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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** | **Participation, 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, frequency of medical staff committee meetings … 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 |
| **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.”4  “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.”4 | “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.’”4  “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.”4 |
| **Clinical work** | “…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]…”5  “Clinicians frequently discuss difficult cases to solicit the opinions and insights of their colleagues.”6 | “…A lot of them are afraid to call the physician. So sometimes the physician would be angry that they called a rapid response…”5  “I gave you orders, and what are you calling me again for?”1  “Providers...tended to practice without the benefit of their colleagues’ opinions.”6 |
| **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 Curry4.  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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