**Frequently Asked Questions About After Action Review**

1. What is an After Action Review?

An After Action Review (AAR) is a structured review process undertaken as a group, which seeks to rapidly identify and reinvest learning for improvement. Discussion focuses on 4 questions which seek to ascertain what staff expected would happen, what actually happened, why was there a difference between expected and actual and what can be learned from the event.

The outcome of this discussion enables the individuals involved in the event to understand for themselves what went well and why, what didn’t go well and why. This allows them to agree on what they would do differently in the future and apply this to inform improvement. AAR’s used in this way creates both individual and team opportunities to improve personal, team and organisational effectiveness, to deliver safer, better patient care and improved service user and staff experience.

1. How is AAR different to other Learning Response Tools?

There are dozens of different debrief tools being used in healthcare settings across the world and they are all deigned to structure and enhance group learning after an event. Most of them use a variation of *three* questions : What went well? What was tricky? What do we need to do as a result? The *four* questions used in the AAR are designed to first describe and then evaluate the action. This is an important distinction, because the other tools focus much more on the individual’s evaluation of the event. The question “What went well” requires a person to make a judgement on their experience. Whereas “What actually happened?” means we get to hear the event described. This builds real clarity of the bigger picture for all those participating in the AAR before they move into evaluating what went well and needs to be retained or repeated, and what requires improvement.

The AAR approach is the one with the strongest research evidence base and longest history of use in the NHS and the military.

1. What if an individual has committed an error? Should an AAR still be held?

AARs are about “what” not “who” and errors are seen as consequences, not causes. The AAR allows exploration of the causes so that these can be avoided in future. An AAR would not be appropriate if an individual made a deliberate mistake or broke the rules intentionally as there are disciplinary procedures in place for these. For example, theft from a drug cupboard. However, the team might choose to hold an AAR to learn from their management of the response to the theft once the legal proceedings have begun.

1. How long do AARs take?

When participants are familiar with the AAR process, AARs need not be lengthy meetings. In an organisation new to using AAR, an hour should be sufficient for a group of 5 people to learn from a focused event. Two hours might be required for 9 people to complete an AAR on a more complex topic. 15 minutes might be sufficient for 3 people after a simple action.

1. Do other sectors use AAR?

AAR has its origins in the US and British armed forces, who since the 1980s have used AARs routinely to learn from every engagement with the enemy and through every training mission. Other High Reliability Organisations such as Aviation and the Nuclear Industry apply a no blame review process to continuously improve safety. The World Health Organisation undertakes large scale AARs after all public health emergencies to help countries learn from their response.

The use of AAR in large organisations such as Universities and corporate businesses is increasing as the pace of change has increased. As US businessman Jack Welch said, “An organization's ability to learn, and translate that learning into action rapidly, is the ultimate competitive advantage.”

1. How many people should there be in an AAR?

It depends on the location. In an online environment, it is much harder to maintain focus and attention if more than 8 people are participating in the AAR. In the physical environment, more people can participate because remaining engaged is easier. In all situations, it’s important to recognise that the balance between listening and speaking should not be too big. If there are 8 people in an AAR, you can estimate that one person gets to speak for 1 minute and listen for 7. So, if you increase the numbers of people in the AAR, people have to listen for longer, which can reduce engagement.

1. What are suitable topics for AARs?

NHS England’s Patient Safety Incident Response Framework (PSIRF) allows healthcare providers to establish their own areas to focus on for learning and to select the appropriate Learning Response Tools, so ELFT will be developing guidance about specific circumstances when it will be appropriate to run an AAR. In the meanwhile we would encourage you to try AAR out in your area, to help you work out when it works best for your setting.

The range of opportunities to learn from shared experiences to invest for future performance can include any issue or process that is causing a concern or is a cause for celebration. Reasons for AAR might include :-

* To learn from a three month pilot project to reduce DNAs in clinic
* After an IT failure
* To learn from successful or poor recruitment drives
* To learn from patient complaints
* Educational conferences or workshops
* Student internship programmes
* Improved staff retention results

1. What do I need to prepare to participate in an AAR?

The majority of AARs rely on your recall of events as you experienced them, rather than technical details, so on most occasions the only preparation required is to arrive ready to share your experiences, listen to others and to learn. Beforehand, you might like to ask yourself the first two questions of the AAR, “what was I expecting to have happen?”, and “what actually happened for me?”, but we can generally answer those questions within the AAR quite easily. For AARs focussing on an event with highly technical components, then you may choose to bring data to support your description of what actually happened.

1. What should happen if everyone involved in the event cannot attend an AAR?

The metaphor of a jigsaw puzzle is helpful to illustrate the AAR process, as we all know that it is possible to get an understanding of the picture, even when some of the pieces are missing. So proceeding with an AAR without certain people who were involved, can be helpful, although we must remember no one can speak for those not present, nor talk about them. However, if those missing were central to the action, and big gaps in the picture would result, then the AAR should be postponed until they can participate.

1. How soon after the event should an AAR be held?

Our memories degrade over time, so the amount of detailed recall will fade so 5 to 7 days after the event. Not doing an AAR directly afterwards allows our brains enough time to begin to make sense of the experience we had. However more highly charged events will stay in our minds longer and may also benefit from a longer gap to allow emotions to be processed.

1. What should I do if I want to request an AAR?

We are working towards having people trained as AAR Conductors in each directorate so speak to one of them and they will provide you with guidance and support.

1. What happens after an AAR?

The main aim of every AAR is to enable people to learn for themselves what went well and what needs to change, and to make decisions about what they, as individuals and as a team, might do differently and keep the same in the future. So people are expected to apply their learning in whatever way they need to after the AAR. The focus is *not* on generating a report or a lengthy set of actions.

However the AAR Conductor may capture the lessons learnt and the actions agreed to serve as a reminder for those participating to follow up on. This can be stored locally so others can read and benefit from the learning that took place.

For larger more formal AARs it may be helpful to have a note taker and a structured report created to allow others to read and access the learning.

We are keen to support you with trying out After Action Review in your area, and hearing your feedback on what works.

We will be sharing more resources and info on AAR at our ELFT Patient Safety Intranet page and via the safety bulletins so watch this space. In the meanwhile feel free to share your stories and outcomes with us at our email address: elft.safetynetwork@nhs.net