Background

- Quality Circles (QCs) are small groups of 6 to 12 professionals who meet at regular intervals to consider their standard practice.
- The focus of discussion is a critical evaluation of a key aspect within quality in health care.
- The groups provide a social context for reflective practice.
- Facilitators observe and lead the group through the circle of quality improvement.
- QCs consist of more than one educational step and participants are actively involved in the process (1).

QC techniques:
- Facilitation
- Educational material
- Workshop-like atmosphere
- Local knowledge experts

The terms Practice Based Small Group Work, Peer Review Group, Problem Based Small Group Learning, Practice Based Research Group, Quality Circle, Continuous Medical Education Group, and Continuous Professional Development Group are used interchangeably in different European countries (2).

What is the problem?

- Unpredictable positive effect sizes on behaviour change
- QCs have all the properties of a complex intervention and therefore:
  - stakeholders have difficulties understanding how the results are achieved.
  - active components of QCs which result in changes in behaviour are unknown.
  - it is unknown how QCs respond to local needs and to changes in economic and cultural circumstances (3).
- To understand what works and why in quality improvement, there is a need for theory-driven evaluation (4).

Methods

The purpose of realist synthesis is to explain when, how and why an intervention works and to unpick the complex relationship between context, content, application and outcomes; in other words to develop a programme theory (5).

Search

Categories of search terms:
- Programme terms (Quality Circle)
- Group terms
- Quality improvement term
- Primary care terms.

Databases searched 07/10/2013:
- Medline
- Web of Science
- Google Scholar
- Contact with stakeholders

1873 publications

Excluded after full text screen: 36

89 publications after first screen

74 publications

Aims and objectives

The overall aim of this research is to identify optimal conditions for QCs and inform stakeholders about what makes QCs succeed or fail.

The objective is to synthesize evidence from different sources to develop a programme theory that allows evaluation of QCs and enables stakeholders and policy makers to understand and improve QCs.

Process in the group

Shared understanding of a problem

- Exchanging experiences: presentations of new clinical cases followed by case discussions.
- Exchange of fruit, ideas, and exchange of emotional responses.

Actions Taken

- Changing working practices and new clinical cases followed by case discussions.
- Changing working practices and emotional responses.

Mechanisms

- Mutual understanding increases, repeated practical knowledge is discussed.
- Repeated knowledge is acquired.
- Group requires mandatory behaviour.
- Critical reflection on experience and identification of learning needs or necessary changes.

Knowledge

Constructivist view of knowledge: based on distinction making in observation and therefore context sensitive and not transferable (practitioner-based knowledge)
- Tacit knowledge is an unuttered, unspoken, and vast hidden storehouse of knowledge held by practically every human being, based on emotions, experiences, insights, intuitions, observations and internalized information

Representational view of knowledge: knowledge is unchanging, universal and objective and therefore directly transferrable (expository-based literature)
- Tacit knowledge is an unuttered, unspoken, and vast hidden storehouse of knowledge held by practically every human being, based on emotions, experiences, insights, intuitions, observations and internalized information
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Contextual features necessary for the process

Enabling Context

Description of contextual features

Facilitation
- Team within the group and between Facilitator and the group
- Active empathy
- Grounded knowledge
- Individuals and groups need to discuss their own observations, comparisons, and experiences.
- Explanations of why things happen

Support of the group

Description of supporting contexts

Grouping:
- Facilitators are able to identify and support participants in the group.
- No excessive demands.
- Management should be open to understanding the difficulties faced.
- Should be considered at working time, no other duties, no disadvantages.

Search

Categories of search terms:
- Programme term (Quality Circle)
- Group term
- Quality improvement term
- Primary care terms.

Additional search:
- "search for knowledge" 23
- Backward and forward citation: "key papers"
- Google Scholar
- Contact with stakeholders

89 publications after first screen

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Conclusion

Individual barriers

Description of individual barriers

Limited accommodation
- New knowledge has to be assimilated with pre-existing knowledge. This process can be challenging if radically new situations arise in the form of new knowledge that cannot become part of justified individual beliefs.
- New knowledge may turn into a threat if individual positions are too remote from each other.

Threat to self image
- Breaking away from habits may feel risky.

Care of the individual
- The very source for creativity may turn into a threat if individual positions are too remote from each other.
- Personal withdrawal
- Facilitators have to be very observant about people who drop out and withdraw.

Explicit knowledge

Tacit knowledge

Socialization: sharing tacit knowledge through shared experiences

Internization: learning and acquiring new tacit knowledge by practice and accumulation.

Combination: utilization of old tacit knowledge and tacit knowledge through dialogue and reflection

QCs create new concepts by combining practitioner-based knowledge (constructivist view of knowledge) and evidence-based medical knowledge (representational view of knowledge) after individual feedback on practice routines. The overarching process can be explained by the Organizational Knowledge Creation Theory (OKCT): socialization, externalization, combination, and internalization of knowledge (SECI Model). This is a delicate process and the reason why contextual features are key.

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