



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Teaching material for communication lessons

“I am worried”

Team conflict around assessment of suicide risk

This teaching material for communication lessons was developed within the Erasmus+ KA220-HED project “Clinical Leadership in Nursing Education” and has been funded with support from the Erasmus+ Programme of the European Union.

The European Commission’s support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Content

- 1. Situation description3
- 2. Roles and role distribution3
- 3. Clinical leadership competencies4
- 4. Learning objectives for students.....5
- 5. Case progression5
- 6. Materials needed.....6
- 7. Debriefing guidelines6
- 8. Additional remarks7

1. Situation description

Context

Open psychiatric ward in mental health care (afternoon shift).

Starting situation

A nursing student notices signs of possible suicidality in patient Lena (28 years old, depression) (e.g. withdrawal behaviour, statement “everyone would be better off without me”). An experienced colleague minimizes these signals.

2. Roles and role distribution

Provide a brief explanation for each role.

Role	Description	Played by	Important behaviors / points to keep in mind
Student nurse	Observes patient and detects risk	Student	Assertive communication, clinical reasoning, escalation
Nursing colleague Kim	Experienced nurse, minimalises the risk	Trainer/student	Self-confident, slightly defensive, influences the teamdynamics
Patient Lena	Young adult woman with depression	Trainer/student	Vulnerable, responds to empathy
Head nurse (optional)	Involved in escalation	Trainer	Supportive, validates the escalation

3. Clinical leadership competencies

Primary competences – secondary competences 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 behaviors: **speak-up, SBAR communication, clinical reasoning**

4. Learning objectives for students

The student can

- recognize and identify warning signs of suicide.
- professionally address a difference of opinion.
- decide when escalation is necessary.

The student demonstrates

- assertive communication.
- clinical reasoning with supporting evidence.

The student reflects

- on the influence of hierarchy and peer pressure.
- on their own role and responsibility in patient safety.

5. Case progression

Timeline / fasing

Start (0–4 minutes)

- Contact with patient
- Signal detection

Escalation (4–10 min)

- Colleague minimizes
- Student doubts

Decision (10–18 min)

- Student chooses: act or escalate

Closure (18–25 min)

- Consequences of the choice

Possible variations

- Mild: colleague has reservations
- Severe: colleague strongly opposes
- Unexpected turn of events: patient has disappeared
- In writing: SBAR report

6. Materials needed

- Day room
- Role descriptions
- SBAR-card
- Patient record
- Whiteboard

7. Debriefing guidelines

Relevance to Clinical Leadership - The case study focuses on:

- speaking up when safety is compromised
- dealing with hierarchy and peer pressure
- clinical reasoning under uncertainty
- prioritizing patient safety

Key Questions

Describe

- What signs did you notice?
- What happened within the team?

Analyze

- Why was it difficult to speak up?
- When should you escalate the issue?

Generalize

- How do you interact with experienced colleagues?
- What does this say about patient safety?

Apply

- What will you take with you into practice?

Focus Areas

- Behavior (not just content)
- Link to competencies
- Reflection on communication

Potential Pitfalls

- The topic can be emotionally taxing
- Don't focus on "who was right"
- Nuance the colleague's role (compassion fatigue)

8. Additional remarks

Safety & Inclusivity

- Announce the topic in advance
- Offer the option to observe
- Provide a time-out
- Facilitate follow-up care

Things to Avoid

- Simplifying suicidal issues
- Inducing feelings of guilt in students
- Black-and-white thinking

Links to Other Modules

- [Suicide Prevention](#)
- [SBAR & communication](#)
- [Clinical leadership](#)
- [Burnout & compassion fatigue](#)