

## ERA+ Clinical Leadership in Nursing Education



# Clinical Leadership in Nursing Education

## Inspirational good practice

### ***“Culturally sensitive care”***

*This example shows practical leadership skills that are applied in educational settings. These practices were identified and collected during the Erasmus+ KA220-HED project “Clinical Leadership in Nursing Education,” co-funded by the Erasmus+ programme of the European Union. The content is based on existing practices, with good examples submitted by project partners and stakeholders, recognized as validated examples from professional practice.*

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# 1. Contact Information

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## 2. Short description of the teaching method

The teaching method involves a **two-day experiential activity** in which students are **immersed, as individuals, in contexts that are less familiar to them.**

Examples include **street nursing, a centre where people with mental health issues come voluntarily for meaningful daytime activities, or arriving and being received as an asylum seeker and living in the centre as such for two days.**

The **structure** of this exposure method and its associated added value for diversity-sensitive care is as follows:

### 1. Preparation phase (Workshops)

Preparation is essential to equip students **theoretically and emotionally** to deal with diversity:

- **Workshop 1:** Focuses on ‘presence in care’ and enhancing the dignity of the care receiver. Students learn to reflect on ‘the danger of a single narrative’ (prejudices) and are introduced to ethical concepts such as closeness, silence and hope.
- **Workshop 2:** Provides a theoretical framework on superdiversity, cultural sensitivity and active pluralism. Students are given practical tools for intercultural communication by the TOPOI model and specific language and behavioural tips. Working in pairs or trios, **students delve into recent literature on culturally sensitive care and share the information with one another.** The students then select their placement locations from the available options and make practical preparations.

### 2. The Exposure (Immersion)

Over the course of **two days, students are literally immersed in a new and vulnerable context:**

Contexts: Examples include street nursing, homeless shelters or an asylum centre (where students spend 1.5 days living as asylum seekers amongst other asylum seekers).

### 3. Reflection and Integration

The exposure is followed by a **structured process** to convert the experiences into learning outcomes:

- **Reflection day:** Using a ‘video booth’, students share experiences of moments of human connection and personal feelings. The tutor encourages them to link these experiences to the multicultural and ethical concepts covered in the workshops.
- **Process integration:** Students translate the insights gained into personal learning objectives relating to multiculturalism and diversity.

### 3. Why should colleagues use this method to strengthen clinical leadership?

#### **Care without filters: become the 'Skilled companion' of tomorrow!**

This direct confrontation forces students **to open up and form human connections** outside their comfort zone. They are supported in this by a lecturer, as a safe learning environment is needed to move from the comfort zone into the learning zone. It helps them to **recognise** both their own **vulnerability** and that of others. Students learn that **being human is universal**, regardless of ethnic background, gender or vulnerability. Students experience first-hand what it means, for example, to live on the streets or stay in an asylum centre. The **aim is to meet one another as human beings** and recognising the power in the encounter between oneself and the other.

#### **Added value for culturally sensitive care**

Through this structure, students develop **crucial competencies** that go beyond mere theoretical knowledge:

- **Individual competencies:** Enhancing **cultural awareness, cultural empathy** and the **ability to deal with cultural ambiguity** (uncertainty) in healthcare.
- **Socio-cultural competencies:** Fostering socially transformative leadership, whereby students are motivated to **contribute to social justice and changes in the healthcare system.**
- **Attitude:** It promotes **genuine curiosity** and **respect** for other beliefs, which is essential for providing culturally congruent care

The **overall aim** is for students **to develop** in their role as a **skilled companion.**

### 4. Competencies related to clinical leadership

**Primary competencies** – **secondary competencies** addressed by this good practice.

#### 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**)

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- Guidance competence (**supervision, mentoring**)

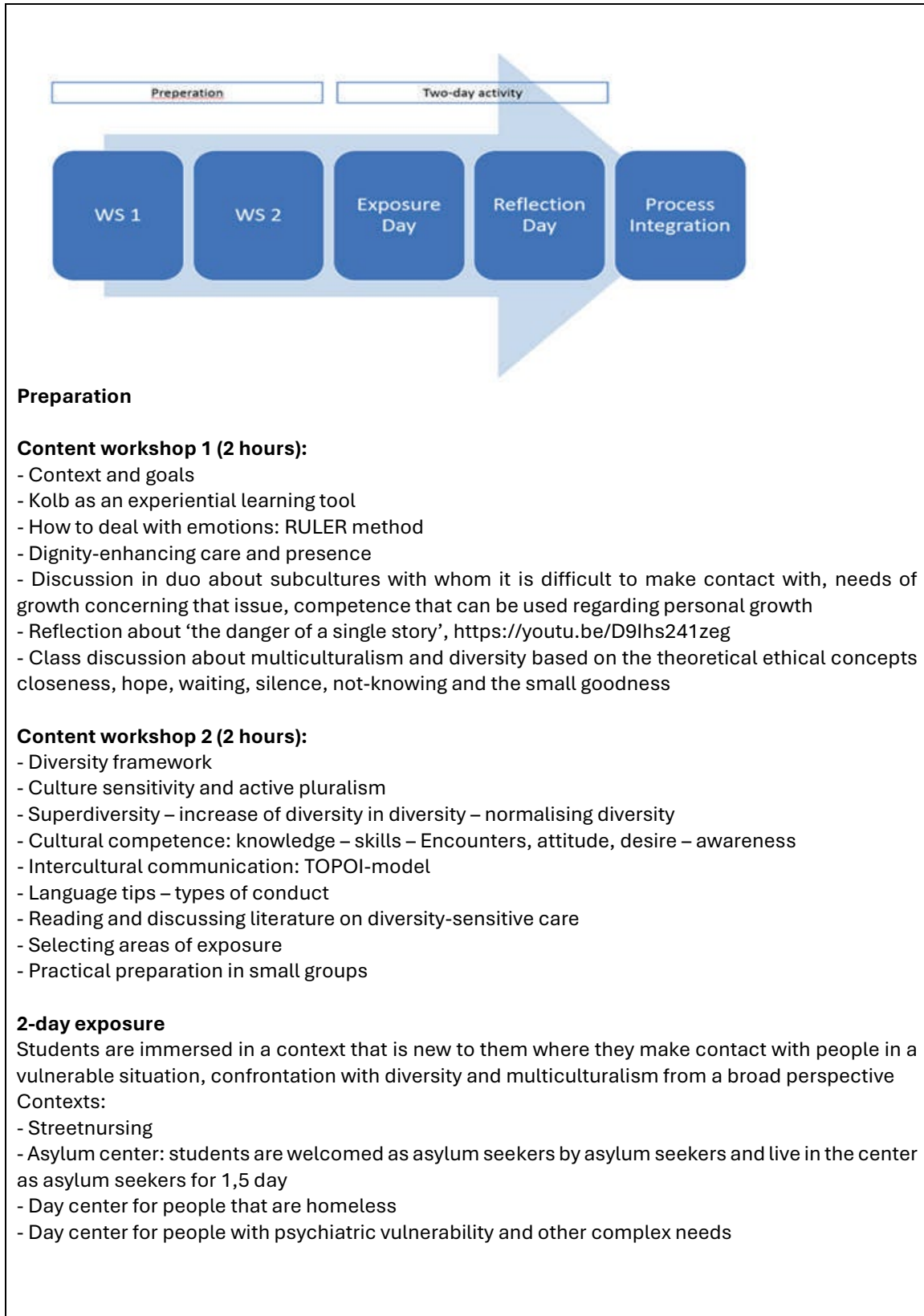
Domain – communication and collaboration

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

*Specific behaviors practiced:*

(e.g., giving feedback, speaking up, handling conflict, setting priorities, situational awareness, etc.)

## 5. Timeline



### Preparation

#### Content workshop 1 (2 hours):

- Context and goals
- Kolb as an experiential learning tool
- How to deal with emotions: RULER method
- Dignity-enhancing care and presence
- Discussion in duo about subcultures with whom it is difficult to make contact with, needs of growth concerning that issue, competence that can be used regarding personal growth
- Reflection about 'the danger of a single story', <https://youtu.be/D9lhs241zeg>
- Class discussion about multiculturalism and diversity based on the theoretical ethical concepts closeness, hope, waiting, silence, not-knowing and the small goodness

#### Content workshop 2 (2 hours):

- Diversity framework
- Culture sensitivity and active pluralism
- Superdiversity – increase of diversity in diversity – normalising diversity
- Cultural competence: knowledge – skills – Encounters, attitude, desire – awareness
- Intercultural communication: TOPOI-model
- Language tips – types of conduct
- Reading and discussing literature on diversity-sensitive care
- Selecting areas of exposure
- Practical preparation in small groups

#### 2-day exposure

Students are immersed in a context that is new to them where they make contact with people in a vulnerable situation, confrontation with diversity and multiculturalism from a broad perspective

Contexts:

- Streetnursing
- Asylum center: students are welcomed as asylum seekers by asylum seekers and live in the center as asylum seekers for 1,5 day
- Day center for people that are homeless
- Day center for people with psychiatric vulnerability and other complex needs

**Reflection day**

Exchange of experiences through videobooth, reflection leading to ethical concept attendance approach

**Process integration**

Describe personal goals

## 6. Student guidance

A professional or lecturer is available during the exposure and encourages students where necessary, for example by acting as a role model.

The lecturer is available for individual coaching and discussions with students who find the experience too emotionally overwhelming.

## 7. Required materials / Conditions

Group of 10-12 2<sup>nd</sup> year students

- Classroom with furniture and audiovisual material (laptop, beamer, wifi)
- 1- 3 lecturers (reflection: lecturer in ethics)
- Whiteboard and whiteboard markers or flipchart
- External context exposure
- Camping bed, sleeping bag and toiletries

## 8. Evaluation / Follow-up

**Assessment:**

- **Formative feedback** throughout the entire process
  - Compulsory attendance at both the preparatory lectures, the exposure and reflection session
  - **Summative:** a grade is awarded based on the commitment, engagement and courage demonstrated by the student throughout the entire process. The UCLL grade scheme is used for this purpose.
- Video recordings taken before and after the exposure are uploaded by the student and assessed summative on quality.

## 9. Results / effects on students

### **EXPECTED LEARNING OUTCOMES STUDENTS:**

- Shows interest in knowing “the other” and their culture
- Shows interest and curiosity to know and deeply understand other cultures
- Respects different beliefs and values
- Understands personal interactive behaviour according to social and multicultural context without prejudices
- Genuine wants to learn how to understand cultural differences
- Recognizes the influence of her/his culture on the way she/he behaves
- Recognizes the influence of their own prejudices in caring for people from other cultures
- Identify one’s own cultural prejudices, myths, stereotypes and misinformation about immigrants, refugees and asylum seekers in Europe
- Is aware of nurse’s own potential biases and unavoidable stereotyping impact in nursing care
- Describes potential ways to address bias in the clinical and community settings
- Takes into consideration the opinions of patients/clients and professionals when decisions are made as a team. The aim is to achieve shared decision-making.
- Provides appropriate and congruent nursing care to patients, based on cultural factors
- Inquires about religion and the importance in the patient life’s
- Explores and respects physical contact according to her/his culture
- Explores and respects time orientation according to the client’s culture
- Describes the problems that immigrants, refugees and asylum seekers face and to identify the psycho-social and cultural issues fundamentally affecting the health behaviours and well-being of people in multicultural transitions
- Respects confidentiality despite language or communication difficulties
- She/he considers it a right for people to express themselves in other languages if they are unaware of or have difficulty employing the official language
- Respects culturally diverse forms or styles of communication
- Interprets and respects silences
- Interprets and respects the style of the conversation (direct, indirect or “by stories”)
- Uses translator systems and cultural mediators in intercultural communication
- Has the ability to the decentring themselves from their own culture of reference and access the “other” narrative/subjective experience
- Understands the speech of people with strong accents
- Provides clear messages to people who may be struggling with dominant language
- Is aware of potential misunderstanding related to interaction between different cultures
- Shows coordination and negotiation skills

[https://www.researchgate.net/publication/372763356\\_Educating\\_students\\_through\\_innovative\\_learning\\_methods\\_to\\_intervene\\_in\\_complex\\_multicultural\\_contexts](https://www.researchgate.net/publication/372763356_Educating_students_through_innovative_learning_methods_to_intervene_in_complex_multicultural_contexts)

## 10. Tips for colleagues

***Truly encountering: The richness of the unfamiliar context!***

Evaluating added value annually with the students and in context.

It is a wonderful way of learning: getting to know others as people and, through that, becoming a richer person oneself. What constitutes richness in life becomes clear in this exposure.

## 11. Practical example / anecdote

Feedback from students:

*“When the barrier came down behind me, I felt like I no longer belonged in society; I felt empty, invisible”.*

*“I have a job waiting for me when I get home. My parents are racist, but I’ve met some really lovely people here – I wouldn’t miss that experience for the world. The way people think about asylum seekers is completely wrong”.*

*“I’ve felt such a sense of connection here”.*

*“The people here are all laughing, dancing, playing badminton. It’s been years since I did that, and it’s so much nicer than sitting on socials”.*

*“It’s an injustice that decisions on whether or not to regularise their status take so long”.*

*“I see my city through different eyes. I had no idea there were so many homeless people. And what strength they have – hats off to them!”*

*“So happy to spend a day living alongside people with mental health issues and to be able to meet them as human beings, to be given the space to do so. It’s lovely not to be judged, as I was on my work placement; I dared to be myself”.*

*“We didn’t have the luxury of a place to stay overnight, but there was a great sense of connection – it was brilliant”.*

## 12. Visual material









