USING EVALUATION TO IMPROVE OUR WORK: A RESOURCE GUIDE

| Version 1.1 October 2010 | Self-evaluation tools for VHA projects, programs, and teams |

- The Team Development Measure$^{©}$ is useful for identifying ways to improve teamwork
- The After Action Review is useful for reflecting upon a project during and after its completion
- Additional resources describe the value of implementation and suggest ways to enhance group effort

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PREFACE

How can we best learn from our projects, operations, and programs so we can do them better—or thoughtfully decide not to do them at all?

Using Evaluation to Improve Our Work: A Resource Guide contains evaluation tools, resources, and knowledge to help you systematically assess the processes, outcomes, and impact of your work.

The *Guide* does not focus on the types of measures we currently use for monitoring, improvement, and accountability. Instead, this first version seeks to supplement those evaluation approaches by providing an overview of evaluation, links to evaluation resources outside the VA, and detailed information about two specific self-evaluation tools: a Team Development Measure® and an After Action Review. These two tools were identified as acute evaluation needs during discussions with quality management, Systems Redesign, and other clinical and non-clinical leaders and staff from VA Central Office (VACO), Veterans Integrated Service Networks (VISNs), and VA medical centers (VAMCs).

This *Guide* represents collaboration across many VHA offices. It has been developed by the Quality Enhancement Research Initiative (QUERI) Center for Implementation Practice and Research Support (CIPRS)[1], based on input from a workgroup[2] under the aegis of the Systems Improvement Subcommittee[3] of the VHA's Systems Redesign Steering Committee. It was jointly funded by the Office of Quality Performance and Health Service Research and Development's (HSR&D) QUERI program. We would like to thank all these individuals for their hard work and thoughtful input.

We are also seeking input from the field. The *Guide* is meant to be a living, evolving resource to support VHA's evaluation needs and activities. So we would greatly appreciate your feedback on how we can make this tool more valuable to you in your daily work of improving your work. Please send your comments and suggestions to CIPRS@va.gov.

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INTRODUCTION: WHAT IS EVALUATION AND WHY IS IT IMPORTANT?

What is evaluation and why do we need it?

Improving our work is our work and VHA staff are continuously striving to improve programs, service, and quality of care for veterans. Evaluation allows us to systematically assess the impact of the changes we make. It is an essential component of a learning organization and use of evaluation tools and techniques is needed throughout VHA, from front-line care delivery to national programs.

Evaluation may answer such questions such as:

- What was the impact of our new program? Did we achieve our aims?
- What were the key barriers and facilitators to accomplishing our goals?
- How effectively did we work together as a team?
- Was our new program cost-effective? What was our return on investment?
- Is it time to retire this program? Does it still add value?

There are two basic types of evaluation:

- *Formative evaluations* are used to guide the ongoing development and evolution of a program or improvement initiative.
- *Summative evaluations* provide information about program effectiveness and impact.

Either of these evaluation approaches may be used with varying scope and complexity, ranging from large, formal, well-funded endeavors by trained specialists using complex statistical methods to a simple structured evaluation conducted by a single team at the end of a meeting or event.

For both formative and summative approaches, regardless of scope or complexity, **evaluation:**

- **Is a planned, purposeful and systematic process,** *that*
- **Involves collecting data on work, programs, and organization,** *which*
- **Enhances knowledge and decision-making.**

Examples of current program/project evaluation in VHA

Formative evaluation is already embedded into many aspects of our work. For example, the Office of Emergency Management in the Center for Environmental and Occupational Safety and Health (CEOSH)[4] provides guidance for the After Action Reviews that must be conducted following each real and simulated emergency event. All VAMCs conduct root cause analyses to evaluate problems and prioritize solutions following adverse events. The VHA System-Wide Ongoing Assessment and Review Strategy Program (SOARS)[5] provides tracer and self-assessment tools and consultation addressing nearly all aspects of medical center operation to facilitate ongoing self-evaluation and improvement.

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[4] http://vaww.ceosh.med.va.gov/ceosh/Guidebooks/EMP2009/2009_EMP.htm, chapter 11
[5] http://soars.vssc.med.va.gov/Pages/default.aspx?sdupgwelredir=1

New programs and initiatives have utilized formal external summative evaluations (e.g., the Office of Systems Redesign and Employee Educational Service's evaluation of the initial FIX collaboratives[6] to improve patient flow).[7]

Evaluation is particularly aligned with the work of quality improvement and systems redesign. Improvement initiatives addressing an array of administrative and clinical processes collect data and use cyclical approaches or "small tests of change" (e.g., Plan-Do-Study-Act cycles[8]) for formative evaluation to guide improvements. The Office of Systems Redesign's *VHA Systems Improvement Framework Guidebook*[9] provides detailed descriptions of these systematic approaches to change and measurement.

How, why, and when to use this guide

The tools and guidance offered in the *Using Evaluation to Improve Our Work: A Resource Guide* (Resource Guide) are designed to help VHA staff and leaders expand and deepen current evaluation activities. For example, in addition to tracking whether an improvement initiative or program achieves its intended goal, evaluation can be used to determine how well an improvement team is doing the "work of improvement" by answering the following types of questions:

- How effectively is our team working? What could we do to improve our teamwork?

- Were we able to apply the appropriate improvement strategies for our team's work? What would we need to do this better?

- Did we have sufficient resources and support available to ensure our team's success? Are the right people involved? What (or who) could help us be even more successful?

At all levels of the organization, evaluation provides an opportunity to reflect on our work and to improve our approaches to team-based problem-solving. Incorporating a practice of ongoing assessment, learning, and improvement into our work is a necessary step on the path to becoming a world-class learning organization.

Ideally, evaluation planning is an intrinsic part of project planning. The tools and links in this Resource Guide can help you plan in advance the types of evaluation you want to embed in your project. The evaluation plan may incorporate activities included in this Resource Guide at the end of a project, at a midpoint, or even in the beginning phases to inform the group's work.

Finally, program evaluation is distinct from performance appraisal; approaches in this guide are not intended for use in the assessment of groups or individuals for performance reviews.

What is in this guide?

This Resource Guide provides two easy-to-use tools adapted for VHA to support groups interested in evaluating their daily work or special projects. These tools were considered priorities based on input

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[6] The VHA Systems Redesign FIX Collaboratives are based on the concepts presented in "Sirkin H, Stalk G Jr. Fix the process, not the problem. Harv Bus Rev. 1990 Jul-Aug;68(4):26-33."

[7] For additional information on this evaluation, contact Fabiane Erb Fabiane.Erb@va.gov

[8] Plan-Do-Study-Act (PDSA) cycle (also known as the Deming or Shewhart Cycle) is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

[9] https://srd.vssc.med.va.gov/Pages/default.aspx

from key stakeholders at various levels of VHA. The tools, which may be used by any team during all phases of their work, are:

- **The Team Development Measure** [©10], which is useful for identifying ways to improve teamwork and tracking team development and
- An **After Action Review**, which helps teams reflect on their efforts to identify strong practices, facilitators and barriers, and improvement opportunities.

There is also a section containing _links and references to a broader range of evaluation guidance and resources_. _Using Evaluation to Improve our Work: A Resource Guide_ will grow over time as additional tools and resources are developed or adapted from existing sources and as users provide feedback.

Whatever approach you take or tools you choose, incorporating systematic evaluation into our work will enhance our ability to provide the best level of service and quality of care to our Veterans.

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[10] The Team Development Measure® (TDM) is used with permission from the developer, E. R. (Bill) Mahoney, PhD

MODULE 1:

GUIDE TO THE TEAM DEVELOPMENT MEASURE©

THE TEAM DEVELOPMENT MEASURE© (TDM)
OVERVIEW

Teams are an integral part of the delivery of care and the work of systems improvement at the Veterans Health Administration. Team development is vital to the creation of high performing improvement teams. The Team Development Measure© (TDM) is designed to help you evaluate your team and identify strategies for working together more effectively. The TDM targets key elements of team development: 1) cohesion, 2) communication, 3) clarity of team roles, and 4) clarity of team goals and the means to achieve them.

About the Team Development Measure©

The TDM was constructed by Bill Mahoney, Ph.D. and Carolyn Turkovich (PeaceHealth), with support from the John A Hartford Foundation, Inc., the Robert Wood Johnson Foundation, and PeaceHealth to promote quality improvement in team-based health care settings. TDM is based on literature specific to teams and health care teamwork. The measure has been used to evaluate teams as small as 3-4 people and as large as 43, with team membership ranging from executive teams to outpatient clinics and inpatient hospital care units.

Who should use this tool?

This tool is for any front line work team or project team that wants to improve the effectiveness of their performance by evaluating the way they work as a team.

Why should we use this tool?

The TDM will show where your team currently stands along the measure of team development. You can work as a team to target opportunities for growth and track progress over time.

The accompanying "Tips for Successful Teamwork" offers specific ideas for improving team work and results. Improving team skills benefits your current project as well as your work on future teams.

When should we use this tool?

This tool can be used during any phase in the life of a team. Using this tool early in the life of a team can help maximize the team's effectiveness from the start. Consider using the survey at the project or team initiation, six months later, and after twelve months. After that, you can track progress annually or use the survey when the team needs to refocus on the basics.

What time and resources do we need to use this tool?

Each team member spend about 10 minutes completing an anonymous 31-item online survey. A report with the team's results is sent to team members for review. A 60-90 minute group session is then conducted to discuss the results and identify strategies for advancing team development.

We _strongly_ encourage the use of a facilitator for this exercise. Check with your Systems Redesign Point of Contact or Quality Management professional to identify potential facilitators.

The following guide includes information about the TDM, including the components of team development, and instructions for using the measure with your team, including how to request an online TDM survey and conduct a meeting to review the results as a team. Psychometric properties of the TDM are presented at the conclusion of this section.

ABOUT TEAM DEVELOPMENT

Team development is an important factor in the creation of high performing teams.   The TDM indicates the degree to which a team has and uses the components needed for highly effective teamwork. Teamwork components consist of <u>cohesiveness</u> (a sense of "oneness" or working well together), <u>communication</u> (including participation, problem-solving, and decision-making), <u>role clarity</u> (understanding the roles of each team member), and <u>goals and means clarity</u> (agreement on the team's goals and the strategies to achieve them).

Stages of Team Development:

The TDM describes eight stages of team development – determined by the four components described above and the level at which that component has been achieved (<u>in place</u> or <u>firmly in place</u>). Movement from one stage to the next is more of a flow in the direction of development of a team than a distinct step on the ladder of team development.

Scores on the measure are interval (one point is the same size anywhere on the scale) and measures team development on a yardstick. Scores range from 0-100 where 0 = no team development, and 100 = full team development. The following graphic shows the eight stages:

Stage	Score	Attribute
Fully Developed	88 - 100	All Team Attributes Firmly in Place
Stage 8	81 - 87	Goals, Means Established
Stage 7	78 - 80	Roles Established
Stage 6	70 - 77	Communication Established
Stage 5	64 - 69	Cohesiveness Established
Stage 4	58 - 63	Building Clarity of Goals, Means
Stage 3	55 - 57	Building Clarity of Roles
Stage 2	47 - 54	Building Communication
Stage 1	37 - 46	Building Cohesiveness
PreTeam	0 - 36	Any Team Attributes Are Accidental

The Components of Team Development:

<u>Cohesiveness:</u> The first component put into place as a team develops is cohesiveness (attraction of the members to the team). Cohesiveness is the social glue that binds the team members together as a unit. Without cohesiveness, it is extremely difficult for a team to attain the other components of a developed team.

When a team is cohesive, team members:

- are attracted to the team,
- find membership in the team to be a personally meaningful experience,
- enjoy the company of the other team members,
- support, nurture, and care for each other,

- feel free to share ideas and suggest ways to improve team function,
- feel they are using their unique skills for the benefit of the team,
- have a strong "we" feeling, and
- routinely develop creative solutions to problems.

Communication: The next component of team development is communication. Communication involves a full range of topics, including decision-making and problem-solving. Effective communication becomes easier once the team has developed a certain level of cohesiveness. Communication is, of course, key, since further team development and effective functioning cannot occur without team communication.

When a team is effectively communicating, team members:

- always freely say what they feel and think,
- are always direct, truthful, respectful, and positive,
- openly discuss all decisions before they are made,
- handle conflict in a calm, caring, and healing manner,
- openly explore options to solve problems when they arise,
- do not talk about each other behind their back, and
- do not have a hidden agenda.

Role Clarity: The next component to becoming part of a higher functioning team is clear role definitions and expectations. The role of "team member" supersedes individual professional roles. While professional roles brought to the team give the team its potential strength, equally, if not more, important for team development is that individuals feel equally valued as members of the team. Additionally, team members should know who is doing what and what other team members expect of them.

When a team achieves role clarity, team members:

- feel that accomplishments of the team are placed above those of individuals,
- understand the roles and responsibilities of all other team members, and
- have a clear understanding of what other team members expect of them.

Goals & Means Clarity: The final component of team development to become a fully functioning and high-performing team is clearly defining team goals and the means to be used to reach these goals.

 When a team achieves goals and means clarity, team members:

- have clarified and agreed upon what the real work of the team is,
- clearly understand the goals of the team,
- agree on how to reach the team goals, and
- agree upon clear criteria for evaluating the outcomes of the team.

IMPLEMENTING THE TEAM DEVELOPMENT MEASURE SURVEY

When to use the TDM: The TDM can be used during any phase in the life of a team. Temporary project teams are well served by using this tool early on so that they can maximize their teams' effectiveness from the start. Consider using the survey at the project or team initiation, 6-months later, and after 12-months. After that, you can track progress annually, or use the survey when the team needs to refocus on the basics.

STEP 1. INITIATE THE TEAM DEVELOPMENT SURVEY

- The Team Development Measure$^{©}$ (TDM) survey is available on the VA intranet at http://vaww.vssc.med.va.gov/TeamDevelopmentMeasure.

 From this page, you can:

  - Create a new survey that your team members will respond to. The system will automatically send a survey link to team members; the email will stress the importance of participating in the survey. You will need the name of your team and the names of your team leader and team members to set up a new survey.

  - Manage surveys you have already set up. The system will allow you to add/delete team members, check on a survey's response rate, send out reminder emails regarding a survey, or close out a survey and generate a report of the results.

  - Access TDM questionnaires that are waiting for your response. All survey responses will be collected anonymously.

  - Access TDM reports available to you either because you set up the survey and/or because you are part of a team that responded to a TDM survey.

The TDM report will include a description of the Team Development Measure$^{©}$, similar to that in this guide, so that the team members understand the framework. Your team's report will give you an overall score to indicate your position in the stages of team development. It will also provide information on your team's performance on each survey item, grouped by the components of team development (cohesiveness, communication, role clarity, goals & means clarity), and Tips for Teamwork.

STEP 2. DISTRIBUTE TEAM REPORT IN PREPARATION FOR MEETING

- Provide copies of the report to each team member several days before the team meeting.

- Ask them to review it and highlight anything that stands out for them or that they would like to discuss.

STEP 3. HOLD A MEETING TO REVIEW TDM REPORT

- Review the purpose of the meeting: to identify ways to improve teamwork.

- Ask if everyone has had a chance to review the report. If not, give them a few minutes to review before beginning the conversation.

Guiding the Conversation

1. Begin broadly; ask, "*What jumped out at you?*"

2. Next ask, "*What does everyone agree that the team is doing well?*"

3. For items where there isn't agreement that the team is doing well, ask, "*What could we do to improve in this area?*"

4. The TDM developers recommend beginning by working on the items where there is variation in responses. It's hard to begin on an item if everyone rates it poorly.

Facilitation tips

- ✓ *Encourage full participation. It is important that everyone feels that they can share*

- ✓ *Be sure to maintain a balance between positive and negative. It is easy to focus on just those areas where there is disagreement. Opportunities for improvement should be discussed against a backdrop of what you are already doing well*

- ✓ *Some prompting questions for reluctant participants:*

  - o *What do you think might account for the variation in team members' responses?*

  - o *What are the things that we think are most important to work on?*

  - o *Think about a team that you were on that worked really well and felt really good about (work team, sports team, drama, music)? What happened in that team that enhanced cohesiveness, communication, role clarity, and an understanding of goals and means? What could we do to get that feeling here?*

Wrapping up

1. Ask the team to identify 1-3 behaviors that they would like to work on. (see Action Plan Worksheet, pg. 8)

2. Plan to include these in the points for future team meeting evaluations.

3. Use the *Tips for Successful Teamwork* in this guide for ideas.

CONDUCTING A BRIEF TEAM REVIEW:

If you don't have time for a full meeting review, consider asking:

- *What do you consider to be the team's two or three greatest strengths?*

- *What are two or three things that the team should change or improve immediately that will make it more effective?*

PSYCHOMETRIC PROPERTIES OF THE TEAM DEVELOPMENT MEASURE

The TDM was tested on 145 teams ranging from 3 to 30 members. The measure has a Cronbach's alpha of 0.97 and a Rasch/IRT: person reliability of 0.96.   Mplus exploratory factor analysis all loaded heavily on a single factor (range 0.66 -0.85).

The Team Development Measure®

This questionnaire is a measure of team characteristics. Please indicate how much you strongly disagree – disagree – agree – strongly agree to each statement <u>as it applies to your team</u> at the present time. There are no right or wrong answers, just your perceptions. This survey is totally anonymous.

	Disagree Strongly	Disagree	Agree	Strongly Agree
1. Team members say what they really mean				
2. Team members say what they really think				
3. Team members talk about other team members behind their back				
4. Team members participate in making decisions about the work of the team.				
5. All team members feel free to share their ideas with the team				
6. All team members feel free to express their feelings with the team				
7. The team practices tolerance, flexibility and appreciation of the unique differences between team members				
8. The team handles conflicts in a calm, caring and healing manner				
9. Regardless of the topic, communication between the people on this team is direct, truthful, respectful and positive.				
10. The Team openly discusses decisions that affect the work of the team before they are made				
11. On this team, members support, nurture and care for each other				
12. The team has agreed upon clear criteria for evaluating the outcomes of the team's effort				
13. As a team, we come up with creative solutions to problems				

	Disagree Strongly	Disagree	Agree	Strongly Agree
14. In the team, there is more of a WE feeling than a ME feeling				
15. There is confusion about what the work of the team should be doing				
16. There is confusion about how to accomplish the work of the team.				
17. Roles and responsibilities of individual team members are clearly understood by all members of the team				
18. Team members place the accomplishments of the team ahead of their own individual accomplishments				
19. The goals of the team are clearly understood by all team members				
20. Team members define the goals of the team as more important than their own personal goals.				
21. I am happy with the outcomes of the team's work so far				
22. I enjoy being in the company of the other members of the team.				
23. This team is a personally meaningful experience for me				
24. I have a clear understanding of what other team members expect of me as a team member.				
25. The work I do on this team is valued by the other team members.				
26. I am allowed to use my unique personal skills and abilities for the benefit of the team.				
27. Some members of this team resist being led.				
28. Information that is important for the team to have is openly shared by and with all team members.				
29. All individuals on this team feel free to suggest ways to improve how the team functions				

	Disagree Strongly	Disagree	Agree	Strongly Agree
30. When team problems arise the team openly explores options to solve them.				
31. On this team the person who takes the lead differs depending on who is best suited for the task.				

Team Development Measure®
Action Plan Worksheet

Team/Project Name: _____

Date of Review: _____

Participants

Name	Job Title	Role in Team

Project Summary

Observations About the Team	Recommendations for the Future

TIPS FOR SUCCESSFUL TEAMWORK

Adapted from The Team Handbook®, Third Edition, Scholted, Joiner and Streible, Oriel Incorporated, 2003

TIPS FOR IMPROVING COHESION

Establish Ground Rules
Every team should establish ground rules, or "norms," addressing how meetings will be run, how team members will interact, and what kind of behavior is acceptable. Each member is expected to respect these rules, which usually prevents misunderstandings and disagreements.

Ideally the team should:
- Openly state or acknowledge norms

Symptoms of a problem:
- Certain important topics are avoided
- No one acknowledges norms
- Recurring differences about acceptable behavior
- Behavior that signifies irritation
- Conflicting expectations

Some strategies:
- If ground rules were not established and agreed to at the start of the team, take time to do this
- From time to time, review the ground rules, adding, deleting, or revising them as needed

Encourage Balanced Participation
Since every team member has a stake in the group's achievements, everyone should participate in discussions and decisions, share commitment to the project's success and contribute his or her talents.

 Ideally the team should:
- Have balanced participation
- Build on members' natural styles of participation

Symptoms of a problem:
- Some team members have too much influence
- Members contribute only at certain times or about certain topics

Some strategies:
- Send agendas out before meetings to allow participants to prepare for discussions

- Use brainstorming or a nominal group technique [11] to elicit input from all team members during discussions

TIPS FOR IMPROVING COMMUNICATION

Clear Communication
Good discussions depend on how well information is passed among team members.

Ideally, team members should:
- Speak clearly and directly
- Be succinct; avoid long examples
- Listen actively
- Avoid interrupting when others are speaking

Symptoms of a problem:
- Members unable to say what they feel
- Sense that there is more going on than is said
- Opinions expressed as facts
- "Plops" – statements that receive no acknowledgement or response
- Bullying statements
- Discounting opinions

Some strategies:
- Develop strong communications skills and learn to recognize problems that result from poor communication
- Use a meeting evaluation to discuss how well team members communicate
- Consider having observers (team members, coach or outsiders) watch the team and give honest feedback on communication dynamics

Beneficial Team Behaviors
Teams should encourage all members to use the skills and practices that make discussions and meetings more effective.

Ideally, team members should:
- Initiate discussions
- Seek information and opinions
- Suggest procedures
- Elaborate on ideas
- Complete assignments on time
- Summarize
- Test for agreement

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[11] "Nominal group technique is a structured method of generating a list and then narrowing it down. The first phase is silent brainstorming. In the second phase, members vote to reduce the list." The Team Handbook®, Third Edition, Scholtes, Joiner and Streible, Oriel Incorporated, 2003. Pg 3-14.

- Act as gatekeepers, manage participation
- Keep discussion focused
- Be creative in resolving differences
- Ease tension and work through difficulties
- Get agreement on standards
- Refer to documentation and data
- Praise and correct others fairly
- Accept both praise and complaints

Symptoms of a problem:
- Failure to use discussion skills
- No shared responsibility – reliance on one person
- People repeating points – not sure heard the first time
- Discussions are stuck – inability to let go of one topic
- Discussions are not candid – real discussion happens outside meeting

Some strategies:
- Learn principles of giving constructive feedback (Team Handbook 6-24) [12]
- Review Ten common team problems and solution strategies (Team Handbook 7-14) [13]
- The team leader can focus the team on developing effective discussion skills. For example, team members could pick two or three skills for the whole team to practice at a meeting, reviewing their performance during the meeting evaluation

Well-Defined Decision Procedures
An important characteristic of teams is the process used for decision-making. A team should always be aware of the different ways it reaches decisions.

Ideally the team should:
- Discuss how decisions will be made
- Explore important issues by polling
- Test for agreement
- Use data as the basis for decisions

Symptoms of a problem:
- Conceding to opinions that are expressed as fact with no supporting data
- Decisions by one or two people
- Too-frequent recourse to "majority rules"
- Decision by default; silence interpreted as agreement

Some strategies:
- Have the team leader or coach lead a discussion on decision-making by the team

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[12] The Team Handbook®, Third Edition, Scholted, Joiner and Streible, Oriel Incorporated, 2003. Pg 6-24.
[13] The Team Handbook®, Third Edition, Scholted, Joiner and Streible, Oriel Incorporated, 2003. Pg 7-14.

- Occasionally, designate a member or outsider to watch and give feedback on how decisions are made so the group can talk about any changes it needs to make

Awareness of the Group Process and non-verbal communication
Ideally, all team members will be aware of the group process – how the team works together – *and* pay attention to the content of the meeting.

Ideally, team members should:
- Be sensitive to nonverbal communication
- See, hear, and feel team dynamics
- Comment and intervene to correct group process problems
- Contribute equally to both content and process
- Work on group process issues

Symptoms of a problem:
- Avoiding group dynamic issues
- Pushing ahead on the task when there are signs of resistance or confusion
- Inattention to obvious nonverbal cues
- Members attributing motives to nonverbal behavior
- Remarks that discount someone's behavior or contribution

Some strategies:
- Have a facilitator or coach observe and evaluate how well the team handles problems, confusion, discussions, and so forth
- Encourage the team to have several "process checks," times when members can say how they think the meeting is going, or express thoughts for which there are no appropriate times in the meeting
- Routinely include group process issues in meeting evaluations

TIPS FOR CLARIFYING TEAM ROLES

Clearly Defined Roles
Teams operate most efficiently when they tap everyone's talents and when all members understand their duties and know who is responsible for what issues and tasks.

Ideally the team:
- Has formally designated roles
- Understands which roles belong to one person and which are shared
- Uses each member's talents
- Involves everyone in team activities

Symptoms of a problem:
- Roles and assignments that result from pecking order
- Confusion over who is responsible for what

- People getting stuck with the same tedious chore

Some strategies:
- The team must decide how roles will be assigned and changed
- Review your pre-work materials or the VHA Improvement Guide for suggested team and meeting role descriptions
- Have the team leader discuss the responsibilities and roles of all involved with the team
- The team leader might facilitate discussions on what duties must be assigned, how they will be assigned, and how they can be changed
- Reach consensus about roles within the team

TIPS FOR CLARIFYING GOALS AND MEANS

Clarity in Team Goals
A team works best when everyone understands its purpose and goals. If there is confusion or disagreement, they work to resolve the issues.

Ideally the team:
- Agrees on its charter or works together to resolve disagreement
- Sees the scope of the charter as workable
- Has a clear vision and can progress steadily toward its goals
- Is clear about both larger project goals and purpose of individual steps

Symptoms of a problem:
- Frequent switches in directions
- Frequent arguments about what team does next
- Feeling project is too big or inappropriate
- Frustration at lack of progress
- Excessive questioning of each decision or action
- Floundering

Some strategies:
- If team members feel they don't understand the charter, or are unclear on goals, review your team charter (if you have one) as a group to be sure everyone has the same understanding
- Encourage team members to ask questions about a decision or event until they are satisfied with the answers
- If you find the charter is too broad, work with your sponsor to make it more manageable

A Plan for Improvement
Work plans help the team determine what advice, assistance, training, materials and other resources it may need. They guide the team in determining schedules and identifying milestones.

Ideally the team:
- Has created a work plan

- Has a process map or description of work steps and refers to these documents when discussing next steps
- Knows what resources and training are needed

Symptoms of a problem:
- Uncertainty about direction
- Being "lost in the woods"
- "Fishing expeditions"
- "Filling the sky with lead"

Some Strategies:
- Consult The Office of Systems Redesign's *VHA Systems Improvement Framework Guidebook*[14] for tools and guidance on planning improvement projects
- If needed, seek assistance from a coach or technical advisor (e.g, Systems Redesign Point of Contact, Quality Manager, or other knowledgeable person)

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https://srd.vssc.med.va.gov/Committee/si/VHA%20Improvement%20Framework/System%20Improvement%20Framework%20Guidebook%20-FINAL%20Jan%2020%202010.doc

MODULE 2:

GUIDE TO THE
AFTER ACTION REVIEW

AFTER ACTION REVIEW
OVERVIEW

Organizational learning requires that teams continuously assess their performance to identify and learn from successes and failures. The After Action Review (AAR) is a simple but powerful tool to help you do this. Conducting an AAR at the end of a project, program or event can help you and your team learn from your efforts. Furthermore, sharing the results from your AAR can help future teams learn your successful strategies and avoid pitfalls you have worked to overcome.

About the After Action Review

First used by the Army on combat missions, the AAR is a structured approach for reflecting on the work of a group and identifying strengths, weaknesses, and areas for improvement. It is routinely used by project teams in the VA's Emergency Management program and by corporations such as GE, British Petroleum and Motorola. An AAR conducted after hurricane Katrina led to new systems for communications during natural disasters.

One team member reported, "without an AAR you keep learning your lessons again *the hard way!"*

An AAR is centered on four questions:
- What was expected to happen?
- What actually occurred?
- What went well and why?
- What can be improved and how?

An AAR features:
- An open and honest professional discussion
- Participation by everyone on the team
- A focus on results of an event or project
- Identification of ways to sustain what was done well
- Development of recommendations on ways to overcome obstacles

Who should use this AAR tool?

This tool is for all teams who want to maximize learning from their work (ranging from one-time events to long-term projects). Regardless of project outcomes, there are always successes to document and lessons to learn. The entire project team should attend the AAR; everyone's voice counts.

When should we use the AAR tool?

This tool can guide your team in conducting an AAR shortly after a project or program ends. The same approach can also be used with less structure or formality midway through a project for the benefit of the team if the work isn't progressing as the group would like.

What time and resources do we need to use this tool?

Formal AARs are ideally conducted with a facilitator, while spontaneous or informal AARs can be led by a member of the project team. The time required to conduct an AAR varies. A formal review may take 1 to 2 hours. Informal AARs may be conducted in whatever time your team can allot. A conversation as short as 15 minutes might identify barriers to your progress and strategies to overcome them.

USER'S GUIDE TO THE AFTER ACTION REVIEW

Conducting an AAR can offer insights to project participants and provide guidance for future teams engaged in similar efforts. Using this approach to routinely review projects and programs will contribute to a culture of continuous organizational learning and improvement.

This guide will teach you how to conduct a formal After Action Review. An AAR features:

- ◆ advanced planning,
- ◆ a facilitator who, ideally, is not a member of the team, and
- ◆ a report that captures the lessons learned

The same framework and questions may be applied with less advanced planning and documentation as an *informal AAR.*

The facilitator or team member who will lead the AAR should read this guide carefully before scheduling the AAR session.

STEP 1. PLANNING AN AFTER ACTION REVIEW

A. Logistics

Once the team has decided to conduct an AAR, the facilitator (or responsible team member) should schedule the session, ideally, within 2 weeks of project completion.

For best results:

- ◆ Conduct the team meeting in person, rather than by phone or teleconference
- ◆ Ensure participation by all team members
- ◆ If an outside facilitator is being used, he/she should meet with the team leader to become familiar with the work before conducting the session.

How much time should we plan for our AAR?
The time you allot for your AAR will depend on a variety of factors, including the critical nature of the event or project and the resources available to your team (including the availability of team members). It is recommended that you set aside a time equal to 20 minutes per team member. If necessary, the review can be continued on a second meeting day.

Should we have an outside facilitator?

Outside facilitators may be more effective. They are less likely to get caught up in the content of the conversation and can encourage all team members to participate in the conversation.

If there is not an external facilitator available, a team member can fill this role. When a team member serves as a facilitator, it is important to ensure that they participate in the discussion as **both** facilitator and team member. Self-facilitation is a little tricky but with proper attention, it can be done successfully.

Where can I find a facilitator?

Ask someone from the Quality Management, Systems Redesign, or Patient Safety office in your facility or VISN. If your facility has a training department, one of their representatives can also fill this role.

Supplies

Flip chart and markers
AAR Report Template (see below)

Meeting roles

Note taker: Assign a team member to take notes on the flip charts. If the AAR is an hour or longer, consider having team members rotate this job so everyone can participate fully.

Timekeeper: Assign times to the sections of the AAR in advance and ask someone to play the role of time keeper *(this is important - it is easy for groups to get lost in conversation and not have time to cover all sections of the review)*

B. **Organizing the AAR discussion**

There are several approaches that can be used to organize the AAR discussion. The facilitator should consider the options and choose an approach before the session.

By key events, themes or issues

When there is a logical set of themes or events, it may be useful to organize an AAR discussion around them. For instance, to conduct an AAR for a learning collaborative, one might focus on themes, such as pre-work, the content of the learning sessions, the coaching, and reporting and measurement.   A systems redesign team might use the VA-TAMMCS[15] framework to organize the discussion. (Did we have the right team? Did we work well together? Was there a clear

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[15] For more information, refer to the VHA Office of System Redesign's VHA Systems Improvement Framework Guidebook, posted at https://srd.vssc.med.va.gov/Pages/default.aspx.

and measurable aim that everyone understood and worked toward? Did we use data to understand our current processes?)

<u>Chronological order of events</u>

When there is not a logical choice of themes or events, a chronological review can be easy to structure and understand. It follows the flow of the activity from start to finish. By covering actions in the order they took place, participants may more easily recall what happened.

<u>Other approaches</u>

Sometimes an AAR facilitator will employ a blended discussion technique that draws from elements of a chronological and thematic review. Other approaches a facilitator might integrate include:

- Drilling further into the process or resources behind an event or set of events

- Asking participants to identify unexpected results and discuss their impact

- Collecting data through complementary or more detailed review methods (evaluations, surveys, statistics, etc.)

- Simply asking, "What worked well and what didn't?"

STEP 2. CONDUCTING AN AFTER ACTION REVIEW

A. Introducing and "setting up" the AAR

The task of the facilitator (or AAR leader) is to guide the group through a review of the project, using a standard set of questions:

- What was expected to happen?
- What actually occurred?
- What went well and why?
- What can be improved and how?

Start by reminding the team of the purpose and context of this meeting:

- The goal is to guide and improve the work of future project teams.
- The AAR does not grade success or failure.
- There are always weaknesses to improve and strengths to sustain.
- Participants should share honest observations about what actually happened (objective data) without assigning blame or praise.

◆ No one has all of the information or answers. Everybody has something important to contribute.

◆ Set an atmosphere of openness. If necessary, you can introduce ground rules or expectations for the session.

Sample ground rules for an AAR

◆ Active participation: it is important for everyone to participate
◆ Everyone's views have equal value
◆ No blame
◆ There are no right or wrong answers
◆ Be open to new ideas
◆ Be creative in proposing solutions to barriers
◆ "Yes….and" rather than "either/or" thinking
◆ Consensus where possible, clarification where not
◆ Commitment to identifying opportunities for improvement and recommending possible improvement approaches
◆ No record of the discussion will be distributed without the agreement of all participants
◆ Quotes will not be attributed to individuals without permission

B. Guiding the AAR Discussion

This part of the meeting will be a conversation. There are two options: asking the probing questions and let the conversation develop; or, if the team is more subdued, identifying the issues first and then choose the ones to work on as a team.

Ask, "What was expected to happen?"
Start by asking what the project team originally set out to do. Begin with the charter or other project planning documents. Encourage details. Some prompts that may be useful include:

◆ What was the purpose and objectives?
◆ Who was the audience?
◆ What was the initial timeline?
◆ Who was involved?
◆ What outcomes and outputs were intended?
◆ What products were to be produced?
◆ What facilitators and barriers were expected*?*

Ask, "What actually occurred?"
It is important that participants focus on what transpired without determining what was good and what was bad. It is also important that full participation is encouraged so that all can add

their perspective of what happened. Resolve inconsistencies in the story and/or fill in gaps in the story.

Facilitator tips
- *Give participants a couple of minutes to think about and perhaps write down their ideas before anyone speaks.*
- *To get maximum participation from the group, try going around the room to give everyone a chance to speak or asking quieter members for their ideas first.*
- *Ask participants to be specific in their statements and avoid generalizations.*
- *Summarize or repeat back to the group often*
- *Focus on the facts. Feelings need to be acknowledged, but future recommendations have to be based on agreed facts.*

Ask, "What went well and why?'
Always start with the good points. Ask, "What were the successful steps taken towards achieving your objective?" or "What went really well in the project?" We should be seeking to build on best practice as much as we can, and identifying strategies to ensure that successful practices are built in to future work and repeated.

Facilitator tips
- *During this segment, "bad" points as well as "good" will be raised. Try not to pass judgment - it will stifle participation. Let everyone be heard and move on to the next participant or topic.*
- *If time is short, a good approach is to ask people what they thought had the greatest impact on the success they achieved. If this has already been covered, ask them to choose the next most important factor.*

Ask, "What can be improved, and how?"
Identify the stumbling blocks and pitfalls, so they can be avoided in the future.   The following prompts may be useful:
- Given the information and knowledge we had at the time, what could we have done better?
- Given the information and knowledge we have now, what are we going to do differently in similar situations in the future to ensure success?
- What would your advice be to future project teams based on your experiences here?

Facilitator tips
- *When trying to identify the root cause for a problem or something that didn't go well, ask "why?" several times.*

◆ *It is important that discussions of stumbling blocks not become witch-hunts or finger-pointing exercises.*

◆ *It is okay to let people have their say, but you may have to keep pulling them back from the problems of the past to ask "so what would you do differently next time?"*

C. Closing the AAR Discussion

To close the AAR session, summarize key points identified during the discussion. The session should end on a positive note, linking observations to recommendations for future improvements. Let the team know what the plans are for reporting and sharing the lessons learned during the AAR. (A draft report form is included in this module)

Assign roles for follow up

The team leader and facilitator should discuss in advance the process for writing up the AAR report. Share this with the team, ask for volunteers if desired. Clarify for the team who will receive copies of the report.

STEP 3. SHARING THE AAR RESULTS

The greatest benefit of an AAR comes from applying the lessons learned to future work and teams.

The AAR Report Template offers a convenient format for summarizing the findings of your AAR. Some steps a team leader or facilitator can take to increase the likelihood of having an impact on future work include:

◆ Provide a clear summary of concrete and actionable recommendations that will improve the process.
◆ Identifying tasks and topics requiring leadership attention.
◆ Share the AAR report with your project sponsor or other appropriate leader in your facility, VISN or national VHA offices.

AFTER ACTION REVIEW REPORT TEMPLATE

Background:

1. Team/Project Name: _____

2. Project/Event Reviewed:

3. Date of Review: _____

4. When review was completed:

☐ **During Project**

☐ **After Project Completion**

5. Participants

NAME	JOB TITLE	ROLE IN TEAM
		Facilitator

6. Please provide a summary of your project or event

7. **What went well and why?**

(What were the successful steps taken towards achieving your objective?)

Successes	How to Ensure Success in the Future

8. **What can be improved and how?**

(What could have been done better? What can we do differently in similar situations in the future to ensure success? What would be your advice to future project teams?)

What can be improved	Recommendations

AFTER ACTION REVIEW
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PN-ADF-360, After-Action Review Technical Guide. United Stated Agency International Development, February 2006. http://pdf.dec.org/pdf_docs/PNADF360.pdf

The U.S. ARMY'S After Action Reviews: Seizing The Chance To Learn. An Excerpt from: David A Garvin's book, "*Learning In Action, A Guide to Putting the Learning Organization to Work*" (Boston: Harvard Business School Press, 2000), 106-116.
http://www.wildfirelessons.net/documents/Garvin_AAR_Excerpt.pdf

Training Circular 25-20, A Leader's Guide to After-Action Review, Headquarters, Department of the Army, Washington DC, 30 September 1993. http://www.au.af.mil/au/awc/awcgate/army/tc_25-20/table.htm

ADDITIONAL EVALUATION RESOURCES

This *Resource Guide* will grow over time and all readers are invited to send comments and suggestions to CIPRS@va.gov. In the interim, if you would like to learn more about evaluation, below is a list of evaluation tools and resources you can access.

General Program Evaluation Resources

◆ **Center for Disease Control and Prevention's (CDC) Division of Adolescent and School Health's Evaluation Research Team**

This site provides evaluation technical assistance to their Funded Partners through a variety of evaluation resources and tools. Among the resources on their website are:

◆ An Evaluation Brief on "Logic Model Basics"
◆ An Evaluation Brief on process evaluation (how a program was implemented and operates)

◆ **Center for Disease Control and Prevention (CDC) Evaluation Working Group**

This working group promotes program evaluation in public health. This website provides information on the CDC Evaluation Framework; basic background information on program evaluation; and links to hundreds of manuals, tools, and resources from other organizations.

◆ **Evaluation: a systematic approach, Seventh Edition, Rossi, Lipsey, and Freeman, Sage Publications, Inc, 2004.**
This textbook on how to design, implement, and appraise the utility of social programs through the use of evaluation methods.

◆ **Evaluation in Organizations: A Systematic Approach to Enhancing Learning, Performance, and Change, Russ-Eft and Preskill, Perseus Publishing, 2001.**
This textbook is on theory and the practice of program, process, and product evaluations. This book focuses on how evaluation can effectively inform decision-making and action within organizations, specifically around issues of learning, performance, and change.

◆ **Department of Health and Human Services (DHHS) Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) Program Manager's Guide to Evaluation**

The guide explains program evaluation - what it is, how to understand it, and how to do it. It answers your questions about evaluation and explains how to use evaluation to improve programs and benefit staff and families.

◆ **US General Accounting Office (GAO) Program Evaluation and Methodology Division**
The GAO Program Evaluation and Methodology Division produced a series of papers to provide GAO evaluators with guides to various aspects of audit and evaluation methodology, to illustrate applications, and to indicate where more detailed information is available. Two publications from this series are:
Designing Evaluations (March 1991)
Case Study Evaluations (November 1990)

◆ **University of Wisconsin Extension Program (UWEX) Development and Evaluation Unit**

The Program Development and Evaluation Unit provides training and technical assistance that enables Cooperative Extension campus and community-based faculty and staff to plan, implement and evaluate high quality educational programs. Among the tools available on their website are:

   ◆ "Planning a Program Evaluation" booklet and worksheet
   ◆ Information on logic models (i.e., templates for creating a logic model and examples of logic models)

◆ **W.K. Kellogg Foundation Evaluation Toolkit**

This toolkit was developed to provide the Foundation's grantees with guidance on how to evaluate and learn from their work. This website includes information on evaluation approaches and questions, how to formulate and evaluation plan, and how to budget for an evaluation.

Other W.K. Kellogg Foundation resources include:

   ◆ W.K. Kellogg Foundation Evaluation Handbook
   ◆ Logic Model Development Guide

Resources Related to Evaluation in the VA

◆ **Emergency Management Program**
(Note: The website can only be accessed from within the VA)

This chapter of the Emergency Management Program Guidebook provides information on the evaluation of the Program through periodic monitoring and annual reviews. The chapter

includes tools used to evaluate the program, including checklists, scoring sheets, and an After-Action report template.

◆ **System-Wide Ongoing Assessment and Review Strategy (SOARS)**
(Note: The website can only be accessed from within the VA)

SOARS provides assessment and educational consultation to volunteer VA facilities using a systematic method for ongoing self-improvement. This website includes assessment tools, reports, and information on strong practices and strong programs.

◆ **VA Surgical Quality Improvement Program (VASQIP)**
(Note: The website can only be accessed from within the VA)

The Department of Veterans Affairs Surgical Quality Improvement Program (VASQIP) utilize clinical nurse reviewers to collect detailed preoperative risk, procedural, and outcomes data on veterans having major surgery at 124 VA hospitals nationally. This program allows for patient-specific risk assessment, evaluation of hospital operative complexity, and quality improvement reporting for hospital, VISN, and VACO evaluation of patient care.

Examples of Evaluations Conducted in VA

◆ **Advanced Clinic Access (ACA) Model**

HSR&D's Management Decision and Research Center (MDRC) evaluated the adoption of the Advanced Clinic Access (ACA) model in VA medical centers. Information on this evaluation is provided through two abstracts: Implementation and Diffusion of Advanced Clinic Access in VA Medical Centers and Implementation and Effectiveness of Advanced Clinic Access.

◆ **CBOC Performance Evaluation Project**

The HSR&D Center of Excellence at Seattle, in collaboration with the HSR&D Centers of Excellence in Little Rock and Minneapolis designed and carried out a system-wide evaluation of VHA Community-Based Outpatient Clinics (CBOCs)

◆ **Hospital Use and Survival Among Veterans Affairs Beneficiaries**

This evaluation examined the effect of Department of Veterans Affairs (VA) medical care system initiatives to reduce hospital care in the mid-1990s on the survival and hospital use of VA beneficiaries.

This work was supported by a grant from HSR&D (SDR 98-001 to Carol Ashton, MD, MPH)

Citation: Ashton CM, Souchek J, Petersen NJ, Menke TJ, Collins TC, Kizer KW, Wright SM, Wray NP. Hospital use and survival among Veterans Affairs beneficiaries. N Engl J Med. 2003 Oct 23;349(17):1637-46.

◆ **Integration of the New York Harbor Healthcare System**

This abstract provides information about the evaluation of the integration of the Brooklyn and New York VA medical centers. The evaluation was conducted by the HSR&D Management Decision and Research Center (MDRC) and was funded by the VA New York Harbor Healthcare System (NYHHS).

◆ **Reform of the Veterans Affairs Health Care System**

This report describes the reform of VA health care system that occurred in the mid-1990s.

Citation: Iglehart JK. Reform of the Veterans Affairs heath care system. N Engl J Med. 1996 Oct 31;335(18):1407-11.

◆ **Service Line Reports**

In response to a request from the Under Secretary for Health, the Health Services Research and Development Service, through its Management Decision and Research Center and Houston Center for Quality of Care and Utilization Studies, conducted a three-year evaluation of service lines in the Department of Veterans Affairs (VA). The evaluation focused on implementation and effectiveness of service lines at both Veterans Integrated Service Network (VISN) and facility levels.

◆ **Transforming Academic Medical Centers**

This abstract describes a study analyzing and describing the factors that affect organizational change in academic medical centers. The organizational change examined was the creation of three health care systems in the Department of Veterans Affairs (Chicago, New York Harbor, and Boston).

◆ **Variations in Nurse Practitioner Use in Veterans Affairs Primary Care Practices**

This report describes an evaluation of the contribution of environmental and organizational factors on the number of Nurse Practitioners in the VA.

Citation: Huang PY, Yano EM, Lee ML, Chang BL, Rubenstein LV. Variations in Nurse Practitioner Use in Veterans Affairs Primary Care. Health Serv Res. 2004 August; 39(4 Pt 1): 887-904.