



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 nursing assistants (NAs). 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 nursing assistants are at the desk during a brief lull in a busy shift. They notice another nursing assistant racing busily between resident rooms and the supply area, glancing over at them as she passes.

Scenario Script:

NA #1: “Let's see whether Maureen can use some help.”

NA #2: “My resident will be back from rehab in just a few minutes, and I hate to get tied up. Besides, Maureen doesn't usually accept help from anyone.”

NA #1: “Come with me. I'll show you how it's done.”

(NA #1 approaches NA #3.)

NA #1: “Maureen, I can see you're busy. I have about 5 minutes before my resident gets back from rehab. I can take Mr. Rappaport and Mrs. Papa to the morning coffee and news for you if that helps.”

NA #3: “Thanks, if you could bring them it would be great. They love to go and the program is starting shortly. If you bring them, I can help Mrs. Cortes finish getting ready for her doctor's appointment.”

(NA 3 exits.)

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



Slide



MODULE TIME:

50 minutes



MATERIALS:

- Mutual Support Exercise Sheet

OBJECTIVES



Slide

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

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, it is enhanced by team leadership, given that team leaders encourage and role model “backup” behaviors.
- Mutual support is derived from situation monitoring through the ability to anticipate resident 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 into 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
- Resident acuity
- Environmental design—location of resources
- Skill mix—experience levels
- Performance of other departments—delays and wrong equipment
- Lack of or malfunctioning equipment



Slide



TIME:

5 minutes



MATERIALS:

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

MUTUAL SUPPORT



Slide



MATERIALS:

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

SAY:

Mutual support, which is commonly referred to as “backup 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 health care 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 backup 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

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 resident safety, however, task assistance is expected. What can happen when we are overwhelmed and we do not seek task assistance?

DO:

Ask the audience to close their eyes. Say, “Raise your hand if you have ever been afraid to ask for help at work.”

Discuss the results with the audience.

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, or 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 resident safety related to workload. Always remember the focus should be on resident safety rather than the individual's 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.



Slide



Slide

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 resident 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 resident 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.



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



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 toward a resident safety conscious culture?

SAY:

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



Slide



VIDEO TIME:

0:36 seconds



MATERIALS:

- Task Assistance_Subacute Video

WHAT IS FEEDBACK?



Slide

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: "I have noticed Mr. Walsh's gait has become more unsteady. Do you think he should be screened by PT?"
 - Providing necessary information. Example: "I've researched the resident's falls over the past few months. Here are the Accident & Incident reports. He seems to be falling mostly on the second shift, about an hour after dinner."
 - Providing encouragement. Example: After she completed her first day of work, she was told by the director of nursing that she did a great job treating all the residents with respect and dignity and they were happy to have her working at their nursing home.

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?



Slide

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 ADL care 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:

A staff development nurse watches a nursing assistant use a mechanical lift to transfer a resident from the bed to a chair. The nurse pulls the nursing assistant aside and reminds the nursing assistant on the proper positioning of the lift pad, showing the nursing assistant which landmarks to use. She explains how the resident's position can affect the function of the lift and can also cause friction and shear to the resident's skin when not positioned properly.



Slide

DISCUSSION:

- Is the feedback timely?
 - Yes. It is immediate and keeps resident 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 nursing assistant.
- 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 nursing assistant how to properly position residents for transfer using a mechanical lift.
- Is it considerate?
 - Yes. It is considerate to re-educate on proper technique for the safety of both the resident and nursing assistant. Also, pulling the nursing assistant aside and not embarrassing her in front of the resident was appropriate.

PROVIDING FEEDBACK EFFECTIVELY



Slide



VIDEO TIME:

0:11 seconds



MATERIALS:

- Feedback_LTC Video

SAY:

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

SAY:

Advocating for the resident 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 resident care problems that tend to pull them apart.



Slide



Slide

CUSTOMIZABLE
CONTENT**SAY:**

A high school senior working in the dietary department is wheeling the steam-tray table down the hall after dinner. Ahead of her she sees a nursing assistant escort a resident into his room and close the door. As she passes the room, she hears a raised voice and believes it to be the nursing assistant. She feels she should knock on the door or tell someone but doesn't. She says to herself, "No, I'm just in high school and working in the kitchen. It's not my place. Plus, who would believe me?"

**DISCUSSION:**

- What might the outcome be?
- Why didn't the dietary worker discuss her concerns with anyone?
- If you were in this situation, what would you have done differently?
- What should the dietary worker do if she says something and her observations are 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.

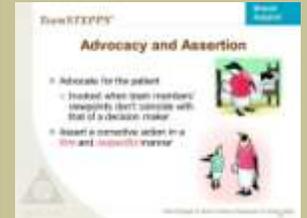
ADVOCACY AND ASSERTION

SAY:

Advocacy and assertion interventions are invoked when a team member's viewpoint does not coincide with that of a decisionmaker. In advocating for the resident 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.

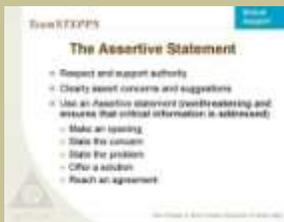
You should advocate for the resident even when your viewpoint is unpopular, is in opposition to another person's view, or questions authority. When advocating, assert your viewpoint in a firm and respectful manner. You should also be persistent and persuasive, providing evidence or data for your concerns.

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



Slide

THE ASSERTIVE STATEMENT



Slide

SAY:

Nursing home 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 input is valued, at any level. More important, their input should be expected, especially in situations that threaten resident 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 resident safety is at stake. When the clinical situation dictates that the medical team member be assertive and address concerns regarding resident 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:

Let's say a nurse and nursing assistant are conducting a skin assessment on a newly admitted resident. The nursing assistant thinks she sees a reddened area on the coccyx that the nurse may have missed.

What should she say?

Possible Answers:

- Opening: Say the person's name to whom the concern is addressed: "Dianne..."
- State concern: An owned emotion: "I thought I saw redness on the coccyx as we were turning Mrs. Myers over."
- State the problem: Real or perceived: "I can't be certain but it looks like she may have a reddened area."
- Offer a solution: "I can help you turn her back over to recheck the area."
- Obtain an agreement: "When she is turned, I can show you the area that I thought looked reddened."

CONFLICT RESOLUTION OPTIONS



Slide

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 resident 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 resident 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 resident 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 decisionmakers 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 resident.



Slide



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. Remember that this is about advocating for the resident. 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 staff member believes resident 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 that the medical team leader or members must always know what they are 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 team that additional input has been solicited.

THE TWO-CHALLENGE RULE (continued)

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 action should never be taken lightly and 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 medication dosing error, a door alarm that isn't working, a potential trip hazard in the hallway) 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?

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?

- The Physical Therapy Aide (PTA) stated, “I’m **concerned**...”
- The PTA was **uncomfortable** with the resident’s breathing.
- She feared that his **safety** was at risk.

**Slide****VIDEO TIME:**

0:26 seconds

**MATERIALS:**

- CUS_Subacute Video



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 more heightened conflict scenarios in which behaviors aren't practiced, hostile or harassing behaviors are ongoing, and safe resident 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 resident 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



Slide



VIDEO TIME:

0:63 seconds



MATERIALS:

DESC Script_LTC
Video**SAY:**

Here we will watch a scene between a recreation therapist and a nursing assistant. 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 recreation therapist 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

SAY:

Two days ago, the charge nurse submitted a maintenance request to fix a window unit air conditioner. While in the resident's room, the nurse realizes it is warm and the air conditioner still isn't working properly. She checks the logbook and sees that the maintenance request has not been completed. She doesn't know that a new unit is being delivered today. Worried about the comfort of her resident, who has difficulty breathing in warm weather, she raises her voice at the director of maintenance in front of staff and residents, criticizing his work ethic.

DESC:

- D "I (maintenance director) realize that you (nurse) are worried about the resident's ability to breathe comfortably in this warm weather and I am sensing that you don't think I have addressed your concern about her air conditioning problem."
- E "When you accuse me of not addressing the needs of residents, especially in a timely fashion, it embarrasses me and makes me very frustrated."
- S "If you have a question about my performance, I would appreciate your asking me about it before jumping to conclusions."
- C "Having a conversation with me would be better because I would feel less embarrassed and would be able to supply information. Can we agree to follow such a procedure if this happens again? In the meantime, I can add a "pending" column to the logbook to communicate such information."

DO:

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



Slide



**CUSTOMIZABLE
CONTENT**

COMMON APPROACHES TO CONFLICT RESOLUTION



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 resident 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 resident 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 resident care compromised if dominance is used as an approach to conflict resolution?

COLLABORATION

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 resident.

- Allows all team members, the team, and the resident to 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.



Slide

COLLABORATION (continued)

SAY:

- Conventional Thinking/Culture:

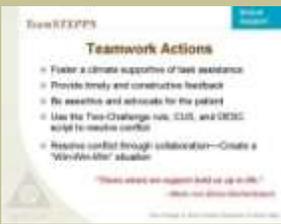
Medical professionals have had to endure long, arduous training to accomplish their career goals. After struggling to succeed, seasoned team members may expect less experienced team members to “learn the hard way.”

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 resident safety.

TEAMWORK ACTIONS



Slide

SAY:

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

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