



## ERA+ Clinical Leadership in Nursing Education



# Clinical Leadership in Nursing Education

## Teaching material for communication lessons

### ***“The team that is not aligned”***

***Collaborating with different personalities and communication styles***

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# 1. Situation description

## Context

Context: Mental health care – admission ward, morning briefing.

## Starting situation

During the morning briefing, a team of nurses must make decisions about the care of a new patient (Yasmine, 28 years old, borderline personality disorder, suicidal ideation). The handover is incomplete and the team has limited time. Tensions arise because team members have different personalities and work styles.

# 2. Roles and role distribution

*Provide a brief explanation for each role.*

<b>Role</b>	<b>Description</b>	<b>To be played by</b>	<b>Key behaviors / points to note</b>
<b>Colleague 1 - Lina</b>	Structure seeker - Maintains overview, wants clear agreements	Student	Task oriented, structured, can become rigid in thoughts
<b>Colleague 2 - Joren</b>	Connector – Focuses on atmosphere and alignment	Student	Empathetic, conflict- avoiding
<b>Colleague 3 - Samir</b>	Critical thinker – Analyses and questions	Student	Critical, slows down decision-making
<b>Colleague 4 - Naomi</b>	Doer – Focused on action and pace	Student	Dominant, takes the initiative
<b>Colleague 5 - Thomas</b>	Quiet observer – Observes and reflects	Student	Reserved, rarely steps in the spotlight, rarely brings something to the table

### 3. Clinical leadership competencies

**Primaire competencies** – **secundaire competencies** 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 behavior: **being aware of your own style; metacommunication; conflict management**

## 4. Learning objectives for students

### **Students are able to**

- identify their own work style and pitfalls.
- recognize different team styles.

### **Students demonstrate**

- constructive communication when conflicts arise.
- respect for other perspectives.

### **Students will reflect on**

- collaboration in diverse teams.
- differences as an asset.

## 5. Case progression

### **Instructions for Role-Players**

- Stay in character (strengths + weaknesses)
- Don't seek out conflict; let it arise naturally
- Respond from your character's perspective, not your own

### **Timeline / Phases**

#### **Start (0–5 min)**

- The team gathers
- The atmosphere is tense

#### **Handoff (5–10 min)**

- Incomplete information about the patient

#### **Discussion (10–25 min)**

- The team tries to make decisions
- Friction arises between different styles

#### **Escalation (25–35 min)**

- Conflict escalates
- Decision-making stalls

### **Intervention (35–45 min)**

- Metacommunication possible

### **Conclusion (45–50 min)**

- Decision reached or not

### **Possible variations**

- Simplified: fewer personas
- More complex: additional supervisor
- Unexpected: patient crisis situation
- Reflection variation: link to one's own personality

## 6. Materials needed

### **Space**

- Conference table + observation setup

### **Props / documents**

- Persona briefings (in envelopes)
- Patient file
- Observation checklist
- Feedback model (4G)
- Whiteboard

### **Technical support (optional)**

- Video recording
- Pre-session personality test

## 7. Debriefing guidelines

### **Relevance to Clinical Leadership** - This case study focuses on:

- becoming aware of one's own work style and pitfalls
- managing team diversity
- dealing with conflicts constructively
- communicating about collaboration (metacommunication)

## **Key Questions**

### **Describe**

- What happened within the team?
- Who took the lead?

### **Analyze**

- What pitfalls became apparent?
- Why did conflict arise?

### **Generalize**

- What does this teach us about teamwork?
- Is diversity a problem or an opportunity?

### **Apply**

- What will you take with you to your internship?
- How will you communicate differently?

### **Key Points**

- Focus on behavior, not the person
- Awareness of patterns
- Recognizing that differences are okay

### **Possible Pitfalls**

- Identifying a single “culprit”
- Avoiding conflict
- Taking feedback personally

## **8. Additional remarks**

### **Safety & Inclusivity**

- Roles ≠ person
- Time-outs allowed
- Create a safe learning environment

### **What to Definitely Avoid**

- Caricatures of personas

- Judging the “best style”
- Keep the debriefing brief

**Connection to other modules**

- Feedback skills
- Team roles (e.g. DISC/Belbin)
- Clinical leadership
- Conflictmanagement