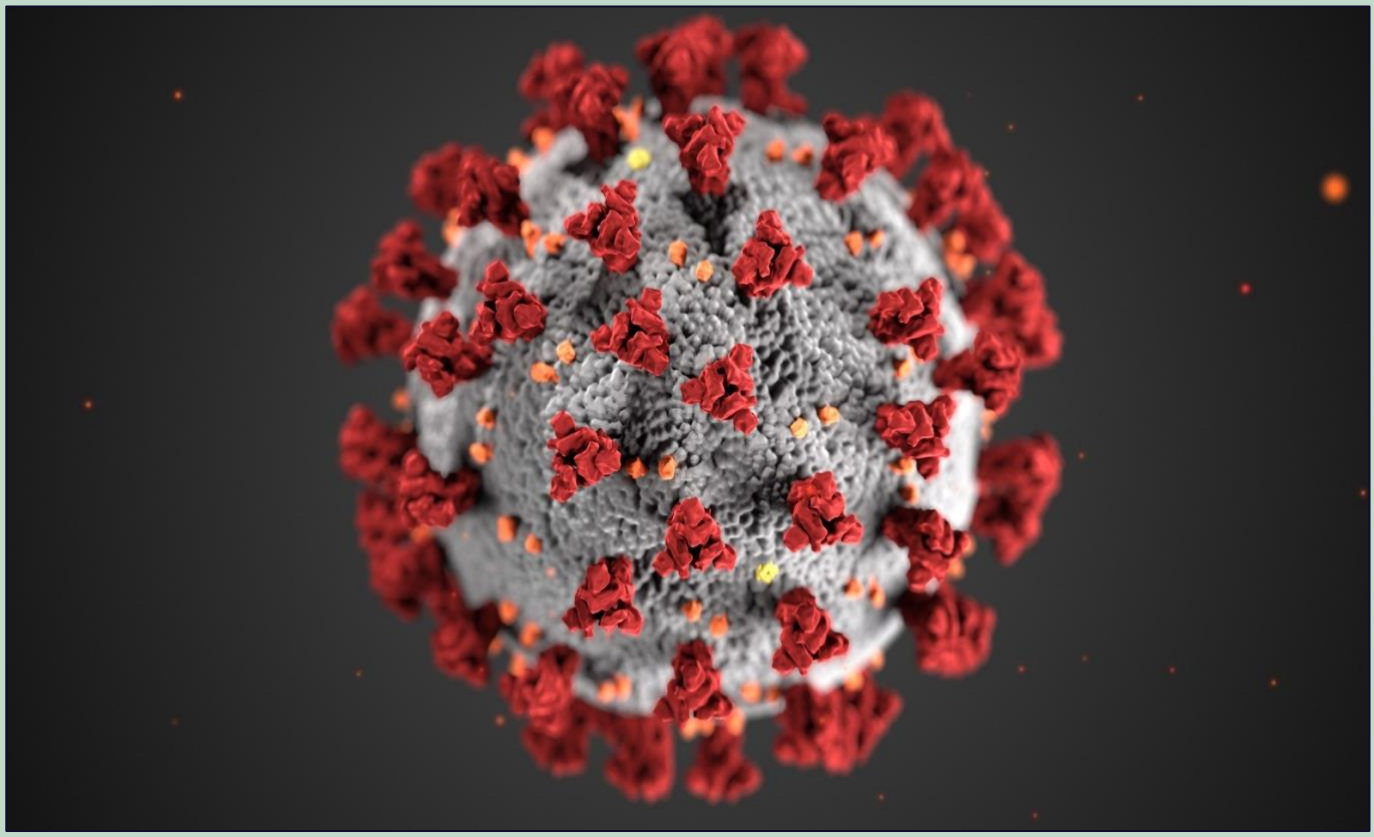

Project Ares:
Ground Truth After Action Reviews

Building up Psychological Resilience for Frontline Staff

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Ground Truth After Action Reviews

Building up Psychological resilience for Frontline Staff

The Ground Truth after action review (AAR) is part of Project ARES – a series of psychological tools to assist frontline staff in preparedness, adaptation and recovery from working in the intense operational environment of COVID-19. The following document sets out:

1. Why this AAR tool has been developed (NHS goals – see improvement document: Important and Urgent – Next Steps on NHS Response to COVID-19 dated 17 March 20).
2. The objectives set out to achieve those goals via the Ground Truth AAR tool.
3. Background and evidence base for such tools.
4. The Ground Truth AAR tool itself (this will be supplemented by a brief training video).

Heroism often emerges out of perilous circumstance

The Iliad

The best way out is always through

Robert Frost

1. Why this tool?

NHS Goals set out within Important and Urgent – Next Steps on NHS Response to COVID-19 dated 17 March 20 (marked urgent). Ground Truth AARs support frontline responders by increasing resilience in the management of the COVID-19 crisis. Specifically, it should be used to assist staff in achieving guidelines set out by the NHS. Namely to:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support.
- Support staff and maximise their availability.
- Remove routine burdens so as to facilitate the above.

The NHS Improvement document also highlights the need for the NHS to support enhanced health and wellbeing for staff (para 3.A).

2. How to achieve these goals

In pursuit of these goals the Ground Truth AARs have been designed to:

- Allow staff to voice and register the daily challenges and difficulties they are experiencing.
- Harvest practical/ logistical/ strategic issues that are emerging in real time on the ground and feed that information back up the chain of command.
- Support staff to provide innovative, creative, and practical solutions to emerging challenges.
- Acknowledge and monitor the psychological/ emotional/ and organisational fatigue that is part of working in these extreme circumstances.
- Encourage a regular (ideally daily or weekly) psychological reset for staff to allow them to continue to respond proactively and positively to the next challenge.
- Provide early identification of when staff are reaching 'trauma exposure saturation' in order to ensure they access additional support and avoid burn-out. (This is also available as part of the ARES support package via Schwartz rounds and one to one online counselling).

3. Background and Evidence Base

AARs are not simply a process to offload negative or difficult experiences. It provides teams with an opportunity to develop a shared understanding of the challenges they face, as well as an opportunity to cope and correct as they move forward[i]. Good AARs allow individuals to discuss individual or team performance, identify errors or issues, and develop a plan to improve the next performance[ii].

Many approaches to reducing Adverse Stress Reactions (ASR) to trauma experiences concentrate on reducing distressing emotions such as anxiety and confusion to provide stability and improve effective coping (Shapiro, 2012; Zohar, Sonnino, Juven-Wetzler, & Cohen, 2009). However, models that place too much emphasis on providing comfort, calmness and a sense of safety remove the self-efficacy required to support resilience and independent coping, for example accountability and the receiving of developmental feedback (Sarker, 2019). An over reliance on models providing comfort and calmness can actually heighten a sense of helplessness, which is a predictive factor in the development of longer term stress reactions such as PTSD (Simeon, Greenberg, Nelson, Schmeidler, & Hollander, 2005).

It is not applicable or desirable to *only* apply a trauma-recovery debrief model to the current situation (though trauma recovery is also essential). These models are about allowing emotional processing and cognitive digestion of exposure to traumatic situations. In the current situation, frontline staff are still embedded in and experiencing potentially traumatic situations on a daily basis. What they need is a AAR model that focuses on resilience building and sustaining effective goal-driven practice rather than recovering from the impact of exposure to trauma. Such performance sustaining AARs are commonly used in military, emergency medicine and other high-pressure settings. They also offer a gateway into trauma recovery services once the crisis is stabilised or resolved. Dr Nathan Smith, University of Manchester, has said, *'in the context of the COVID-19 response, where teams will have to function under intense pressure and complexity, these types of reviews are likely to be critical for maximising what is learnt from the unique situations being encountered, and then using that learning to drive onward performance.'*

Framework for best practice: (adapted from the Joint Commission on Accreditation of Healthcare Organisations Guidance)

1. **Scheduled** - AARs should occur at regular intervals (end of shift/ end of week/ end of month) or after a critical incident to allow staff to review individual, team, or organisational impact and plan for improved future responses. There should not be any individual blame or judgement, but rather a focus on practical solutions and transfer of learning across team members and the wider organisation.
2. **Supported (Senior Lead 'Buy in')** - The AAR process should be regarded as a priority event to improve performance, as well as team cohesion and resilience. It should be facilitated by a team leader or manager who can encourage each team member to provide their honest opinions and generate positive suggestions and solutions to the issues that are identified. Facilitators need to be mindful of only the loudest voices being heard or of it becoming negative and losing focus.
3. **Structured** - Positive AARs are structured around 1) reviewing challenges 2) assessing their real or potential impact and 3) seeking solutions to improve future performance or team response.
4. **Safe** - The AAR environment should not seek to attribute blame or responsibility, but rather to move forward positively. Sharing experiences or challenges with the team should be seen as a step toward positive improvement and growth rather than failure.
5. **Succinct** - Medical teams in a regular operational setting have very little time and in critical crisis response environments may perceive that they have no time at all for such a process. Therefore, the framework needs to be as concise and focused as possible and concentrate on resolving critical issues for the team. Findings from a 2013 review and meta-analysis suggest that when conducted correctly, reviews can lead to a 20-25% improvement in team performance. This is based on an average review length of just 18 minutes.
6. **Shared** - In order to feel the benefit of the AAR process for the wider organisation, findings, observations, and recommendations should be recorded for both immediate and future reference. This allows for fast-time learning and improvements to be disseminated more widely across the organisation- thereby

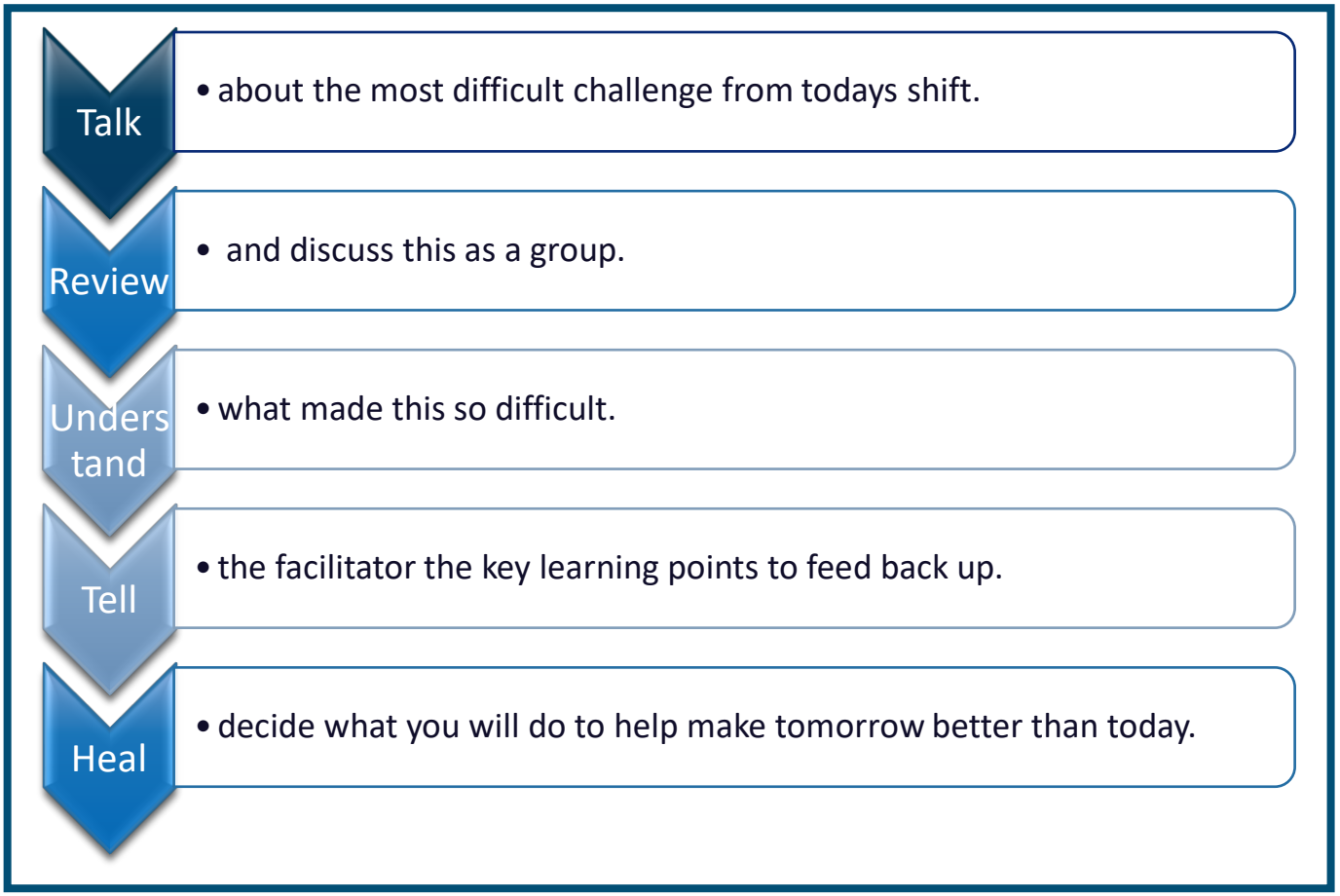
creating an organisational impact rather than just limiting the benefit to the individual or team who identified the issue.

In short, to be useful in such high-pressure contexts, resilience reviews need to be:

- routine,
- structured,
- goal-focused, and
- brief.

4. GROUND T.R.U.T.H. - AFTER ACTION REVIEW FRAMEWORK

This AAR framework should be implemented at shift change, after a critical decision or at the VERY LEAST on a *regular* weekly basis (see full description of each step outlined at end of document):



Setup: Reviews should contain no more than 8-10 people. Ideally, this should be a close working team without a large division in rank between participants.

Team Leader: The team leader (TL) would not be expected to chair the AAR and would be considered a participant. Their role will be to ensure the session remains goal-focused and to follow up any resulting actions such as disseminating information to other teams, encouraging staff who appear to be struggling to access additional support, and watching out for less vocal members of the team. TLs can be rotated.

Facilitator: we recommend the AAR is led by a member of admin/support staff who will keep the session on schedule and make sure each step of the framework is adhered to in a timely fashion (i.e., NOT directly involved in that front line set of tasks). They will also organise the collection of feedback via the QR codes and record outcomes from the review.

The AAR should run ideally at a regular *weekly time* for a *maximum* of 25-30 minutes. The more frequent and near the AAR is to the actual distressing situation the more likely it is to help reduce Acute Stress Responses in the short-term and post-trauma responses in the long-term.

If time pressure and resources mean it is not possible to complete AAR's on a very regular basis - we have prepared the 'QuickTime Ground TRUTH AAR' which can be completed by individuals on a daily or weekly basis. Feedback from these responses can then be tracked by management to address issues that are emerging over longer periods of time (fortnightly, monthly, quarterly reviews).

GUIDE for running a Ground TRUTH AAR session:

Step 1 - TALK: offload/log issues that have arisen for you since the last review (5 min).

- Complete this step by reviewing the responses on the QuickTime AAR site. Staff can complete the review by logging onto the online site via the QR link (they can simply scan this on their phone or other smart device).
- The site will guide them through a few very short question logs to capture issues from the last 24 hours or week.
- You may collect and collate these from the individual responses to the QuickTime GTAAR data to determine key issues for the team that have arisen and respond to requests by particular staff members to debrief an issue.

(See appendix for details of the Quick Time GTAAR interface)

Step 2 - REVIEW: Listen and reflect (5 min).

- Facilitator - Allow team members to present the practical issue or experience from the shift with the following prompt questions.
    1) What happened (in 4-5 sentences)?
    2) In your opinion, what was the most difficult/challenging thing about what happened (in 4-5 words)?
    3) Was the situation in your control or out of your control?
    4) What would you do differently if you could go back?
    5) What outcome would you have wanted?

Step 3 - UNDERSTAND: Problem solve (8 min).

- The facilitator or team leader should identify the key problem for this session.
    - This will then be set out to the team in pairs or trios to discuss any possible solutions to either a) improving b) coping or c) challenging the current situation.
    - Keep this discussion as GOAL DIRECTED as possible. Think: what is the overall goal we are trying to achieve?

Step 4 - TELL: Feedback and disseminate.

- Take feedback from teams on any possible solutions and how these will be fed back strategically (between teams/ organisationally/ to government).
- If it is just to register the situation and continue to monitor it then emphasise the longer-term significance of this. (e.g. 'Even if nothing changes or can't change because of the practical realities, if we don't tell anyone what this has been like for us on the ground, no one will know. Just logging it allows people to learn and better prepare.').

Step 5 - HEAL: Select a repair/resilience strategy (2 min).

- Decide what you can do to make tomorrow better than today.
- Before you leave, select one thing you are going to do to look after your own well-being before tomorrow's challenges.
    - This would include a suggestion list of 10-20 items but would of course also allow for their own strategies to be selected (e.g. go for a run, exercise, walk the dog, feed the birds, play a game with the kids, have a hot bath, paint nails, do a face mask, do a 5 min meditation, etc.).
    - Each strategy should take no less than 20 minutes and ideally no more than an hour and should focus on positive coping.
    - We know treating oneself with unhealthy food or alcohol are frequent 'reward' choices and those shouldn't be banned or judged - but it is something to watch for if a member of a team never chooses any other sort of coping approach.
    - They may be stuck or struggling to break out of unhealthy coping patterns which can make long-term negative outcomes more likely and may need additional support.

Follow-up: Additional support

*This would be an important access point to trigger additional psychological support for those who are at trauma saturation point.

- Self-selection - Staff should be allowed to select speaking to an online counsellor as the well-being action they would like if they feel they have reached saturation point.

- Concern - If managers identify someone who appears to be struggling to cope or adopting regular and persistent 'unhealthy' coping strategies (e.g. two weeks of drinking/ over-eating/ withdrawing), they could encourage staff to access additional support.
- Time - All staff should have a regular agreed interval for accessing additional well-being checks or counselling support after a period of time on the 'front-line' (e.g. 10 to 21 days).

Feedback

Your ANONYMOUS feedback from these AARs WILL be fed back to senior staff. We will analyse trends as best we can from separate and consecutive AARs and will provide very short briefing documents to note if and whether any changes or responses have been actioned. In many cases nothing may change but we will seek to articulate why. In other cases, actions may be responded to our efforts made on your behalf. Critically though, this information is not simply to offload but to exact changes where possible and create learning.

This document and approach has been written by Emily Alison, Martin Ferguson and Prof Laurence Alison. It is based on trauma recovery debriefs, what works in after action reviews in extremis (military, disaster management) and by authors with a background in research into critical incidents, counselling, DBT and CBT and extensive operational experience.

[1] Mathieu J.E., et. al.; The influence of shared mental models on team process and performance. J Appl Psychol 85: 273-283. Apr 2000.
[2] Salas, Edwardo; Klein, Cameron; King, Heid, Salisbury, Mary; Augenstein, Jeffrey S.; Birnbach, David J.; Robinson, Donald W.; Upshaw, Christian; Debriefing Medical Teams: 12 Evidence-Based Best Practices and Tips. Joint Commission on Accreditation of Healthcare Organisations. Vol 34 No 9 518-527; September 2008.

TALK

1. What has been the most difficult part of your day?
2. What is the primary thing that made this difficult?
   - Lack of Equipment
   - Logistics (travel/ space/ time)
   - Managing/ Interacting with Colleagues
   - Policy-decisions
   - Managing Emotional distress
   - Other: …
   - Management decisions
   - Issues with Patients
   - Issues with Patients' loved ones
   - Workload pressure
   - Separation from family/ feeling isolated

REVIEW

3. Describe in 2-3 sentences what you think specifically made the situation difficult to deal with:
4. Was there anything you wish you could have changed or done differently?
   (It is ok if the answer is no.)
5. What outcome would you have wanted?
   (It is ok if this outcome would not have been possible.)

UNDERSTAND

6. Is there anything you could do to improve or cope with the situation should it arise again?
   (It is ok if the answer is no, just knowing what to expect can sometimes help you prepare and cope better next time.)

TELL

7. Describe in 2-3 sentences what learning, or advice would you give to someone else who was in the same situation?
8. Describe in 2-3 sentences what would you like to feedback to colleagues/ managers or the organization as a whole?

HEAL

9. What small thing can you do in the next 24 hours to help repair yourself in preparation for the next challenge?
   - Go for a 15-20-minute walk (alone, with the dog, with a family member).
   - Exercise session (run, yoga, cardio, bike, HIIT).
   - Meditation or mindfulness (5 min breathing task, stretching, reflection).
   - Self-care (hot shower or bath, face mask, paint nails).
   - Indulgence (favourite tv show, meal, pudding, drink but be careful not to over do this one).
   - Other: …

Follow-up:

10. Would you like to be referred for additional support?
    - Yes/ No
11. Do you want to review the issue in more detail (either with your team manager or via a team AAR-After Action Review)?
    - Yes/ No
12. If so, please note your ID and location below, so this can be referred to the right department.

Ground Truth After Action Reviews

QR Code – Serving as link to the online form.

TECHNICAL INSTRUCTION

iPhone

1. Open the Camera app from the Home screen, Control Centre, or Lock screen.
2. Select the rear facing camera. Hold your device so that the QR code appears in the viewfinder in the Camera app. Your device recognizes the QR code and shows a notification.
3. Tap the notification to open the link associated with the QR code.

Android

1. Open the Camera app either from the lock screen or tapping on the icon from your home screen.
2. Hold your device steady for 2-3 seconds towards the QR Code you want to scan.
3. Click on the notification to open the content of the QR Code.

Other Options

1. Some older devices might not have the ability to read the QR Code directly from the camera.
2. In these cases, you will need to download a stand-along QR Reader application from the Apple App Store or Google Play Store.
3. While there are several QR Readers available, some of the most trusted and reliable ones include ‘Kaspersky’ or ‘NeoReader’ – but most approved QR scanners will work.
4. You will be able to find any of those in the respective application store using them as search keywords.