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**Enhancing Leadership Skills in Clinical  
Practicum: A Medical Surgical Nursing  
Class Experience**

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## **Enhancing Leadership Skills in Clinical Practicum: A Medical Surgical Nursing Class Experience**

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### **Abstract**

The healthcare system in the United States of America (USA) with its complex environment and fast-paced changes requires well-prepared professional nurses; with outstanding leadership skills to address the demanding challenge. Nursing schools need to prepare students for that role. To fulfill this commitment, a Medical Surgical II course from a Baccalaureate Nursing Program incorporated into its clinical experience the student team leader role. Leadership skills need to be learned. Instructors cannot expect nursing students to surge through leadership theory, graduate, be exposed to real world situations; and then simply assume leadership positions without hands-on exposure. Preparing nursing students during their school years with theory and practice will prepare them for the demanding health care system.

Each student during the clinical rotation is assigned to be a team leader; performing a leadership role with specific responsibilities, which are described in the syllabus and check list that guides the specific activities. The evaluation of the experience was positive for the student team leader and the students in the clinical rotation. The team leader gained confidence, improved their critical thinking skills, learned the importance of prioritization and was able to communicate positively with other students despite their leading roll. Students who were part of the team sought advice from the team leader; which helped to develop a trusting relationship and influence positively the outcome in the patient's care. This article describes the importance of preparing nursing students for leadership roles; team leader responsibilities, different activities students need to accomplish, and the positive impact the leadership role offers students.

**Keywords:** Clinical practicum, team leader, nursing student, leadership experience

## **Introduction**

The practice of nursing in this era of constant change not only accounts for increased theoretical information and knowledge, but for significant exposure to care that, with the best physical, psychological, and holistic care that can be offered, will ensure that the patient's health status improves. Nurses need to be prepared to lead the changes that are necessary to surpass outstanding patient care. Taking this into consideration, nursing educators are in a special position to stimulate nursing education, to purposefully prepare their students and, thus future nurses, for this titanic responsibility. Reinforcing this concept Grossman & Valiga (2005) assert that nursing educators must review the curriculum to provide student with the opportunity to practice leadership skills and practice clinical roles.

The students in the Baccalaureate Nursing program at Andrews University in Berrien Springs, Michigan (USA) enroll in a nursing leadership class in their senior year, but they are not exposed to concrete nursing leadership activities in a healthcare facility as part of that course, as the course is only theory-based. It is important that the students are exposed to definitive learning related to leadership in nursing during their time in nursing school. Teaching strategies that promotes active learning and decision making by students is perceived to produce higher learning achievements (Svinicki, & McKeachie, 2014). Teaching nursing is truly an endeavor that declares an important mission. Students even need to learn how to learn, because nursing is a profession that may convey new challenges every day. The student needs to develop everlasting, self-directed learning practices.

In nursing education, it is important that the students not merely learn for the next immediate test. Skills and theoretical knowledge learnt starting even their first year remain critically important, both throughout nursing school and after graduation; patients' lives depend on it. To provide practical expertise in nursing leadership, the team leader experience was introduced in the clinical rotation of the Medical Surgical II course in the Baccalaureate nursing program. The team leader role engages the nursing students in an endeavor that will motivate the application of a realistic approach to critical thinking in solving immediate leadership circumstances as the nursing students are embedded in the clinical practicum. If the teacher wants the students to transfer what they learn to the real world, the learning activities should be placed under conditions that are similar to real world circumstances (Svinicki & McKeachie, 2014).

Nursing students in the clinical practicum experience of Medical Surgical II usually take care of only one patient during the clinical practicum day, which resembles a reality that is far from the actual responsibilities once the students are graduated and working as Registered Nurses. The team leader will know in detail the six to eight patients that his or her fellow students have during the clinical day and therefore be exposed to a greater view about having to take care of or make decisions about the problems affecting more than one patient. Benner (1984) mentioned that new nurses and nurse educators may think that

aptitudes in the context of skills acquired in the skills laboratory are sufficient; however the experienced nurses can understand proficiency from experience acquired with different and complex problems from patients. The objective of including a team leader role in the clinical practicum of the Medical Surgical II course is to expose nursing students to a truthful experience related to patient care that will prepare students with a more realistic practice in making correct decisions.

### **Literature Review**

Leadership in nursing is a skill that needs to be applied in the ever-changing health care system with the increasingly complicated nursing care that comes along with it. O'Neal (2004) makes the remark that in today's health care environments, baccalaureate prepared nurses must be equipped to use essential leadership skills to manage and coordinate patient care. Leadership is a potential that each person possesses, and a set of skills that can be learned, developed, and cultivated (Grossman & Valiga, 2005).

Nursing schools are challenged with the endeavor to prepare their students for such a significant responsibility; because once the baccalaureate nursing student is inserted into the health care system they are expected to function as leaders. Research and dialogue related to nursing leadership are not new; on the other hand it is only in recent years that clinical nurse leadership has been present in health-related literature (Stanley, 2006). It is vital that the new nursing graduates enter the clinical practice with leadership capabilities (Chandler, 2005).

In nursing practice, skills are learned on a hands-on basis, first at the skills laboratory, and then at clinical experiences in healthcare facilities. Nursing student's leadership development will be acquired by observing head nurses at healthcare facilities. Nonetheless, it is important to remember that students learn skills of involvement when they are working with patients, families, and other professionals in clinical circumstances where they can develop familiar perceptions and apply sound clinical assessments (Benner, Sutphen, Leonard, & Day, 2010).

Nursing students need to be exposed to a realistic practical experience to learn and master leadership skills. Despite that need for exposure, Kling (2010) mentions that clinical resources are not sufficient for students in leadership classes to learn about decision making and specific skills to be comfortable with assigning, leading, managing and providing patient care. Some of the challenges that nursing schools confront are larger class sizes, growing competency requirements, a decreasing number of faculty, and fewer clinical placement sites, which all contributes to stress on the educational program (Dennison, 2010).

Eddy et al. (2009) bring up a reality when they write that nurse leaders in several focus groups wanted graduating nurses to be clear that leadership is a part of nursing and to understand the significance of leadership. Nursing

educators seek for innovative strategies to take full advantage of student learning in the classroom and clinical settings (Kling, 2010). The students at the junior level are exposed in their sophomore year during the Fundamentals in Nursing course to basic leadership skills through the clinical practicum experience. Incorporating an enhanced experience with leadership activities will ensure that nursing students learn and take into practice those learnt skills following graduation.

Benner, Sutphen, Leonard, & Day (2010) delineate that many nursing students describe they first perceive the profound responsibility of being a nurse during a crucial learning experience; affecting their ability to intervene effectively in these situations. It is imperative that nursing education programs incorporate clinical practice endeavors into their courses that will guide and emphasize leadership skills in the healthcare environment. Nursing education programs and healthcare organizations need to begin now to prepare nurses to be effective leaders in the future (Huston, 2008).

### **Planning Process**

The Medical Surgical II course has four theory (classroom) hours and one hundred twenty hours of clinical practicum during the semester, which students completed in a hospital, in specific nursing step down or progressive care units over a 14-week period during the semester. During the clinical rotation the junior nursing students took care of patients with multiple health problems and often even concomitant diseases. Each student was assigned to take care of one patient during an eight hour-shift. Students in the clinical practicum were responsible to maintain patient safety, which according to the QSEN Institute (2013) is defined as minimizing risks of harm to patients and providers through the system effectiveness and individual performance. The team leader role was to ensure that every student applied patient care in a safe environment.

As part of the Medical Surgical II class in the Baccalaureate program one student during every given clinical practicum was assigned to be the team leader for the day, each week a different student was assigned the responsibility. The objective of this activity was to develop leadership skills in nursing, assisting the nursing instructor with prioritizing and organizing responsibilities of the fellow nursing students maintaining high quality, and patient-centered nursing care. The nursing instructor met with the team leader during pre-conference time, which took place thirty minutes prior to shift change in the hospital and when the incoming nursing students received the information of their patients.

The nursing instructor gave the team leader information about the student/patient assignment including complete patient history. The team leader, guided by the nursing instructor, then prioritized the patients according to their health problems, and decided which of their fellow students needed assistance, or would have the most attention during the clinical experience due to their patient's delicate status.

The instructor explained to the student the specific responsibilities to the team leader, going over the paper forms that the team leader would use during the clinical practicum. The team leader was instructed to maintain patient confidentiality at all times, since they have the nursing students assignments with all the patient information; which added another aspect to the learning curve of the team leader. After the team leader received the student assignments and the patient information, they assessed the patients, with proper awareness of patient status. The team leader was closely overseen by the nursing instructor and reassured that the instructor would clarify any concerns or questions. The team leader assessed six to eight patients, which encouraged the practice of good time management, being that nursing intervention an essential learning element for a student that usually has to take care of just a single patient.

The team leader responsibilities included assisting his or her fellow nursing students to prioritize nursing care and activities, supporting with tasks requiring more than one person, and identifying students who are available to help other students. Likewise, they are responsible for a checklist that includes the required computer charting (diet, activities, patient assessment, safety measures) amongst other activities according to the institution policies. Team leader responsibilities included organizing break and meal times of the nursing students during clinical practicum, verifying that the nursing documentation is done on time, and ensuring that every student gives the respective report to the nurse at the end of the shift.

The undertakings that the team leader organized and led gave him or her a glimpse of patient care prioritization, time management, and an essential understanding about communication amongst the team leader and the students; and the team leader and the healthcare professionals that are taking care of the patients in the specific unit at the healthcare institution.

The team leader role and the expected activities were described in the syllabus of the course. After the clinical practicum rotation the student was required to write a detailed journal describing their learning experience, highlighting important decisions they needed to make, task prioritization, successful communication implementation, and general leadership skills that they learned during the clinical rotation. The clinical grade for the nursing student clinical practicum experience was done according to detailed objectives, which are related to patient care and leadership proficiencies (see Table 1).

**Table 1. Team Leader Grading Criteria**

MEDICAL SURGICAL II  
EVALUATION CRITERIA FOR SPECIAL ROTATION – JUNIOR

Student: \_\_\_\_\_ Class: NRSJ \_\_\_\_\_  
Semester/Year \_\_\_\_\_

QSEN Core Competencies & Clinical Performance Criteria and Relevant Learning Outcome (S.L.O.)	Grading Criteria: Students in Black Faculty in red	U= Unsatisfactory D= Developing NA=Not Applicable NI= Needs Improvement S= Satisfactory
Specific clinical rotation: Team Leader	Clinical evaluation tool area evaluated	Grading criteria
Provides patient-centered care	1. Displays therapeutic communication in the nurse-patient relationship	U-NI-D-S-NA U-NI-D-S-NA
	2. Practices cultural competency by demonstrating sensitivity to personal and cultural influences on the individual and family reactions to the illness experience, and or end of life, when providing care	U-NI-D-S-NA U-NI-D-S-NA
	3. Demonstrates competency in nursing skills within a caring context	U-NI-D-S-NA U-NI-D-S-NA
	4. Applies ethical decision-making frameworks to explain conflicts in clinical situations	U-NI-D-S-NA U-NI-D-S-NA
	5. Advocates for clients and support their right to safe, compassionate and holistic nursing care	U-NI-D-S-NA U-NI-D-S-NA
Exhibits Teamwork and Collaboration	6. Demonstrates effective communication skills with patients, inter and intra professional team members and family	U-NI-D-S-NA U-NI-D-S-NA
	7. Participates in gathering and sharing relevant data for communication in pre and post conferences	U-NI-D-S-NA U-NI-D-S-NA
Promotes safety	8. Protects the safety and privacy of patients in relation to the use of health care and information technologies	U-NI-D-S-NA U-NI-D-S-NA
	9. Provides safe patient care based on National Patient Safety Goals	U-NI-D-S-NA U-NI-D-S-NA
	10. Demonstrates appropriate clinical decision-making	U-NI-D-S-NA U-NI-D-S-NA
Professionalism	11. Manages multiple responsibilities and prioritizes care	U-NI-D-S-NA U-NI-D-S-NA
	12. Arrives to clinical experiences at assigned times, exhibiting professional appearance and behavior.	U-NI-D-S-NA U-NI-D-S-NA
	13. Promotes a positive attitude and interacts with other health care team members in a positive, professional manner	U-NI-D-S-NA U-NI-D-S-NA
Spirituality	14. Assumes a leadership role within one's scope of practice	U-NI-D-S-NA U-NI-D-S-NA
	15. Demonstrates 'Restoration to the Image of God' in planning and implementing care	U-NI-D-S-NA U-NI-D-S-NA
Total /Total Possible Points		/15

**Team Leader Responsibilities**

The students in the Medical Surgical II course have a description of the team leader responsibilities in the course syllabus. The nursing instructor will explain what is expected from the team leader at the hospital before the student starts the clinical practicum shift. The junior students were previously exposed

to the team leader role in their Fundamentals of Nursing course, and in a similar rotation during the clinical practicum; but with different assignments that were very simple in nature, according to the specific course learning objectives.

The student has two checklists to guide their activity throughout the shift. The first checklist includes the activities that the team leader will oversee during the clinical practicum. The list incorporates the activities in a logical order that mirrors the trend of the nursing student activities and the patients' routine care during the given shift the students are at the healthcare facility. The checklist gives the team leader a solid guideline to follow and organizes the activities; it supports the team leader's decisions in a systematized manner, and it helps the team leader know what to do next (see Table 2).

**Table 2. Team Leader Responsibilities**

MEDICAL SURGICAL II - TEAM LEADER RESPONSABILITIES								
Student s' Names								
Patient's #								
Room #								
Report from RN								
Patient identification armband, allergy band (other)								
1 <sup>st</sup> Vital Signs done/documented								
1 <sup>st</sup> Assessment: done/documented								
Morning care, hygiene, patient comfortable								
Rounds: Every hour								
Answer call lights								
Bed in safe position								
Side rails up								
Call light in reach								
Room clean/bathroom clean								
Reposition patient every 2 hours								
2 <sup>nd</sup> Vital Signs done/documented								
2 <sup>nd</sup> Assessment done/documented								
11:30 Accucheck + Insulin given								
Patient's meals: assist and documented								
Student lunch time								
Medication given/documented (name of the medication)								
Medication knowledge								
Report given to the nurse (SBAR)								
Hand washing								

The checklist is arranged in columns with the student's names and patients' number (the patients are assigned numbers in the student paperwork to maintain confidentiality) and room number including the following items: report received and given to the respective nurse, patient vital signs and assessment done and documented, blood sugar evaluated and recorded (if it applies), hourly rounds, safety measures (bed in low position, call light in reach, two side rails up), reposition patient every two hours (if it applies), patient's room appearance, patient's meals are recorded (and assist the patient if necessary), medications given and documented. The team leader will check that the medication list from each student is completed, and verbally quiz all the students about their knowledge of the medication that needs to be administered to the patients during the clinical practicum day. This activity has increased the responsibility of the team leader to know the purpose of the medications, the side effects, and special nursing considerations.

The second check list the team leader needs to complete is related to patient information. The team leader needs to know basic information about all the patients that the group of students has assigned. The information needs to be obtained at the beginning of the shift. The check list describes details about the patient status such as weight, vital signs, diet, and activity level. After the students have assessed their patient, they need to give report to the team leader following SBAR (Situation, Background, Assessment, Recommendations). (See table 3). The learning outcome of this activity is to help the team leader prioritize patient care, and delegate specific activities according to the patient status. The students mentioned in their journal that they appreciated how they could manage more than one patient. Several students wrote in the journal that this activity is important because when they will be actual RN's they will not be taking care of only one patient per shift.

Nursing students in their junior year are still learning about different diseases and patient care. Having a list with all the patient's diseases and their respective problems will help relate diagnosis with an actual picture of diseases, vital signs, and patient assessment. Clinical reasoning is "the ability to reason about a clinical situation as it unfolds" (Benner, Sutphen, Leonard, & Day, 2010), and having information about the patients will trigger clinical reasoning and help the student make thoughtful decisions in prioritizing patient care, and patient care delegations.

**Table 3.** *Patient Information for the Team Leader*

Patient room # Patient #	Medical Diagnosis	Patient Information							
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk.	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk.	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk.	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk.	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk.	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O
		VS	Weight	Activ.	O <sub>2</sub>	Neuro	Cardiac	Musk.	Skin
		IV	Diet	Tele	Pain	Resp.	Abd.	Pulses	I/O

**Methodology**

This article describes the importance of preparing nursing students for leadership roles; and how students gain insight into the importance of their nursing responsibilities during their clinical practicum experience in the team leader rotation. The learning experiences and accomplishments of the students were assessed by student journaling after each rotation in the clinical practicum. In the Medical Surgical II class were nineteen registered students. From the nineteen students, eighteen wrote the assigned journal. One student was unable to participate in the team leader role due to class cancellation over

severe weather conditions; and during their make-up clinical the student did not have the opportunity to be a team leader. The total of the eighteen journals were considered for the present study.

The process of data analysis in qualitative research involves organizing the data, reading the material, coding and organizing the themes, representing the data, and establishing an interpretation (Creswell, 2013). For the present study, data from the student's journals was analyzed through qualitative analysis; First Cycle Coding and Second Cycle Coding methods. The specific coding methods were used to harmonize with the context of the study considering that nursing students need to be exposed to outstanding leadership skills to address the challenges in a demanding healthcare environment in the USA.

In the First Coding Cycle method, Holistic Coding was used. Saldaña (2010) states that "Holistic Coding is preparatory groundwork for more detailed coding of the data" (p.119). Specifically, the coding In Vivo Code was used, which is a code that is taken directly from what the participant says (Saldaña, 2010). First, the journals were read independently, gaining insight of the description as a whole. A more detailed reading followed, considering the main ideas or concepts that were articulated by the students, and after exploring and analyzing the material, several codes emanated.

Second Cycle Coding methods are used to reorganize and reanalyze data that was coded through the First Cycle Code; they are used to develop a smaller and more select list of themes, and/or concepts (Saldaña, 2010). When the process of coding was done, the identification or development of the main themes was started. In this stage, Pattern Coding was used; Miles and Huberman (in Saldaña, 2010) state that Pattern Coding is an approach of grouping the descriptions in a smaller number of set, or constructs.

## **Discussion**

The students became more conscientious about prioritization, delegation, and remembering details about several patients. Important outcomes are that the students, after the leadership experience, were more mindful about nursing care and interventions, and internalized all the shift activities better than before they were team leaders; applying the knowledge towards better patient care and outcome. The nursing students commented that they appreciated being able to ask questions to students in their own group, and to discuss patient problems and patient care, because they were learning from each other; they knew that the team leader was trying to help them with their responsibilities. Students commented in their journal that as a team leader it was much easier to see how mistakes are made; for example, when observing other students doing nursing interventions or computerized documentation errors. Observing the errors first-hand helped the student diligently and purposefully avoid the same errors in the future.

The team leader role supports the nursing students preparing them to lead and provide outstanding, patient-centered care. In one journal, student P

mentioned that the team leader position taught him/her to consider the broader scope of the student nursing practice, writing “I have gained a better understanding of my requirements in the clinical setting and how to communicate more effectively with the entire team.” Student M wrote “Being organized, but having the ability to be flexible; each clinical experience can be a greater opportunity for learning and a good lesson in the importance of the ability to adapt to unexpected changes in the nursing profession.” Benner, Sutphen, Leonard, & Day (2010) emphasize that the clinical instructor strains the importance of the preclinical preparation of the students, as well as being flexible and open to change; preparing nursing students for the nursing practice where nurses need to set priorities in a setting with multiple patients.

The team leader role was noticed by the nurses on the units where the students were doing the clinical practice. Student A remarked “One of the nurses on the unit thought that including team leader in the program was a wonderful idea which helped us get a feel for how taking a charge position might be.” The team leader role prepares students to see outside the box of being concentrated and knowing only about one patient. As student D noted, “It was interesting to get to learn a little bit about everyone’s patient. I felt that I really learned a good way of organizing my patient information for when I am going to be nurse and have several patients to manage.”

The increasing acuity of the hospitalized patient population with many chronic illnesses demands that nurses implement effective and excellent nursing care. Nurses need to be committed to providing high quality patient care. The team leader role gave the students the opportunity to understand this responsibility. Student Q mentioned, “I realized during my time as team leader and since that clinical experience that I really have to continually bring my learning up to par and treat each clinical hour/rotation seriously.”

Teamwork and organization are key elements in nursing, and the team leader was able to visualize that with the opportunity to oversee several patients during the clinical practicum. The students’ remarks were that being team leader helped them become more familiarized with how the entire shift schedule flowed, and how their responsibilities correlated into everyone else’s, making teamwork appreciated and valuable.

## **Conclusion**

The Baccalaureate Nursing Program junior students in the role of the team leader during clinical practicum started to develop the concepts of patient safety, quality of patient care, prioritization of patient care, management of several patients, and time management. The students learned about the importance of good communication skills with fellow students in the clinical practicum rotation and with professional healthcare team members; and overall the students learned about team-work and assuming a leadership role.

Students in the Medical Surgical II course that participated in the leadership role as a team member commented positively about the practice.

The students highlighted the growth in knowledge about several patients' management, the opportunity to prioritize nursing care, acknowledging the patient complications and status; and the chance to lead a team of student nurses during the clinical practicum. The students were able to understand leadership from an integrated perspective. Zull (2002) writes that profound learning should develop from sensing, integrating, and acting. The experience of the team leader role did change the student perspective from, for example, observing a simple picture of a house, to going into the house and being able to see, touch and appreciate all the rooms of the house, each room with its specific architecture.

The nursing students demonstrated the ability to apply leadership skills, acknowledging increased confidence; and they mentioned that after the team leader experience they were more prepared to endure nursing after graduation from nursing school. Student P asserted that, "Being a team leader was not as easy as I had imagined, it took a lot of organization, prioritization, thoroughness and confidence," adding that it is pivotal to always be flexible, organized and knowledgeable.

The students agree that a helpful aspect of being the team leader is that they have to learn about a variety of patients. "Because it is your job", as student A commented; to help all the classmates in their responsibilities, and therefore it is necessary to be well prepared and be aware of all the details regarding the problems of your patients. Learning in a real world environment should reflect the real skills and activities that the students will need to use. If the students are repeatedly involved in real problem solving, a better possibility will arise that they will be able to use what they learn after they graduate (Svinicki & McKeachie, 2014).

After graduation from nursing programs, the students now/professionals, need to be prepared to engage in a high-speed, high-quality environment, where the lives of their patients depends on their educational preparation and ability to make decisions. As seen in the present study, the team leader role had an impact in the students' learning curves; specifically preparing them to be able to take care of several patients at a given clinical practicum, and prepare the students for safe, patient-centered care, in a collaborative environment applying leadership concepts. This study is a starting point, and more research is warranted to further explore the team leader role. Incorporating the team leader role in the curriculum of nursing programs, and embedding it in all the relevant nursing classes with a clinical practicum component, may enhance the ability of the nursing student to seamlessly be introduced in the professional world after they graduate.

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