

## **Appreciative Inquiry: a discovery tool to facilitate change**

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### **Background and need for the innovation**

A Fellow of the PSG-FAIMER Regional Institute Coimbatore, India, an ardent mid-level faculty member in a medical school in the Asia region who was interested in improving the quality of medical education in her country, lamented that she was finding it tough to convince the Deans of the medical schools of the practicability of using WFME Standards to improve the quality of medical education. This was in spite of the fact that the national language version of the WFME Global Standards for Basic Medical Education was already available on the WFME website.

Perhaps she was considered “junior” to them and so hierarchy came in the way of accepting her in facilitating change. Another factor that could have hindered acceptance of WFME standards was the perception that “Global” Standards were being imposed on their country. The PSG-FAIMER Regional Institute was requested by her to design and organize a workshop for the Deans and academic leaders in the country to make them receptive to the idea and move forward using their academic leadership skills.

### **The innovation**

Among the many ways of curriculum planning and change management learned at the FAIMER Institute in Philadelphia, we recognized the value of Appreciative Inquiry which draws on discovery of past experiences of good practices that have already worked in similar settings. Hence we designed a workshop that involved a high engagement interactive exercise drawing on the participants’ experiences in their respective medical schools. Ice-breaking was achieved by seating the participants in a circle and priming them about the power of telling stories in the “learning circle” exercise in which the participants read out moving stories from a handout.

The participants who were Deans and senior academic leaders of the country were then taken through the discovery phase of an “Appreciative Inquiry exercise” in dyads (pairs) in which they shared their “stories” of the good practices in specific areas of quality improvement (using the WFME nine-area framework) that they had observed as working well in their own medical schools where they were Deans, or which they observed being practiced by Deans when they were faculty members or students. They then shared their experience in small groups which helped them to list the do-able practices that emerged through group-work. This list was consolidated further when the small groups reported out to the larger group and the larger group voted for the “Top ideas” which were do-able in their medical schools.

This was then followed by a group-work session in nine groups, each of which deliberated on one of the nine WFME area-wise standards. Presentation by each of the nine groups of their area-wise action plans to the larger audience resulted in their receiving collective inputs and ratification from the larger group thereby making the resulting output a consensus document of Recommendations/Action Plan for implementation of Quality Improvement Standards in their country for all the nine WFME areas of standards for quality improvement.

### **Outcome of the innovation**

By the end of the workshop, the participants experienced the power of appreciative inquiry as an academic leadership tool for discovering what was already working in their country and were able to prepare a document titled “Recommendations by Deans /Academic Leaders for implementing Quality Improvement Standards in the country” using the nine areas of WFME standards as a framework for guidance. These good practices were already being followed in the country but were not yet identified by a critical mass of policy-makers and change managers such as the Deans.

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When they were taken through a structured discovery process as part of the appreciative inquiry exercise, they realized that these good practices for quality improvement as suggested in the WFME standards were already being practiced in their own country. They also realized that these good practices were do-able and had evolved indigenously despite usual constraints of faculty time and resources.

Hence, it was felt that the document which has emerged was less likely to face resistance in accepting WFME standards on the basis of it being an “outside imposition” arising from the “evil forces of globalization”. Thus it came as no surprise when the feedback received from the

participants indicated that they “strongly agree” that the workshop content was applicable and practical.

### **Further Reading**

Wikipedia (2009) *Appreciative Inquiry* [Online] Available at: [http://en.wikipedia.org/wiki/Appreciative\\_inquiry](http://en.wikipedia.org/wiki/Appreciative_inquiry) [Accessed 15 January, 2009]

WFME (2003) *Global Standards Basic Medical Education*. [internet] Denmark (published 2003) Available at: <http://www2.sund.ku.dk/wfme/Activities/WFME%20Standard%20Documents%20and%20translations/WFME%20Standard.pdf> [Accessed 15 January, 2009].