



## ERA+ Clinical Leadership in Nursing Education



# Clinical Leadership in Nursing Education

## Teaching material for communication lessons

***“I want to go home”***

***Balancing autonomy and safety during admission***

*This teaching material for communication lessons was developed within the Erasmus+ KA220-HED project “Clinical Leadership in Nursing Education” and has been co-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.*



RESEARCH & EXPERTISE



Funded by the European Union

# Content

- 1. Scenario Description .....3
- 2. Roles and role distribution .....3
- 3. Clinical leadership competencies .....5
- 4. Learning objectives for students .....6
- 5. Case progression .....6
- 6. Materials needed .....8
- 7. Debriefing guidelines .....8
- 8. Additional comments.....10

# 1. Scenario description

## Context

This case takes place in a geriatric or psychogeriatric ward, where patients are admitted for further observation and care. The admission process is often a sensitive moment, characterised by emotional tension, uncertainty, and complex decision-making involving both the patient and their family. In this context, the nurse plays a key role in guiding the conversation and ensuring that decisions are made in a careful, ethical, and patient-centred manner.

## Starting situation

A 75-year-old woman with signs of early-stage dementia presents for admission, accompanied by her son. Although the admission has been planned, the patient repeatedly expresses her wish to return home, stating clearly: "I want to go home." She appears restless and only partially understands the situation.

Her son, however, strongly believes that admission is necessary. He refers to recent incidents, including a fall and the fact that she left the oven on. He emphasizes that living at home is no longer safe and gradually becomes more directive in his communication.

The nurse is confronted with a complex dilemma involving the patient's autonomy, concerns about her safety, and the influence of a worried family member. The situation requires the nurse to take a clear professional position while maintaining empathy and respect for all parties involved.

# 2. Roles and role distribution

*Provide a brief explanation for each role*

Role	Description	Played by	Key behaviors/points to note
<b>Role 1: Student nurse</b>	The student takes on the role of the nurse conducting the admission conversation. This role is central to the scenario and involves managing the tension between the patient and her son.	Student	Listens actively to both the patient and the son and tries to understand their perspectives. Demonstrates empathy while maintaining professional boundaries. Avoids making rushed decisions and introduces structure into the conversation. Seeks a balance between autonomy and safety and takes initiative to guide the interaction.

<b>Role 2: Patient</b>	A 75-year-old woman with early cognitive decline who is being admitted but clearly expresses her wish to go home.	Trainer/student	Repeatedly expresses her desire to return home. May appear confused, anxious, or emotionally distressed. Does not fully understand the situation but remains consistent in her preference. Reacts emotionally if she feels unheard.
<b>Role 3: Son</b>	The patient's son, who is concerned about his mother's safety and strongly supports admission.	Trainer/student	Brings forward concrete risks and emphasizes the need for admission. Becomes increasingly assertive or pressuring during the conversation. May attempt to influence the nurse's decision strongly and expects his concerns to be taken seriously.
<b>Observers</b>	Students who observe the interaction and focus on communication and leadership behaviors.	Students	Observe how the nurse communicates, structures the conversation, and manages tension. Pay attention to behaviors such as listening, boundary-setting, mediation, and decision-making. Provide input during debriefing.

### 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 practiced include **active listening, responding to resistance, ethical reasoning, structuring complex conversations, managing pressure from family members, and maintaining situational awareness.**

## 4. Learning objectives for students

Student is able to:

- recognize and manage the tension between patient autonomy and safety in clinical practice.
- assess situations in which a patient resists care while still identifying potential clinical risks.

Student demonstrates:

- respectful and empathetic communication when interacting with a patient who resists admission or care.
- the ability to engage constructively with family members, acknowledging their concerns without automatically adopting their perspective.
- structured communication skills by introducing clarity, reducing tension, and guiding conversations toward a balanced and patient-centred outcome.

Student reflects on:

- their role as emerging healthcare professionals, particularly in situations where they do not hold formal authority.
- how they can exercise clinical leadership, balance different perspectives, and manage emotional and ethical complexity in real clinical practice.

## 5. Case progression

### **Instructions for role players**

Student nurse:

- May take initiative and address the situation
- Encouraged to use structured communication (e.g., DESC)
- Must remain respectful and professional

Staff Nurse:

- Initially minimizes the issue
- Challenges the student's assertiveness
- Adjusts behavior if the student communicates clearly

Technical Staff Member:

- Remains friendly but unaware of boundaries
- Continues asking questions if no limit is set
- Accepts correction when explained clearly

## **Timeline / Phases**

### Start (0–3 min)

The scenario begins with the initial interaction between the nurse, the patient, and her son. The patient quickly expresses her wish to go home, setting the tone for the interaction and introducing the central dilemma.

### Escalation/Dilemma (3–7 min)

The nurse explores the situation by asking questions and engaging both the patient and her son in conversation. The patient continues to express her desire to leave, while the son becomes increasingly firm in insisting on admission. Tension gradually builds.

### Core moment (7–15 min)

The nurse is required to take a position and decide how to proceed. This may involve supporting admission, respecting the patient's refusal, or attempting to mediate by exploring alternative solutions. The way in which the nurse structures the conversation and balances perspectives is crucial in this phase.

### Closure (15–20 min)

The scenario concludes with the formulation and communication of a plan. This may include proceeding with admission, postponing the decision, or identifying alternative care options. The focus is on how the nurse brings clarity and closure to the conversation.

## **Possible Variations**

More challenging:

- The son becomes increasingly insistent and emotionally charged, openly pressuring the nurse to proceed with admission and questioning the nurse's professionalism if no immediate decision is made.
- The patient shows more pronounced confusion or agitation, making communication more difficult and increasing uncertainty about her decision-making capacity.
- Doubt arises about the patient's competence to make decisions, requiring the nurse to explicitly consider legal and ethical implications, including the possibility of involuntary admission.

Simplified:

- The son expresses his concerns in a calm and cooperative manner and remains open to the nurse's guidance, making it easier to explore the situation collaboratively.
- The patient is less confused and can articulate her wishes more clearly, allowing for more straightforward communication and shared decision-making.
- The nurse is supported by a colleague who reinforces the importance of balancing autonomy and safety.

Unexpected element:

- The patient suddenly becomes emotional or attempts to leave the room, requiring immediate de-escalation and adjustment of the communication strategy.

- A physician enters the room unexpectedly and asks for a quick decision, increasing time pressure on the nurse.
- Additional information becomes available, such as a recent incident at home or a previously unknown care arrangement, which changes the context of the decision-making process.

## 6. Materials needed

The simulation requires a room that can be set up as an admission or consultation space. A simple arrangement with chairs and a table is sufficient to create a realistic environment.

Optionally, a brief patient file can be provided to support clinical reasoning. No advanced technical equipment is required, as the primary focus is on communication and decision-making.

## 7. Debriefing guidelines

**Relevance for clinical leadership** – this scenario focuses on

Demonstration of clinical leadership without holding a formal leadership position. The nurse must listen actively, assess the situation, structure the conversation, and guide decision-making in a balanced and thoughtful way. Clinical leadership is expressed through ethical reasoning, patient advocacy, professional boundary-setting, and the ability to manage complex interpersonal communication.

### Key Questions

#### **Description – What did we observe?**

Students are first invited to describe what happened during the interaction in an objective way. What did they observe when the patient repeatedly stated that she wanted to go home? How did the nurse respond to this statement, both verbally and non-verbally? What behaviors did they notice in the son, and how did the interaction evolve? The focus here is on observable behavior rather than interpretation, encouraging students to distinguish between what they saw and what they felt or assumed.

#### **Analysis – Why did it unfold this way?**

In this phase, students explore the underlying reasons for how the situation developed. Why was it difficult to take a clear professional position? How did the emotional pressure from the son influence the nurse's behavior and decision-making? Students are encouraged to reflect on how they balanced empathy for the patient and family with their professional responsibility. Attention is given to communication strategies: which approaches helped to de-escalate the situation, and which may have increased tension?

Links are explicitly made to clinical leadership competencies such as ethical reasoning, decision-making, patient advocacy, and effective communication.

### **Generalization – What do we learn?**

The discussion is then broadened to connect the experience to real clinical practice. In which situations do healthcare professionals encounter similar tensions between autonomy and safety? What does respecting autonomy mean in the context of cognitive decline? Students reflect general principles, such as the importance of listening, involving all stakeholders, and taking time before making decisions. They also consider how clinical leadership is expressed in everyday practice, even in the absence of formal authority.

### **Application – What will you take forward?**

Finally, students look ahead and consider how they would apply their learning in future situations. What would they do differently next time? How can they more confidently take a professional stance while maintaining empathy and respect? Students are encouraged to formulate concrete actions, such as structuring conversations more clearly, explicitly acknowledging different perspectives, and maintaining responsibility for guiding the decision-making process.

### **Key Focus Points**

During the debriefing, facilitators should consistently redirect attention to observable behavior, rather than focusing solely on whether an outcome was “right” or “wrong.” Emphasis should be placed on how students communicated, how they handled emotional pressure, and how they structured the interaction.

It is important to make explicit links to the relevant clinical leadership competencies, particularly ethical competence, decision-making, patient advocacy, and communication. Students should understand how these competencies are reflected in their behaviour during the scenario.

### **Potential Pitfalls**

A common pitfall is that the discussion shifts toward judging individuals instead of analyzing behaviour. Facilitators should avoid framing responses as correct or incorrect and instead explore the reasoning behind actions.

Another risk is underestimating the emotional complexity of the situation. Students may focus only on the content of the conversation and overlook how emotions, such as pressure from the son or uncertainty in the nurse, shape behaviour.

Finally, there may be a tendency to oversimplify the dilemma by choosing one perspective (patient or family) without fully exploring the complexity. It is important to emphasise that clinical leadership involves balancing perspectives, tolerating uncertainty, and guiding the situation in a thoughtful and structured way.

## 8. Additional comments

### **Safety, Triggers, and Inclusivity**

This case should be conducted in a psychologically safe learning environment in which students feel comfortable expressing uncertainty and trying out different approaches. It is important to emphasise that the purpose of the scenario is not to identify a single “correct” answer, but rather to explore professional behaviour, ethical reasoning, and decision-making in a complex situation.

Facilitators should be aware that the case may evoke emotional responses, as it touches upon themes such as loss of independence, cognitive decline, and family concern. Students should be encouraged to share their experiences and perspectives in a respectful and supportive atmosphere.

Attention should be given to portraying both the patient and the son inclusively and respectfully. The patient should be approached with empathy, acknowledging her emotions, preferences, and sense of autonomy. The son should be framed as a concerned family member acting out of care and responsibility, rather than as a “difficult” or problematic individual.

### **What to Avoid**

It is important to avoid framing the situation in overly simplistic terms, such as right versus wrong solutions. The focus should remain on the complexity of the dilemma and the reasoning behind different actions.

Facilitators should also avoid allowing the discussion to become judgmental toward any of the roles. Labeling the son as controlling or the patient as incapable can limit learning and reduce empathy. Instead, the emphasis should remain on understanding different perspectives and exploring how to respond professionally.

Another important point to avoid is focusing solely on the outcome of the scenario. Greater attention should be paid to the behaviors demonstrated, such as communication style, handling of emotions, and the ability to structure the interaction.