



## ERA+ Clinical Leadership in Nursing Education



# Clinical Leadership in Nursing Education

## Inspirational good practice

### “From evidence to practice: critically examining nursing procedures and methods”

*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

This learning method is aimed at new employees and newly graduated nurses who are confronted with differences between how nursing procedures were taught during their training or other job and how they are carried out in their current clinical practice. The participants choose two specific nursing procedures or organizational methods that they experience as different or challenging. Together with their mentor, they analyse these procedures or methods based on current evidence, guidelines, and local agreements. They then develop this analysis into a concrete and practical improvement proposal for the team. The process promotes critical thinking, evidence-based practice, and professional dialogue, and is concluded with a presentation of the improvement proposals during a team meeting.

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

- Stimulating learning together with peers
- Creating change bottom-up
- Creating ownership and giving new staff a voice
- Facilitating curiosity to improvement
- Slowing down to improve patient 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**)

#### 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)

## 5. Timeline

Total duration: 4–6 weeks

Week 1: Selection of two procedures or organizational methods

Weeks 2–3: Analysis with mentor/head nurse

Weeks 4–5: Development of improvement proposal

Week 6: Presentation at team meeting

## 6. Participant guidance

The guidance is provided by the mentor and the head nurse, focusing on critical reflection, evidence-based analysis, and feasible implementation in practice.

## 7. Required materials / Conditions

- Time for consultation and research
- Access to protocols, guidelines, and literature
- Support from the team and the head nurse
- Time allocated during the team meeting to present the topic

## 8. Evaluation / Follow-up

Formative feedback during the process and formative evaluation of the improvement proposal regarding relevance, evidence, and feasibility.

## 9. Results / effects on participants

- Increased professional confidence
- Strengthened critical and evidence-based thinking
- Active involvement in quality improvement

## 10. Tips for colleagues

Approach differences between theory and practice as learning opportunities and create a culture of safe dialogue within the team.

## 11. Practical example (optional)

### **Best Practice in Clinical Leadership**

What?

- A new staff member selects two topics to improve care at team level, in line with the organisational policy's.

Questions that may help:

- Which procedure or organizational method do you find illogical?
- What happens differently from what you learned in theory or at school?
- Where do you see room for improvement?

Tips :

- Select a well-defined topic; do not make it too broad.
- Choose a topic on which you or your team can have an impact.
- First discuss your possible topic with your head nurse.

Steps:

- Define the problem: What is the problem? When does it occur? What are the consequences?

Ex.: Connectors and needleless caps of IV catheters are not always disinfected before connecting a syringe or a intravenous line. Is everyone sufficiently informed? Is the knowledge there? What causes this not to happen every time? Is the material sufficiently available?

- Describe the goal: what do you want to achieve?

Ex. Every connector and needleless cap is always disinfected before a connection is made.

Describe the solution and support it with knowledge, theory, literature, protocol, etc.