



## Reflection Article

### REFLECTIONS ON THE SUPERVISED RELATIONSHIP AND INTERACTION IN NURSING CLINICAL TRAINING

#### *REFLEXÕES SOBRE RELAÇÃO E INTERAÇÃO SUPERVISIVA EM ENSINO CLÍNICO DE ENFERMAGEM*

#### *REFLEXIONES ACERCA DE LA RELACIÓN E INTERACCIÓN SUPERVISIVA EN ENSEÑANZA CLÍNICA DE ENFERMERÍA*

Inês Alves da Rocha e Silva Rocha<sup>1</sup>, António Luís Rodrigues Faria de Carvalho<sup>2</sup>

This reflection fits into the area of Clinical Supervision in Nursing focusing on relationships that the student develops during clinical training. It seems that in clinical training the student not only learns but also consolidates verbal, procedural and attitudinal contents. The relationship established with peers, teachers and tutors will contribute to their professional identity. It is underlined the importance of the contribution of clinical supervision for the development of a reflective thinking in students in Portugal, as highlighted here, which influences the changes in nursing practices, as well as ensuring the quality and safety of the care provided. The characteristics that the tutor must have to improve the development of the students are also explained as well as the possible solutions for the existing limitations of clinical training contexts.

**Descriptors:** Supervisory Nursing; Learning; Nursing Education.

A presente reflexão enquadra-se na área de Supervisão Clínica em Enfermagem, incidindo nas relações que o estudante desenvolve durante o ensino clínico. Pela evidência, constata-se que, em ensino clínico, o estudante aprende e consolida conteúdos verbais, procedimentais e atitudinais. A relação estabelecida com os pares, os professores e os tutores vai contribuir para a sua identidade profissional. Neste estudo é salientado o importante contributo da supervisão no desenvolvimento de um pensamento reflexivo no estudante de licenciatura em Enfermagem, em Portugal, como promotor de mudança das práticas, assegurando a qualidade e a segurança dos cuidados prestados. São ainda explanadas as características que o tutor deverá apresentar para potenciar o desenvolvimento do estudante, assim como são evidenciadas possíveis soluções para as limitações existentes na realidade dos contextos de ensino clínico.

**Descritores:** Supervisão de Enfermagem; Aprendizagem; Educação em Enfermagem.

La presente reflexión se encuadra en el área de supervisión clínica en Enfermería, enfocándose en las relaciones que el estudiante desarrolla durante la enseñanza clínica. Por la evidencia, se comprobó que, en la enseñanza clínica, el estudiante aprende y consolida contenidos verbales, protocolares y actitudinales. La relación con los pares, profesores y tutores va a contribuir para su identidad profesional. En este estudio es destacada la importante contribución de la supervisión clínica en el desarrollo del pensamiento reflexivo en el estudiante licenciado en enfermería en Portugal, como promotor de cambios en las prácticas, garantizando la calidad y seguridad de la atención ofrecida. Además, son explicadas las características que el tutor deberá presentar para potenciar el desarrollo estudiante, así como son evidenciadas posibles soluciones para limitaciones existentes en la realidad de los contextos de la enseñanza clínica.

**Descritores:** Supervisión de Enfermería; Aprendizaje; Educación en Enfermería.

<sup>1</sup>Nurse at Centro Hospitalar de São João, E.P.E., Neurosurgery Service, Porto, Portugal. Post-Graduated in Clinical Supervision in Nursing by Escola Superior de Enfermagem do Porto, Matosinhos, Portugal. E-mail: inesarsrocha@gmail.com

<sup>2</sup>Nurse. Doctor in Sciences of the Education by Universidade de Santiago de Compostela (Spain). Coordinating Professor at Escola Superior de Enfermagem do Porto, Porto, Portugal. E-mail: luiscarvalho@esenf.pt

Corresponding Author: Inês Alves da Rocha e Silva Rocha  
Rua Conde Alto Mearim, 829-1º direito, 4450-035 Matosinhos, Portugal. E-mail: inesarsrocha@gmail.com

## INTRODUCTION

O presente artigo enquadra-se na área de Supervisão Clínica em The present article fits within the area of Clinical Supervision in Nursing and it is regarding a supervising relationship, making a reflection on its importance for the clinic teaching learning within the Portuguese reality.

According to the Ordem dos Enfermeiros<sup>(1)</sup>, an entity which regulates the profession of Nursing in Portugal, the nurse in charge of general care must develop competences regarding communication and interpersonal relationships. Actually, the relationships in which the students gets involved with during the clinical learning and especially the way how he establishes them, will allow him to acquire competence to exert cares of excellence as a future nursing professional. It is through the integration in the nursing team that the student establishes more equitable and closer relationships with the peer nurses, learning with them the 'practical nursing', which will make his insertion in the world of work through rules of functioning and organization easier<sup>(2)</sup>.

In the process of learning in clinical studies, several mediators participate: the professor, the cooperative nurse or tutor, the users, the health team (highlighting the nurses), the training group that is, the other students and the society in general<sup>(3)</sup>.

A reflexive study was made, whose founding is based on the deepened discursive formulation regarding the relations and supervising interaction in nursing clinical teaching, having the objective to discuss and theoretically reflect on this specific team.

Having as focus the triangle professor/student/nurse and the relationship established among the students (group of peers), in a first instance,

the scientific evidence regarding the contributions the students might obtain from the above mentioned actor will be approached. Afterwards, according to the literature, it is expected from the professor, the tutor, the student and from the relation in context of nursing supervision whether from the tutor or from the student, that is, which characteristics he outstands as fundamental for his learning/development in a clinical context. At last, the limitations in the clinic learning will be referred to regarding the relationships and communication might condition the development of the student.

## RESULTS AND DISCUSSION

### **The mediator in the process of teaching/learning in clinical teaching**

The clinical teaching is surrounded by great importance in the process of the student's education, thus being the core of professional education in Nursing. Actually, this teaching is considered a privileged means in the student's education, once it gathers conditions for the student to learn his own way of learning or elaborate the necessary bases for the construction of his professional knowledge once it is through the interrelationships with the nurses and other who, beyond providing real and effective learning, builds up his own professional identity<sup>(4-5)</sup>.

Nursing is a science which has as objective of study the human response to the problems of health and to the processes of life, as well as the transitions faced by the individuals, family and groups, along the cycle of life, it is through the interaction with people that the student will be able to graduate as a future health professional. That is why it is determinant that within

the Nursing Graduation Course there should be a theoretical component as well as another practical one, and they alternate, once the production of competence is not only the school responsibility but also the venue of work, which is where the situations of competence are developed, or in other words, that is where science and the art of nursing care form an integrated whole<sup>(2,6-7)</sup>.

It is through clinical teaching that the student, besides learning to put into practice and deepening knowledge acquired at school, faces the real situations of nursing work, these situations are crucial moments for his individual and professional development<sup>(3)</sup>. So, there are several actors involved in this process, once it is understood that all of them are individually and professionally tutors of the student, once only through this full interaction between the student, the formation and the context of work provide capacities of problem resolution and critical thinking<sup>(2)</sup>. The student's professional knowledge is not only build up through interactions with health professionals, but also through the nurse's daily practices analysis, relating them to their theoretical knowledge.

One can therefore state that the student in clinical teaching faces new situations which originate the development of competence associated to the transition from student to nurse. This transition must have a basis in a critical reflection by the student on the experienced working situations, acquired during the clinical teaching<sup>(8)</sup>.

This experience must have as objective the strengthening of the student's potential on the environment, aiming at the development of the capacity of transferring the acquired competence from one situation to another, making him effectively able to use such aptitude in situation of different work. Actually, only the clinical teaching will provide the student the

consolidation and the development of new knowledge, that is, allow him to develop a contextualized knowledge, once it is during clinical teaching that the student begins to understand the reason of specific theoretical knowledge and, consequently, the reality of nursing care begins to be interiorized<sup>(3,9)</sup>. Examples of the development of such practical competence are team working, the fundamented decision taken and the efficient communication<sup>(10)</sup>.

There is a series of principles that also apply the reality of nursing clinical teaching, where the principle of interpersonal relationship and the principle of inter-contextual relation is highlighted<sup>(2,11)</sup>. The former admits that the actions of the other might be a factor of development, because the presence of the professor, especially during the initial phase, provides assurance and helps to establish the relationship between the contexts. The latter, the inter-contextual knowledge accepts that the world of the school is different and it has show to be a different world of the services where the clinical teachings are performed. Therefore, it must establish a net of open channels between the two places in order to make formation easier, that is, to establish relationships, brake barriers and create synergies.

Then, a bigger articulation between the school and the services of health is necessary, where the clinical teachings are made, so that they can be effective as an enriching experience in the development of the student, in order to make him a competent health professional, a reflexive one and one who easily integrates himself in the various contexts of health. So, the student needs to identify himself with a model-function of clinical exercise<sup>(2)</sup>. Actually, the nurses, not the professors, are the ones who have a bigger influence on the students in their learning in practical context<sup>(12)</sup>.

In this context, the professor must motivate, sensitize and make the nurses conscious for the pedagogical assets they have taken and, in many cases they are not aware of this knowledge. It is important to highlight that the cooperation between the professors and the nurses is crucial, and the health professional must be inserted in a wider formation context, in order to understand the initial formation just as the beginning of a continuous formation, which must follow the health professional all along his career.

### **The relationship and the supervising interaction in context of clinical teaching**

The clinical teaching is constituted as a crucial moment in the student's teaching/learning process, once it allows him to establish a series of interactions with different groups and people who will contribute for his personal, professional and social development. Regarding the actors of the teaching/learning process in clinical teaching, the professor, the tutor and the student are the three fundamental actors, each one representing different roles, even though interacting<sup>(3)</sup>.

The essential matter of the the educational acting permeates the educator and the student and it essentially implies communications and influences phenomena, reflecting that many problems of the educators are situated at the level of relationship with the student or they have important reflex on it<sup>(13)</sup>. In this context, the effects, whether expected or not, of any educational process depend on the way how the interactions are structured and how the relationship is developed among them. So, the pedagogic practice must be constantly re-thought, re-evaluated and re-constructed; the educator and the student must have an active role in this process<sup>(5)</sup>. The recognition of the importance of the interpersonal relationship by professor

and students might help the comprehension of the situations occurred during the process of clinic supervision, thus meeting solutions for them.

Because the clinic supervision is a mediating process in the development of the graduate and the supervisor, the interaction between both will be a factor which might either make learning easier or inhibit it<sup>(14)</sup>. Actually, the contacts of the students with professor and health professional, who do not reveal to be positive models but intimidating ones, tend to increase the level of the student's anxiety, enhancing his stress, which might lead him to problems throughout the clinical learning. It has been demonstrated that the existence of a supporting environment favors several types of acquisitions, constituting itself in one of the most important conditions, or even the most important condition, to improve learning<sup>(13)</sup>.

In fact, if it is certain that the requirements to which the student is submitted make him more vulnerable, jeopardizing the harmonious development of learning, and if the stress is not controlled it can damage and jeopardize the quality of the care, so it is understood that the student is facing a situation of stress with physical and mental wear out which may evolve to *burnout*, when the excessive requirements of quantity and quality overtake his capacity of development, taking more time. In this sense, it is important for the student to acquire competence to face situations of stress and likewise the professor and clinical supervisor should build psychologically warm and receptive environments in order to decrease the sources of the stress and the promotion of competence so that the student can effectively deal with the situations.

It was noticed that there is no model of relation, an adequate way and only one way of interaction<sup>(8)</sup>. However, it is necessary for the interaction to be

developed in an environment of trust and affective inter-help and cognitively stimulating, so that this process supports and stimulates each one to progress and to create his personal style of intervention<sup>(15)</sup>. The communication between the clinical supervisor and the student must be functional, that is why it must be circular and continuous, without level or retroaction rupture, once it has a cybernetic character, that is, the statement of one of the partners influences/exerts a control effect on the other ones' reactions<sup>(16)</sup>.

The new conception of the relations between the clinical supervisor and student and the relationship of both with the knowledge, is to be highlighted. If, in the traditional pedagogy the professor was the mediator between the student and the knowledge, now is the knowledge the mediator between the professor and the student. In order words, the professor does not have knowledge builds up a *priori* to be transmitted to the

student, once both of them work together in the construction of common knowledge.

The starting point for this new pedagogy is the perception that each member of the group, professor or student, has resources to make available to everyone the conviction that the student's resources are as appreciable as the teacher's<sup>(13)</sup>. So, it is essentially up to the clinical supervisor to have the function of facilitator, starting from the promotion of liberty of the students, once it is the group who freely needs the process of learning, using all the available resources to reach this.

The following figure better explains the relation and the supervising interaction in the context of clinical teaching, once they are explicit the representations of intervenient actors in this process, both from the tutor as from the student itself.

	<b>Tutor</b>	<b>Student</b>
The professor as supervisor of the clinical teaching in nursing	<ul style="list-style-type: none"> <li>. He has the advantage to define the needs of the student and the selection of strategies and contents of formation.</li> <li>. He is known for not coordinating the pragmatic contents with the practices and for not having the required ability for the practices of the care.</li> </ul>	<ul style="list-style-type: none"> <li>. He is a good model because: he likes to teach; demonstrate practical abilities and takes fundamented decisions; he is impartial.</li> <li>. He inhibits the process of teaching/learning when he does not allow certain independence to the student.</li> </ul>
The tutor as supervisor of the clinical teaching in nursing	<ul style="list-style-type: none"> <li>. He has flexibility in the teaching/learning process: he stimulates and motivates learning.</li> <li>. He points out the inter-relationship between the school and the venue of the training.</li> <li>He has to be able to have self supervision, developing the capacity of learning, the reflection and the responsibility.</li> </ul>	<ul style="list-style-type: none"> <li>. He is a good model because he is organized and supplies support providing positive feedback; respects the time of learning of each student; has a good relationship with the student, users and the nursing team; shows wide knowledge on nursing; renders excellent care.</li> </ul>
The student in clinical teaching of nursing	<ul style="list-style-type: none"> <li>. He values the development of the attitudinal and communicational competences in the relationship with users/professionals and cognitive competences for the rendering of care.</li> </ul>	<ul style="list-style-type: none"> <li>. The support of the peers involves three dimensions: facilitate learning; promote emotional support; provide assistance in those tasks related to the execution of the procedures.</li> <li>. Along the time he becomes more independent of his supervisors and more dependent on his colleagues.</li> </ul>
The relations in context of supervision in clinical teaching of nursing	<ul style="list-style-type: none"> <li>.It is the capacity of assertive communication and management of emotions and dialog and support is crucial between professor and tutors.</li> </ul>	<ul style="list-style-type: none"> <li>. Excellent learning when he feels supported by the professor, tutor and group of peers (a good relation among all the mediators).</li> </ul>

Fonte: Simões et al. (2008) e Campbell et al. (1994)

**Figure 1** - Representations of intervenient actors in clinical teaching and the relation both from the tutor as well from the student.

### The reality of clinical teaching contexts

From the beginning the theory/practice articulation is an international concern in the world of nursing. Actually, some authors understand that the concept of 'ideal nursing' is associated to the professor who writes and teaches nursing as it should be, while the 'real nursing' is identified as the one in which the nurses practice in the services, which may provide a difficult communication between these two actors. From this situation, two sub-cultures with distinct and many times opposed characteristics emerge. In this case the process of professional socialization of the student can be inadequate, once this duality can simultaneously originate feelings of abandonment, impotence, frustration and dissatisfaction.

However, there may be a tension between the exercising of teaching and the exercising of nursing in a clinical context, once this cleaving may bring about the change of practices, being the graduation the turning point. Effectively, the reflection and the daily clinical analysis promote a reflexive thought in the student and the setting out of the other perspectives in viewing the problems, that is, the questioning of gap between the educational formation and the professional exercise which will lead him to change dynamics<sup>(5)</sup>.

The significant learning must be implemented, leading to the connection of knowledge and methods with the practice of critical debate among and with the students<sup>(14)</sup>. The reflexive practice has been used to decrease the existing gap between the theory and the nursing practice, as well as to develop the knowledge in nursing based in the practice<sup>(3)</sup>. Therefore it is necessary to have a pedagogy of alternation, which reciprocally explores the acquired competence in the different gaps of formation, creating and providing conditions of interactivity and sensitizing the different actors for their

complementary roles. Besides that, it is each time more urgent to reflect on the nursing courses in order to adequate them to reality, once many of them still apply a decontextualized scientific approach, which makes the student not prepared to be a competent professional<sup>(14)</sup>.

However, the gap between theory and practice maybe be solved once there is a nurse who integrates the competences required by the teaching staff/school and the competences required by the nurses/institution: the tutor. Keeping in mind the permanent evolution both regarding scientific knowledge as well as the condition of development, the title of practising professor was created (a perfect example of a good practice), the health professional that at the same time teaches in a classroom and works in the field of clinical practice thus defending that the school professor might simultaneously be a nurse in clinical exercising, therefore promoting the articulation between theory/practice.

The clinical supervisor has, within his personal, social and professional development of the student, a much more important role, once, that despite the matter of articulation between the theory and practice being considered as one of the main difficulties of the formation process, it depends on the way each graduate uses his theoretical knowledge transforming them into practical implication perspectives. The student are frequently pressured to conform with existing practices, instead of reflecting on them and this is the result of the existing gap between what they learned throughout the nursing course and the reality of the context of the practice. In this sense, the clinical supervisor has a crucial role, for when he is following the subject, since when he was student to becoming a health professional, he allows the creation of reflexive spaces and the

sharing of experiences that will very much contribute for the edification of his personality and his awareness as a nurse<sup>(8)</sup>.

The process of clinical supervision, personified in the context of clinical teaching by the clinical supervisor, must not only provide assistance to the development of competences, providing support and professional and personal encouragement, but also to the security of the practices<sup>(10)</sup>. Actually, one of the fundamental tasks in the process of clinical supervision is to precisely evaluate the quality of the cares to user, through the criteria of verification and management discusses in supervising relationship and results of the practices, in order to provide to the supervised subject, reflections on his practices through his formation contributing for the increase of his abilities and providing support to the health professionals and the development of his clinical practices, in the various contexts of the areas of health<sup>(17)</sup>.

The clinical supervision is especially useful to share feelings, emotions and clinical procedures experienced by the future nurses, once it allows the creation of an environment of reflection and support, becoming a variable component of support in the comprehension of their needs and aspirations<sup>(18)</sup>. In this sense, more important than the existence of strict and inflexible rules in the process of supervision, the presence of a atmosphere of reflection is fundamental, for it is the only way to assure and guarantee the security of the care, through which the clinical supervision is one of the relevant dimensions in the processes of quality and belief, taking in to considerations the gains provided by this assistance<sup>(10)</sup>.

The process of clinical supervision is constituted as the essential matrix which aims at assuring care of quality and security to the users and professionals,

based on the methods of experiment and reflection having the objective to analyze and intervene responsibly in the different situations, in a way to decrease the level of anxiety and to increase the emotional and psychological availability in enabling the nurse to establish relationships of help<sup>(10)</sup>.

### FINAL REFLECTIONS

The clinical teaching is a complex process, once it requires from the student a new adaptation, in which he is expected to provide responses to multiple requirements and also, develop his knowledge, acquire competence for caring and create his professional identity. It is during the clinical teaching that the student forms in a particular and progressive way his system of values, his ethical sense and his rules of professional behavior, in function of his own characteristics, of the users, of the structure and of the concessions of care of current nursing. So, in this context, the student must be allowed to imitate, reject and experiment, by himself, the practices, the professional behavior and the acquired knowledge.

During the clinical teaching there are three major mediators in the process of formation: the professor, who must be seen as a facilitator in the process of leaning, having the role of supervisor; the tutor, seen not only as a facilitator of the integration in the service but also the supervisor of the students learning in clinical practice; and the student, as an active subject responsible for his own formation in the perspective of an autonomy in response to the challenges and requirements of the profession.

There is the need of a more efficient articulation between the school and the institution where the student performs the clinical teachings; such fact will bring benefits not only to the student, but also to the

professor and tutors. It is still evident that the collaboration/articulation between the two venues of education will present repercussions for the teaching/learning process.

Therefore, in order not to allow the 'schizophrenic' effect which this separation between theory and practice might provoke on the student, the professor must be able to make him reflect, think and take the decisions to contribute for his personal and professional development. Thus, time must be given to the student not only to render care but also to discuss them and evaluate them, imposing himself and adequate load of work. Effectively, the professional capacities of the nurses of practice must be recognized, taking advantage of their potentialities, once the services are a center of resources for learning, having information that is not acquired from the books.

Actually one of the difficulties in the development of the clinical supervision is linked to the scarce communication between the professor and the tutor, particularly regarding the operational aspects (objective, time of work, mutual obligations), it may generate conflicts regarding each one's competence. Having the objective to solve or at least decrease the gap existing between the school and the institutions, it is imperative to have a previous clarification of the set of obligations imposed on one or another mediator who is committed to comply with them during the acceptance of the student's enrollment. There are authors who share the idea of the creation of areas where professors and nurses could critically reflect on their work experiences. So, keeping in mind the motivation for the collaboration school/services, the possibility of reward to the nurses must be taken into account, considering: recognition and curricular values; wages increase; reduction of working time or projects of joint investigation. So, it will

be through the jointly followed path, materialized in projects of investigation/action that the link between theory and practice in the nursing graduation will take place.

Many times, the student mentions not to feel an integrated part of the nursing team, but like 'a handy man', to avoid the students to be seen as mere workers of 'routine activities' in the cares of nursing and his work is a mere substitution of nurses that for some reasons are absent in the service/unit of care. So, it is the clinical supervisor's responsibility, as a professor or tutor, to assure that the students perform activities which produce and increase in their knowledge and/or acquisition of competence, and he must be aware of the formative needs, the motivations and capacities of the graduate.

Besides what has been described, it is equally crucial that clinical supervisors promote nursing as a dignifying and challenging profession, in order to strengthen the students' aim to become nurses. The role of the supervisor is to follow a subject or group, in order to motivate, incentivize, dialog, clarify and lead him to a previously established target. Actually, the reconstruction of the professional project of the student can only arise when a joint detailed analysis is made, which implies this subject to delineate his professional path, discussing and arguing the lines of orientations defined by him. This strategy will only be beneficial as long as the student is given the possibility of programming his own trajectory, which meets what is preconized by the Bologna Process.

The supervision in clinical teaching must be constituted as a dynamic process, involving several actors, and meetings must be held with all the mediators, including the student, to plan the activities to be developed, and also to evaluate the needs of

formation. Actually, it is crucial that the orientation in clinical teaching meets the acquisition of consentaneous care with the paradigm of emergent graduation, making the student the center and gear of the whole teaching/learning in nursing, for it is the only way future competent nurses can graduate in all levels.

## REFERENCES

1. Ordem dos Enfermeiros de Portugal. Conselho de Enfermagem. Competências do enfermeiro de cuidados gerais. Divulgar. Lisboa: Ordem dos Enfermeiros; 2003.
2. Silva DM, Silva EMVB. O ensino clínico na formação em enfermagem. Millenium. Rev ISPV. 2004; (30):103-18.
3. Simões JF, Alarcão I, Costa N. Supervisão em ensino clínico de enfermagem: a perspetiva dos enfermeiros cooperantes. Rev Referência. 2008; 2(6):91-108.
4. Severinsson E, Sand A. Evaluation of the clinical supervision and professional development of student nurses. J Nurs Manag. 2010; 18(6):669-77.
5. Gomes CO, Farias GM, Brito RS, Torres GV, Germano RM. Reflexão sobre o processo ensinar/aprender no laboratório de enfermagem. Rev Rene. 2005; 6(1):112-8.
6. Cossa RMV, Almeida MA. Facilidades no ensino do processo de enfermagem na perspectiva de docentes e enfermeiros. Rev Rene. 2012; 13(3):494-503.
7. Coelho MMF, Miranda KCL, Bezerra STF, Guedes MVC, Cabral RL. Supervisão como tecnologia para a melhoria da atenção básica à saúde. Rev Rene. 2012; 13(3):704-11.
8. Garrido AFS, Simões JFFL. Supervisão de alunos em ensino clínico: uma reflexão. Rev Nurs. 2007; 218:17-21.
9. Carvalhal R. Parcerias na formação. Papel dos orientadores clínicos: perspetivas dos atores. Loures: Lusociência; 2003.
10. Abreu WC. Formação e aprendizagem em contexto clínico: fundamentos, teorias e considerações didáticas. Coimbra: Formasau; 2007.
11. Alarcão I, Sá-Chaves I. Supervisão de professores e desenvolvimento humano: uma perspetiva ecológica. In: Tavares J. Para intervir na educação. Aveiro: CIDInE; 1994. p. 201-32.
12. Campbell IE, Larrivee L, Field PA, Day RA, Reutter L. Learning to nurse in the clinical setting. J Adv Nurs. 1994; 20(6):1125-31.
13. Ribeiro A. Relação educativa. In: Campos BP, organizador. Psicologia do desenvolvimento e educação de jovens. Lisboa: Universidade Aberta; 1990. p.133-59.
14. Carvalho ALRF. Avaliação da aprendizagem em ensino clínico no curso de licenciatura em enfermagem. Lisboa: Instituto Piaget; 2004.
15. Alarcão I. Escola reflexiva e nova racionalidade. Porto Alegre: Artmed; 2001.
16. Phaneuf M. Comunicação, entrevista, relação de ajuda e validação. Loures: Lusociência; 2005.
17. Cutcliffe JR, Butterworth T, Proctor B. Fundamental themes in clinical supervision. London: Routledge; 2001.
18. Brunero S, Stein-Parbury J. The effectiveness of clinical in nursing: an evidenced based literature review. Aust J Adv Nurs. 2008; 25(3):86-94.

Received: Nov. 13<sup>th</sup> 2012

Accepted: Jan. 7<sup>th</sup> 2013