



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Teaching material for communication lessons

“Between participating and reflecting”

“Making the learning process discussable as a form of clinical leadership”

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1. Situation description

You are a second-year nursing student undertaking a clinical placement.

You notice that you are mainly assigned task-oriented activities and have little opportunity to work on your learning objectives related to clinical reasoning.

You feel uncertain about this situation but want to address it professionally.

You have scheduled a meeting with your mentor. Unexpectedly, a nurse from the team joins the conversation.

Additional context for the educator (not to be shared with students)

- **Setting:** Clinical placement in a healthcare unit
- **Starting situation:**

A student experiences insufficient recognition from the mentoring team. Although the student communicates their learning objectives, they are not given effective opportunities to achieve them in practice.

The team works according to fixed routines and shows limited openness to the student's learning goals.

This inhibits the learning process and the development of clinical reasoning skills.

Mentors acknowledge the issue but do not actively intervene. The situation is allowed to continue.

The student feels that learning opportunities are slipping away, experiences ethical tension, and feels unsafe to raise concerns.

2. Roles and role distribution

Role	Description	Played by	Key behaviours / points to note
Student	Nursing student on placement	Student	Maintain a constructive attitude, use professional language, clearly state the problem, involve all parties. Articulate your learning goals and what you need. Stay professional even in the face of resistance. Aim to formulate at least one concrete agreement.
Mentor	Clinical supervisor	Lecturer	Open attitude but under time pressure. Shows understanding towards the student while remaining loyal to the team. To create tension: “We are doing our best, but it’s just very busy.” / “Other students have learned here as well.”
Team member	Staff nurse	Student/extra	Conservative, focused on efficiency and routine. Friendly, values the student primarily as workforce, shows little recognition of learning goals. “That’s all well and good, but the work has to be done.” Shows limited appreciation for the mentor role. Resistance examples: “This is just how we work here.” / “There is really no time for that.”

3. Clinical leadership competencies

Primary competencies – secondary competencies addressed in this case

Domain – ethics

- Ethical competence (**ethical principles and values; professional integrity and accountability**)

Domain – professional nursing

- Clinical competence (**clinical competence in specific clinical area; nursing process; health promotion**)
- Quality management competence (**quality of care; patient safety**)
- Evidence based practice competence (**evidence-based practice**)
- Decision making competence (**critical thinking; decision making; problem solving**)
- Self-development competence (**continuous professional development**)

Domain – innovation and change

- Visioning competence (**future-oriented thinking; understanding the big picture; finding innovative approaches; questioning**)
- Change management competence (**initiating change; advocating change; implementing change**)

Domain – Influencing and advocacy

- Influencing competence (**influencing others; motivating others**)
- Patient advocacy competence (**patient advocacy**)

Domain – team leadership

- Team leadership competence (**team formation, team coordination, positive working atmosphere**)
- Guidance competence (**supervision, mentoring**)

Domain – communication and collaboration

- Communication competence (**effective communication, dialogical competence**)
- Collaboration competence (**interprofessional collaboration; professional collaboration**)

Specific behaviours practiced: **Speaking up, giving feedback, dealing with conflict, taking initiative, setting priorities**

4. Learning objectives for students

The student is able to:

- Professionally articulate the team's perspective and internship expectations, with respect for all stakeholders (mentor, team, educational institution).
- Substantiate the need for change and formulate concrete suggestions.
- Take initiative in addressing a status quo with the mentor/supervisor and discuss the situation constructively.
- Take ownership of their own learning process and actively use learning opportunities.

4. Case progression

Phase 1: Opening

Practice:

- Starting the conversation professionally
- Explaining the context
- Using a non-blaming introduction
- Expressing emotions or uncertainty

Example: "I would like to discuss how my learning goals can be addressed here, as I notice I am becoming somewhat uncertain about this."

Phase 2: Tension Moment

Possible developments:

- The team member minimizes the issue
- The mentor refers to workload pressure

Escalation: The nurse's friendliness shifts to frustration; the student also experiences frustration; psychological safety decreases.

Turning point (improvement): The student clearly names the issue; the mentor acknowledges and supports the student in the presence of the nurse; established practices are recognized as needing change.

Practice:

- Remaining assertive without becoming defensive
- Rephrasing the message
- Linking learning goals to team functioning

Phase 3: Closing

- Constructive discussion about adjustments and expectations
- Goal: formulate one concrete, temporary agreement

Examples:

- Discuss one patient per shift
- Provide one weekly moment for clinical reasoning reflection
- Evaluate agreements after one week

Success criteria: At least one clear agreement is made and the relationship remains intact.

5. Materials needed

- Conversation space
- Scenario and role descriptions
- Observation sheet for observers (optional)

6. Debriefing guidelines

Relevance for Clinical Leadership

This case focuses on:

- Speaking up in a hierarchical context
- Assertive yet respectful communication
- Giving feedback without blaming
- Taking ownership of one's learning process
- Managing resistance and entrenched routines

The emphasis is not on “being right,” but on communicating professionally in a way that enables collaboration.

General Debriefing

Shift the focus from: **“raising the issue”** → **“how to deliver the message so it is heard”**

Observe during the role-play:

- Which words open the conversation?
- Where is the turning point?
- How does the student respond to resistance?
- Which “life saver” strategy is used and with what effect?

Discuss:

- What kept the conversation open?
- When did the communication dynamic change?
- Which sentence had the most impact and why?
- Which strategy was used or missed?
- Which sentence would you take into practice?

Reflection assignment: “Write down one sentence you would dare to use in a real clinical placement situation.”

7. Additional remarks

- Ensure psychological safety during simulation and debriefing
- Be attentive to possible triggers related to teamwork or evaluation
- Avoid blaming language; focus on learning and development

“Life Saver” Option

Students should always be given the option to pause:

“If you get stuck, that is part of the learning process. You may ask for support. Accepting help is not failure — knowing when you need support is clinical leadership.”

Example: “I feel that I cannot continue this conversation effectively in this setting right now. I would like to continue it in the presence of my mentor.”

Life Saver Techniques

1. **Reframing** (when stuck or emotional): “I notice I’m not expressing myself clearly. What I actually mean is...”
2. **Connecting question** (in case of resistance): “How do you see a way in which my learning goals and the unit’s workflow can be aligned?”

Facilitator Prompts

- “What is the core issue you want to address now?”
- “What do you need at this moment?”

Hidden Hint Cards (optional)

- “Describe impact, not intention.”
- “You can name discomfort without blaming someone.”
- “Focus on professional behaviour, not personality.”
- “You may ask to pause or change the setting.”

Debriefing on the Life Saver

- Why did you get stuck?
- What helped you move forward?
- What does this tell you about leadership in practice?