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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/ .

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 Hu[3] and tactics previously associated with clinical outcomes at the organizational level by Curry[5].

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