



## MUTUAL SUPPORT

*A chain is only as strong as its weakest link.*

– Author Unknown



### SUBSECTIONS

- Task Assistance
- Feedback
- Advocacy, Assertion, and Conflict Resolution
- Two-Challenge rule, CUS, and DESC script
- Collaboration
- Teamwork Actions

**TIME:** 50 minutes





## EXERCISE: MUTUAL SUPPORT— OPTIONAL

### Mutual Support



You have the option of using the following scenario if you want.

#### SAY:

The focus of this module is mutual support and the behaviors that make up this core team skill. To begin this module, we are going to read through a scene involving three nurses. Please think about how the members of this team work together in the following scenario.

#### DO:

Use the scenario below or select another from the specialty section. Ask for three volunteers to perform the parts for the rest of the participants.

#### SAY:

Two nurses are at the desk during a brief lull in a busy day. They notice another nurse racing busily from the supply area to the gurneys, glancing over at them as she passes.

#### **Scenario Script:**

Nurse #1: "Let's see whether Maureen can use some help."

Nurse #2: "My patient will be back from X-ray in just a few minutes, and I hate to get tied up. Besides, Maureen doesn't usually accept help from anyone."

Nurse #1: "Come with me. I'll show you how it's done."

*(Nurse #1 approaches Nurse #3.)*

Nurse #1: "Maureen, I can see you're busy. I have about 5 minutes before my patient gets back from X-ray. I can start this IV for you while you tend to your other patient if you like."

Nurse #3: "Thanks. The IV is set up. You just need to start the line."

*(Nurse 3 exits.)*

Nurse #1: "The key to offering assistance is being clear about how much time you have and what tasks you're able to pick up."



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#### MODULE TIME:

50 minutes



#### MATERIALS:

- Mutual Support Exercise Sheet



#### CUSTOMIZABLE CONTENT

# OBJECTIVES



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## SAY:

In this module, we'll:

- Define mutual support
- Discuss task assistance and the types of feedback
- Describe advocacy, assertion, and the Two-Challenge rule
- Discuss "CUS" and "DESC script" techniques
- Discuss common approaches to conflict resolution
- List barriers, tools, strategies, and outcomes of mutual support

# TeamSTEPPS TEAM SKILLS

## Mutual Support

### SAY:

Mutual support is a key component of the teamwork process and is intimately linked to the other three essential elements of teamwork:

- Because mutual support involves the willingness and preparedness to assist other team members during operations, it is enhanced by team leadership, given that team leaders encourage and role model “back-up” behaviors.
- Mutual support is derived from situation monitoring through the ability to anticipate patient needs, as well as other team members’ needs with accurate knowledge of their responsibilities. (Recall that a clear assessment of the situation is requisite to providing support.)
- Mutual support is also moderated by communication that influences the delivery and ultimate effectiveness of the mutual support.

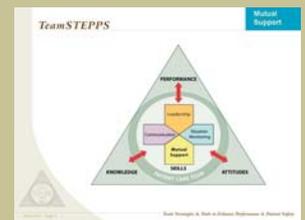
There are many situational factors that influence workload and the need for mutual support. Break off into groups for a 4-minute brainstorm on the situational factors that influence workload and the need for mutual support. At the end of the 4-minute period, your group will present one factor from your list to the group.

### DO:

Break off groups and supply whiteboards/paper to record ideas to report to the whole class. Below is a list of some of the situational factors influencing workload that should be captured or mentioned.

#### **Possible Answers:**

- Planning—planning can decrease workload
- Unexpected events—can quickly generate work that overwhelms people
- Patient volume—extremes and high flows
- Environmental design—location of resources
- Skill mix—experience levels
- Performance of other departments—delays and wrong equipment
- Patient state
- Lack of or malfunctioning equipment



### Slide



#### TIME:

5 minutes



#### MATERIALS:

- Flipchart or Whiteboard (Optional)
- Markers (Optional)

# MUTUAL SUPPORT



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### MATERIALS:

- Flipchart or Whiteboard (Optional)
- Markers (Optional)

### SAY:

Mutual support, which is commonly referred to as “back-up behavior” in the teamwork literature, is critical to the social and task performance aspects of teams. The construct suggests some degree of task interchangeability among members because they must fully understand what each one of the others does. To compensate for individual differences in team performance, constant vigilance is required of all team members.

Mutual support enables teams to function effectively. It is the essence of teamwork. In a healthcare environment, one team member's work overload may result in fatal consequences. Mutual support provides a safety net to help prevent errors, increase effectiveness, and minimize strain caused by work overload. Over time, continuous mutual support fosters team adaptability, mutual trust, and team orientation.



### DISCUSSION:

- What types of behavior do you think constitute mutual support or team back-up behavior?

#### **Potential Answers:**

Below are some team backup behaviors that could be captured on the final list.

- Monitoring other team members' performance to anticipate assistance requests
- Offering or requesting assistance
- Filling in for a member who is unable to perform a task
- Cautioning team members about potentially unsafe situations
- Self-correcting, as well as helping others correct their mistakes
- Distributing and assigning work thoughtfully
- Rerouting/delaying work so that the overburdened team member can recover
- Regularly providing feedback to each other
- Providing encouragement

\*\* We'll focus specifically on task assistance, feedback, advocacy and assertion, and conflict resolution as tools for mutual support.

# TASK ASSISTANCE

## Mutual Support

### SAY:

One method of providing mutual support is through task assistance. Task assistance is guided by situation monitoring because situation awareness allows team members to effectively identify the need for assistance by others on the team. To a certain degree, some of us have been conditioned to avoid asking for help because of the fear of suggesting lack of knowledge or confidence. Many people refuse to seek assistance when overwhelmed by tasks. In support of patient safety, however, task assistance is expected. What can happen when we are overwhelmed and we do not seek task assistance?

### ASK:

- What can happen when we are overwhelmed and we do not seek task assistance?

### SAY:

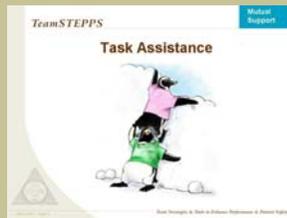
Error vulnerability is increased when people are under stress, are in high-task situations, and when they are fatigued. One of the most important concepts to remember with regard to Task assistance is that assistance should be actively given and offered whenever there is a concern for patient safety related to workload. Always remember the focus should be on patient safety rather than the individuals need for task assistance.

Task assistance may involve asking for assistance when overwhelmed or unsure; helping team members to perform their tasks, shifting workload by redistributing tasks to other team members, delaying/rerouting work so the overburdened member can recover, and/or filling in for overburdened team members when necessary.



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## TASK ASSISTANCE (continued)



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### SAY:

There are several factors that influence task assistance.

1. *Type of situation:* Some team members react differently to offers and requests for help during emergent versus routine situations. Effective teams place all offers and requests for assistance in the context of patient safety and progress toward team goals, regardless of the situation.

2. *Attitudes and beliefs:* Some attitudes restrict team members from offering or requesting assistance. What examples of attitudes and beliefs can you think of that could affect task assistance?

Effective teams replace these attitudes with a strong value for patient safety. Team members foster a climate in which it is expected that assistance will be actively sought and offered as a method for reducing the occurrence of error.

3. *Style of communication:* Personal style can have a significant influence on support actions taken by the team. A person's tone of voice or use of avoidance behaviors (e.g., being inaccessible or elusive) may inhibit others from asking for help. Effective teams demonstrate a willingness to engage in support behaviors wherever there is a need, and they communicate the information necessary to achieve that objective.

## DISCUSSION: TASK ASSISTANCE

### SAY:

Task assistance completes an activity or solves a problem. In regard to task assistance, remember to—

- Communicate clear and specific availability of time and skills when offering assistance.
- Foster a climate supportive of task assistance—helping each other may have a domino effect.
- Use common courtesy when asking for help.
- Close the loop on task communication—ensure the task was completed correctly.
- Account for experience level.

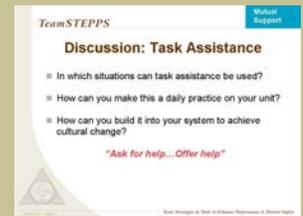


### DISCUSSION:

- Where can task assistance be used when you have someone to help and someone willing to receive help?
- When is it appropriate to offer or ask for task assistance?
- How can you build task assistance into your system to achieve cultural change?

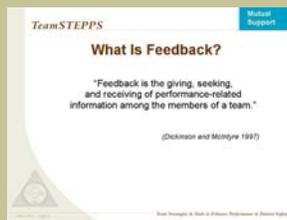
### SAY:

Culture is affected by behavior. If behavior is exhibited consistently, it becomes part of the culture.



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# WHAT IS FEEDBACK?



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## SAY:

Another type of mutual support is feedback. Feedback is information provided for the purpose of improving team performance. The ability to communicate self-improvement information in a useful way is an important skill in the team improvement process. Feedback can be given by any team member at any time. It is not limited to management roles or formal evaluation mechanisms. Performance feedback benefits the team in several ways:

- Fosters improvement in work performance
- Meets the team's and individual's need for growth
- Promotes better working relationships
- Helps the team set goals for ongoing improvement

## DISCUSSION:

- What are examples of giving feedback?
  - Cautioning team members about potentially unsafe situations. Example: “Your patient’s blood pressure appears to be dropping. Do you think we should address this?” or “It looks like you’re having some difficulty getting an IV inserted. I have a few minutes and will get a central line set up in case you need one.”
  - Providing necessary information. Example: “I’ve brought you the file containing the patient’s medical history and old EKGs. I think the patient has a strong family history of hyperlipidemia and heart disease.”
  - Providing encouragement. Example: After she worked her first major trauma, she was told by the head trauma nurse that she did a great job and stayed cool and composed under the stress of the situation.

# TYPES OF FEEDBACK

## SAY:

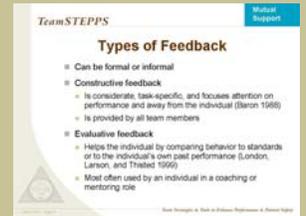
Feedback can be provided by anyone on the team, it can be formal or informal, and it can be constructive or evaluative. Formal feedback tends to be retrospective in nature, is typically scheduled in advance and away from the clinical area, and has an evaluative quality. Examples include collaborative discussion, case conferences, and individual performance reviews. Typically, informal feedback occurs in real time and on an ongoing basis and focuses on knowledge and practical skills development. Examples include huddles and debriefs.

Constructive feedback is task-specific, focuses attention on the performance and not on the individual, usually is provided by all team members regardless of their role on the team, and is most beneficial when it is focused on team processes and is provided regularly. Evaluative feedback helps the individual understand performance by comparing behavior with standards or with the individual's own past performance. It is not a comparison of the individual's performance with that of other team members, and most often it is provided by individuals in a mentoring or coaching role.



## DISCUSSION:

- Could someone provide an example of when he or she effectively provided feedback?



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## CHARACTERISTICS OF EFFECTIVE FEEDBACK



### Slide

#### SAY:

Feedback is the facet of team communication in which learning occurs. Rules of effective feedback include the following:

- **Timely**—If you wait too long, facts are forgotten and the feedback loses its “punch.” Feedback is most effective when the behavior being discussed is still fresh in the mind of the receiver.
- **Respectful**—The feedback should not be personal, and it should not be about personality. It should be about behavior. Never attribute a team member's poor performance to internal factors because such destructive feedback lowers self-efficacy and subsequent performance.
- **Specific**—The feedback should relate to a specific situation or task. Imagine that you are receiving feedback from a peer who tells you that your surgical techniques need work. That statement is too general to use as a basis for improvement. The person receiving feedback will be better able to correct or modify performance if specific actions are mentioned during feedback.
- **Directed**—Goals should be set for improvement.
- **Considerate**—Be considerate of team members' feelings when delivering feedback, and remember to praise good performance. A feedback message will seem less critical if you provide information on the positive aspects of a person's performance as well as how the person may improve. Generally, fairness and respect will cushion the effect of any negative feedback.

Feedback may also be used to reinforce positive behaviors. All of us benefit from knowing that we've done a good job and that it has been recognized by others. Unacceptable negative feedback would include the following:

- **Delayed feedback**—Feedback must be timely enough for an individual to be able to readily associate it with the behavior. Delivering feedback several weeks after a poor performance has occurred is too late for it to be effective.
- **Publicly delivered feedback**—Negative feedback should never be expressed to individuals in front of other team members. The outcome of this approach is that individuals could possibly feel humiliated.

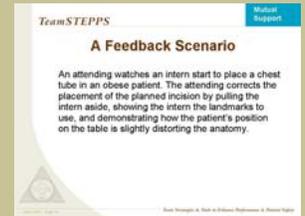
# A FEEDBACK SCENARIO

## SAY:

An attending watches an intern start to place a chest tube in an obese patient. The attending corrects the placement of the planned incision by pulling the intern aside, showing the intern the landmarks to use, and demonstrating how the patient's position on the table is slightly distorting the anatomy.

## DISCUSSION:

- Is the feedback timely?
  - Yes. It is immediate and keeps patient safety of primary concern.
- Is the feedback respectful and related to behavior?
  - Yes. It is behavioral in nature and not criticism directed at the intelligence of the intern.
- Is it specific?
  - Yes. It suggests specific considerations to be aware of in the future.
- Is it directed?
  - Yes. It is directed in showing the intern how to evaluate future patients and to be sure the anatomy is not distorted.
- Is it considerate?
  - Yes. It is considerate to show that this is an abnormal situation and one the intern had not yet been trained to consider. Also, pulling the intern aside and not embarrassing him in front of the patient was appropriate.



## Slide

# PROVIDING FEEDBACK EFFECTIVELY



### Slide



#### VIDEO TIME:

29 seconds



#### MATERIALS:

Feedback.Doc  
ToMedTech.  
INPTMED Video



#### CUSTOMIZABLE CONTENT

### SAY:

Here we will see an example of a doctor providing feedback to medical tech. Please think about the guidelines for giving effective feedback as you watch the video.

### DO:



Play video by clicking the director icon on the slide.



### DISCUSSION:

- What was effective in the feedback provided?
  - Appears to be timely
  - Respectful and related to behavior
  - Specific
  - Directed
  - Considerate
  - Effective communication technique will be shared with others for continuous learning

# ADVOCACY, ASSERTION, AND CONFLICT RESOLUTION

## Mutual Support

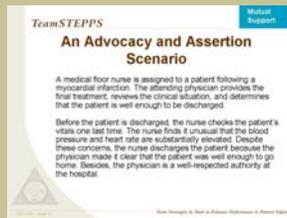
### SAY:

Advocating for the patient and asserting your viewpoint are both important aspects of engaging in mutual support. However, even when used correctly, these techniques may lead to conflict. Conflict resolution is a skill team members need to deal with interactions that reflect both system and patient care problems that tend to pull them apart.



### Slide

# AN ADVOCACY AND ASSERTION SCENARIO



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CUSTOMIZABLE  
CONTENT

## SAY:

A medical floor nurse is assigned to a patient following a myocardial infarction. The attending physician provides the final treatment, reviews the clinical situation, and determines that the patient is well enough to be discharged. Before discharge, the nurse checks the patient's vitals one last time. The nurse finds it unusual that the blood pressure and heart rate are substantially elevated. Despite concerns, the nurse discharges the patient because the physician made it clear that the patient is well enough to go home. Besides, the physician is a well-respected authority at the hospital.



## DISCUSSION:

- What might the outcome be?
- Why didn't the nurse discuss his concerns with the physician?
- If you were in this situation, what would you have done differently?
- What should the nurse do if he voices his opinion and is not taken seriously?

## SAY:

We're now going to discuss the format and tools of effective advocacy and assertion, and several tools of conflict resolution.

# ADVOCACY AND ASSERTION

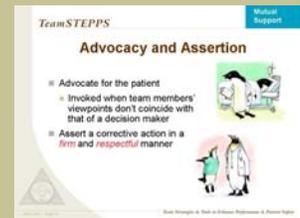
## Mutual Support

### SAY:

Advocacy and assertion interventions are invoked when a team member's viewpoint does not coincide with that of a decision maker. In advocating for the patient and asserting a corrective action, the team member has an opportunity to correct errors or the loss of situation awareness. Failure to employ advocacy and assertion has been frequently identified as a primary contributor to the clinical errors found in malpractice cases and sentinel events.

You should advocate for the patient even when your viewpoint is unpopular, is in opposition to another person's view, or questions authority. When advocating, assert your viewpoint in a firm and respectful manner. You should also be persistent and persuasive, providing evidence or data for your concerns.

In the next section, we will address conflict and conflict resolution. But first, let's talk about the assertive statement.



### Slide

## THE ASSERTIVE STATEMENT



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### SAY:

Hospital and medical team leadership must foster an atmosphere in which the participation of every medical team member can flourish. This is accomplished by maintaining an environment that is predictable, but at the same time retaining the ability to respond to changing clinical situations. Team members must always feel their inputs are valued, at any level. More important, their inputs should be expected, especially in situations that threaten patient safety. Medical team members must respect and support the authority of the team leader while clearly asserting their suggestions or communicating concerns. These two concepts actually go hand in hand; respect for team members means speaking up when patient safety is at stake. When the clinical situation dictates that the medical team member must be assertive and address concerns regarding patient care, the assertive statement is the action. It is a nonthreatening, respectful way to make sure the concern or critical information is addressed. It is a five-step process:

- Open the discussion
- State the concern
- State the problem—real or perceived
- Offer a solution
- Obtain an agreement

Continued...

## THE ASSERTIVE STATEMENT (continued)

### SAY:

Here's an example. Let's say we're in the endoscopy suite, and a patient is undergoing a colonoscopy. The endoscopy nurse thinks she sees a possible lesion that may have been missed. What should she say?

### *Possible Answers:*

- Opening: Say the person's name to whom the concern is addressed: "Dr. Myers..."
- State concern: An owned emotion: "I thought I saw something abnormal looking in the cecum just as you started to withdraw the scope."
- State the problem: Real or perceived: "I can't be certain but the mucosa looked abnormal."
- Offer a solution: "Since you're so close, it would be easy to check the area."
- Obtain an agreement: "Would you advance the scope back into the cecum and I'll point out the area I thought might be abnormal?"

## CONFLICT RESOLUTION OPTIONS



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### SAY:

Let's address the two types of conflict. Information conflict tends to be more impersonal. It involves differing views, ideas, and opinions. It could be a disagreement about the content of a decision. Personal conflict stems from interpersonal compatibility and is not usually task related. Tension, annoyance, and animosity are common. It can be very argumentative. Attempts should be made to resolve both types of conflict before they interfere with work and undermine quality and patient safety. Information conflicts left unresolved may evolve into personal conflicts in the long run and severely weaken teamwork.

Disruptive behavior among staff should be actively discouraged. Organizations should develop guidelines for acceptable behaviors to assist staff in better identifying, reporting, and managing behaviors that cause disruption to patient safety.

Types of disruptive behavior include condescending language or voice intonation, impatience with questions, reluctance or refusal to answer questions or telephone calls, strong verbal abuse or threatening body language, and physical abuse.

### DISCUSSION:

- How have you resolved conflict in the past?
- What are some situations in which you found yourself in a conflict, and how did you resolve it?
- How did the resolution affect team relationships and the quality of patient care?

### SAY:

Now we're going to cover two useful conflict resolution strategies: The Two-Challenge rule, which is used to address information conflict; and the DESC script, which is used to address personal conflict.

# THE TWO-CHALLENGE RULE

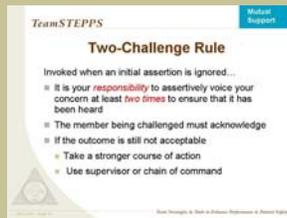
**SAY:**

The Two-Challenge rule was developed by human factor experts to help airline captains prevent disasters caused when otherwise excellent decision makers experience momentary lapses in judgment. In the clinical environment, team members should challenge colleagues if requesting clarification, and confirmation does not alleviate the concern regarding potential harm to a patient.



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## THE TWO-CHALLENGE RULE (continued)



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#### SAY:

It is important to voice your concern by advocating and asserting your statement at least twice if the initial assertion is ignored (thus the name, "Two-Challenge rule"). These two attempts may come from the same person or two different team members. The first challenge should be in the form of a question. The second challenge should provide some support for your concern. Remember this is about advocating for the patient. The "two-challenge" tactic ensures that an expressed concern has been heard, understood, and acknowledged (HOOAH!).

There may be times when an initial assertion is ignored. If after two attempts the concern is still disregarded, but the member believes patient or staff safety is or may be severely compromised, the Two-Challenge rule mandates taking a stronger course of action or using a supervisor or chain of command. This overcomes our natural tendency to believe the medical team leader must always know what he or she is doing, even when the actions taken depart from established guidelines. When invoking this rule and moving up the chain, it is essential to communicate to the entire medical team that additional input has been solicited.

## THE TWO-CHALLENGE RULE (continued)

### Mutual Support

#### SAY:

If you personally are challenged by a team member, it is your responsibility to acknowledge the concerns instead of ignoring the person. Any team member should be empowered to “stop the line” if he or she senses or discovers an essential safety breach. This is an action that should never be taken lightly, but requires immediate cessation of the process to resolve the safety issue.



#### Slide

Continued...



## EXERCISE: TWO-CHALLENGE RULE ROLE PLAY—OPTIONAL

**TIME:**

15 minutes



**Instructor Note:** You have the option of using the following role play if you want.

**SAY:**

Pair up at your table to practice the Two-Challenge rule. Think of a situation (e.g., a medical dosing error) in which the Two-Challenge rule would be appropriate.

- Role play the resolution
- Describe it to your partner

When an initial assertion is ignored, it is your responsibility to assertively voice concern at least two times to ensure that it has been heard. The member being challenged must acknowledge your challenge. If the outcome is still not acceptable, take a stronger course of action, or use a supervisor or chain of command.

**DO:**

After the group has had time to finish its discussions, pick a pair, and ask them to present their examples.

**DISCUSSION:**

Now let's present our examples:

- How was the first “challenge” presented?
- How was the second “challenge” presented?
- How did using the Two-Challenge rule make you feel?
- How did using the Two-Challenge rule improve the outcome of the scenario?

# CUS

## SAY:

Using the CUS technique provides another framework for conflict resolution, advocacy, and mutual support. Signal words, such as “danger,” “warning,” and “caution” are common in the medical arena. They catch the reader’s attention. “CUS” and several other signal phrases have a similar effect in verbal communication. When they are spoken, all team members will understand clearly not only the issue but also the magnitude of the issue.

- First, state your concern.
- Then state why you are uncomfortable.
- If the conflict is not resolved, state that there is a safety issue. Discuss in what way the concern is related to safety. If the safety issue is not acknowledged, a supervisor should be notified.

A few other phrases in use are—

- I would like some clarity about...
- Would you like some assistance?

We are now going to watch a video clip of the Two-Challenge rule in action.



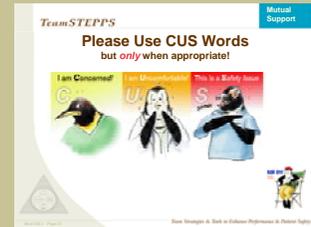
**DO:** Play the video by clicking the director icon on the slide.



## DISCUSSION:

- How was the “challenge” presented?
  - In the form of a statement, “I am concerned ...” and then followed up with additional patient vitals.
  - The nurse was uncomfortable with the late decelerations
  - She became concerned and uncomfortable that the patient’s safety may be at risk

## Mutual Support



### Slide

**VIDEO TIME:**  
0:10 seconds



### MATERIALS:

CUS.LandD video



### CUSTOMIZABLE CONTENT

## CONFLICT RESOLUTION: DESC SCRIPT



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### SAY:

What if a conflict has become personal in nature? The DESC script can be used to communicate effectively during all types of conflict, and is most effective in resolving personal conflict. The DESC script is used in the more conflicting scenarios in which behaviors aren't practiced, hostile or harassing behaviors are ongoing, and safe patient care is suffering.

DESC is a mnemonic for—

D = Describe the specific situation

E = Express your concerns about the action

S = Suggest other alternatives

C = Consequences should be stated

Ultimately, consensus should be reached.

# DESC IT!

## Mutual Support

### SAY:

There are some crucial things to consider when using the DESC script:

- Time the discussion
- Work on win-win— Despite your interpersonal conflict with the other party, team unity and quality of care are dependent on coming to a solution that all parties can live with
- Frame problems in terms of personal experience and lessons learned
- Choose the location—A private location that is not in front of the patient or other team members will allow both parties to focus on resolving the conflict rather than on saving face
- Use “I” statements rather than blaming statements.
- Critique is not criticism
- Focus on what is right, not who is right



### Slide

## DESC SCRIPT IN ACTION



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**VIDEO TIME:**

1:49 minutes



**MATERIALS:**

DESCScript1.  
Physican.Office  
Video



**CUSTOMIZABLE  
CONTENT**

**SAY:**

Here we will watch a scene between a nurse and a receptionist. Please think about the DESC script as you watch the video.

**DO:**



Play the video by clicking the director icon on the slide.



**DISCUSSION:**

- Was the DESC script used appropriately?
    - Yes. The nurse described the specific situation (“D”), expressed her concerns about the action (“E”), suggested other alternatives (“S”), and stated the consequences (“C”).
- Ultimately, consensus was reached.

## A DESC SCENARIO

### Mutual Support

#### SAY:

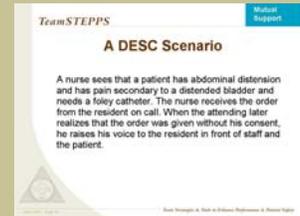
A nurse feels that a patient has abdominal distension and pain secondary to a distended bladder and needs a foley catheter. The nurse receives the order from the resident on call. When the attending later realizes that the order was given without his consent, he raises his voice to the resident in front of staff and the patient. How could the DESC script be used here?

#### DESC:

- D “I (resident) am sensing that you (attending) are upset with me for ordering the foley catheter for your patient.”
- E “When you question my judgment in front of others, it embarrasses me and makes me very uncomfortable. It also undermines my credibility with the patient.”
- S “If you are concerned or have a question regarding my performance, I would appreciate it if you would speak to me in private.”
- C “A private conversation would be more beneficial to me because I would feel less embarrassed and would be able to ask questions and supply information. Can we agree to follow such a procedure if this were to occur again?”

#### DO:

 **Instructor Note:** Use the example above or select another from the specialty section.



#### Slide



**CUSTOMIZABLE  
CONTENT**

# COMMON APPROACHES TO CONFLICT RESOLUTION



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**SAY:**

There are other methods commonly used for conflict resolution; however, typically these do not result in the best outcome:

- **Compromise**—With compromise, both parties settle for less.

**ASK:**

- Why is compromise not the best approach to conflict resolution? Typically, what can happen during compromise?

**SAY:**

- **Avoidance**—With avoidance, issues are temporarily ignored or sidestepped. This is worse than compromise because people’s feelings become bottled up and will eventually seep out somehow, which makes avoidance a poor option for ensuring that safety and patient care are put first.
- **Accommodation**—With accommodation, the focus is on preserving relationships. Accommodation is not a good option because the focus should be on safety and patient care.
- **Dominance**—With dominance, conflicts are managed through directives for change. This option is authoritative and does not promote a culture of communication and support.

**ASK:**

- In what ways are safety and patient care compromised if dominance is used as an approach to conflict resolution?

# COLLABORATION

## Mutual Support

### SAY:

Collaboration is working together to resolve a conflict to achieve a mutually satisfying solution resulting in the best outcome. With compromise, someone wins and someone loses. With collaboration, the best of both sides is integrated. (Katzenbach and Smith 1993)

The best way to address conflict is to collaborate because collaboration has the highest potential for a win-win-win situation. The common mission is the safe and improved care of the patient.

- All team members, the team, and the patient win (“win-win-win”)
- Requires commitment to a common mission
- Is a process, not an event

Collaboration takes time and effort, and in critical situations may not always be feasible. In that case, make the issue a topic during staff meetings and address how to handle the situation in the future.

Goals and relationships come into play:

- Collaboration involves full and open communication—must be attentive and open to each other.
- Collaboration is used when it is important to preserve critical objectives without compromising and at the same time to maintain relationships, when it is important to get to the root of the problems that could linger, and when there is a complex issue at hand.

Approaches to conflict resolution should be chosen to best match the situation at hand.



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## COLLABORATION

TeamSTEPPS Mutual Support		Mutual Support
<b>BARRIERS</b> <ul style="list-style-type: none"> <li>• Hierarchical Culture</li> <li>• Lack of Resources or Information</li> <li>• Ineffective Communication</li> <li>• Conflict</li> <li>• Time</li> <li>• Distractions</li> <li>• Overwork</li> <li>• Fatigue</li> <li>• Misinterpretation of Data</li> <li>• Failure to Share Information</li> <li>• Differences</li> <li>• Conventional Thinking</li> </ul>	<b>TOOLS and STRATEGIES</b> <ul style="list-style-type: none"> <li>• Brief</li> <li>• Huddle</li> <li>• Debrief</li> <li>• STEP</li> <li>• Cross Monitoring</li> <li>• Feedback</li> <li>• Advocacy and Assertion</li> <li>• Two-Challenge Rule</li> <li>• CUS</li> <li>• DESC Script</li> <li>• Collaboration</li> </ul>	<b>OUTCOMES</b> <ul style="list-style-type: none"> <li>• Shared Mental Models</li> <li>• Adaptability</li> <li>• Team Orientation</li> <li>• Mutual Trust</li> <li>• Team Performance</li> <li>• Patient Safety!</li> </ul>

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### SAY:

Team members face several challenges that may prevent them from providing mutual support to their team members:

- Time:

When we feel overworked and busy, we may feel that there is insufficient time to help anyone else. If that is the case, and if we see a team member in need of assistance, or a situation that could put a patient in harm's way, we should notify another available team member who is able to help and then alert the team member in need that assistance is on the way. This support yields adaptability.

- Hierarchy:

It may be more difficult to provide suggestions or feedback to a higher ranking team member because you may feel uncomfortable, or the person receiving the feedback may not be open to it. Address such situations by following the rules of effective feedback and delivering the feedback in respectful, behavioral terms. Focus on quality, patient safety, and the prevention of errors. Reciprocated continual feedback among all levels should ultimately foster mutual trust and team orientation.

- Defensiveness:

To prevent team members from feeling criticized and becoming sensitive or angry when receiving support, clearly state your intentions. State that you would like to provide suggestions or support to lessen workload or help to improve on current methods. Use the Two-Challenge rule if necessary. If team members are unwilling to accept your assistance, it is best to withdraw support if the situation does not pose a threat to patient safety.

Continued...

## COLLABORATION (continued)

### SAY:

- Conventional Thinking/Culture:

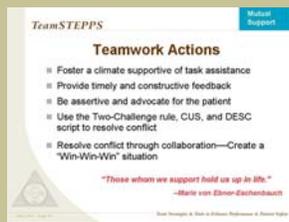
Medical professionals have had to endure long, arduous training to accomplish their career goals. After struggling to succeed, seasoned team members may expect less experienced team members to “learn the hard way.”

Unfortunately, this rite of passage mentality will prevent effective mutual support from occurring and is likely to contribute to errors. Knowingly letting others make mistakes is irresponsible and can have grave consequences.

So, what are the outcomes of mutual support?

Continuous mutual support behaviors among team members ultimately foster a shared mental model, adaptability, team orientation, and mutual trust. By backing each other up and reallocating work when necessary, team members become more adaptable, especially during changing situations and environments. The benefits realized by reciprocated task and verbal assistance are likely to yield team orientation. Individuals will be more willing to work in teams if they feel that they can depend on their team members during times of need. Likewise, having reliable team members providing necessary support is likely to build mutual trust. The ultimate outcome of mutual support is increased patient safety.

# TEAMWORK ACTIONS



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### SAY:

The teamwork actions that you can take away with you to your clinical environment that relate to mutual support are as follows:

- Foster a climate supportive of task assistance
- Provide quick, constructive feedback
- Advocate for the patient
- Use the Two-Challenge, CUS, and DESC script strategies to resolve conflict
- Resolve conflict through collaboration—Create a “win-win-win” situation (team members, patient, team itself)

### DISCUSSION:

- What actions will you take to improve your and your team's mutual support skills?

## REFERENCES

- Baron, R. A. "Negative Effects of Destructive Criticism: Impact on Conflict, Self-Efficacy, and Task Performance." *Journal of Applied Psychology* 73 (1988):199.
- Dickinson, T. L., and R. M. McIntyre. "A Conceptual Framework for Teamwork Measurement." In *Team Performance Assessment and Measurement*. Ed. M. T.Brannick, E. Salas, and C. Prince. Mahwah, NJ: Erlbaum, p. 19, 1997, p. 19.
- Joint Commission Draft Candidate 2007 National Patient Safety Goals, Requirements, and Implementation Expectations Behavioral Health Program. 2006. 30 March 2006 <[http://www.jointcommission.org/NR/rdonlyres/1779F265-21F8-4115-BD09-7339BE2A88CA/0/07\\_npsg\\_bhc.pdf](http://www.jointcommission.org/NR/rdonlyres/1779F265-21F8-4115-BD09-7339BE2A88CA/0/07_npsg_bhc.pdf)>.
- Katzenbach, J. R., and D. K. Smith. "The Discipline of Teams." *Harvard Business Review* (1993): 111, 120.
- London, M., H. H. Larson, and L. N. Thisted. "Relationship Between Feedback and Self-Development." *Group & Organizational Management* 24 (1999): 5.
- Marks, M. A., J. E. Mathieu, and S. J. Zaccaro. "A Temporally Based Framework and Taxonomy of Team Processes." *Academy of Management Review* 26 (2001): 356.
- McIntyre, R. M., and E. Salas. "Measuring and Managing for Team Performance: Emerging Principles From Complex Environments." In *Team Effectiveness and Decision Making in Organizations*. Ed. R. A. Guzzo, E. Salas, and Associates. San Francisco: Jossey-Bass, p. 9, 1995.
- Nason, E. R., *Social Work in Health Care* (1983).
- Porter, C. O. L. H., J. R. Hollenbeck, D. R. Ilgen, et al. "Backup Behavior in Teams: The Role of Personality and Legitimacy of Need." *Journal of Applied Psychology* 88: (2003): 391 .
- Sims, D. E., E. Salas, C. S. Burke. "Is There a 'Big Five' in Teamwork?" 19th Annual Meeting of the Society for Industrial and Organizational Psychology. Chicago, IL. 2004.