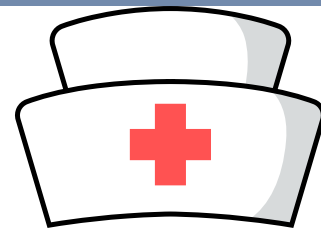




Unit 3

Practicing the "Team Leader" Role in Clinical Nursing





LEARNING OBJECTIVES

Learning Objectives Upon completion of this chapter, students will be able to:

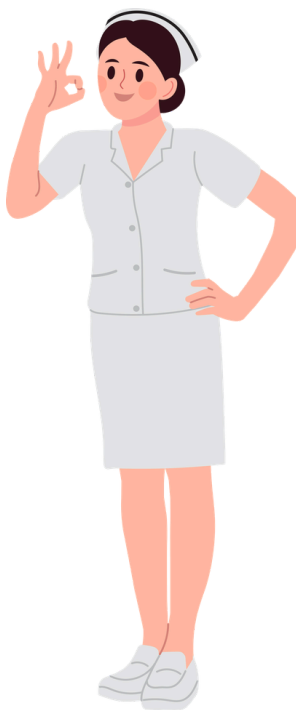
1. Explain the roles and responsibilities of a nursing team leader within clinical practice settings.
2. Apply the nursing process to team management and clinical decision-making, integrating patient-centered care with system-based thinking.
3. Utilize principles of clinical leadership to promote patient safety, quality of care, and effective team performance.
4. Demonstrate effective use of structured team communication tools, such as SBAR (Situation–Background–Assessment–Recommendation) and closed-loop communication, in clinical scenarios.
5. Analyze risk situations and manage team conflicts ethically, applying professional standards and ethical principles in decision-making.





TEACHING TOPICS

- 1. Contemporary Concepts in Nursing Leadership**
- 2. The Team Leader's Role within the Nursing Process**
- 3. Delegation and Ethical Decision-Making**
- 4. Risk Management and Patient Safety**





1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



This section introduces modern perspectives on nursing leadership, emphasizing transformational leadership, shared governance, systems thinking, and interprofessional collaboration. Students will explore how contemporary nurse leaders influence patient outcomes, foster a culture of safety, and integrate digital health technologies into clinical practice. The discussion will also highlight the transition from traditional hierarchical leadership models to collaborative and evidence-informed leadership approaches in complex healthcare systems.



1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP

1.1 Transformational Leadership

Transformational Leadership is a widely recognized leadership framework in the nursing profession. It emphasizes the leader's ability to inspire, empower, and facilitate positive change within individuals, teams, and healthcare organizations. In clinical settings, transformational leadership is associated with improved patient outcomes, enhanced staff engagement, stronger professional commitment, and the development of a culture of safety.



1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



This leadership model is grounded in four essential components:

- 1. Idealized Influence**
- 2. Inspirational Motivation**
- 3. Intellectual Stimulation**
- 4. Individualized Consideration**



1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



Application in the Digital Healthcare Context

- 1. Promote the accurate and responsible use of Electronic Medical Records (EMR).**
- 2. Support the effective utilization of Clinical Decision Support Systems (CDSS).**
- 3. Encourage team learning through quality-of-care dashboards.**

1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



Clinical Example:

In a psychiatric ward, the team leader using transformational leadership conducts a pre-briefing before the start of their shift. Using data from the incident reporting system, they analyze trends in patients at risk of aggression, provide opportunities for team members to suggest de-escalation strategies, and offer encouragement to the team after stressful events instead of blaming individuals. This approach aligns with building a safety culture as outlined in the World Health Organization (2021).





1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



1.2 Clinical Leadership

Clinical Leadership refers to leadership that emerges directly at the point of care, exercised by healthcare professionals who possess advanced clinical expertise and the ability to make decisions grounded in evidence-based practice (EBP). Unlike administrative or managerial leadership, which primarily focuses on organizational strategy, policy, and resource allocation, clinical leadership centers on real-time patient care, clinical judgment, and team coordination within complex and dynamic healthcare environments.

A clinical leader is expected to demonstrate the following core competencies:



1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



A clinical leader is expected to demonstrate the following core competencies:

- 1. Clinical Competence**
- 2. Situational Awareness**
- 3. Rapid Decision-Making**
- 4. Interprofessional Communication Skills**



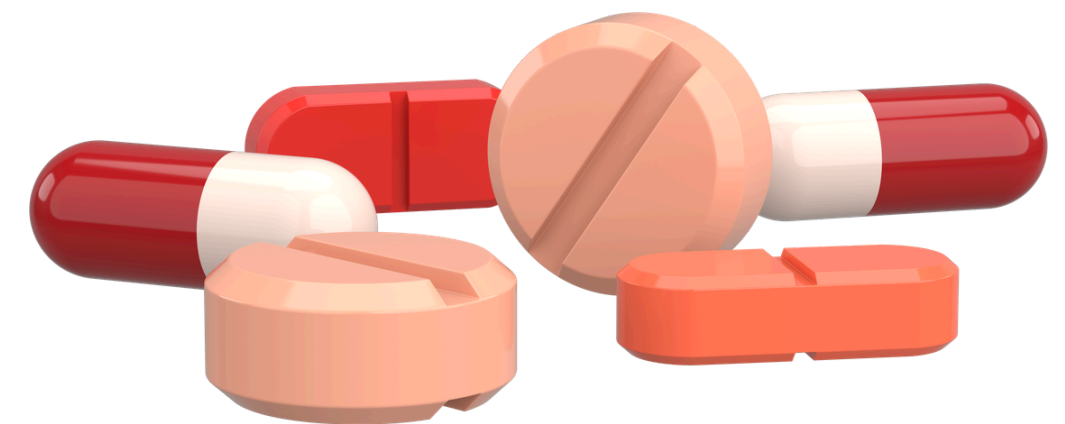
1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP

Clinical Example:

A psychiatric patient receiving antipsychotics presented with rigidity, hyperthermia, and altered consciousness. The team leader immediately suspected Neuroleptic Malignant Syndrome, reassessed vital signs, notified the physician, prepared for ICU referral, and fully documented the information in the EMR system without waiting for administrative instructions.

In this situation, the team leader used:

- 1. Clinical reasoning**
- 2. Evidence-based decision-making**
- 3. Digital documentation**





1.CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP



1.3 Systems Thinking

Systems Thinking is a systematic way of thinking that views problems from a holistic perspective of the process, rather than seeing mistakes as the failure of a single individual. This concept is a fundamental basis of patient safety science.

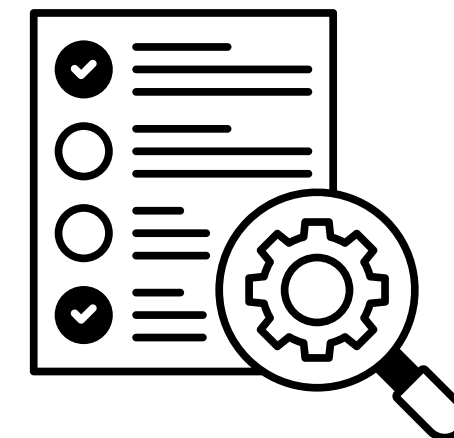
According to the World Health Organization's (2021) Patient Safety Framework, most medical errors stem from system vulnerabilities, such as unclear work processes, high workloads, or information system designs that are not conducive to safety.



1. CONTEMPORARY CONCEPTS IN NURSING LEADERSHIP

Clinical Example:

If a wrong dose is administered, the team leader must conduct a systemic analysis, such as examining look-alike and sound-alike drug administration patterns, stating that double-checking is not mandatory in eMAR, monitoring fatigue alerts from the CDSS system, and considering fatigue among night shift personnel, instead of simply blaming a single nurse. This approach aligns with the Joint Commission's National Patient Safety Goals (2023), which emphasize improving systems to prevent errors rather than imposing punishments.



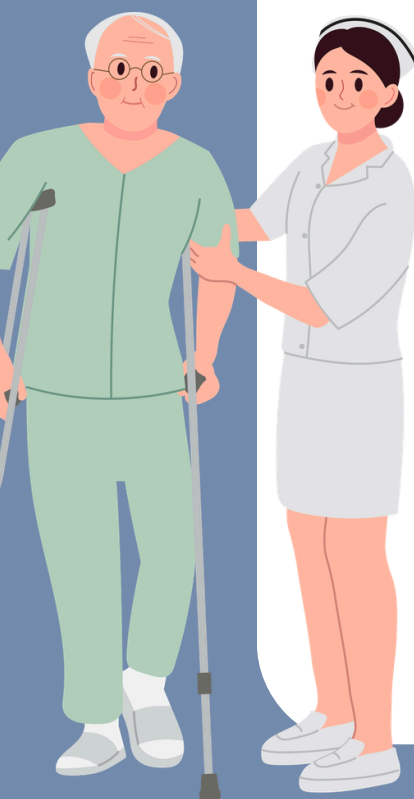


2. THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS

This topic examines how the nursing process—assessment, planning, implementation, and evaluation—extends beyond individual patient care to encompass team coordination and care management. Students will analyze how a team leader:

- Conducts team-level assessments, considering patient acuity and team competencies;
- Develops coordinated care plans with clearly defined roles and responsibilities;
- Implements care using structured communication strategies;
- Evaluates outcomes through debriefing and reflective analysis to improve team performance.

Emphasis will be placed on integrating clinical judgment, delegation, and digital documentation systems in leadership practice.



2.THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS



2.1 Team-Based Assessment: The team leader's assessment must cover two dimensions simultaneously:

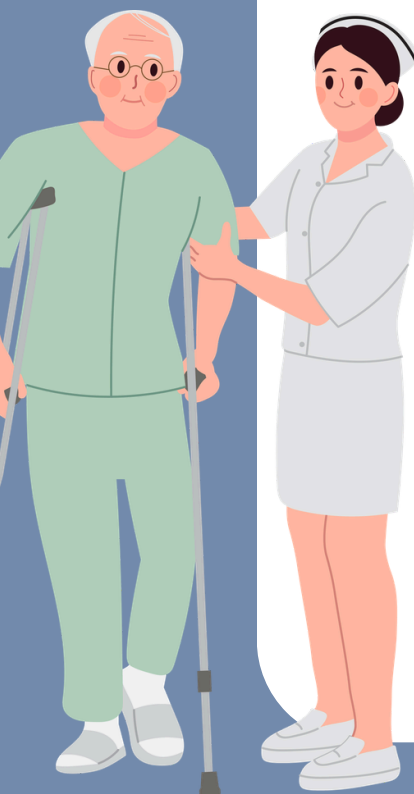
2.1.1 Clinical assessment

2.1.2 Team capacity assessment

The team leader must ask systemic questions such as:

- **Which patients are at highest risk during this shift?**
- **Which team members possess specific skills, such as de-escalation technique?**
- **Is there an excessive workload?**
- **Are there any alerts in the EMR system that require special monitoring?**

Assessment in the digital age must utilize data from information systems such as nursing quality dashboards, incident reports, and clinical alerts.



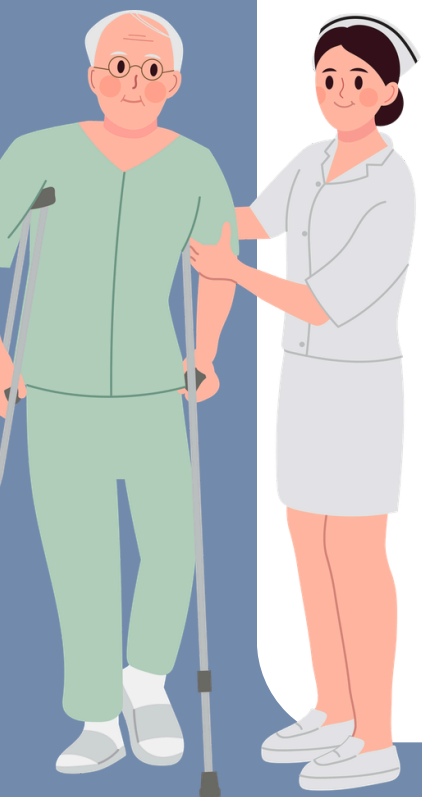
2.THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS



2.2 Team-Based Planning: The team leader's planning must be clear, transparent, and aligned with the competencies of the team members.

Example of role assignment:

- **Nurse A: Ensure safety and monitor behavior.**
- **Nurse B: Prepare PRN medication and verify the 10 Rights.**
- **Nursing Assistant: Create a safe environment and reduce triggers.**

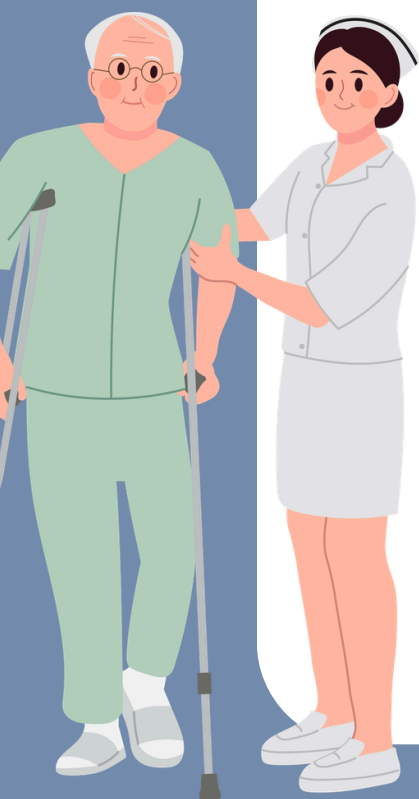


2.THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS



2.3 Team-Level Implementation (Structured Implementation) Team operations must utilize structured communication to minimize errors, especially in emergency situations. The TeamSTEPPS guidelines from the Agency for Healthcare Research and Quality (2023) recommend the use of:

- **SBAR (Situation–Background–Assessment–Recommendation)**
- **Closed-loop communication**
- **Call-out**





2. THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS

Example Scenario

A patient begins exhibiting aggressive behavior. The team leader uses SBAR to report to the physician.

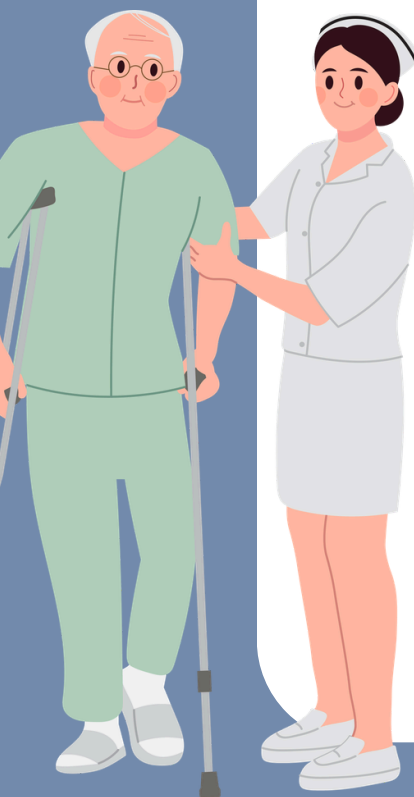
S: Patient is shouting and throwing objects.

B: History of medication interruption for 3 days.

A: Risk of self-harm and harm to others.

R: Request permission for PRN haloperidol IM.

Using structured communication reduces errors and ambiguity in instructions. In the digital age, the team leader must oversee real-time EMR data recording and monitor clinical alerts to prevent medication errors.



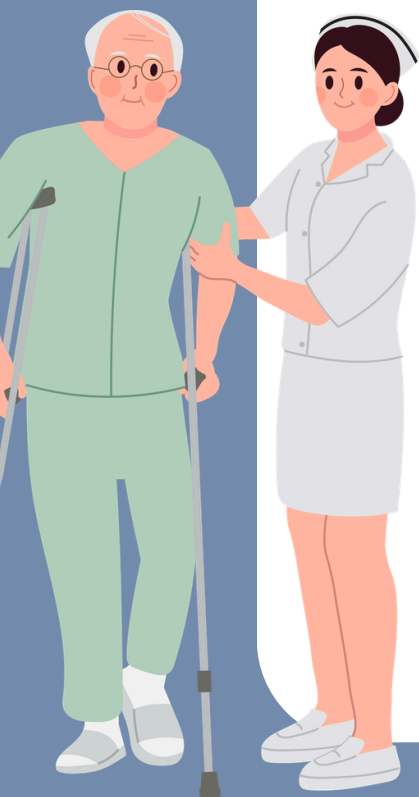
2.THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS



2.4 Evaluation and Debrief (Reflective Team Evaluation) Team-level evaluation doesn't end with controlling the situation, but also includes reflective debriefing.

The After Action Review (AAR) format includes:

- 1. What happened?**
- 2. What went well?**
- 3. What needs improvement?**
- 4. How will we improve next time?**

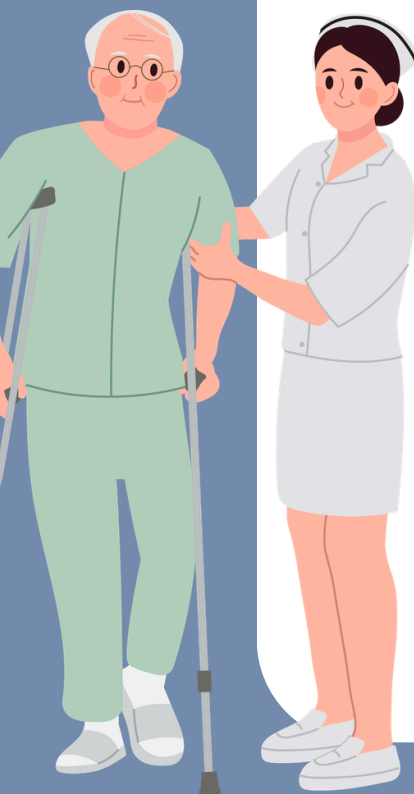


2. THE TEAM LEADER'S ROLE WITHIN THE NURSING PROCESS



Example

Following the incident, the team found that initial communication was unclear. Therefore, they established a policy requiring the use of SBAR (Self-Reliance Barring) in all high-risk situations and adjusted the protocol to include a double-check before administering PRN medication. This approach aligns with the Joint Commission's National Patient Safety Goals (2023), which emphasize learning from incidents to improve systems.





3.DELEGATION AND ETHICAL DECISION-MAKING

This section focuses on the principles of safe and effective delegation, including accountability, scope of practice, and competency assessment. Students will examine how nurse leaders maintain professional responsibility for outcomes while assigning tasks appropriately.

Ethical decision-making frameworks will be applied to clinical leadership situations, incorporating principles such as beneficence, non-maleficence, respect for autonomy, and justice. Case-based discussions will encourage students to evaluate ethical dilemmas related to staffing, patient safety, and digital health technologies.



3.DELEGATION AND ETHICAL DECISION-MAKING



Appropriate task assignment should consider key elements, including:

- 1. Competence:** Skills, knowledge, and actual experience must be assessed, not just job titles.
- 2. Scope of Practice:** The assigned task must be within the scope of legal duties and professional standards.
- 3. Patient Acuity:** High-risk patients should not be assigned to inexperienced personnel.
- 4. Digital Literacy:** In the era of Electronic Health Information Systems (EHR) and telehealth, assigned personnel must have the skills to use technology safely.



3.DELEGATION AND ETHICAL DECISION-MAKING



Ethical Decision Making in the Task Delegation Process: Ethical decision-making is a crucial element that must be integrated into team management, based on universal ethical principles including:

- 1. Beneficence (acting in the best interest of the patient)**
- 2. Non-maleficence (avoiding harm)**
- 3. Respect for Autonomy (respecting the patient's right to make decisions)**





4. RISK MANAGEMENT AND PATIENT SAFETY

Students will explore the nurse team leader's role in promoting patient safety through risk identification, incident reporting, and root cause analysis. Key safety priorities include accurate patient identification, effective communication of critical results, and medication safety.

The topic also addresses the development of a Just Culture environment, where errors are analyzed systematically rather than attributed solely to individual blame. Learners will examine how digital tools—such as electronic health records (EHRs), clinical decision support systems, and barcode medication administration—enhance safety and reduce preventable harm.



4.RISK MANAGEMENT AND PATIENT SAFETY

4.1 Accurate Patient Identification

4.2 Critical Test Result Communication

4.3 Medication Safety

4.4 Creating a “Just Culture”



4.RISK MANAGEMENT AND PATIENT SAFETY



4.5 The Role of the Team Leader in the Risk Management Process.

The team leader must perform the following functions:

- 1. System-based risk surveillance.**
- 2. Support the use of security technologies.**
- 3. Encourage transparent incident reporting.**
- 4. Conduct systematic RCA (Root Cause Analysis).**
- 5. Conduct post-incident debriefing.**





CHAPTER SUMMARY

This chapter prepares students to assume the role of a nursing team leader in complex clinical environments. By integrating leadership theory, the nursing process, ethical reasoning, patient safety principles, structured communication, and reflective practice, students will develop the competencies necessary to lead healthcare teams effectively in both traditional and digitally enhanced healthcare systems.

DEMONSTRATION SCENARIO:
THE PATIENT BEGINS EXHIBITING AGGRESSIVE
BEHAVIOR. THE TEAM LEADER USES **SBAR TO**
REPORT TO THE PHYSICIAN.



**ANY
QUESTION?**





Thank You

