



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Teaching material for simulation lessons

"Having the courage to speak up when things get tense"

"Clinical leadership in feedback and difficult conversations"

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1. Situation overview

You are a nursing student and are doing an internship in a hospitalization department. Elke is the department's regular mentor and your first point of contact. Today you worked together with Anita, another permanent nurse on the ward. After caring for some patients, Anita gave you feedback on your performance that day.

The feedback surprised you:

- she came unexpectedly,
- was strongly focused on what *was not* going well,
- and was presented in a confrontational and not very constructive way.

You feel insecure, touched and suddenly doubt yourself. During the lunch break, you discuss this with a fellow student friend in the cafeteria. You share how hard the feedback came to you and how unsafe it felt.

When you stand up to go back to the ward, you notice that Anita was sitting at the table behind you all this time. She did not hear the entire conversation, but may have caught snippets. It becomes clear that tension arises.

2. Roles & division of roles

| Role | Description | To be played by | Important behaviors / points to note |
|--|---|--|--|
| Role 1 - Student | Has received feedback and is discussing this with a fellow student friend. | Student | |
| Role 2 – Anita | Duo nurse – permanent nurse on the ward. Gave feedback to student. | Teacher or student (based on a role card with example sentences) | Angry but insecure Defensive, feels discussed behind the back |
| Additional roles (optional) – Any | Mentor of the student on the ward – permanent nurse on the ward. | (Student) | (optional role – will possibly only be involved later in the scenario – takes a calm, constructive attitude) |
| Extra roles (optional) – student friend | Helps the student friend by listening to the concerns (and possibly formulating advice) | (Student) | (optional role) |

3. Competence(s) 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**)

Specific behavior that is practiced: **giving feedback, speak-up, handling conflict**

4. Learning objectives for students

The student:

- makes it possible to discuss what he/she needs to be able to have a safe conversation.
- dares to start the conversation.
- can deal with the emotions that are present during the conversation and is not guided by emotions that do not contribute to a professional working atmosphere.
- contributes to a professional and safe learning and working atmosphere, even in tense interactions

5. Course of the case

- In this case, you can choose to
 - Letting students think for themselves about the evolution, a correct approach and conversation
OR
 - Students receive a card with a specific follow-up that they have to prepare for. They think about how they want to approach this and how they can bring this up in the specific situation on the card.
- Follow-up or possible directions in which the case can evolve (based on choices of students and/or teacher):
 - The student first discusses it with mentor Elke (Phase 1)
 - Leadership skills: reflective ability, recognizing and using resources, taking responsibility for the learning climate, constructive approach
 - The mentor leads a conversation with the 3 parties (Phase 2)
 - Conversation skills, giving and receiving feedback
 - The student speaks to Anita immediately after the lunch break (Phase 2)
 - Leadership skills: speak-up, emotional regulation, professional communication, proactive steps
 - Anita spontaneously confronts the student with what she heard (Phase 3)
 - Student shows leadership here IN the REACTION they give
 - Leadership skills: acting under pressure, setting boundaries, moral and professional courage
 - "I understand that this is difficult to hear, but I don't feel comfortable here to discuss this. I would rather do this at a quieter time".
 - The student leads a conversation with the 3 parties (Phase 4)
 - Relational and shared leadership, dialogue from multiple perspectives, building a professional culture and team dynamics
- Prior to the scenario, students discuss how the roles can be played. They think about how everyone would react in this situation.

- Depending on their level of education, needs and experience, students can be supported in empathizing with a role (e.g. through emotion cards or cards with role support as hints or instructions on how to play the role)
- After the debriefing, it can be useful to resume the simulation taking into account the tips and tricks discussed.

6. Required material

- Space – table and chairs
- When Anita is played by a student: emotion cards/cards with role support for Anita
- Props / documents (e.g. report, parameters, briefing)
- Background information: what preceded it?

7. Debriefing guidelines

The school can follow any known debriefing method for the discussion of this case.

Key reflection questions

Emotions and self-leadership

- What did you feel during the situation and during the conversation?
- What did you need in that moment? What was there? What was missing?
- How did you deal with your emotions?
- Did you go with the flow of emotions or were you able to steer it?
- What helped you to do this or not?

Communication and clinical leadership

- How did you enter the conversation? With what expectations?
- What made the conversation safe or unsafe for you?
- Where did you take leadership in your response or communication?
- Where did you feel reluctance or tension?
- Have you responded to creating a positive working atmosphere? How?
- What worked well in communication? What worked less well?

Transfer to practice

- What would you do differently next time?
- Which skills do you take with you to the next internship or work situation?
- What do you need (from yourself, from a mentor, from the team) to handle similar situations differently?
- What does this experience mean for your development as a future nurse and clinical leader?

Points of attention

- The student conveys one clear message, instead of several frustrations at the same time.
- Use of the I-message instead of the you-message
 - Not: "You were really unprofessional."
 - Well: "I felt uncomfortable with the way the feedback was given, especially because I had to think about it all day."
- A calm tone + open attitude can even de-escalate a tense situation.
- Adapting the communication to the context – ask yourself if the setting is appropriate: "It feels uncomfortable to talk about this, and I would like to continue this in a quieter place."
- Dialogue, not monologue – "I understand that you wanted to help me improve. What I have trouble with is the way it was presented."
- How does the student deal with any defensive behaviour (escalation, shutting down, calmly reframing)?
- Suggest a way forward – The student talks about learning, collaboration, and next steps.

Possible pitfalls

- Public feedback – for example:
 - The feedback is continued while other students and colleagues listen in.
 - Anita says loudly in the cafeteria: "I don't think it's professional that you're sitting here talking about me. The feedback I gave was completely justified."
 - A mentor or nurse mingles publicly and says: "You have to be able to tolerate this kind of thing as a student."
- Defensive reactions
 - With the student
 - "Yes, but you didn't give me a clear explanation." (answer defensively)
 - "Everyone does it that way." (passing on the blame)
 - "Apparently I can't do anything right." (victim role)
 - By Anita
 - "It wasn't that bad after all." (minimize or repeller)
 - "That's just how I give feedback." (justify own behavior)
- Minimizing emotions
 - To the student:
 - "You can't take this so personally."
 - "This is just part of the job."
 - "Just wait until you really start working."
 - By the student himself:
 - *"It must be me, don't worry."*
 - *"Others certainly have it worse."*

8. Additional notes

Relevance to clinical leadership

The case study allows students to practice in:

- leadership **without power**,
- communicating **under voltage**,
- monitoring **psychological safety**,
- **acting ethically and professionally** in relational complexity,
- taking care of the **leather and working climate**.

Points of 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
- Strong link with modules on communication, teamwork and professional behaviour

"Life Saver" – lifeline

- 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."
- Mentor Elke: "I notice that this situation is uncomfortable. What would help you to keep this conversation professional?"
- Fellow student: "Maybe you can tell her how it felt for you?"
- Facilitator (after taking a break in the scenario):
 - "What is the core issue you want to address now?"
 - "If this were about patient safety, what would you say?"
 - "What do you need from Anita right now?"
- Hidden hint cards (students may ask for one card during the simulation) – for example:
 - "Describe the impact, not the intention."
 - "You can name discomfort without blaming anyone."
 - "Focus on professional behavior, not personality."
 - "You can ask to wait a little longer or for a different setting."
- 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?"