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Emberson J, Moore J, Badgett RG. A summary meta-narrative from positive deviance and similar qualitative studies that contrast clinician styles stratified by positive versus other outcomes. [add date of your download]. Available at <https://ebmgt.github.io/clinician_culture/> .

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| **Table.** A summary meta-narrative from positive deviance and similar qualitative studies that contrast clinician styles stratified by positive versus other outcomes. | | |
| **Setting** | **Positive outcomes\*** | **Other outcomes\*** |
| **Collaborative work** | **Promotion, and advocacy** | |
| “Passion on the part of physician leaders to continually hit that mark and for the best outcomes…”1  “medical staff organization factors as involvement of the medical staff president with the hospital governing board, overall physician participation in hospital decision making, … are positively associated with higher quality-of-care”2 | “Physician presence in championing…quality improvement efforts was weak”1  “[T]here’s not enough physician leadership on the committee”1  “You should remember: I don’t care about any patients but mine”3 |
| **Meeting** | |
| “**frequency of medical staff committee meetings** … are positively associated with higher quality-of-care”2 | “It's just recently that we're able to find out which physicians are not following the guidelines… and we're finding that it's our [private] hospitalists that are more of the culprit. And those are the hardest group that we have not been able to get into a room to have conversations with…**they don’t have regular meetings**.”4 |
| **Group decision making** | |
| “Physicians and non-physicians alike commented on the levelling effect of working together in the coalition, with more equitable participation and engagement among members, who grew more unified as a team. In one hospital, the coalition set a new tone for risk-taking and working on the ‘leading edge’, even if some ideas were not successful.”5  “Our physician champion, has been much more willing to say, ‘I don’t know,’ and rely on other people, which is something that I don’t think he necessarily did a while back.”5 | “There is still this deference to authority…we tend to put our physicians up there…‘our physician said it should be, so it should be.’”5  “Opportunities for creativity were constrained by deference to hierarchical relationships; non-physician staff yielded too readily to physicians and physicians showed limited respect for diverse expertise.”5 |
| **Clinical work** | **Receptivity to clinical suggestions** | |
| “…Nurses know that they are 100% supported, all the way up to the top of the organization, that they are empowered to call rapids regardless if they’re being told not to call a rapid [response]…”6 | “…A lot of them are afraid to call the physician. So sometimes the physician would be angry that they called a rapid response…”6  “Truthfully, I’m not going to lie. There are times where I see stuff that’s wrong and I’m just like, forget it… if it’s not going to hurt anybody…if it was a couple of [antibiotic] days.”4  “You know…one of them when I call, gets very angry and seems quite put out that I am talking to [them] in the first place.”4  “I gave you orders, and what are you calling me again for?”1 |
| **Collaboration on clinical care** | |
| “Clinicians frequently discuss difficult cases to solicit the opinions and insights of their colleagues.”7 | “Providers...tended to practice without the benefit of their colleagues’ opinions.”7 |
| **Notes:**  \* Other outcomes include measures of team performance in the study by Hu3 and tactics previously associated with clinical outcomes at the organizational level by Curry5.  This file, with links to references is available at <https://ebmgt.github.io/clinician_culture/> .  [Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0)](https://creativecommons.org/licenses/by-nc/4.0/) | | |

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