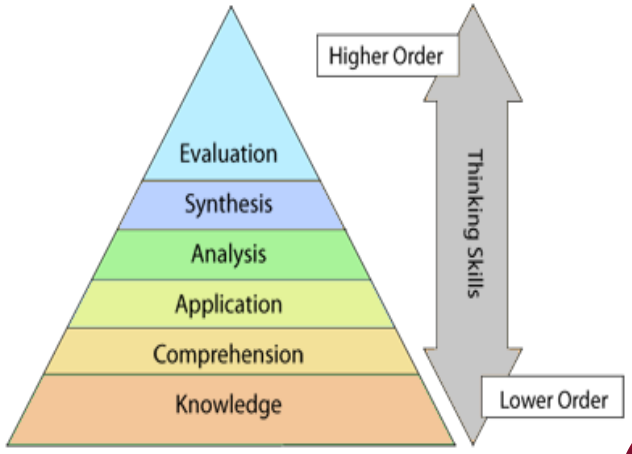
Clinical Governance
with an Appreciative Mindset

Dr Rasnayaka M Mudiyanse

To establish/strengthen clinical governance in Sri Lanka

Clinical Governance is for a change
You need to create change agents



Personal growth

Change agent

Role model and catalyst

Becoming an advocate and facilitator

Professional identity formation

Learning to be competent & become

Transformative education

Learning knowledge / skills

Professional Growth

Change agents are created by recognition of their inner potential

Reflective learning, E portfolio, projects, research

Appreciative

Suggest, Share, Describe, Explain, Reflect, Invite, mentor, project, research

Proactive

Reactive

Threaten, Warn ,Blame, Accuse, Tell, Advice, Counsel, lecture, tutorial, assessment

Anti corruption zest

Sustainable progress is built not by obsessing over our failures, but by recognizing, strengthening, and multiplying our existing strengths.

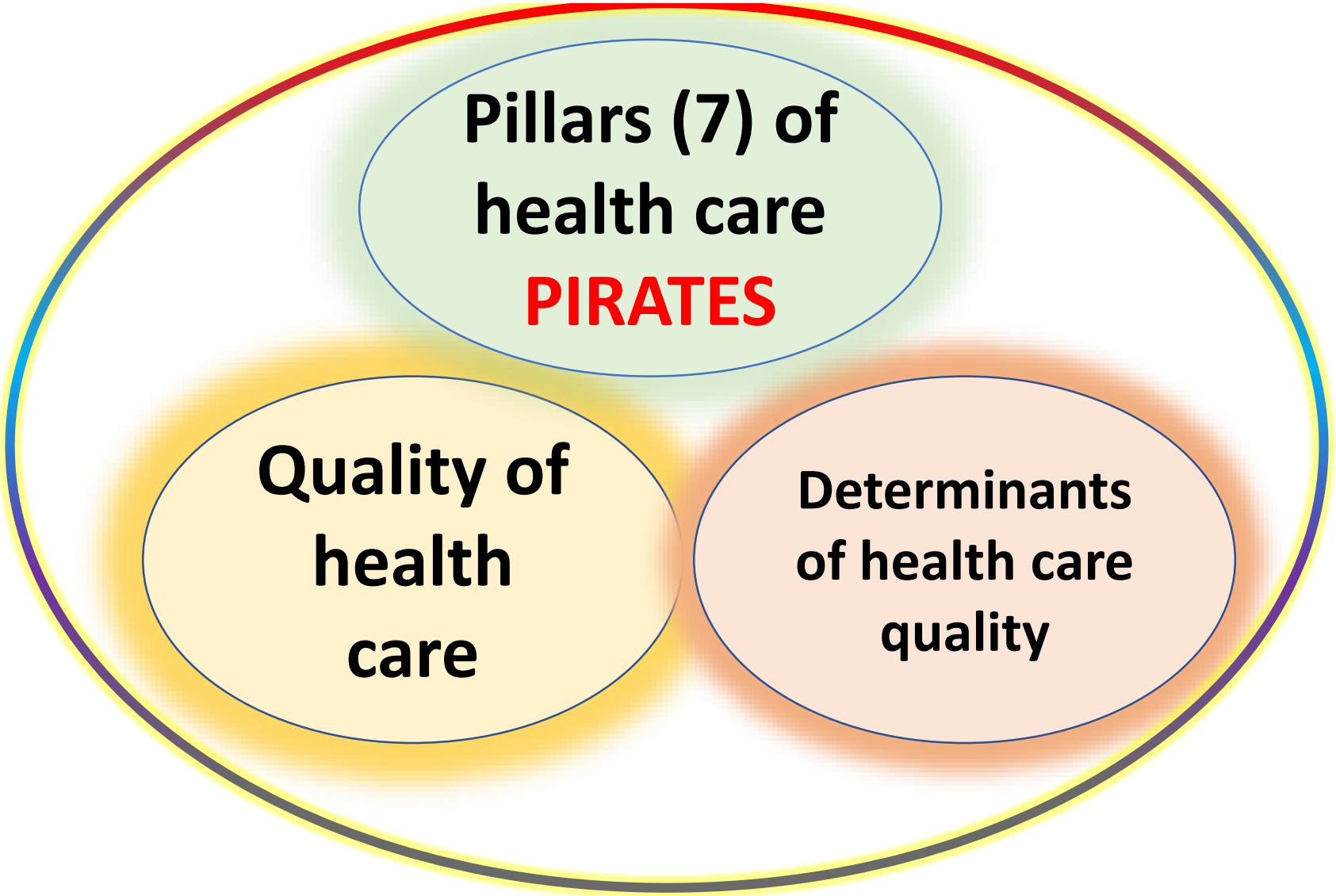
"A framework through which NHS organizations are **accountable** for **continually improving** the **quality** of their services and safeguarding **high standards of care** by creating an environment in which **excellence in clinical care** will flourish."

— G Scally and L J Donaldson 'Clinical governance and the drive for quality improvement in the new NHS in England' BMJ (4 July 1998): 61-65

It integrates these processes to create a culture of excellence, transparency, and accountability, ultimately aiming to provide **HIGH-QUALITY CARE** that is safe, effective, and patient-centered.

Intrinsically motivated empowerment and dedication leading to professional satisfaction

clinical governance
through an appreciative mindset



Quality of Healthcare: A Promise to Society

World Health Organization. *Quality of care: A process for making strategic choices in health systems*. WHO; 2006.

WHO quality of Health care

promise & social contract about progress & excelance

- Effective
- Efficient
- Safe
- People-centred
- Timely
- Equitable
- Integrated

Progressive, Accountable, Transparent, Confident

effective

our interventions will relieve suffering, restore function, and enable people to continue their life journeys toward maximum potential and wellness.

efficient

Not only reducing patient waiting times, but also in how we manage public funds, human resources, infrastructure, and even intellectual capital. Efficiency is an ethical responsibility.

safety

not only for patients, but also for healthcare workers, communities, and the environment. Safety must be systemic, not accidental.

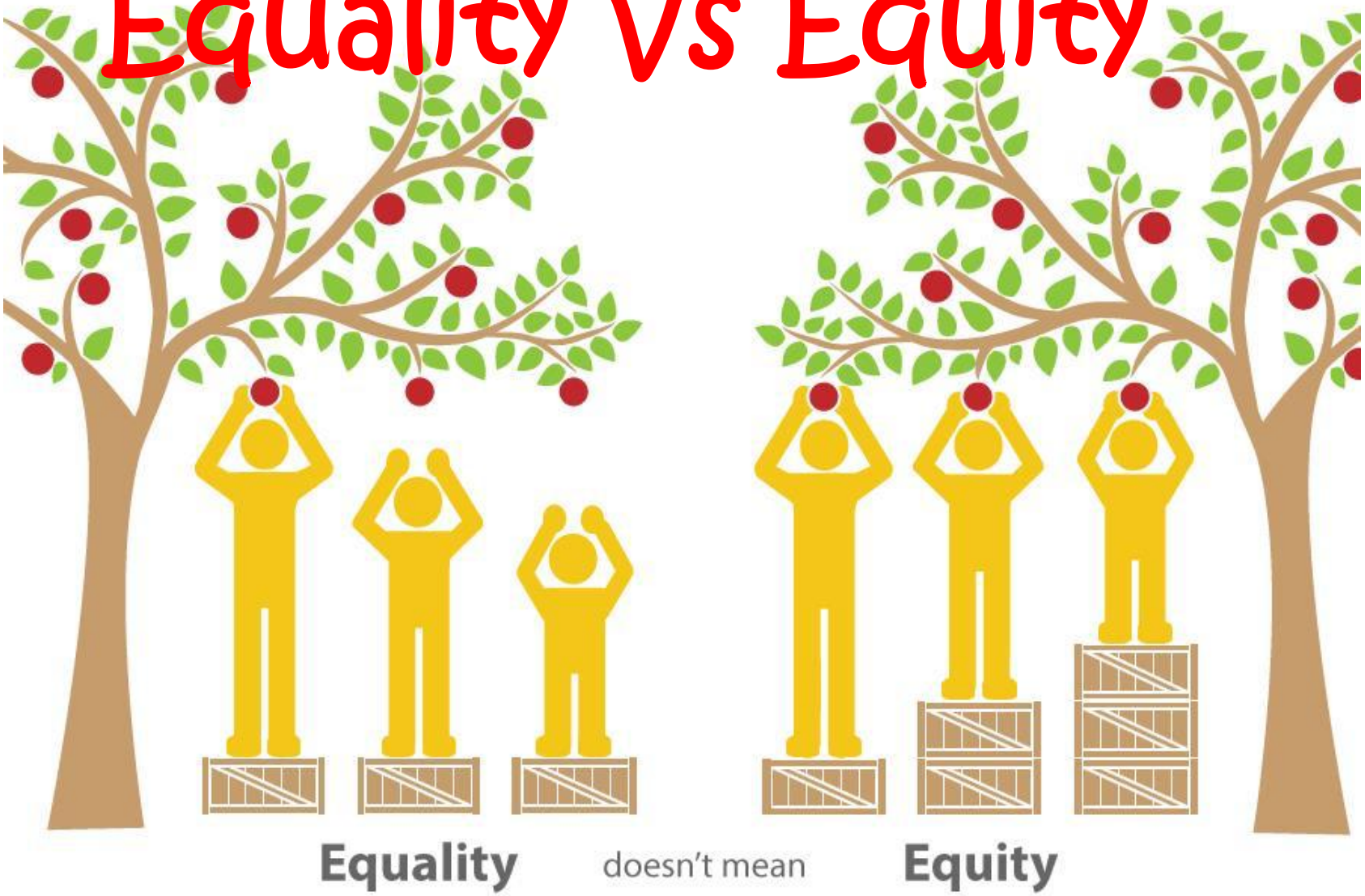
people-centred care

care that responds to real needs, values, and preferences, rather than institutional convenience.

timely, equitable, and integrated

integration that spans the life course and respects complementary systems such as Ayurveda and traditional care practices, when safely and appropriately applied.

Equality Vs Equity



Consider the quantity

Equality Vs Equity

Consider the quality

Determinants of Quality: Structure, Process, and Outcomes

Donabedian A. The quality of care: How can it be assessed? *JAMA*. 1988;260(12):1743–1748.

Outcomes

Outcomes define our targets. Institutions that clearly define standards of care are institutions more likely to succeed.

People dream about a positive outcome are likely to achieve it

Processes

Processes—our clinical protocols, administrative procedures, financial systems, and governance mechanisms—are the most **modifiable determinants** of quality. Monitoring, evaluating, and improving processes is not optional; it is our responsibility.

Structure

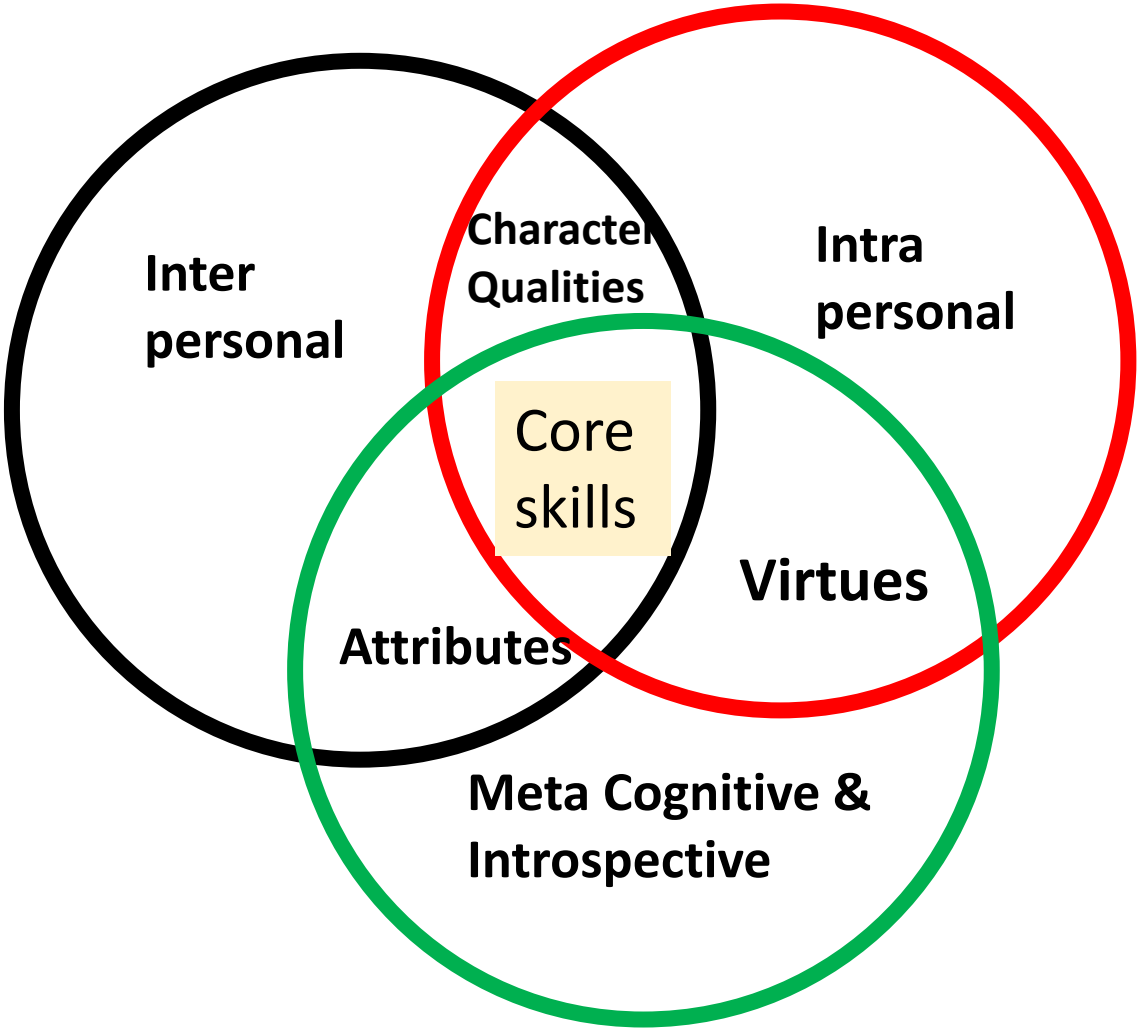
- Structure shapes process, and thereby outcomes. Structure includes both **physical** and **human** elements.

- Physical structures—buildings, equipment, consumables, and information systems—age, deteriorate, and fail without maintenance, upgrading, and timely replacement.

Human structures

- Human structures are even more vulnerable.
- Without care, they too deteriorate
  - not only through skill decay,
  - but through complacency, ethical erosion, and misaligned incentives.
- Digitalization and automation help, but they are not substitutes for **human development**.

Human Structure:
Beyond Competence to Character



1. CORE skills – critical thinking, emotional intelligence, compassions, communication
2. Character qualities; Flexibility, leadership, initiative, adaptability, pursuance
3. Attribute; equity, accountability, social responsibility
4. Virtues; wisdom, humility, integrity, humanity mindful, growth mindset transcendence

Clinical Governance and the PIRATES Framework

Bushe GR, Marshak RJ. The dialogic mindset: Leading emergent change in a complex world. *Organization Development Journal*. 2009;27(1):11–31.

Clinical Governance; 7 Pillars

PIRATES

1 **P**atient, public involvement & PCC

2. **I**nformation and IT

3. **R**isk Management & Patient safety

4. **A**udit, Governance & leadership

5. **T**raining and education (research)and skills assessment

6. **E**ffectiveness of clinical practice

7. **S**taffing, staff management and performance monitoring

Effective, efficient, safe,, supportive, accountable, visible, progressive

Patient-centred care and empowerment

must move beyond dependency toward enabling individuals and communities to realize their wellness potential, especially in the AI era

Information and information technology

provide objectivity, reduce arbitrary decisions, and make quality visible.

Risk management and patient safety

acknowledge that risk is inherent in healthcare. We must mitigate risk, learn from error, and educate society honestly about uncertainty—without excusing negligence.

Audit and quality

improvement should shift from fault-finding to strength-seeking. Audits should uncover potential, not merely deficits.

Training, education, and research

must address not only competence, but professionalism, attitudes, and identity formation.

Effectiveness of services

is the ultimate outcome—dependent on all other pillars functioning together.

Staffing and performance management

are not only about workload and numbers, but about continuous development, fair distribution, and supportive supervision.

Appreciative Inquiry

Cooperrider DL, Whitney D, Stavros JM. *Appreciative Inquiry Handbook: For Leaders of Change*. 2nd ed. San Francisco: Berrett-Koehler; 2008. Bibliographic Reading Notes (Annotated References)

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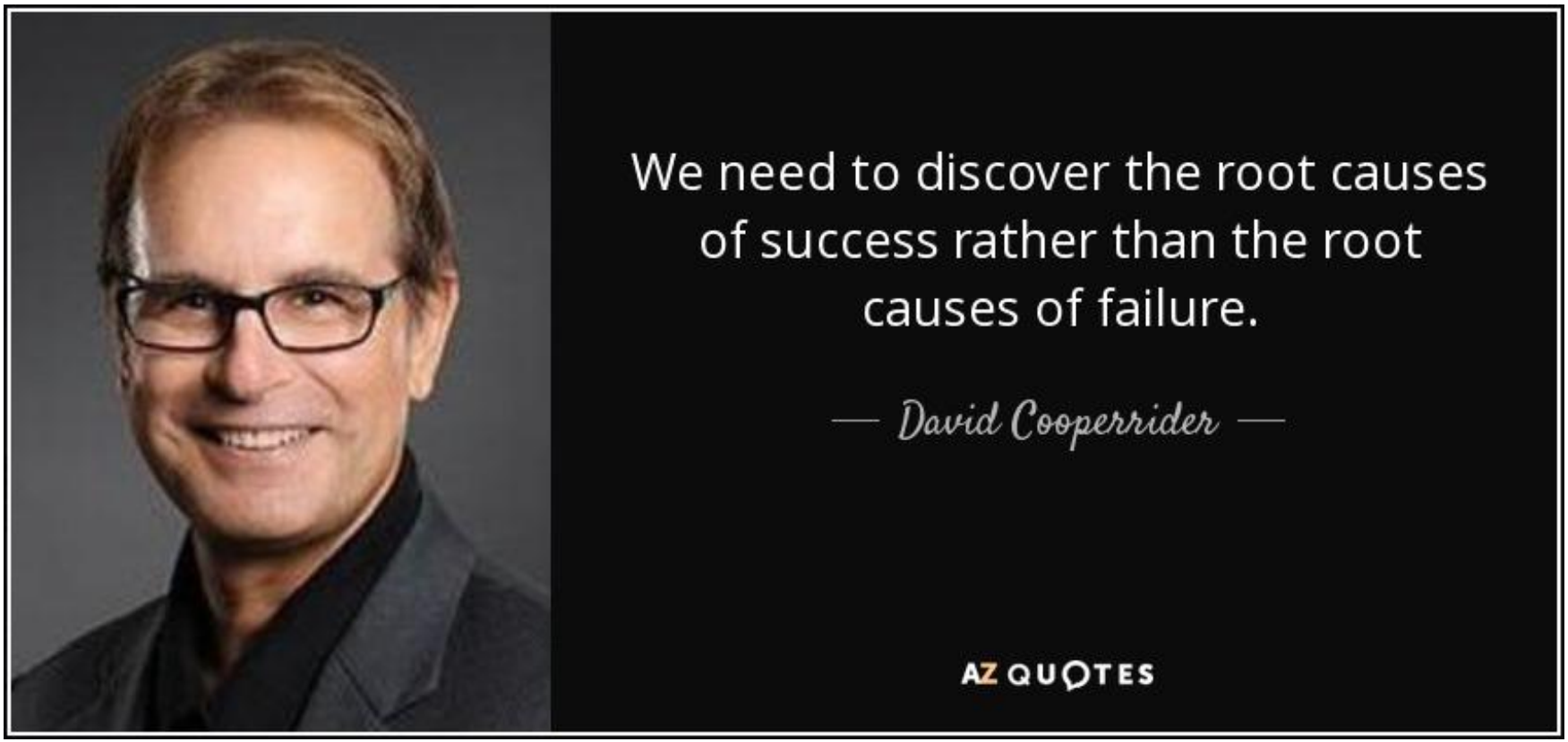
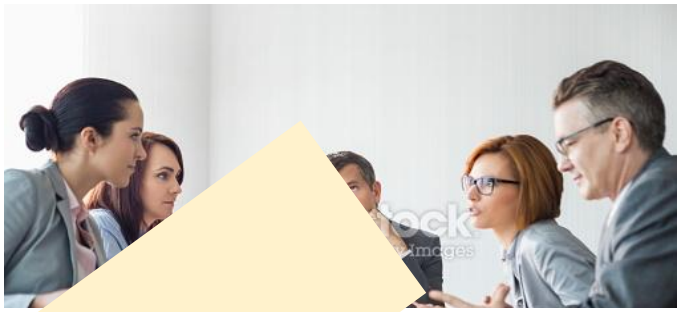
BUILDING ON OUR STRENGTHS

THE NEW SINGLE-SITE ACUTE CARE HOSPITAL


APPRECIATIVE
INQUIRY


amazing
nice
wonderful
gorgeous
great
stunning
good
fantastic
cool
superb
perfect
awesome
excellent
lovely
beautiful


We need to discover the root causes of success rather than the root causes of failure.
— David Cooperrider —
AZ QUOTES



AI	ditional
Strengths	engths
Opportuni	Weaknesses
Aspir	Opportunities
Resu	Threats

SwOARt

Ghosh S, Struminger BB, Singla N, et al. 10.1016/j.evalprogplan.2022.102067. Epub 2022 Mar 10. PMID: 35344796; PMCID: PMC9177619.

Communication for Quality Health Care

Eliminate

- Aggression
- Ignorance
- Humiliation
- Dominating

Appreciate what is prevailing and the potentials in your community

Inculcate

- Compassion
- Listening
- Respect
- Equality

Reactive | **Appreciative** | **Proactive**

Compassion for Quality Health Care

Comfort patients Going beyond duty, Humane care

Eliminate

- Dehumanizing
- Cold emotions
- indifference
- Task only

Inculcate

- Compassion
- Dignified
- Family centered
- Kind

Reactive | **Appreciative** | **Proactive**

Resilience for Quality Health Care

Persistance,
Mutual support ,
commitment

Eliminate

- Isolation
- Defense
- Normalizing
- Stress Denial

Inculcate

- Reflective coping
- Help seeking
- Learning from setback
- Peer support

Reactive | **Appreciative** | **Proactive**

Leadership for Quality Health Care

Mentoring, leaders, Value driven work

Eliminate

- Public blame
- Authoritarian
- Fear based leading
- Dominating

Inculcate

- Ethical role
- Sharing
- Transparent
- Supportive

Reactive | **Appreciative** | **Proactive**

Collaboration for Quality Health Care

Team work
informal
Coloborations

Eliminate

- Silos
- Hierarchy
- Blaming
- Exclusion

Inculcate

- Team based
- Mutual respect
- Share
- Involve

Reactive **Appreciative** **Proactive**

Quality, Trust, and Clinical Governance
From Control to Collective Professional Excellence

- **Quality of healthcare is a social contract**
  A promise to relieve suffering, protect dignity, ensure safety, equity, timeliness, and continuity—grounded in public trust.
- **Quality emerges from alignment**
  Structure · Process · Outcomes
  Strengthened by both **systems** and **people**—skills, values, reflection, and professionalism.
- **Clinical governance is not policing**
  It is **ethical self-governance** that aligns leadership, systems, and culture to enable excellence.
- **PIRATES: the guardians of quality**

The shift that matters

- From **fault-finding → appreciation**
- From **control → commitment**
- From **compliance → professional pride**

Key message; *Sustainable excellence is built by recognising strengths, nurturing values, and governing ourselves ethically—every day.*

END