



## ERA+ Clinical Leadership in Nursing Education



# Clinical Leadership in Nursing Education

## Teaching material for simulation lessons

***“Between waiting and taking initiative”***

***“Demonstrating clinical leadership in a team with diverse nursing styles”***

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# 1. Situation overview

## General (not shared with participants in advance)

You are on a ward (hospital, home care, residential care facility, etc.) where student nurses participate in daily patient care. Students work alongside various nurses, each with their own style, pace, and expectations of students.

The student in this simulation received feedback the previous day from a nurse indicating that he/she was taking too much initiative and should first wait and carry out what is asked. The student has taken this feedback seriously and is actively trying to act accordingly.

Today, the student works with a different nurse, who is unaware of the feedback given the previous day. This nurse expects students to think actively, name observations, and take initiative within safe boundaries. Together, the student and the nurse perform a nursing procedure on a simulation patient or practice mannequin. During this procedure, a situation arises in which something does not proceed optimally or safely. The student notices this but is under tension due to the earlier feedback.

The core of the case lies in the tension between:

- observing
- doubting
- staying silent or speaking up

and the impact of that choice on patient care and professional identity.

# 2. Roles and division of roles

*A brief explanation is provided for each role.*

<b>Rol</b>	<b>Description</b>	<b>To be played by</b>	<b>Key behaviours/points to note</b>
<b>Rol 1 – student nurse</b>	Motivated student who wants to learn, takes feedback seriously, and adapts accordingly.	Student	Passive and uncertain; says nothing spontaneously despite observations. Avoids conflict, doubts own judgment, seeks reassurance.

<b>Rol 2 – nurse B</b>	Nurse focused on patient communication and consultation.	Teacher / Student	Expects reflection, consultation, and emotional engagement. Starts procedure without much explanation; expects active thinking.
<b>Fictional rol 3 – Nurse A</b>	This role does not need to be actively filled, but exists on paper (this nurse gave the Day 1 feedback). Nurse with a strong focus on pace and task-oriented work.	Fictional rol – rol used only on paper (as a background)	Expects efficiency, brief instructions, minimal explanation.
<b>Simulation patient / simulation manikin</b>	Receives care during which something goes wrong.	Pop / Docent	Shows subtle signs of discomfort or risk. May interrupt with a critical remark or question (see below).

### 3. Clinical leadership competencies

**Primary competencies** – secondary competencies addressed by 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 practised: clarifying expectations, providing professional feedback, setting boundaries, prioritising, arguing patient-centred choices, reflecting on own adaptive behaviour.

## 4. Learning objectives for students

The student

- dares to ask professional questions and share their own clinical assessments.
- reflects on their own decision moment (to speak or stay silent).
- reflects on their role and responsibility within the team.
- articulates the expectations held by different nurses.
- recognises how contradictory feedback influences their own behaviour.
- recognises how their own adaptive behaviour affects the quality of care.

## 5. Case progression

### Timeline/Phasing

The supervising teacher determines the procedure and the corresponding objective for this simulation:

Below, a number of procedures are described that may be used to play out the Day 2 situation and introduce the contradiction in expectations. It is very important that the learning objective here is NOT “spotting the error”, but rather noticing and deciding what to do next (noticing – feeling – doubting – raising the issue – staying silent – ...).

Procedure 1 – Medication-Related Procedure (objective: clinical leadership and speaking up)

The nurse prepares oral medication and administers it to the simulation patient.

What goes wrong?

- The nurse
  - does not verify the patient’s identity aloud.
  - glances briefly at the medication list – medication is being administered at a different time than expected.
  - administers medication without asking about swallowing difficulties or nausea.
- The patient hesitates or reacts uncertainly.

Procedure 2 – Mobilisation / Transfer (objective: clinical leadership and speaking up)

The nurse mobilises the patient from bed to chair.

What goes wrong?

- The nurse
  - does not ask how the patient feels (dizzy or uncertain).
  - does not use an assistive device.

Procedure 3 – Wound Care (objective: observation and reflection)

The nurse performs wound care on a practice mannequin.

What goes wrong?

- The nurse
  - touches sterile material with a non-sterile glove
  - skips an observation step
  - closes the wound too quickly

Procedure 4 – Personal Hygiene (objective: empathy and care relationship)

The nurse carries out morning care or hygiene care.

What goes wrong?

- The nurse
  - works quickly
  - ignores subtle signals from the patient (tension, pain, embarrassment, discomfort)
  - barely communicates

Procedure 5 – Vital Signs / Observation (objective: observation and reflection)

The nurse measures vital signs or reviews values on a monitor.

What goes wrong?

- A value is slightly abnormal but is ignored.

#### Progression of the actual simulation

Based on the teacher's choice above, the simulation patient is briefed / the mannequin is prepared and/or the necessary materials are gathered.

#### **Start**

The student and the nurse each receive instructions from different nurses with different expectations.

#### ***Instructions for the student***

- Context

- You are doing a clinical internship on a hospital ward and working alongside different nurses. You are eager to learn, show commitment, and try to apply feedback as well as possible in your daily practice.
- Day 1 – First feedback
  - At the end of your shift, you receive feedback from Nurse **A**. This feedback is given verbally (possibly informally in passing) and reads approximately as follows:
 

“Sometimes you take too much initiative for someone who is still a student. It is important that you first wait and do what is asked. Making decisions is not your responsibility yet.”
  - You nod and take the feedback seriously:
    - you do not want to overstep boundaries
    - you do not want to make mistakes
    - you decide to be more cautious and passive going forward
- Day 2 – New collaboration
  - Today you are working with Nurse B. Together you will visit Patient X to carry out a planned nursing procedure (see the action card for the possible procedure given to you by the teacher). You remind yourself to pay close attention to the feedback you received from the nurse yesterday.
- During the simulation, you will therefore wait for instructions, say nothing spontaneously about what goes wrong, and only act when asked to do something. You may take initiative but do not need to do this “perfectly”.

***Instructions for the nurse***

- You are a nurse who has been working on this ward for some time. Today you are working with a student for the first time to carry out a procedure (see the action card for the possible procedure given to you by the teacher).
- As a student mentor, you find it important that students think actively, name observations, and take initiative within safe boundaries.
- Regardless of what happens during the simulation, after the procedure you will give the student feedback indicating that they were very passive and that you expected more initiative.

**Performing the procedure**

The student and the nurse go to the simulation patient together.

The nurse begins the care without extensive instructions.

During the procedure:

- a step is carried out incorrectly or incompletely
- signals of patient safety or comfort are missed

The student feels uncertainty and tension:

- carries out care differently
- doubts whether they are allowed to say something
- notices that the patient becomes confused

The student faces a decision moment:

- This is not a matter of right or wrong!
- The student must decide:
  - adapt and stay silent
  - ask questions
  - name expectations
  - involve supervision

## Debriefing

### Working with different variants

**Tip:** you can:

- Use one variant as standard
- Or have different groups play different variants and compare them during the debriefing  
verschillende groepen andere varianten laten spelen en vergelijken in de debriefing
  - e.g. “How was it different when the patient said something, versus when the nurse reacted defensively?”

## 6. Required materials

- Simulation room with bed / table / chairs
- Simulation patient or practice mannequin
- Basic care materials (depending on the chosen procedure)
- Instructions for student and nurse
- Action cards for possible procedures
- Reflection sheet for the student
- Observation form for the teacher

## 7. Debriefing Guidelines

- Focus on behaviour and choices, not on correct answers or technical errors
- Discuss how expectations influence behaviour
- Link to clinical leadership and professional identity

- Normalise doubt and uncertainty
- Connect to professional identity and a learning culture

### **Suggested key questions**

- What made this situation difficult for you?
- What made you say nothing?
- What role did the Day 1 feedback play?
- When did you adapt your behaviour?
- What did this mean for the patient?
- What would you do differently next time?
- What did you observe during the procedure?
- How do you see clinical leadership as a student?

## **8. Additional comments**

### **Relevance for Clinical Leadership**

This situation confronts the student with:

- Contradictory expectations
- Uncertainty about their own role
- The tension between adapting and taking responsibility

Clinical Leadership is expressed here through:

- Daring to speak up in the interest of patient safety
- Dealing professionally with feedback
- Reflecting on one's own behaviour and choices
- Demonstrating leadership without formal authority

Points of attention

- This case may be sensitive for students with perfectionism, fear of failure, or a strong tendency to conform.
- A safe learning environment is essential.
- Do not assess on “assertiveness”, but on reflection and responsibility.

### **Life saver - lifeline**

- The patient asks a critical question – during the care, the patient notices that something is being done differently than the previous time:

*“Yesterday the nurse did this completely differently than today. What is actually the correct way?”*

or:

*“You seem to be doubting yourself too... Is this really okay for me?”*

- The supervisor interrupts the simulation with a reflection question:

*“What is going through your mind right now?”*

or:

*“What choice are you making here, and why?”*

or:

*“What do you think would be best for the patient right now?”*