



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education Teaching material for communication lessons

"Between understanding and limiting"

Clinical leadership in dealing with overload, resistance and unsafe care

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1. Situation description

Context

Home care situation for an elderly woman in need of care (Ana) who lives with her grandson.

Starting situation

You are a home nurse and come by for a planned home visit to Ana, an elderly woman in need of care who lives with her grandson.

Upon arrival, you immediately notice that the house is messy and less hygienic than on previous visits. Ana is lying in her bed in the living room. She looks tired and reacts slowly. When you talk to her, she smiles briefly but says that "I'm fine".

During your care observation, you notice that:

- Ana lies in moist incontinence material
- her skin is red and irritated at the level of the buttocks
- a prescribed ointment does not appear to have been applied recently
- the bed linen feels dirty

When you carefully inquire, Ana indicates that her grandson "is very busy" and "does what he can". She doesn't want to be a burden to him.

While you are busy with the care, the grandson comes in. He looks hurried and tired. When you talk to him about the care situation, he reacts rather curtly and defensively.

As a healthcare provider, you feel that:

- the quality of care is insufficient
- there may be overload in the grandson
- the situation poses risks to Ana's health.

You face the challenge of discussing these concerns in a professional and respectful manner, without damaging the relationship with the grandson.

Extra context for the teacher (cannot be shared with the student)

Context: Home care situation for an elderly woman in need of care (Ana) who lives with her grandson.

Starting situation: Grandmother lives with grandson. The grandson takes on part of the care, but does not actually take good care of her (saturated inco materials, overflowing toilet chair that remains standing, ointments are not applied to tailbone or wounds, wounds are not cared for and ointment is not applied).

The grandson is often absent when the home nurse visits. There are signs of possible financial abuse and neglect by the grandson.

2. Roles and role distribution

Provide a brief explanation for each role.

Role	Description	To be played by	Key behaviors / points to note
Ana	Elderly person in need of care	Student	Vulnerable, dependent, limited participation Speaks little Minimizes complaints Wants to protect grandson
Grandson	Caregiver and live-in family member Feels attacked Is overburdened but doesn't admit it Minimizes: "It's not that bad" Says: "I'm already doing enough"	Reader/Extra	Defensively: "I take good enough care of her!" Dismissive: "Mind your own work" Shifting blame: "You just don't come enough" (see situation)
Home nurse	Professional counselor You worry about neglect and possible overload.	Student	Careful observation, professional and respectful communication, identifying risks Stay calm and professional Use I-messages Avoid accusation Dare to be clear

3. Clinical leadership competencies

Primary competencies – secondary competencies addressed by this case study

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 behavior that is practiced: **ethical reflection, speak-up, dealing with reluctance to act, observing and reporting.**

4. Learning objectives for students

The student demonstrates clinical leadership by naming and handling concerns about patient safety in a professional, ethical and communicative way in a complex home situation.

The student reflects ethically on a complex home situation with possible neglect.

The student communicates professionally and respectfully with the caregiver and client.

The student enters into a conversation with grandmother and grandson in the context of elder abuse.

The student identifies and discusses options for action in case of concerns about patient safety.

5. Case progression

Please note: Going through the entire case takes time, on the one hand in playing, possibly resuming and on the other hand in debriefing with the students.

- Given the complexity of the case: provide enough time to go through this thoroughly and to discuss it with students.
- It is also possible to go through part or parts of the case and debrief separately. (e.g. We only want to focus on practicing dealing with resistance).

PHASE 1: OPENING AND NAMING OBSERVATIONS

- Student: "Today I notice a number of things in Ana that I am worried about. May I discuss that with you?"
- Student:
 - "I see that her skin is a bit irritated and that the ointment was not applied. That can quickly worsen."

PHASE 2: DEALING WITH RESISTANCE

Course of the case based on the caregiver's shyness to take action:

Level 1 – Defensive Start

- *Trigger: student names problem vaguely or directly*
- **Attitude of the grandson in this phase:**
 - Curt, slightly irritated
 - Feels judged
 - **Possible reactions of the grandson in this phase:**

- "It's not that bad."
 - "I do what I can."
 - "You mustn't think I'm doing nothing."
 - "She has had that for some time, that's not new."
- **Stay in this level as long as the student:**
 - remains vague
 - does not give concrete examples
 - comes across as accusatory
- **Student's goal:** to name learning objectively and respectfully

Level 2 – Minimize/Avoid

- *Trigger: student names concrete observations*
- **Attitude of the grandson in this phase:**
 - Defensive but less sharp
 - Tries to reduce problem
 - **Possible reactions of the grandson in this phase:**
 - "That red spot is really not that bad."
 - "She doesn't complain about that."
 - "I thought that would go away by itself."
 - "You make that bigger than it is."
- **Move to the next level if the student:**
 - Asking questions
 - remains calm
 - Raises concerns
- **Student goal:** to learn:
 - Deepening
 - Naming impact (safety)

Critical tipping point in the case:

- The moment when the student decides to effectively address his/her **concern** to the grandson.
- This is where clinical leadership becomes visible (or avoided)
 - "I notice that I am worried about this.." (connecting ethics with communication).
 - "I find this hard to say, but..." (connecting ethics with communication).

PHASE 3: SEEKING COOPERATION

Level 3 – Underlying uncertainty visible

- *Trigger: student shows understanding + asks open-ended questions*
- **Attitude of the grandson in this phase:**
 - Less resistance
 - Doubt arises
 - Vulnerability Begins
 - **Possible reactions of the grandson in the context of the caregiver's reluctance to act in this phase (other causes and possible reactions see below):**
 - Knowledge deficit - He does not know how to carry out care:
 - "I don't really know how to do that..."
 - "I'm afraid I'm hurting her."
 - "Nobody explained that to me."
 - "That with washing... That's just difficult."
 - Focus for the student on education and reassurance
 - Relational and emotional threshold – taboo/shame with nudity, washing, inco material
 - "I feel really uncomfortable with that..."
 - "That's my grandmother, isn't it? That's weird."
 - "I don't know how to deal with that."
 - "I can't see her like that anyway..."
 - Focus for the student: normalize without trivializing
- **Stay in this stage as long as the student:**
 - space
 - does not solve immediately
 - acknowledges what is difficult
- **Student goal:**
 - show empathy
 - Normalize
 - Building trust

Level 4 – Openness & collaboration

- *Trigger: Student supports without judgment*
- **Attitude of the grandson in this phase:**
 - Relaxation visible

- Willing to cooperate
- **Possible reactions of the grandson in this phase:**
 - "I want to do it right..."
 - "But I just don't know how."
 - "Can you show that?"
 - "What can I do then?"
- **Student goal:**
 - taking on a coaching role
 - Giving a concrete explanation
 - Make agreements

Optional fallback (realistic!)

- **As a student, he becomes too directive:**
 - **Grandson → back to level 2/1:**
 - "Yes, but it's not that simple."
 - "You go home, I have to stay here."
 - Have student reconnect

PHASE 4: MAKING AGREEMENTS

- Student: "Shall we look together at what is feasible for you, so that Ana receives the necessary care?"
 - Possibly:
 - Propose additional home care
 - Involve other services

PHASE BOUNDARIES AND LEADERSHIP

- Student: "I am obliged to discuss this further within our team if the care does not remain safe. I would like to do that together with you."

(De-)escalation based on actions/communication taken by the student:

When do you go to the next level as a grandson?

- Student shows empathy → go to level 3

- Student asks open questions → go to level 3
- Student appoints without judgment → go to level 2

When are you going to block as a grandson or get stuck at a certain level?

- Student accuses → stay in level 1
- Student only gives advice → slow down progress
- Student avoids conversation → stay defensive

Variation in themes (causes and possible reactions) that can be discussed:

Overview of possible themes (see below for possible additional information for each theme):

1. Financial thresholds
2. Distrust of assistance
3. Caregiver overload
4. Rejection of help
5. Boundaries and patient safety

Theme	Reaction – challenge – pitfall
1 Financial thresholds - There appears to be a major financial problem (residential care center is not an option)	<p><i>Response from the grandson:</i></p> <ul style="list-style-type: none"> ○ "A residential care centre? We really can't afford that." ○ "So yes, I have to do it myself" - <i>Underlying layer: shame + pressure</i> <p><i>Student challenge:</i></p> <ul style="list-style-type: none"> ○ show recognition without minimizing problem ○ Showing perspective ○ E.g. "I hear that this is really weighing heavily on you financially, and that you therefore see few options. Maybe we can see together if there are other forms of support that feel feasible?"

		<p><i>Pitfall student:</i></p> <ul style="list-style-type: none"> ○ Minimizing: "there are always solutions" or "that will be fine" → grandson is not taken seriously ○ Working too quickly in a solution-oriented way: "you can expand home care" or "maybe there is financial support" → no recognition of emotion, resistance can rise ○ Going along too much with the hopelessness of the situation: "yes, that is indeed a very difficult situation (and then stop)" → no leadership, no perspective ○ Unconscious moralizing: "keeping care at home is also a big responsibility" or "it is important that she gets the right care" → can reinforce the feeling of guilt
2	<p>The student suggests or indicates that the situation should be discussed in the multidisciplinary consultation (CONNECTIVE LEADERSHIP)</p>	<p><i>Response from the grandson:</i></p> <ul style="list-style-type: none"> ○ "Yes yes, you always say that... But nothing changes anyway." ○ "I've already talked enough with social workers." ○ "Those are all meetings, but I'm sitting here alone." - <i>Underlying layer:</i> distrust of the system <p><i>Student challenge:</i></p> <ul style="list-style-type: none"> ○ Acknowledging frustration ○ avoid "hiding" behind team or procedures ○ continue to take responsibility in the contact ○ e.g. "I hear that this has not helped you much so far. That seems frustrating to me. Let's see together what can help in concrete terms." <p><i>Pitfall student:</i></p> <ul style="list-style-type: none"> ○ "We are going to discuss that in the MDO" → create distance ○ react defensively ("but that's important")
3	<p>The student (carefully) names the overload of the informal caregiver (EMPATHIC LEADERSHIP)</p>	<p><i>Response from the grandson:</i></p> <ul style="list-style-type: none"> ○ initially responds defensively/negatively: <ul style="list-style-type: none"> - "I'm not overloaded."

		<ul style="list-style-type: none"> - "It will work." - "I'm not complaining, am I?" o OR (alternatively, if it breaks through): "Yes... It's a lot sometimes, but I'm not going to pass that off." - <i>Underlying layer:</i> Important: often first denial → only later opening <p><i>Student challenge:</i></p> <ul style="list-style-type: none"> o Seeing underlying needs without pushing o not going along with the denial but also not confronting too directly o Creating space for recognition o Gentle questioning o Normalize o respecting the grandson's pace o "Many people in your situation find that difficult, even if they don't say so right away. How is that for you?" o When opening comes: switching to: acknowledging and supporting <p><i>Pitfall student:</i></p> <ul style="list-style-type: none"> o naming too quickly ("you are overloaded") o Persuasion or argument o Or rather: say nothing more
4	<p>Student suggests additional help – based on the social map (COLLABORATIVE LEADERSHIP)</p>	<p><i>Response from the grandson:</i></p> <ul style="list-style-type: none"> o "I don't want strangers in my house here." o "I don't trust that." o "Soon even more people will come here to get involved." - <i>Underlying layer:</i> loss of control + distrust <p><i>Student challenge:</i></p> <ul style="list-style-type: none"> o dealing with loss of control and distrust o understand that this is not "against help" but fear of loss of control/privacy o Don't convince, but explore

		<ul style="list-style-type: none"> ○ Explicating underlying care ○ Emphasizing freedom of choice ○ "I hear that the idea of extra people on the floor doesn't feel right. What makes that difficult for you?" ○ Only then carefully explore options <p><i>Pitfall student:</i></p> <ul style="list-style-type: none"> ○ immediately continue to provide solutions ○ "But it is really necessary" → push → resistance rises
5	<p>Grandson drops out but wants to keep grandma at home (BORDERLINE LEADERSHIP)</p>	<p><i>Response from the grandson:</i></p> <ul style="list-style-type: none"> ○ "She stays here. Period." ○ "I'm not going to have a discussion about that anymore." ○ "You are all making it more difficult than necessary." ○ "I do what I can, and that should be enough." <p><i>Student challenge:</i></p> <ul style="list-style-type: none"> ○ Balance between respect and boundaries (clinical leadership – speak-up) ○ Don't argue ○ but also not retreat ○ Monitoring patient safety ○ Clear and respectful boundaries ○ Taking professional responsibility ○ "I understand that you want her to stay here, and I respect that. At the same time, I see risks to her health, and as a nurse I also have a responsibility in that." <p><i>Pitfall student:</i></p> <ul style="list-style-type: none"> ○ admit ("okay, then we'll leave it like that") ○ or escalate into conflict

Assignment for the observers

- **What do I see? (facts)**
 1. What are objective observations?
- **What feels or pinches? (moral problem)**
 1. Why does this feel uncomfortable?
- **What values clash here?**
 1. e.g. autonomy ↔ safety
 2. Respect ↔ duty of care
- **What can I do? (options for action)**
 1. What are possible actions?
 2. What are the consequences?

6. Materials needed

- Space furnished as a home situation
- Conversation room
- Case information and observational data – division of roles
- Observation schedule for any observers

7. Debriefing guidelines

Relevance to clinical leadership - The case confronts students with:

- Ethical dilemmas
- Patient safety
- Communication with caregivers
- Interprofessional collaboration

Possible observation points clinical leadership:

Rate (✓/X or scale 1–5):

Criteria	Observation
Student explicitly mentions at least 1 concern	<input type="checkbox"/>

Student avoids accusatory language	<input type="checkbox"/>
Student responds to resistance without escalating	<input type="checkbox"/>
Student asks at least 1 open question	<input type="checkbox"/>
Student comes up with (or tries) a concrete agreement	<input type="checkbox"/>
Student names a boundary (if necessary)	<input type="checkbox"/>

General debriefing

The (possible) evolution in such conversations shows that **leadership is not one skill but switching between roles** (empathetic, connecting, collaborative, boundary,... leadership)!

- Be sure to emphasize the importance of:
 - Context-sensitive action
 - Empathetic leadership
 - Thinking in terms of possibilities without pushing

Debriefing questions

- When did you find it difficult to say something?
- Did you avoid anything? Why?
- When did you take leadership – and when not?
- How did you react to resistance?
- At what point did you feel tension between "understanding" and "limiting"? What did you do then – and what does that say about your leadership?
- What would you do differently in practice?

Ethical debriefing

Individual 5' preparation

- "In this situation, I found it difficult to ...
- because...
- Next time I want to..."

Plenary discussion

Use targeted questions that go beyond "what did you think?"

Step 1 – Awareness

- What was the moment when you thought: "something is not right here"?
- What did you do (or didn't you do) then?

Step 2 – Naming ethics

- What values did you see clash in this situation?

- Who did you feel responsible for?

Step 3 – Shyness to act

- What made it difficult to say something to the grandson?
- Were you afraid of his reaction?

Step 4 – Leadership

- When did you (not) take leadership?
- What would you do differently next time?

8. Additional remarks

Points for attention when using this case

- Ensure psychological safety during the simulation and debriefing.
- Be alert to triggers in participants related to teamwork or evaluation.
- Avoid accusatory language; Focus on learning and growth.

"Life Saver" – lifeline

Use life savers in phases:

1. First → open questions
2. then → light steering (sentence start)
3. Only then → explicit intervention

Rule: as little as possible, but as much as necessary (Don't save, but give direction).

- Always offer students the following option: "If you get stuck, that's part of the learning process. You can get or ask for support. Accepting help is not a failure — knowing when you need support is clinical leadership."
 - E.g. "I don't think I can do this in this setting at the moment. I would like to continue this conversation in the presence of my mentor."

What do you see, what do you do?

Student die:	Life saver (see elaboration below)
Stops / blocks	Time-out + reflection question (see life saver 1)
Vague remains	Concrete (see life saver 2)

Running in circles	Brighten focus (see life saver 3)
Emotion is missing	Reframing (see life saver 4)
Avoids / postpones	Activate boundaries conversation (see life saver 5)
Caught off guard	Slow down (see life saver 6)
Gets stuck in interaction	Adjusting the opponent (see life saver 7)

Possible life savers (based on the phase of communication or the behavior that occurs):

- **Life saver 1 – time-out + reflection question**
 - You take a short break and let the student think for himself
 - When:
 - Student falls silent
 - Conversation goes in circles
 - Student avoids theme
 - Sentences:
 - "What's going through your mind now?"
 - "What do you find difficult to say here?"
 - "What would you actually like to name?"
 - **Effect:** activates self-reflection → student remains the owner

- **Life saver 2 – Concretizing**
 - You help students become more specific
 - When:
 - Student remains vague ("It's not going well")
 - Sentences:
 - "What do you see specifically that is worrying?"
 - "How would you name that to the grandson?"
 - **Effect:** makes communication more powerful

- **Life saver 3 – Brightening focus**
 - You help students return to the core
 - When:
 - Student loses sight of goal
 - becomes too general or vague
 - Sentences:
 - "What is the most important thing for you to mention here?"

- "What are you most worried about?"
 - **Effect:** helps to strengthen prioritization → leadership
- Life saver 4 - **Reframing the situation**
 - You name the underlying layer (without judgment)
 - When:
 - Student gets stuck in behavior
 - doesn't see emotion
 - Sentences:
 - "What do you think is underneath his reaction?"
 - "Could insecurity or shame also play a role here?"
 - **Effect:** deepens empathy → better communication
- Life saver 5 - **Clarify boundaries (more guidance)**
 - You point to responsibility
 - When:
 - student continues to avoid
 - Patient safety compromised
 - Sentences:
 - "What does your role as a nurse here require of you?"
 - "What is it difficult not to say in this situation?"
 - **Effect:** stimulates clinical leadership (speak-up)
- Life saver 6 – **Reduce pace/threshold (delay)**
 - You slow down the pace
 - When:
 - student gets overwhelmed
 - voltage is too high
 - Sentences:
 - "Take a moment, you don't have to react immediately."
 - "What would you do in a real situation if you needed some time?"
 - **Effect:** normalizes doubt → safety
- Life saver 7 - **Adjust opponent (subtle)**
 - You whisper or give instructions to role-player
 - "Give up a little bit of doubt"
 - "Become a little less defensive now"

- When:
 - Student does something right but doesn't get an opening
 - game remains too blocked
- **Effect:** creates learning opportunities without interrupting the student

- Life saver – **Call reset**
 - You let student start over at a crucial point
 - When:
 - Call stalls
 - Important opportunity missed
 - Sentences:
 - "Let's go back to the moment when you felt your concern. Please try again."
 - **Effect:** Practice opportunity without a fail feeling

- Life saver - **Meta-comment in case of consciousness (highest intervention)**
 - You name what is happening in the here-and-now
 - When:
 - student completely blocks
 - or is not aware of their own behaviour
 - Sentences:
 - "I see that you have a hard time naming this."
 - "You stay away from the difficult subject now, is that right?"
 - **Effect:** Increases awareness → powerful learning experience

- Life saver – **Giving Zinstart (micro-scaffolding)**
 - You give half a sentence that the student can finish
 - When:
 - Student knows what he wants to say but blocks
 - Tension is high
 - Sentences:
 - "You could start with: 'I notice that I am worried about...'"
 - "Try: 'I find it difficult to say this, but...'"
 - **Effect:** lowers threshold without taking over

- Debriefing on the use of the lifeline
 - "Why did you get stuck?"
 - "What helped you to move forward?"
 - "What does this tell you about leadership in practice?"