



## ERA+ Clinical Leadership in Nursing Education



# Clinical Leadership in Nursing Education

## Inspirational good practice

### **“Team-Based clinical case discussion with SBAR and feedback”**

*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 teaching method is based on structured team-based learning using realistic nursing clinical cases focused on communication and collaboration. Students work in small groups and receive a patient scenario that includes clinical data, nursing priorities, and potential risks. Each student is assigned a role (team leader, bedside nurse, documentation nurse, liaison nurse, family communicator). Students must discuss the situation collaboratively, identify key problems, and develop a nursing care plan. Communication is trained using SBAR and closed-loop communication techniques. The group must also prepare a short handover report and present it to another group as if they were transferring care. After the activity, students participate in a guided debriefing focused on teamwork, communication clarity, collaboration, and leadership behaviors. The method emphasizes respectful interaction, shared decision-making, and patient safety communication.

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

This method strengthens clinical leadership because communication and collaboration are core competencies for safe nursing practice and effective patient outcomes. It helps students practice leadership behaviors such as coordinating care, delegating tasks, and ensuring shared understanding within the team. Students learn how to communicate critical clinical information clearly and confidently, which reduces errors and improves patient safety. Collaboration skills are strengthened as students must negotiate priorities, resolve disagreements, and work toward common goals. In my

experience, this method improves students' confidence to speak up and participate actively in multidisciplinary teamwork. It also prepares them for real clinical environments where nurses must lead communication processes, advocate for patients, and coordinate complex care. The reflective component encourages professional growth and helps students identify strengths and areas for improvement.

## 4. Competencies related to clinical leadership

**Primary competences** – **secondary competences** addressed by this good practice.

### 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:* **SBAR communication, active listening, giving patient updates, handovers, closed-loop communication, speaking up about risks, conflict management, delegation, interprofessional communication, and feedback exchange.**

## 5. Timeline

This method takes 2 lessons; approximately 4–5 hours total.

- Lesson 1 (2 hours): introduction to SBAR, teamwork roles, clinical case analysis in groups.
- Lesson 2 (2–3 hours): handover presentations, peer feedback, debriefing and evaluation.

Optional extension: 2–3 weeks using multiple cases of increasing complexity.

## 6. Student guidance

The lecturer introduces clear communication frameworks (SBAR, closed-loop communication, respectful feedback rules). Students are supported with role cards and guiding questions to structure teamwork discussions. During group work, the lecturer circulates to observe communication patterns and collaboration dynamics without taking over the decision-making. Feedback is given in real time when necessary and systematically during the debriefing. Coaching focuses on clarity, assertiveness, professional language, listening skills, and collaboration behaviors. Students are encouraged to self-assess their communication and identify improvement strategies. Peer feedback is structured using

simple criteria (clarity, respect, accuracy, teamwork). The lecturer ensures psychological safety so students feel comfortable practicing speaking up.

## 7. Required materials / Conditions

- Classroom suitable for group discussion (tables arranged for teamwork) with video/audio recording tools
- Printed or webbased clinical case scenarios (realistic nursing situations)
- SBAR communication templates
- Role cards (team leader, nurse, observer, family communicator, etc.)
- Flipchat or whiteboard for care planning
- Feedback rubric for communication and teamwork
- Video/audio recording tools for reflection
- Time allocated for group presentations and debriefing

## 8. Evaluation / Follow-up

Learning is assessed using a rubric focused on communication clarity, SBAR structure, teamwork behaviors, and collaboration effectiveness. Students complete a peer feedback form after each handover presentation. Self-reflection is included through a short written reflection on “What I did well and what I will improve.”

The lecturer may assess performance through observation checklists (active listening, speaking up, respectful communication, role participation). Follow-up can include applying the same communication model during clinical placement. Students can also repeat the activity using a new scenario to demonstrate progress.

## 9. Results / effects on students

Students improve their ability to communicate clinical information in a structured and confident way. They become more effective in teamwork and show increased awareness of the importance of collaboration for patient safety. Many students develop stronger leadership behaviors, such as taking initiative, coordinating tasks, and ensuring that everyone is heard. Communication becomes clearer, more concise, and more professional. Students also become more comfortable giving and receiving feedback, which supports professional growth. Collaboration skills improve as students learn to manage disagreement respectfully and work toward shared care goals. Overall, students show increased readiness for clinical practice and interprofessional teamwork.

## 10. Tips for colleagues

Provide students with SBAR examples before the activity to reduce insecurity. Keep group sizes small (4–6 students) to ensure active participation. Assign clear roles to avoid dominance by one student and to simulate real clinical teamwork. Emphasize that communication quality is more important than “getting the right answer.” Use debriefing questions that focus on communication behaviors rather than only clinical decisions. Encourage students to practice respectful disagreement and problem-solving. If possible, integrate interprofessional elements by involving students from other health programs. Repeat the method regularly to build communication confidence over time.

## 11. Practical example / anecdote

During a case discussion about a patient with worsening respiratory status, one student initially provided a vague update to the group. The team struggled to understand the urgency and delayed the decision to escalate care. In the debriefing, students identified that the lack of structured communication caused confusion. When repeating the task using SBAR, the student communicated clearly and confidently, and the group responded quickly by prioritizing oxygen therapy and contacting the physician. Students reported that SBAR reduced stress and improved teamwork efficiency. This example demonstrated how structured communication supports nursing leadership and patient safety.

## 12. Visual material

N/A
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