



# AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI

## Making It Work Tip Sheet Spot Coaching To Support Behavior Change

This “Making It Work” tip sheet provides additional information to help intensive care unit (ICU) team leaders implement effective strategies and achieve goals to reduce central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) and improve safety culture at the unit level.

### Purpose

Coaching is a primary way to support adaptive change. Coaching is the process of partnering with colleagues, staff, patients, and others in a way that inspires insight and shifts habits toward effective behaviors that support sustained engagement in safe and effective care practices. Coaching is an essential skill set for healthcare leaders and clinicians at the bedside. To be effective using coaching in the clinical setting, as a manager or unit team member, it is helpful to learn essential coaching skills, adopt a coaching mindset, and practice your skills within your work role.

Coaching may take place over a period of time to support professional development and personal growth. Coaching can also be provided spontaneously, in short bursts, the form of “spot coaching.” Coaching is effective with individuals, groups, and teams and can be used by novice and experienced professionals. Coaching can be integrated into leadership practices to facilitate change initiatives across units, and staff can adopt coaching skills to peer-coach each other to support application of new learning and sustained change over time.

### Issue

Adaptive change requires unlearning and relearning over time. Rarely is behavioral change a function of not knowing what to do; it is a problem of making conscious choices and taking consistent action until new habits are hardwired. For example, proper hand washing technique and sterile technique are widely known by experienced clinicians. Shifting behavior to consistently implement proper technique requires more than re-educating; it requires shifting habits or learning how to work with barriers to that consistency, such as overcoming the fear of speaking up when a colleague is cutting corners.

Coaching supports adaptive change, but coaching skills are not intuitive for experienced health professionals. Contrary to the “expert” or “advisory” role exemplified by most health professionals, coaching requires a partnering mindset in which the solution rests with those who are seeking to change their own behaviors and not with the team leader or clinical expert. Coaching is not telling, teaching, or reminding. Adopting a coaching mindset and integrating coaching skills require practice.



## Barriers

- **Expert mindset**—The default mode is to provide expert advice and tell others what the best action should be. This mode leads to learned helplessness and an ongoing need for monitoring and reminding.
- **Ability to shift to a coaching approach**—Shifting to a coaching approach requires practice in presence, listening, and asking. Unlearning and relearning take time, and new skills feel uncomfortable at first.
- **Rescuer/fixer role**—The desire to fix, problem-solve, and rescue gets in the way of fostering self-agency and assisting others to find and own their own solutions to challenges and change.
- **Telling seems faster**—In busy units, it seems faster to just tell someone how to behave or what to do, but over time it is unlikely that the behavior will stick.
- **Overwhelm**—Having too much to focus on makes it difficult to shift to a coaching approach, or there may not be receptivity to coaching when people feel overwhelmed.
- **Inconsistent assumptions of what coaching is**—Many approaches are informally called “coaching” that are not coaching, such as performance counseling, reminding, teaching, and monitoring. This mischaracterization can create resistance to actual coaching.

## Suggested Strategies

Coaching can become a useful adjunct to the overall change initiative through the following strategies:

- **Define** coaching (vs. counseling, training, mentoring, or reminding) and develop a shared model of coaching. A shared definition and model for coaching across the team is helpful to reinforce coaching effectiveness and remove it from a punitive or compliance-oriented practice.
- **Train** quality and unit-based leaders in coaching skills such as presence, listening for understanding, asking questions to build insight and identify actions, and building on strengths and behaviors that work well.
- **Notice** your own desire to fix, rescue, tell, or advise when the goal is to shift behavior or develop insights that inform best practices. See if you can track and shift this deep habit when it arises, and try being curious and asking questions instead.
- **Practice** coaching skills with colleagues in dyads or triads to rehearse shifting from telling and advising (fixing and rescuing) to asking, reflecting, and reinforcing.
- **Identify** existing places to integrate spot coaching, such as in safety huddles, during rounding, at shift change, during reviews of adverse events or data updates, and during rollout of new practices or procedures to assist with adoption.
- **Use the [GROW Model](#)** to guide a spot coaching conversation. The GROW Model is a simple yet powerful framework to use when coaching others.

## Conversation Starters

Below are a few thought-provoking questions that a manager can use during a coaching conversation:

- Would you like some coaching to think through the issue together? Do you want to talk through options or explore ways to think about this situation?
- Is there a way to break this challenge down into manageable steps? What should we work through today in the short time we have together?
- What do you already know about this challenge? What has worked for you in the past? What do you want to try on or experiment with?
- If you could make a small change, what would be different? What would success look like?

## Tools and Resources

- [AHRQ Toolkit To Improve Safety in Ambulatory Surgery Centers – Coaching Clinical Teams Module](#)
- [AHRQ CUSP Toolkit – Peer to Peer Coaching](#)
- [International Coaching Federation](#)
- [Institute of Coaching \(at Harvard McLean Hospital\)](#)

## References

1. Godfrey MM, Andersson-Gare B, Nelson EC, et al. Coaching interprofessional health care improvement teams: the coachee, the coach and the leader perspectives. *J Nurs Manag.* 2014 May;22(4):452-64. doi: 10.1111/jonm.12068. Epub 2013 Jun 20. PMID: 23782339. <https://doi.org/10.1111/jonm.12068>. Accessed Oct. 25, 2021.
2. Ibarra H, Scoular A. The Leader as Coach. *Harvard Business Review.* Nov-Dec 2019. <https://hbr.org/2019/11/the-leader-as-coach>. Accessed Oct. 25, 2021.
3. Iyasere CA, Baggett M, Romano J, et al. Beyond Continuing Medical Education: Clinical Coaching as a Tool for Ongoing Professional Development. *Acad Med.* 2016 Dec;91(12):1647-50. doi: 10.1097/ACM.0000000000001131. PMID: 26910898. [https://journals.lww.com/academicmedicine/Fulltext/2016/12000/Beyond\\_Continuing\\_Medical\\_Education\\_Clinical.23.aspx](https://journals.lww.com/academicmedicine/Fulltext/2016/12000/Beyond_Continuing_Medical_Education_Clinical.23.aspx). Accessed Oct. 25, 2021.
4. Whitmore J, Kauffman C, David SA. GROW grows up: from winning the game to pursuing transpersonal goals. In: David SA, Clutterbuck D, Megginson D, eds. *Beyond Goals: Effective Strategies for Coaching and Mentoring.* Farnham, Surrey, England: Gower Publishing Limited; 2013: pp. 245-60.

AHRQ Pub. No. 17(22)-0019  
April 2022