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Appreciative Inquiry

An Innovative Initiative for Continuous Improvement in Doctoral Education

In 1998 the Lienhard School of Nursing, College of Health Professions, Pace University implemented formal quality improvement initiatives. Several faculty familiar with the work of Cooperrider and Srivastva recognized that Appreciative Inquiry offered a new lens for nursing education, practice and QI. This article is a case story of AI as an innovative initiative for continuous improvement in doctoral education in the creation of a new health care system in the United States.

In 1998 the Lienhard School of Nursing (LSN), College of Health Professions, Pace University implemented formal quality improvement (QI) initiatives geared toward collecting data that would be used to improve and enhance the student experience as well as a method of meeting United States accreditation standards for universities, and for health care programs. The LSN is accredited by the Commission on Collegiate Nursing Education (CCNE), and Pace University holds national collegiate accreditation through the Middle States Commission on Higher Education.

In 2005 the graduate faculty, following the recommendation of a task force that was charged with assessing the feasibility of developing LSN's first doctoral program, boldly determined to embrace the development of the newest recognized doctorate in nursing, the doctor of nursing practice (DNP). The DNP is a clinical doctorate which prepares the registered professional nurse from clinical practice in the direct or clinical role in one of the four advanced practice roles – nurse practitioner, nurse midwife, nurse anesthetist or clinical nurse specialist; or in an indirect role to support clinical practice.

An opportunity for creativity

Developing a new program is an opportunity for creativity. As pioneers, developing a program for a new DNP degree designation called upon a faculty to be creative and brave on the frontier of DNP education and practice. Several faculty familiar with the work of Cooperrider and Srivastva (1987) and who had learned to practice

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Appreciative Inquiry (AI) recognized that AI offered a new lens for nursing education, practice and quality improvement. Studying the ongoing work of Cooperrider led to further exploration on the quest for a new model of assessing the ongoing development and improvement of our DNP program and brought us to the work of Preskill and Catsambas (2006).

AI is a way of bringing about positive change in human systems as well as a way of being in and seeing the world. The model is constructionist-based and asks one to discover the best of what is, to dream and imagine what might be, to design and dialogue what should be, and to create the destiny of what will be. This article is our case story of AI as an innovative initiative for continuous improvement in doctoral education as we contribute to creating a new health care system in the United States.

Traditionally, nursing and health care have been framed by a problem-oriented approach. The goal is problem identification to be able to intervene and “fix” the problem. While it may be argued that this approach can have great utility in the diagnosis and treatment of health conditions, in health care it has led to looking for what is wrong. Faculty grew up in this model, as did those who would be DNP students. In fact, the DNP program was to begin as an advanced standing program for family nurse practitioners who already had a master’s degree in nursing and advanced nursing practice experience; thus making the DNP students serious “problem hunters”. Furthermore, these nurses were returning to school to complete the DNP to advance their practice to address the plethora of “problems” in health care, from access and delivery of care to scope of practice, for advanced practice nurses.

Faculty [chose to] practice a ‘quest for quality’.

Evolving to “quest for quality”

Faculty knew from their own practice experience that indeed there is room for improvement in health care, and also recognized that there are a multitude of good practices with good outcomes occurring every day. Faculty began this journey with discovering the best of what is and discussing the value of educating ourselves and our students to acknowledge the “problem hunter” tradition and to see the value in and to choose to reframe and practice a “quest for quality”. It was clear that AI offered this framework and that faculty were genuinely interested and committed to this practice as a new model for the DNP program.

As the LSN QI program evolved, the AI framework was introduced to the faculty and implemented in 2008, with the new DNP program as a curricular thread, and a method of program evaluation. In order for faculty and students to embrace and internalize this model, education activities mirror the principles of AI, content supports the AI model, and program evaluation tools are fashioned within the AI framework.

For example, in orientation students are introduced to AI, and in an early course AI is presented as a framework for a way of knowing. Faculty are supported in understanding and practicing AI through faculty development initiatives.

As the new DNP program developed ... AI was threaded throughout the program.

Laying the groundwork

As the new DNP program developed and courses were implemented, AI was threaded throughout the program. This laid the groundwork for DNP scholarly projects in which teams of students guided by faculty mentors in partnership with clinical agencies collaborated on evidence-based clinical practice improvement projects. The projects begin within the AI framework by asking the clinical agency mentors what they are doing well, in the area in which they are interested in an improvement, and what they would like to do better.

The AI practice of faculty and students follows the “4Ds” of AI: Discover, Dream, Design and Destiny. Through this practice we have co-created the destiny of the DNP program which reflects a program that translates evaluative evidence into practice for ongoing program improvement, role models the AI process and practice for students who bring this to their professional practice, and informs faculty about the value of AI for current and future programs.

Some examples of how the AI model guides us include: continuous QI for the program; bringing AI to scholarly doctoral projects in partnership with clinical practices; and reflective practice for students for their own professional practice destiny.

Continuous quality improvement

Students are asked to assess the program and courses during and at the end of each semester. The assessment information is reviewed by the program director to see what is going well and which areas can be improved. The program director and course faculty meet to discuss the course and faculty assessment at the midpoint of the semester and the end of the semester. The program director brings the aggregated information on the program and courses to the DNP faculty to review the assessment information and plan for ongoing improvement.

The program director also meets with each cohort of students after the mid-semester assessment and prior to the end of semester assessment to have an opportunity in person to ask, “What is going well, and what are areas for improvement?” and to present themes from the aggregated mid-semester assessment.

Continuously adjusting destiny

This process is more “appreciative” and engaging than other, traditional methods of problem solving or continuous improvement in its positive approach and in its open and broadly engaging way of gathering and sharing feedback from the perspectives of faculty, staff and students in the program. This opens a dialogue to better understand what is going well and areas for improvement, and from this discovery, to dream and design together to continuously adjust the program’s destiny.

One example that created a new program destiny came from the faculty decision to have multiple faculty experts share a course. While faculty believed this would enrich the students’ learning, and the students appreciated this, the students also found it confusing with multiple sets of faculty perspectives and expectations. The students

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identified that less is more, and recommended having one lead faculty and up to one additional faculty to lead each course. This recommendation has been in place from the early days of the program and has shown an overall improvement for students in knowing what the expected outcomes are for the course and how to meet those outcomes.

Bringing AI to scholarly doctoral projects in partnership with clinical practices

Another example of "walking the walk" is the use of AI to frame the DNP projects. The projects begin with the student team conducting an organizational assessment of the practice where the project will be developed. Some of the questions used by the teams to set the stage for the projects include:

- What do you value most about the practice?
- What has been your greatest achievement in this practice?
- What factors have contributed to these successes?
- What are three wishes that could improve this practice?

Reflective practice for students for their own practice destiny

Pace's graduate program is committed to reflective practice, and identifies and recognizes the centrality of reflection to Appreciative Inquiry. Embracing the work of Schon (1983), reflective practice is a foundation and a thread across the DNP program. Prior to orientation, students are asked to write their philosophy of practice and to establish an electronic portfolio. Students reflect on their learning, personal growth and affective change. Students are asked to discover/select what is best in their learning by responding to the following prompt:

"Reflecting on your philosophy of practice, show an understanding of how you see your own growth in your practice through knowledge from the course and one or more of the program pillars – primary health care, culture competence, and evidence-based practice." They are encouraged to dream about what will be, and with their developing knowledge, to design the practice that is their destiny.

The poet William Blake asked, "Does a firm persuasion that a thing is so, make it so?" and he responded, "All poets believe that it does. And in ages of imagination, this firm persuasion removed mountains."

It is our firm persuasion that doctors of nursing practice, in embracing and practicing Appreciative Inquiry, will change health care.

Through this practice we have co-created the destiny of the DNP program to reflect a program that translates evaluative evidence into practice. This informs ongoing program improvement and role models the AI process and practice for students. Faculty develop an awareness of the value of AI for current and future programs at Lienhard School of Nursing, and the students bring this new, appreciatively based assessment model to their professional practice.

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