



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Teaching material for simulation lessons

“What do you do when none of the options feels right?”

“Clinical leadership in moral deliberation, where care, values, and responsibility collide”

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1. Situation overview

Practising a moral deliberation during a simulation-based training session.

Two possible options for obtaining an initial case:

- Students may be asked to bring a (challenging) case from their own clinical practice.
- A case may be presented by the teaching team during the moral deliberation (an example of such a case is provided below).

Case examples:

Case 1: Samuel

A case concerning Samuel, a 72-year-old patient who sustained a traumatic brain injury (TBI) following a traffic accident, resulting in behavioral disturbances. He is subsequently diagnosed with a brain tumor, more specifically a glioblastoma multiforme (with a prognosis of approximately 15 months). The tumor is located in the frontal lobe, leading to increased impulsivity and further behavioral problems. A decision is made to proceed with surgery.

Following the operation, the patient develops a complication: a hemorrhage, resulting in worsening behavioral disturbances, the need for physical restraints, swallowing difficulties, and consequently the insertion of a feeding tube with enteral nutrition.

How should care proceed? What constitutes ethically appropriate care in this situation?

Case 2: Jef

You are working as a nurse on a hospital ward. One nurse has called in sick this morning, leaving only two nurses available for the morning shift on a busy ward. Jef, a 20-year-old man, is admitted following a severe traffic accident. He sustained a serious traumatic brain injury (TBI) and has undergone surgery. After a one-week stay in the intensive care unit, he is transferred to the ward where you work.

His parents are very concerned now that there is no longer continuous monitoring as in the ICU, and they express this by staying with Jef as much as possible. Due to his TBI, he is highly agitated. Within only a few hours on the ward, he has forcefully pulled at his central venous catheter (CVC) and indwelling urinary catheter, resulting in their accidental removal. He also repeatedly attempts to get out of bed but lacks the strength to stand independently, creating a high risk of falling. Additionally, Jef has removed staples from his head wound, causing partial wound dehiscence.

His mother is struggling with his agitated behavior and calls the nurse approximately every 10 minutes. The nurse indicates that there are few alternatives other than requesting the physician to initiate sedative

medication and to apply physical restraints. The father agrees with this approach, but the mother remains very reluctant regarding sedation and restraint.

How should care proceed? What constitutes ethically appropriate care in this situation?

Case 3: Maria

Maria, a 56-year-old woman, is admitted to the hospital. She has limited strength in her arms and therefore uses a call bell to request assistance from the nurse. During her admission, she presses the call bell frequently (up to more than 20 times per shift), including during the night (note: the night nurse is solely responsible for 28 patients on this ward).

A nursing student is assigned to the late shift on this ward and hears the night nurse say upon arrival: "Is Maria still on the ward? Otherwise, I'm going home. I cannot handle another night with all her calls." Apparently, during the previous night, Maria activated the call bell approximately every 15 minutes. When the nurse responded, Maria was often unable to explain why she had called. The night nurse then asked the student to place Maria's call bell further out of reach so that she would no longer be able to use it.

How should care proceed? What constitutes ethically appropriate care in this situation?

2. Roles and division of roles

Each session consists of a group of up to six students.

- The instructor acts as facilitator. He/she is responsible for time management, maintaining the focus of the discussion, keeping an overview of the process, and encouraging deeper reflection when necessary. If applicable, a student may share the role of facilitator with the instructor.
- Students assume the role of a nurse and are expected to approach the case from multiple perspectives of potentially involved stakeholders. This may involve examining these perspectives analytically from a nursing standpoint or, where applicable, actively adopting and articulating the viewpoint of specific stakeholders.
- Students are assigned a role or choose one themselves based on the selected case (e.g., patient, parent, nurse, physician, informal caregiver). During the moral deliberation, they approach the case from both their professional nursing perspective and, if applicable, from the perspective of their assigned role. They are expected to actively contribute to the deliberation and reflect on the ethical considerations. Guidance can be provided (for example, short role descriptions written down), but students can also be encouraged to develop and explore these perspectives independently.

3. Clinical leadership competencies

Primary competencies – secondary 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 behaviours practised: **clarifying expectations, providing professional feedback, setting boundaries, prioritising, arguing patient-centred choices, reflecting on own adaptive behaviour.**

4. Learning objectives for students

Recognising and addressing ethical issues

- The student is able to identify ethical challenges in patient situations and articulate them clearly to the team.
- The student is able to raise ethical concerns in a respectful and professional manner during team discussions or briefings.

Active participation in moral deliberation

- The student is able to actively contribute to a moral deliberation by expressing at least one professional intuition or concern, supported by arguments.
- The student demonstrates an open and attentive attitude towards the perspectives of others.
- The student is able to follow the structure of the moral deliberation correctly.

Providing professional feedback to healthcare providers

- The student is able to provide constructive and respectful feedback to colleagues and healthcare professionals regarding their ethical reasoning or actions.
- The student is able to ask at least one probing question to other team members to stimulate further reflection.

Developing and applying ethical reflection in practice

- The student is able to translate ethical reflection into concrete actions in the care situation (e.g., initiating a discussion, reporting an ethical concern, proposing alternatives).

5. Case progression

Familiarisation and role allocation

Students are introduced to one another, and the objectives of the simulation are outlined. The structure and purpose of moral deliberation are briefly explained, particularly for students who may be less familiar with this method.

Preparation

The case is presented by the lecturer.

The situation is discussed, and students are given the opportunity to ask clarifying questions.

Each student expresses his or her initial moral intuition, understood as the direct professional feeling regarding what is ethically right or problematic in the situation. This concept is typically introduced in the preceding theory lessons but is briefly reviewed to ensure a shared understanding.

The basic attitude (starting point) for the deliberation is defined. This refers to the professional and ethical attitude required during the dialogue (e.g., openness, respect, willingness to listen) and is explicitly articulated by all participants.

The relevant stakeholders in the case are identified. These may extend beyond the roles assigned to students and include all parties directly or indirectly affected by the situation. The importance of dialogue is emphasized.

Analysis

The team jointly formulates the central ethical question.

For each party involved:

- The underlying motives, values, and concerns are clarified and approached from the professional perspective of, for example, the nurse, doctor, family, etc., taking into account the specific viewpoint of the person concerned.
- Possible courses of action are explored.
- The potential consequences and impact are assessed.

Evaluation

Each student revisits and reflects on their initial moral intuition, after which a shared or collective moral standpoint is formulated.

This collective standpoint is critically appraised in relation to legal, deontological, ethical, and organizational considerations.

A value-based evaluation is conducted for each stakeholder, examining whether the proposed course of action is proportionate and sufficiently justified. If key values are not adequately addressed, the proposed solution may be adjusted.

A final decision is reached, and advice is formulated. Concrete agreements and action points are defined.

6. Required materials

- A table
- Sufficient chairs
- A document outlining the different steps of the moral deliberation process
- Students should have writing materials

7. Debriefing guidelines

Following the moral deliberation, the following aspects are discussed:

- How students experienced the deliberation, including the emotions they encountered, and what they found challenging or easy.
- The perceived benefits of engaging in moral deliberation.
- Its applicability in clinical practice, including when students would consider using it.
- To conclude, each student formulates individual take-home messages.

8. Additional comments

This simulation is intended for students in phase 3 or phase 4 of the professional bachelor program in Nursing, depending on the intended level of complexity and the degree of autonomy expected from the students.