



MUTUAL SUPPORT

A chain is only as strong as its weakest link.

– Author Unknown



SUBSECTIONS

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

TIME: 50 minutes

OBJECTIVES

Objectives

Mutual Support

- 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

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SAY:

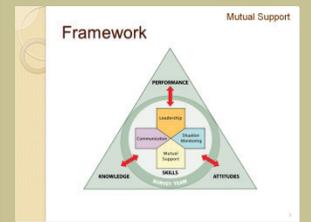
In this module, we'll:

- 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.

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.



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Mutual Support

Mutual Support

Mutual support is the essence of teamwork
 - Protects team members from work overload situations that may reduce effectiveness and increase the risk of error

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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. 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

WHAT IS FEEDBACK?

What Is Feedback?

Mutual Support

"Feedback is the giving, seeking, and receiving of performance-related information among the members of a team."

(Dickinson and Mchitrye 1987)

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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
 - Providing necessary information
 - Providing encouragement

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 any surveyed facility, and has an evaluative quality. Examples include collaborative discussion, case reviews, 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?

Types of Feedback

Mutual Support

- Can be formal or informal
- Constructive feedback
 - Is considerate, task-specific, and focuses attention on performance and away from the individual (Barn-1988)
 - Is provided by all team members
- Evaluative feedback
 - Helps the individual by comparing behavior to standards or to the individual's own past performance (London, Lantieri, and Thayer 1999)
 - Most often used by an individual in a coaching or mentoring role

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CHARACTERISTICS OF EFFECTIVE FEEDBACK

Characteristics of Effective Feedback

Good Feedback is—

- TIMELY
- RESPECTFUL
- SPECIFIC
- DIRECTED toward improvement
- CONSIDERATE
 - Helps prevent the same problem from occurring in the future
- Evaluative feedback

"Feedback is where the learning occurs."

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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 surveying 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.

ADVOCACY, ASSERTION, AND CONFLICT RESOLUTION

Mutual Support

SAY:

Advocating as a surveyor 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.

Mutual Support
Advocacy, Assertion, and
Conflict Resolution



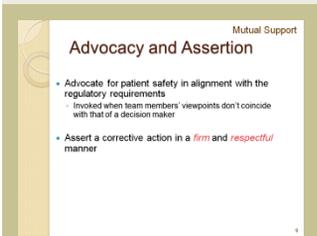
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SAY:

Advocacy and assertion interventions are invoked when a team member's viewpoint does not coincide with that of a decision maker. In advocating for patient safety and asserting a corrective action, the team member has an opportunity to correct errors or the loss of situation awareness. Failure to employ advocacy may result in the continuation of unsafe procedures and compromised patient safety. While the surveyor is not performing patient related care, it is not appropriate to ignore or minimize safety hazards.

You should advocate for patient safety 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.



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The Assertive Statement

- Respect and support authority
- Clearly assert concerns and suggestions
- Use an assertive statement (nonthreatening and ensures that critical information is addressed)
 - Make an opening
 - State the concern
 - State the problem
 - Offer a solution
 - Reach an agreement

Slide

SAY:

Survey teams and state agency leadership must foster an atmosphere in which the participation of every 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. 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. It is a nonthreatening, respectful way to make sure the concern or critical information is addressed. It is a five-step process:

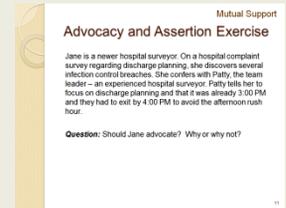
- Open the discussion.
- State the concern.
- State the problem—real or perceived.
- Offer a solution.
- Obtain an agreement.

SAY:

Here's an example. Jane is a newer hospital surveyor. On a hospital complaint survey regarding discharge planning, she discovers several infection control breaches. She confers with Patty, the team leader—an experienced hospital surveyor. Patty tells her to focus on discharge planning and that it was already 3:00 PM and they had to exit by 4:00 PM to avoid the afternoon rush hour.

Possible Answers:

- In this example, Jane has the responsibility to follow up.
- Just because the complaint is about another topic, she should not ignore the problem.
- Solicit feedback from participants.



THE ADVOCACY AND ASSERTION EXERCISE (CONTINUED)

SAY:

Using the example on the last slide, develop a sample assertive statement.

DO:

Have the group work in small groups. If there is just one person, the exercise may be done individually. Then debrief.

Sample answer:

I know how crazy the afternoon commute can be, Patty; however, the infection control breaches we observed could harm patients and need to be addressed. Why don't we call the office for direction? Would you like to call or would you like me to?"

- Make an opening—*relating to the commute.*
- State the concern—*infection control breaches.*
- State the problem—*may harm patients.*
- Offer a solution—*call the office for direction.*
- Reach an agreement—*that will be based on Patty's response.*





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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

Two-Challenge Rule

Mutual Support

- Invoked when an initial assertion is ignored...
- It is your responsibility to assertively voice your concern at least two times to ensure that it has been heard
 - The member being challenged must acknowledge
 - If the outcome is still not acceptable
 - Take a stronger course of action
 - Use supervisor or chain of command

Slide

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. The “two-challenge” tactic ensures that an expressed concern has been heard, understood, and acknowledged.

There may be times when an initial assertion is ignored. If after two attempts the concern is still disregarded, but the member believes a team member 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 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 survey team that additional input has been solicited.

THE TWO-CHALLENGE RULE

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.



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SAY:

Pair up at your table to practice the Two-Challenge rule. Think of a situation (you may use the prior example of Jane and Patty) in which the Two-Challenge rule would be appropriate.

- Role play the resolution.
- Describe it to your partner.

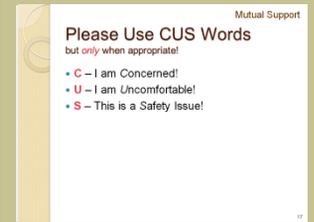
When an initial assertion is ignored, it is your responsibility to assertively voice concern at least two times to ensure that it has been heard. The member being challenged must acknowledge your challenge. If the outcome is still not acceptable, take a stronger course of action, or use a supervisor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

- 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?



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**CUSTOMIZABLE
CONTENT**

Mutual Support

Conflict Resolution
DESC Script

A constructive approach for
managing and resolving conflict

- D—Describe the specific situation
- E—Express your concerns about the action
- S—Suggest other alternatives
- C—Consequences should be stated

Ultimately, consensus shall be reached.

Slide**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.

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.



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COMMON APPROACHES TO CONFLICT RESOLUTION

Common Approaches to Conflict Resolution

Often used to manage conflict; however, typically do not result in the best outcome—

- **Compromise**—Both parties settle for less
- **Avoidance**—Issues are ignored or sidestepped
- **Accommodation**—Focus is on preserving relationships
- **Dominance**—Conflicts are managed through directives for change

Slide

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?

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 situation. The common mission is the focus of team commitment.

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

Slide

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 result in an inadequate investigation, 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 and team safety. Refer to the survey process as needed and keep your resource materials handy either in paper or electronic format. 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 individuals safety.

Mutual Support (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 can also be true as professionals enter the survey and certification realm. This rite of passage mentality will prevent effective mutual support from occurring and is likely to contribute to inadequate investigations on surveys. 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 and survey effectiveness.

TEAMWORK ACTIONS

Teamwork Actions

Mutual Support

- Foster a climate supportive of task assistance.
- Provide timely and constructive feedback.
- Be assertive and advocate for the patient.
- Use the Two-Challenge rule, CUS, and DESC script to resolve conflict.
- Resolve conflict through collaboration—create a “Win-Win” situation.

“Those whom we support hold us up in life.”
—Marie von Ebner-Eschenbach

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SAY:

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

- Foster a climate supportive of task assistance.
- Provide quick, constructive feedback.
- Be assertive and advocate for the patient.
- Use the Two-Challenge, CUS, and DESC script strategies to resolve conflict.
- Resolve conflict through collaboration—create a “win-win” situation.



DISCUSSION:

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