USING AFTER ACTION REVIEW (AAR) IN PRACTICE

Briefing Session
Psychiatric Nurses Association

AFTER ACTION REVIEW

The origins of After Action Review

- Originated in the US Army to debrief soldiers after missions in the field where rapid learning was life critical.
- Senge: 'arguably one of the most successful organisational learning method yet devised'[1].
- First adapted for use in healthcare by University College London Hospitals (UCLH)

[1] Senge P. The Fifth Discipline: The Art and Practice of the Learning Organization. Random House Business 1993.

What is After Action Review?

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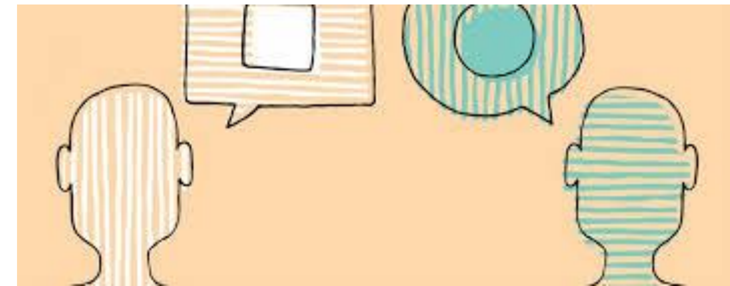
ACTION
REVIEW

The Four AAR Questions

- A **structured facilitated discussion** of an event based on 4 core questions
- Enables individuals to **understand why the outcome differed from that which was expected**
- Identifies **learning** to assist improvement.

The importance of the first Question

Question 1. What did we **expect** to happen?



- It provides a different starting point – doesn't allow participants to jump in with their version of 'what happened'
- Changes the dynamic – less emotive and more constructive
- 'Expect' often describes the 'normal' process and therefore allows a better discussion about what 'actually happened' and why there 'was a difference'.
- Allows for participants to realise that they might not all have had the same expectations or assumptions going into a situation.
- Creates a better understanding of each other
- Helps to provide context to 'what actually happened?'

The remaining 3 Questions

Question 2. What **actually** happened?

- Designed to understand the event from the perspectives of those involved – each person may have a different perspective which taken together with the answer to the first question leads to the third question …

Question 3. **Why** was there a difference?

- Designed to assist participants in analysing the gap (if any) between what they expected to happen and what actually happened.

Question 4. What have we **learnt**?

- Designed to have participants identify what, if anything, would we do differently the next time? – The Learning!

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What makes AAR so suited for use in healthcare?

- It structures the healthy team behaviours of reflection and enquiry.
- It rapidly identifies learning from everyday events and incidents, to improve services.
- It considers perspectives of all members of the team on the same event
- It focuses on learning and not blame
- It is simple and scalable
- It assists in developing a safety culture amongst staff

Circumstances where you can use AAR

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Briefing Tool

- When planning for event or at start of teams day
- Common understanding of plan, critical steps and actions.

Reviewing Team Performance

- Provides a simple structured mechanism for teams to have conversations about their performance e.g. at the end of a shift.
- Better understand team factors required for good outcomes

Incident Management

- Rapid review of incidents that do not require a formal review
- Debriefing teams in the aftermath of incidents that will require a formal review

Informal versus Formal AAR

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Informal

1. Conducted in the workplace
2. Led by a member of the team
3. Takes 5 minutes
4. Learning identified and agreed
5. Learning applied immediately

Formal

1. Conducted outside the workplace
2. Led by a trained AAR facilitator
3. Dedicated time allowed
4. Learning identified and actions agreed.
5. May result in a summary report being developed

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Ground Rules – important irrespective of whether the AAR is informal or formal

Leave hierarchy at the door

Everyone contributes and all contributions are respected

The purpose of an AAR is to learn

Mobile phones are off

No blame – discussing mistakes should not lead to blame

Everyone has a different truth to share about the same event

Contributions should be through what people know, feel and believe

Respect time pressures but all must be fully present

Make no assumptions, be open and honest

Seek agreement to the ground rules by all present

Examples of where AAR is being used by services

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Coaching individual staff members

Hot de-brief after serious incidents

training evaluation

planning

Reviewing near misses

rapid learning from incidents/events

Team briefing

reviewing positive events

effective meetings

shift change/handover

Team debriefing

Structuring conversations with service users when they are making an informal complaint

project evaluation

personal reflection

Improvement - PD**S**A

Following cardiac arrest calls

Personal Reflection

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Thank you

Any questions?