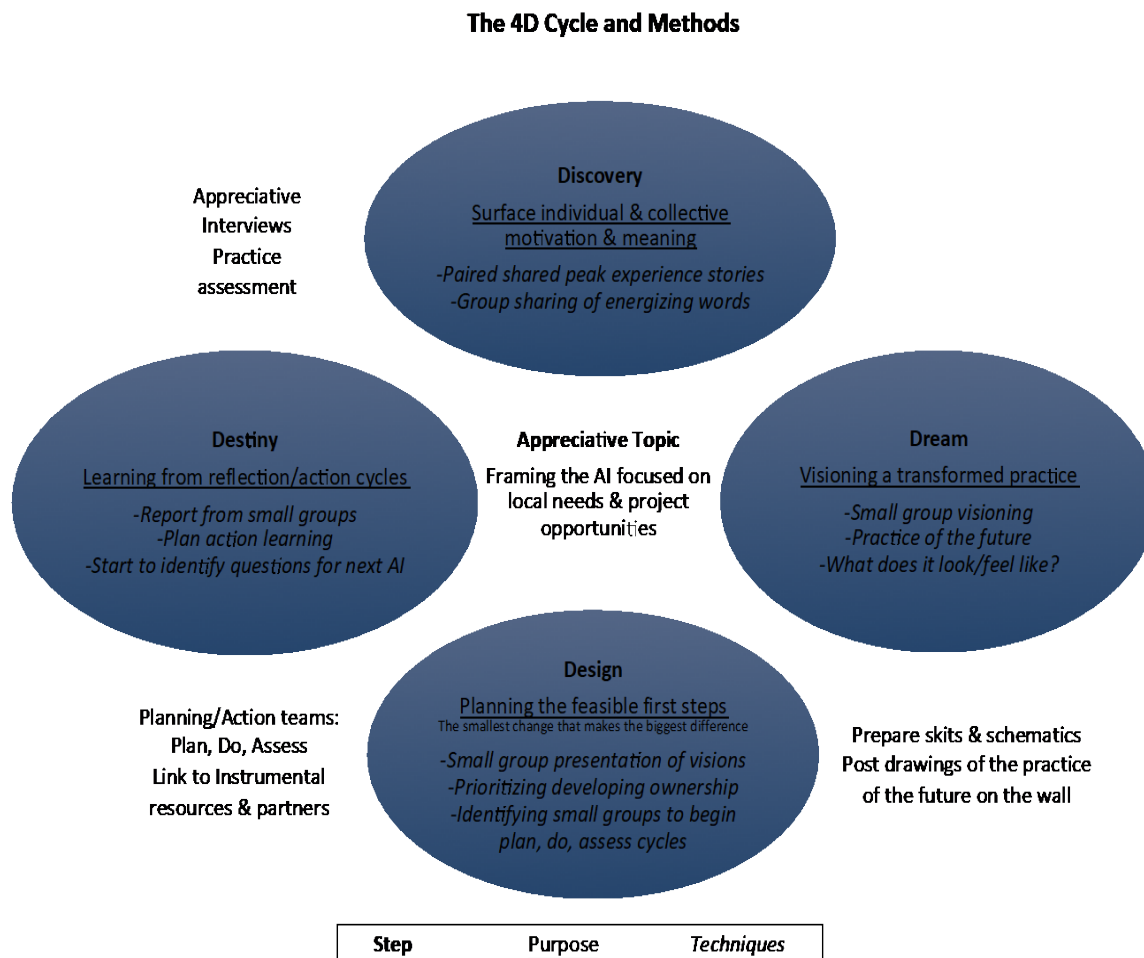
| Step | Purpose | Techniques |

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.

Source: Carter, et al., 2007; Ludema, et al., 2003. Reprinted with permission.

Step 1. Discovery. Discovery is the data collection phase of the 4D cycle. It focuses on a search for the "best of what is." This includes identifying areas of strength for the organization and factors that energize it (Cooperrider et al., 2008).

As a practice facilitator (PF), you can use traditional performance data as part of the discovery process. In these instances, the starting place will be those areas where the practice is performing the best or shows clear strengths. Root cause analyses of these data (see the Root Cause Analysis Module 11) would focus on identifying the factors that are contributing to these successes.

At the heart of the discovery phase in AI, however, are individual narratives or stories. AI emphasizes that a "narrative-rich" environment is necessary for change to occur. This means an environment where storytelling and qualitative information emphasize an understanding of the

practice and its goals, instead of just focusing on numeric data. Thus, AI focuses on gathering compelling stories from staff and clinicians. These stories help identify the strengths of the organization as well as the root causes for areas of success. They serve as inspiration for individuals as they identify changes they would like to make in the organization. They also engender hope and energy. An underlying assumption in AI is that good, detailed stories help participants see the possible in what seems to them at the moment to be impossible (Ludema, et al., 2003; Whitney and Trosten-Bloom, 2010).

Gathering stories. In working with a practice, you can gather these stories through interviews with individuals from all parts of the organization. Individuals across the organization and key stakeholders can interview each other. It is preferable to interview someone that you do not routinely interact with or work closely with; for example, a clinician might interview a front desk person or a medical assistant might interview an administrator.

In the AI framework, the types of questions asked set the direction for everything to follow. They determine what individuals will focus on over the course of the intervention. To be consistent with the strengths-based approach of AI, questions should be worded affirmatively. The "art" is in crafting effective questions. Well-constructed interview questions stimulate constructive storytelling from the interviewees, as well as reflection and learning from positive past experiences (Cooperrider, et al., 2008; Ludema, et al., 2003).

Examples of typical AI discovery questions (adapted from Ludema, et al., 2003; Whitney and Trosten-Bloom, 2010) include:

- Tell me about your past experiences with this practice. What brought you to work here? What did you like about the organization? Why do you stay? What keeps you showing up day after day?
- What do you value the most about this practice, the organization, yourself (or your care team) and the work you are doing here?
- I'd like you to think back and remember a time when you and your care team were operating at your very best. What do you think produced that level of performance? Can you tell me a story about a particular time your team was functioning at its best? Tell me with lots of details—like it is a movie script, so I can "see it."
- Tell me about what patients experience at your practice. Can you remember a time when your team went the extra mile to improve a patient's experience? Tell me about it. What made this possible? What did you do? What did your team members do? What did others in the organization do? What other factors in your organization made this possible?

Direct observation. Direct observation is another source of information for AI. As a PF, you can carry out direct observations of the practice to develop a greater understanding of the organization. Consistent with the AI approach, your observations should focus on identifying organizational and individual strengths and areas of effective functioning (Ludema, et al., 2003; Whitney and Trosten-Bloom, 2010). For example, you might follow a patient through a visit to observe staff and care team interactions with him or her.

Additional ways to gather information. Below are more ways to gather information on organizational strengths. Further information about each of these techniques can be found in the resources provided at the end of this module.

- Convene small groups of staff, clinicians, and patients to discuss "who are we at our best?"
- Create "positive core maps," which involve convening a group to map out the strengths, hopes, possibilities, relationships, alliances, and other assets of the organization.
- Conduct a continuity search, by working with a group to develop a timeline of industry, environmental, organizational, and individual factors that have sustained the practice over time and are desirable for the future.

(Cooperrider, et al., 2008; Hammond, 1998; Ludema, et al., 2003)

Reporting results of discovery back to the practice. Once these data have been gathered, you can organize the findings into themes and report them to the practice. Performance reports from an AI framework identify practice high points and strengths. Much of the data come in the form of stories, and you can share these using story boards, drawings, or excerpts of text that tell the story well. The reports do not include areas of under-performance or problems observed (Carter, et al., 2007; Misak and Carter, 2010). Figure 9.4 below is an example of an appreciative inquiry interview guide.

Figure 9.4. Example of an Appreciative Inquiry interview guide used during Discovery

Most positive experience of the organization. Tell me about a time when this (practice, team) was functioning at its very best, a 10 on a 1-to-10 scale. A time when you felt the most proud or positive about the work you were doing together. What factors led to this? Who was involved? What was your role? What roles did others play? Describe it to me with enough detail that I can see what happened as if I were watching a movie.

Organizational Values
Tell me what you value most about yourself and the work you do. About your co-workers and what they do? Your practice leaders and what they do? Your patients and what they do?

Resilience. If you had to name one thing that has helped (you, your team, and your practice) make it through difficult times, what would that be?

Three wishes. If you had a magic wand and could make three wishes to change anything you wanted, what would you wish for (yourself, your team, and your practice)?

Adapted from Mohr and Watkins, 2002. Reprinted with permission from Leverage Networks, Inc.

Step 2. Dream. Dreaming is the second phase in the 4D cycle. In this phase, the practice is encouraged to dream or create a vision of what it could be. This means identifying new possibilities for how the organization functions and delivers care. The use of positive questions in the discovery phase focuses practice members on the possible rather than the problem, and

primes them for participation in this phase of the 4D process. This stage focuses on creating a vision of the future but not the actual design or implementation (Ludema, et al., 2003).

As a PF, you can facilitate meetings and discussions that encourage dreaming. Even if you are not leading the full AI intervention, you can incorporate these questions into your traditional improvement work with your practices. Some questions you can pose to participants to stimulate this type of dreaming include:

> *I want you to think about the future of your practice as it could be. Imagine that you have been away from your practice for a year on a trip around the world. You return and you see your practice operating and looking like you always dreamed it would. What is happening? How is the practice different from when you left? Give me lots of details so I can see it, too.*

Some other helpful questions to stimulate dreaming include:

- What does the world need our practice to be?
- What does our city, county, or state need our practice to be?
- What does the local health system need our practice to be?
- What does our community need our practice to be?
- What do our patients need our practice to be?
- What do their families need our practice to be?
- What do area businesses, schools, and so on need our practice to be?
- What are the most exciting opportunities for our practice in the future?
- What inspires us? What energizes our practice?

As the vision is developed, it should be shared with the organization using creative methods such as picturing a visual image, conducting a skit, or writing a poem or a letter to a family member to describe this practice of the future. Creative methods of communication are preferred. At this stage, it is not a list (Carter, et al., 2007; Misak and Carter, 2010).

Step 3. Design. The third phase of the 4D cycle focuses on designing the social, administrative, and clinical infrastructure and processes that are needed to make the vision defined during the dream phase possible. This includes defining and designing the social norms, values, policies, methods, processes, and procedures to realize the vision. Design is about moving a vision into a plan.

During this phase, you will talk with peoples from across the practice. That helps them to define and design this infrastructure. It is critical that all parts of the system are represented in the design. The design phase boils down to answering three main questions about pursuing a vision: what, who, and how.

What? The first question to answer during the design phase is "What?" That is, what are we designing? A new patient care process? A new organizational culture? A new strategic partnership? A new way of delivering care to our diabetic patients? A new way to deliver care as

a team? The answer to this question will guide all the remaining design work. It should be consistent with the practice's overall agenda for change, and with the Appreciative topic identified for its AI process. Note that this step focuses on the content of the design of the intervention, not on selecting the topic for the AI work, which occurs at the beginning of the process.

Who? The second question to answer is "Who?" Who should be involved in these discussions? All members of the practice? A key group of stakeholders? Patients? It is important to include all individuals who will be affected by the changes being considered. In addition, it can be helpful to include individuals with unique expertise or life experience relevant to the changes.

How? The third question is "How?" During the design phase, you will work with the practice to craft "provocative propositions" or design statements for each element of the desired changes. These statements become cognitive bridges between the best of what the practice currently is and what it will become (Carter, et al., 2007; Cooperrider, et al., 2008; Misak and Carter, 2010).

Figure 9.5 is a sample worksheet you can use with your practices to help them craft provocative propositions. Provocative propositions are based in the idea that "Words create worlds." They should be stated in the present tense, grounded in what works, stretch the organization beyond its status quo, and take the organization in the direction it wants to go (Cooperrider, et al., 2008; Ludema, et al., 2003).

An example of a provocative proposition is: South Side Family Health is an organization where patients, staff, and clinicians are constantly learning. Opportunities for learning and for building health behaviors are present in every area of the organization, and in every part of the patient encounter. The organization provides training and resources to its staff, clinicians, and patients that allow them to become exemplars in management of healthy behaviors. It is open to new ideas and innovation and has a way to reflect on these and use them to continually enhance its learning opportunities over time.

Step 4. Destiny. The fourth and final stage of the 4D process is destiny, which is the implementation phase. This stage answers the question "What's next?"

Reflect and celebrate. The first part of the destiny stage involves reflecting on and celebrating the progress made up to this point. It also includes recognizing any improvisational changes that have emerged spontaneously during the AI process (Hammond, 1998; Ludema, et al., 2003; Nace, et al., 2009).

Form innovation teams and start discussions. Next you will help the practice form innovation teams in the core areas identified in the dream and design phases. The teams should be made up of individuals who volunteer based on their interest in the topic. The teams will help move the organization toward its newly defined dream and design. Each team will work with the larger practice to generate ideas for action. You can have as many innovation teams as needed for the changes being considered. Realizing the provocative proposition may require a single team, or several.

A useful question for starting the discussions about implementation is: "What ideas do you have for tangible actions, steps, and activities to bring the design (or design element) into reality?" (Ludema, et al., 2003; Misak and Carter, 2010).

Create implementation plans. The next step is for each innovation team to create an implementation plan. A sample framework for the plan is provided in Figure 9.5. The planning framework should include (Whitney and Trosten-Bloom, 2010):

- Project name
- Purpose or vision for the project
- Team members and the team leadership
- Overview of what, when, where, and how of project implementation
- Short-, mid-, and long-term action items, resources needed, and timeline

It can also be helpful to connect the practice back to the Plan Do Study Act cycle at this point and incorporate this process into the action plan (see Module 8).

Figure 9.5. Planning framework template for short-, mid-, and long-term action items

Project Name/Description		
Purpose/Vision	Group Members *(circle designated "lead")*	
Project Overview *(what, when, where, how, etc.)*		
Short-term Action Plan (2 months)		
Action	*Help Needed*	*Due Date*
Mid-term action Plan (2-12 months)		
Action	*Help Needed*	*Due Date*
Long-term Action Plan (>1 year)		
Action	*Help Needed*	*Due Date*

Source: Whitney and Trosten-Bloom, 2010. Reprinted with permission.

Encourage collaboration among innovation teams. During this stage, it is also important to stimulate sharing and collaboration among the innovation teams so teams do not work in "silos." A useful technique for doing this is to hold a "gallery walk." For a gallery walk, each innovation team works together for one or two hours and completes the implementation plan using the template above or a similar format (Ludema, et al., 2003).

One person from Team A stays behind to present the plan to members of other teams. Other Team A members then visit Teams B and C to listen to their presentations. All teams then give feedback on each presentation by writing responses on a flip chart or color-coded index cards available at each presentation. You can use prompts for the feedback such as:

- What I love about the plan is…
- Ideas to strengthen the plan are…
- Potential redundancies with other plans are…
- Available resources are…

Each presentation lasts 15 to 20 minutes. The presenters for each team repeat their presentation several times until all representatives from the other teams have had a chance to attend.

After completing the rounds, members return to their teams, discuss what they learned, talk about the feedback received on their own implementation plan, and discuss possible changes to their plan to improve it based on what they learned and the feedback they received (Ludema, et al., 2003).

Promote continued collaboration. As the innovation teams work to implement changes, the practice leadership will need to provide support to help them carry out their work and to help them collaborate with other teams. This can occur through electronic resources such as project management systems and cloud-based document storage and exchange, through regular "all-team" meetings, and through recognition and celebration of the work the teams are carrying out (Ludema, et al., 2003).

In addition to driving specific improvement work in a practice, AI can also be used to help the organization increase its capacity for continuous improvement. Ideally, you can work with the practice leadership to introduce the strengths and best practices-based paradigm of AI to all areas and activities of the practice. Whitney, et al., (2013) suggest that AI builds change capacity in an organization by stimulating the conditions needed for individuals to engage meaningfully in the change process. These include what Whitney, et al., (2013) describe as the six freedoms. These are freedom to:

- Be known in a relationship
- Be heard
- Dream in community
- Choose to contribute

- Act with support
- Be positive

Implications of AI for Practice Facilitation

AI can be used successfully in PF interventions. It is similar in spirit and methods to best practices research or positive deviance approaches to identifying and spreading exemplar practices. It also shares some similarities in spirit and approach to motivational interviewing. Whereas, AI places particular emphasis on stimulating narrative and storytelling, most PF data collection tools and methods can be used as part of AI, with some significant changes.

For example, you can reframe many existing techniques to incorporate AI approaches.

- For analyses of performance data: focus on identifying strengths and exemplary practice, rather than on identifying problem areas.
- For root cause analyses: focus on factors that contribute to successful performance, rather than factors that contribute to poor outcomes.
- For fall-out analyses: examine cases where the patient "fell out into exceptional care" rather than cases of failed processes.

In addition, you can use new methods, such as interviewing individuals about their "high points" and analyzing these interviews to identify strengths for the practice.

AI is not just a set of methods but rather an entire paradigm about what enables organizational change. Therefore, it is difficult to do a partial AI intervention. As a PF, it will be important to determine early on whether you will take an AI approach. If you opt to do so, be prepared to provide several trainings for practice leadership to help them understand how AI differs from traditional improvement approaches and ensure their buy-in.

Summary

Appreciative Inquiry is a strengths-based approach to organizational improvement that offers an alternative to traditional problem-focused approaches to improvement. It can provide an alternative approach to working with practices. You may choose to adopt the AI model as your primary method for working with practices. Or, you may choose to use it when more traditional approaches have failed or where punitive organizational culture makes improvement work difficult or impossible.

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