



ERA+ Clinical Leadership in Nursing Education



Clinical Leadership in Nursing Education

Teaching material for simulation lessons

“When a team member falls behind”

“Clinical leadership in dealing with conflict and errors within a team”

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1. Situation overview

Context

Hospital ward – medical-surgical unit. The team consists of nurses with varying levels of experience, a mentor, and students.

Starting situation

In recent weeks, tension within the nursing team has increased. One team member, Tom, is struggling to keep up with his tasks. Colleagues have noticed:

- incomplete documentation
- delays in care delivery
- poor handovers
- defensive reactions when feedback is given

So far, team members have compensated quietly to avoid confrontation. However, frustration, irritation, and a sense of unfairness are growing. The team atmosphere is deteriorating, and communication is becoming increasingly indirect.

Situation during the morning shift

During an early shift, you (junior nurse/student) take over care from Tom for a patient who was recently transferred from the ICU to the ward.

When reviewing the patient file, you notice:

- incomplete fluid balance chart
- missing pain score after analgesics
- minimal handover information (“patient stable, no concerns”)

Later that morning, the patient reports increased pain and dizziness. You realize:

- the last pain assessment was over 6 hours ago
- it is unclear whether PRN analgesics were administered
- there is no documentation of the patient’s response

You recognize that patient safety and team functioning are at risk. At the same time, you hesitate to speak up because Tom tends to react defensively and emotionally. You decide to initiate a conversation.

2. Roles and division of roles

Role 1 – (student) nurse

A student or newly qualified nurse who notices the team issues and experiences tension between loyalty and fear of confrontation.

Observant, thoughtful, somewhat hesitant but engaged; practices professional communication and speaking up.

Role 2 – Tom

A staff nurse who repeatedly underperforms and feels criticized and misunderstood.
Defensive, insecure, easily irritated, perceives own behaviour as normal.

Role 3 – Staff nurse / mentor

Responsible for team functioning and patient safety.
Calm, facilitative, ensures psychological safety and encourages dialogue.

Optional role

Another team member expressing frustration.
Indirect communication, emotional.

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 practiced

Giving and receiving feedback, expressing opinions, managing conflict, maintaining professionalism under emotional pressure.

4. Learning objectives for students

Students are able to

- address problematic behaviour in a respectful and professional way
- handle defensive reactions without escalation
- balance empathy for a colleague with responsibility for patient safety
- reflect on their own role and emotions in team conflicts

5. Case progression

Start: Tension within the team becomes noticeable during a shift.

Escalation: An incident occurs (e.g. missing documentation or delayed care) affecting patient safety.

Decision moment: The student/junior nurse decides how to act: speak up, involve the mentor, or address Tom directly.

Conclusion: A conversation takes place about performance and collaboration.

Instructions for role players: Tom may be defensive but not aggressive. The student must actively choose a leadership response. The mentor facilitates rather than solving the problem unilaterally.

Possible variations: Tom denies the problem and blames workload. Another team member joins and expresses frustration. Time pressure increases due to a critical patient situation.

6. Required materials

- Room (ward or staff room)
- Patient record or handover sheet with incomplete data
- Observation form

7. Debriefing guidelines

Emotions and self-leadership

What did you feel when you noticed underperformance?
How did your emotions influence your behaviour?

Communication and leadership

How did you approach or avoid the conflict?
Where did you show leadership?
How did you respond to defensiveness?

Patient safety and team functioning

What were the risks if nothing had been done?
How can clinical leadership contribute to a safer team environment?

Key Attention Points

Focus on behaviour rather than personality.

Behaviour-focused:

“I noticed that medication administration was not documented twice this week, which caused confusion during handover.”

Avoid personality-based statements such as:

“Tom is careless and irresponsible.”

Communication style matters

Confrontational: “You are always late with your documentation.”

Dialogue-oriented: “I would like to discuss how documentation has been going recently, as I’m concerned about its impact on teamwork.”

Balancing empathy and responsibility

Too much empathy: “I understand the pressure, so it’s normal mistakes happen.”

Too much responsibility: “This is unacceptable.”

Balanced: “I see you are under pressure, but the missing documentation impacts patient safety. We need to address this together.”

Common Pitfalls

Criticizing in public

Avoid raising issues in front of the whole team

Avoiding conflict

Fixing errors silently or complaining to others

Minimizing emotions or patient safety risks

“It’s just documentation”

Alternative approach:

“I understand this is frustrating, and I am also concerned about patient safety. Both need attention.”

8. Additional comments

Relevance to clinical leadership

This scenario helps students practice:

- Leadership focused on patient safety
- Addressing structural underperformance
- Influencing without formal authority
- Balancing empathy and professional responsibility
- Choosing not to compensate silently
- Acting in emotionally and clinically complex situations
- Ensure psychological safety during simulation and debriefing.
- Be aware of sensitive issues related to teamwork and evaluation.
- Avoid blaming language; focus on learning and growth.

Life saver - lifeline

Students should always be offered the following option: “If you get stuck, that is part of the learning process. You are allowed to ask for or receive help. Accepting help is not a failure, knowing when you need support is clinical leadership.”

Example: “I don’t think it is safe or effective to handle this alone. I would like to involve my mentor.”

Mentor prompt “I hear a lot of frustration, but I’m not yet hearing what needs to change.” Or “Can we pause for a moment? What is the main concern regarding patient safety?”

Tom’s response (partial openness) “Everyone keeps saying something is wrong, but no one tells me exactly what.”

Facilitator prompts

“What behaviour concerns you most right now?”

“If this continues for another month, what will happen to the team?”

“What is your responsibility—and what is not?”

Cue cards

“Focus on behaviour and impact, not personality.”

“What is the risk if nothing changes?”

“Empathy does not remove responsibility.”

“Give one concrete example.”

“What is a professional next step?”

Debriefing on support strategies

“Why did you get stuck?”

“What helped you move forward?”

“What does this tell you about leadership in practice?”