



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Inspirational good practice

“Dialogue about an experience of loss”

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 3 colleges (workshops) provides a framework for addressing care-ethical issues in perinatal loss, with a primary focus on the ethical formation of nursing professionals. The theoretical foundation is grounded in '**Slow ethics**', which advocates for deliberate moral judgment and emphasizes the critical importance of sensitivity, space, and time in care practices.

The first workshop utilizes the **power of narratives**, prompting students to reflect on personal experiences of loss to identify the sources of support and stability that guided them through critical periods.

In the second workshop, '**exposure**' is centralized through a dialogue with parents of a stillborn child, exploring the profound meaning of 'being present' (proximity) within this specific context. Through storytelling, both positive and negative experiences of loss are discussed in an accessible way. The workshop helps students to shift their perspective. Furthermore, it gives parents a voice, which can contribute to the grieving process, as parents in this way help to enhance the professional development of future nurses in situations involving bereavement.

The third workshop employs an '**Arts-Based reflection methodology**', using artistic expression to provide a visual language for the complex emotions and learning processes associated with loss. During these creative session, students collaborate on collective collages to integrate diverse perspectives on proximity and to enhance their professional agency.

A core objective integrated throughout the trajectory is the cultivation of skills to create space for emotions and to provide a voice for both the parents and the (unborn) neonate. By engaging with these methodologies, healthcare professionals develop essential competencies such as sensitivity, sustainability, and the capacity to remain authentically present during the grieving process.

In summary, the workshops foster the development of ethical competence on three levels:

- I in relation to myself
- I in relation to the other person (care receiver and their context)
- I in relation to my professional development

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

The added value of the workshops lies in developing care ethics competencies through connection, narratives and reflection on one's own and others' experiences.

The key points that demonstrate this added value are:

- **Connect before content:** the emphasis is on establishing a connection first by sharing experiences before addressing the theoretical content. This forms the basis for 'good care' and 'dignity-based practices', whereby students learn to listen with all their senses and to make space for the other person's story.
- **The power of storyweaving:** through the 'storyweaving' methodology, participants learn to see people as a 'treasure chest full of fascinating stories'. This process helps to give a voice to stories that would otherwise remain untold or unheard, leading to a richer understanding of reality and prompting change in care practices.
- **Personal growth through personal experiences:** a crucial component is reflecting on one's own experience of loss (for example, through the T-shirt exercise or digital storytelling). By exploring what gave them a sense of security at that moment and what they needed, students develop a deeper insight into the needs of others in similar situations.
- **Learning from experiences rather than opinions:** students learn far more by listening to **concrete experiences** than by merely sharing opinions or viewing others through a judgemental lens. In experiences, **the meaning of care** becomes much more concrete and more clear.
- **Human beings as 'beings in the process of becoming':** the workshops approaches human beings as 'human becoming' who grow and transform through encounters. The added value lies in the realisation that every encounter forms a 'thread' in the life story of both the care provider and the care receiver and his context.
- **Practical skills in closeness:** students are challenged to reflect on what 'being close' concretely means in the context of perinatal mortality, using Joan Tronto's care ethics framework. They learn to **avoid judgement and advice** and instead to **demonstrate 'caring curiosity'**.

Ultimately, this approach **enables students to be present for bereaved** parents with an **authentic attitude**, learning that their own presence ("**being there**") is an **essential part of care**

4. Competencies related to clinical leadership

Primary competencies – secondary competencies addressed by this case study.

Domain – ethics

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

- ☒ **Care ethical seeing:** The parent's story contributes to perspective change. The vulnerability and emotional pain (bereavement) are visualized. It gives the students the opportunity to see and understand what matters to the other
- ☒ **Care ethical knowing:** The experiential learning method contributes to acknowledge the tragedy of life. Relation to the other is the greatest source of knowledge. In addition, the student becomes aware of the importance of sufficient scientific and professional knowledge
- ☒ **Care ethical reflecting:** Students reflect from a meta-position on their own experience of loss and on the care parents received during perinatal loss. Students try to understand the meaning for parents as well for them as professional in education. This reflection contributes to the prevention of damage in care due to spontaneous reactions of the professional
- ☒ **Care ethical doing:** The experiential learning method contributes to raise the student in person-centred care with attention to the context of the parents. Students learn that in perinatal loss the 'loss experience' can't be resolved. They learn the importance to allow parents to go through unavoidable processes.
- ☒ **Care ethical being:** Awareness by students that relationship towards parents find his origin in their 'being'. 'Being' and touchability develops by relationship. Students learn the importance of their own and others mediocrity. They aware that growing in care ethical being deserves time and patience.

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

Holding space – Between silence and voice

This learning programme consists of **three thematically linked workshops**, spread over a **four-week period**, and focuses on deepening professional empathy when dealing with experiences of loss.

- **Workshop 1 scheduled for a 1,5 hour in week 1**, begins with a targeted reflection exercise in which students, in pairs or groups of three, engage in dialogue about a personal experience of loss. This first phase focuses on developing listening skills, mutual attunement and exploring one's own stance regarding loss.
- **Workshop 2 (week 2) is a two-hour meeting** with parents of a stillborn child. This workshop centres on listening to personal accounts, with particular attention to vulnerability, the search for meaning and the impact of professional practice in situations of intense loss.
- **Workshop 3 (week 4)** consists of a **two-hour** arts based reflection, in which students use creative and embodied methods to articulate what closeness means to them in the context of loss. At the same time, they highlight **the personal and professional growth they have undergone** and the **further needs** they experience in their development as future professionals.

6. Student guidance

Crucially, the aim is to provide emotional safety, where each individual respects others' boundaries when expressing vulnerability. It is agreed that what is shared within the group stays within the group and that everyone behaves respectfully.

Coaching is based on ethical leadership, allowing space for others' talents on the one hand, and for emotions on the other, with attention to the needs of students. Feedback is given discreetly, mainly through non-verbal communication and/or an in-depth reflective question. One coach is provided for every 15 students.

7. Required materials / Conditions

Students:

- Min. 5 – max. 15 students/lecturer in ethics
- 4th year students

Classroom or meeting room – chairs in a circle

Paper and writing material

Magazines, scissors, glue sticks, coloured pencils, watercolours, paintbrushes and markers
Coffee, tea, water and biscuits (workshop 2)
Tissues
Beamer
Whiteboard – whiteboard marker or flipchart

8. Evaluation / Follow-up

- **Attendance** at lectures is required.
- **Formative feedback** that encourages students to explore the clinical placement in greater depth, engage in dialogue with parents and demonstrate confidence during the arts based reflection session.
- **Summative assessment** based on engagement during workshops, in accordance with the UCLL criteria:

Very poor (<8): disruptive behaviour during workshops, disrespectful conduct

Poor (8-9): failure to participate actively, being distracted

Satisfactory (10-13): participating, but making little contribution to the workshop

Good (14-15): making a meaningful contribution to the workshop, being critically constructive

Very good (>16): contributing in a professional, nuanced manner, fostering a positive group atmosphere with respect for others' integrity, a key figure within the group

- **Summative assessment** during the **final paper for the relevant course module**, in which the student describes their own learning outcomes and challenges for the future as a person and professional.

9. Results / effects on students

- Students recognise and acknowledge their own needs in case studies involving loss and experience how valuable it is to share their vulnerability with fellow students
- Listening to others' stories helps broaden their perspective on coping strategies in the face of loss
- Students realise that they are not alone in experiencing difficult emotions
- Students learn how valuable it is to listen to others without judgement or interpretation
- Students develop the courage to be authentic in relationships
- Storytelling about contrasting positive and negative experiences contributes to the quality of care
- Dialogue with parents of a stillborn child gives students the courage to dare to be present and to take on the role of a professional where it matters; the methodology helps students overcome their hesitation to act
- Arts-based reflection encourages students to shape their feelings and learning processes together in a creative way, and from there to create and reflect together. This enables students to articulate complex feelings in a different way and discover new perspectives. The methodology helps to stimulate genuine 'feeling', self-expression and creative thinking. Quite a challenge for the student anno 2026.

10. Tips for colleagues

- As a teacher, it is incredibly rewarding to be able to facilitate the process with the students during the three workshops. However, a great deal of emotional pain comes to the surface, and as a teacher you have to guide the group with great sensitivity.
- Provide reflection in group about the added value of the method (students & tutor(s)).
- Intervision by tutor(s) is needed on the one hand, to ensure that own emotions are acknowledged, and on the other hand, to ensure that students' (care) needs are met.
- Involve parents who are member of a self-help group so the story can be told constructively and clearly discuss the objectives of the workshop in advance.

11. Practical example / anecdote (optional)

Student feedback:

"This is the best lecture I've ever had in four years; I've never before had the chance to talk about my experience of loss."

"I now realise that everyone has their own baggage; I'm not alone with these difficult thoughts!"

"The parents' story clearly illustrates what the loss of a child means. I have learnt that every parent is different and experiences the grieving process in their own way. It is important to understand and acknowledge their feelings and needs. This is the first step towards building a relationship of trust with the parents of the newborn."

"As a person and as a future professional, I am grateful to have been able to attend these workshops and have learnt a great deal about both my own needs in the event of a loss and the needs of bereaved mums and dads."

"Having a family member, such as a brother or sister, by your side is incredibly important as a source of support. This makes the experience of anxiety and the pain of loss a little more bearable. It is important for nurses to be mindful of this and not just remain in 'action mode.'"

"I have learnt many things from these workshops and the arts-based reflection, far more than I did during my midwifery training. Being there for one another was, without a doubt, an incredibly enriching experience. I found the tips and advice we received from the parents truly enlightening. I know that I never really knew what to say to parents who had lost a baby, nor how best to behave. Hopefully, through these workshops, I can grow into the kind of nurse who takes the time to talk to parents and explain to them what is happening at that moment, but also afterwards. A nurse who provides care at the parents' rhythm and creates memories so that the grieving process can be a little easier. Parents also need a 'debriefing', where they can ask their questions and tell their story; I want to be mindful of that too."

"At first, I found it incredibly difficult and awkward to interpret 'what it means to be present' and 'how one can be present' as a professional in a creative way during the arts-based reflection. Looking at the artwork together with my fellow students, recognising aspects of Tronto, making connections and adding new images was enriching. I was pleased with the initial coaching from the lecturer. Once the ice was broken, it turned out to be a very effective method."

12. Visual material (optional)

