



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Teaching material for communication lessons

“Is he allowed to ask that?”

Speaking up about privacy during a team briefing

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1. Situation description

Context

This case takes place on a geriatric hospital ward during a team briefing at the start of the morning shift. The team consists of nurses and a student nurse. The head nurse is unexpectedly absent due to a meeting, leaving the team responsible for organising the briefing themselves.

Starting situation

During the briefing, a technical staff member (Tom) enters the room to repair a radiator. His presence causes noise and interrupts the discussion. When he recognizes a patient's name on the board, he begins asking questions about her medical condition.

The nurses present respond in an evasive or minimizing way. The student nurse notices that this situation may violate patient privacy but hesitates about whether—and how—to speak up.

This creates a tension between:

- protecting confidentiality and patients' rights
- maintaining a respectful and collegial atmosphere
- dealing with hierarchy and uncertainty (student versus experienced staff)

2. Roles and role distribution

Provide a brief explanation for each role.

Role	Description	Played by	Key behaviors/points to note
Role 1: Student Nurse	A student participating in the briefing who is confronted with an ethical dilemma.	Student	Shows hesitation, observes carefully, may speak up; communicates assertively yet respectfully; applies structured communication (e.g., DESC model)

Role 2: Staff Nurse	An experienced nurse who minimizes the situation and wants to proceed quickly	Trainer/student	Downplays the issue (“it’s not a big deal”); avoids confrontation; becomes receptive when addressed clearly
Role 3: Technical Staff Member (Tom)	External worker who recognizes a patient and asks personal questions	Trainer/student	Unintentionally crosses boundaries; friendly and informal; repeats questions if not addressed; responds positively to clear limits
Observers	Students observing communication and leadership	Students	Focus on behaviors related to communication, ethics, and leadership; note examples of speaking up and its effects

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:

- Speaking up in uncertain or uncomfortable situations
- Setting boundaries regarding confidentiality
- Applying structured communication (DESC model)
- Constructive conflict management
- Situational awareness and professional judgment

4. Learning objectives for students

Students are able to:

- recognize situations where privacy or confidentiality may be compromised
- identify and articulate an ethical dilemma in a clinical setting

Students demonstrate:

- assertive and respectful communication within a team context
- initiative and responsibility without formal authority

Students reflect on:

- their own barriers to speaking up
- balancing collegiality with professional responsibility

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 briefing begins, patients are discussed.
- A technical staff member enters and creates a minor disruption.

Escalation/Dilemma (3–7 min)

- Tom asks questions about a patient. Colleagues respond evasively or humorously. Tension emerges.

Core moment (7–15 min)

The student decides whether to intervene:

- addressing Tom
- addressing the colleague
- redirecting the conversation

Closure (15–20 min)

- The situation is resolved (with or without intervention), followed by reflection.

Possible Variations

More challenging:

- Staff nurse reacts defensively (“you’re overreacting”)
- Multiple external staff are present
- Several colleagues resist the student’s intervention

Simplified:

- Staff nurse supports the student immediately
- Technical staff withdraws quickly

Unexpected element:

- A family member enters the room
- The student knows the patient personally

6. Materials needed

Room

- A classroom arranged as a briefing room

Props / Documents

- Whiteboard with fictional patient names
- Briefing notes
- DESC cue cards

Technical support (optional)

- Sound effects (tools, noise)

7. Debriefing guidelines

Relevance for clinical leadership – this scenario focuses on

- taking responsibility without holding a formal leadership position
- upholding ethical principles (privacy, confidentiality)
- deciding whether and how to speak up
- influencing colleagues and external staff
- adapting communication to preserve collaboration

Key Questions

Description – What did we observe?

- What happened when the question was asked?
- What did you think and feel in that moment?

Analysis – Why did it unfold this way?

- Why was it difficult (or not) to speak up?
- Which communication strategies were effective or ineffective?

Generalization – What do we learn?

- In what situations is speaking up essential?
- How can you influence colleagues without escalating conflict?

Application – What will you take forward?

- How would you handle a similar situation in practice?
- How does this relate to clinical leadership?

Key Focus Points

- Focus on behavior rather than judging right/wrong
- Explicit link to ethics and leadership competencies
- Maintain a psychologically safe learning environment

Potential Pitfalls

- Assigning blame to individuals
- Overemphasis on the “perfect” response
- Underestimating emotional barriers

8. Additional remarks

Safety, Triggers, and Inclusivity

- Use fictional patient data
- Avoid blaming non-healthcare staff
- Ensure a safe and supportive learning environment

What to Avoid

- Public shaming during role-play
- Exaggerated or stereotypical behavior

Links to Other Modules

- Patient Rights Legislation
- Nursing Ethics
- Team Communication
- Clinical Leadership