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SKILLS OF THE GUIDING NURSES: A SYSTEMATIC LITERATURE REVIEW

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Abstract: The aim of this article is to identify the competences of nurses who guide nursing students in clinical education. Clinical education is one of the components of the nursing course, which guarantees the acquisition of knowledge, skills and attitudes necessary for autonomous and interdependent interventions in professional practice. The legal framework points to the contribution of nurses in the training of students, assuming that competence, sharing the responsibility for the teaching-learning process with the teacher. The capabilities, characteristics, responsibilities and even the skills desirable for this role are described in the literature in a scattered way. A systematic review was carried out, using the PICo method, in the electronic databases CINAHL, MEDLINE and SCIELO. 9 articles published between 2008 and 2018 were analyzed. Six categories of skills of the mentor nurse were identified: relational, analytical, reflective, pedagogical, learning and professional. Evidence points to relational competences as predictors of pedagogical competences. These, in turn, are harmoniously anchored to the analytical and reflective skills that mediate the acquisition of effective learning skills and support professional skills in the performance of the role of nursing advisor.

Keywords: Nursing; Preceptorship, Clinical Teaching, Skills, Preceptor.

INTRODUCTION

Clinical nursing education is one of the components of the nursing course and must contain at least half of the total hours of the course (General Regulations of the Degree Course in Nursing, 1999). Clinical education allows the nursing student to learn, as part of a team and in direct contact with the healthy and/or sick person and/or community, planning, intervening and evaluating nursing care, based on acquired knowledge (Directive

2005/ 36 / EC of 7 September 2005, Article 31, point 5, p. 41). The objective of clinical teaching described in the General Regulation of the Nursing Licentiate Course is “to ensure the acquisition of knowledge, skills and attitudes necessary for autonomous and interdependent interventions in the professional nursing practice” (p.3) and occurs in the hospital context, in others health institutions or in the community, under the responsibility of the professors of the educational institutions, with the collaboration of qualified clinical practice nurses (General Regulation of the Degree Course in Nursing, 1999).

The nurse then assumes the role of student advisor, sharing the responsibility for the teaching-learning process with the teacher. Several authors have shown that the dynamic between the student and the preceptor is fundamental for the learning, acquisition and development of student competences (Abreu, 2003b; Bártilo, 2007; Borges, 2010; Garrido, Simões & Pires, 2008; Ramos & Nunes, 2017), consistent with the General Care Nurse Competency Profile defined in Portugal. This profile indicates that nurses contribute “to the education and professional development of students and colleagues” and act “as an effective mentor/tutor” (Ordem dos Nurses [OE], 2012, p. 24). In article 9, point 6, the Regulation on the Professional Practice of Portuguese Nurses states that “Nurses contribute, in the exercise of their activity, in the area of (...) teaching, training...” (OE, 2015, p 103), recognizing the importance of the nurse as a preceptor in clinical teaching.

We consider the concept of competence as knowing how to act responsibly, effectively and recognized by a person in a situation, in a given professional context, subject to an assessment system. It implies knowing how to select, mobilize, integrate and transfer knowledge, information, predispositions, procedures/techniques, methods, processes,

resources, skills, considering personal learning (biography and socialization), educational background (knowledge, values and attitudes) and experience professional (Cruz, 2001; Le Boterf, 1995; Perrenoud, 1999; Roldão, 2003). Benner (2001) points out that the acquisition and development of skills in nursing must be based on experience.

Taking as a reference the legal framework that points to the contribution of nurses as mentors of nursing students, we considered it pertinent, within the scope of the Doctoral Program of the Catholic University of Portugal, in an investigation that we are carrying out on the development of the skills of mentor nurses, to carry out a systematic literature review (RSL) with the aim of identifying the competencies of nurses who advise nursing students in the context of clinical teaching.

METHOD

A systematic review of the qualitative literature was carried out following the protocol of the Joanna Briggs Institute (JBI). The review question of this research was constructed in the PICo format: What are the competences (Intervention) of nursing student advisors (Participants) in the context of clinical teaching (Context)?

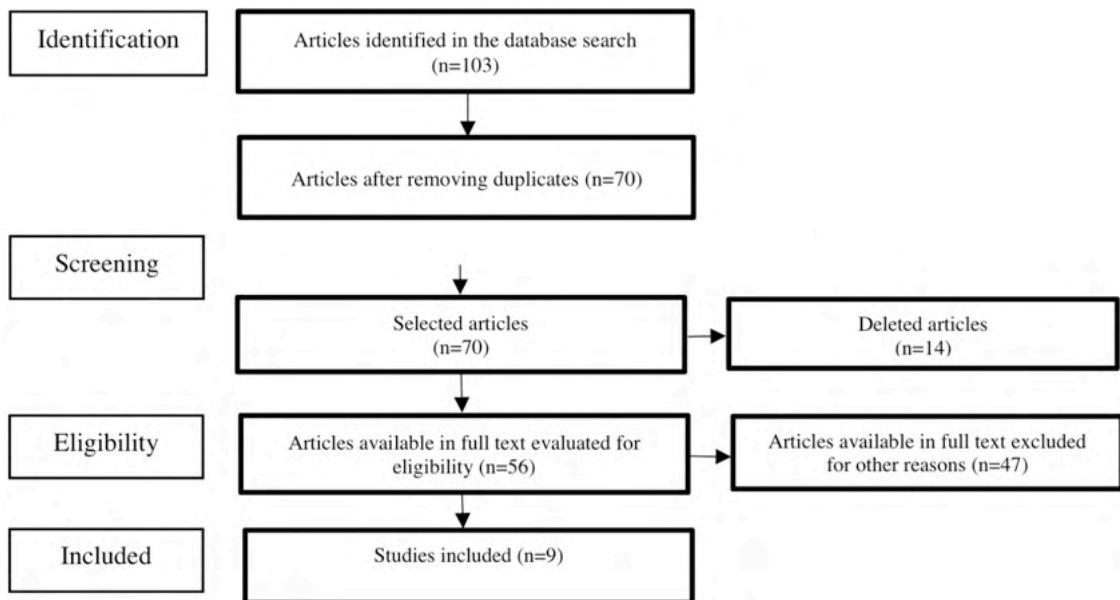
The inclusion and exclusion criteria are shown in Table 1.

The research strategy used was recommended by the JBI. We initially carried out an initial search in MEDLINE and CINAHL with the MeSH terms: competence, nurses, nursing students and nursing education. We selected the articles we considered suitable for the study and analyzed the abstracts and bibliographic references, noting the keywords found in the terms of the title, abstract and index and highlighting the most relevant articles (gold standard). We performed a second search in the MEDLINE, CINAHL and SciELO databases, using the following search strategy with the MeSH terms: preceptorship AND nursing. We considered the last 10 years as the term (from December 2008 to December 2018). In a third phase, we examined the bibliographic references of each article, looking for other articles that could be important to answer our review question. The titles and abstracts of the articles were read to identify whether they met the inclusion and exclusion criteria. The results obtained in the research are presented in Flowchart 1.

The 9 articles included were submitted to methodological quality assessment, according to the study design by the two reviewers. All studies presented methodological quality, none of which were excluded. Afterwards, the selected articles were analyzed for data extraction and subsequent synthesis, according to the JBI protocol.

Selection criteria	Inclusion criteria	Exclusion Criteria
Participants	Nurses and Nursing Students.	Professores.
IntervenTloN	Competences of the nurse advisor in the context of clinical teaching.	
Context	Clinical teaching of nursing students in the Nursing Licentiate Course.	
Kind of study	Primary studies, available in full text and free of charge in the databases, in Portuguese, Spanish or English.	Systematic and integrative literature reviews, articles in other languages

Table 1 - Inclusion and exclusion criteria



Flowchart 1 – Research Strategy Decision Tree

RESULTS

After analyzing the 9 articles included in the review, we found that 3 articles were carried out in America, 2 in Europe and 2 in Asia. Of the selected articles, 6 were published in the last 6 years. As for the methodology used, we found that 4 are qualitative research, 3 are quantitative and the rest use qualitative and quantitative research.

Data collected from selected articles were grouped in Table 2.

The extracted and analyzed data were summarized in Table 3.

DISCUSSION

After extracting and analyzing data from the articles that made up the RSL, we grouped the skills of nurses as preceptors of nursing students in the context of clinical practice into 6 categories: Relational, Pedagogical, Analytical, Reflective, Learning and Professional (Diagram 1 - Theoretical synthesis of results).

Pedagogical skills appear as the most referenced category in the articles found, supported by the other categories. Relational skills emphasize the nurse's good communication skills (Jeggels et al., 2013), in an assertive manner, as fundamental for nursing students' education and management of emotions (Simões, Alarcão & Costa, 2008). Communication must be open, with constant feedback from all stakeholders (Gleeson, 2008; Omer et al., 2013). Communication about the student's learning needs, development, and the established trust relationship is seen as crucial to improving learning (Ferreiro et al., 2018; Gleeson, 2008; Omer et al., 2013; Ribeiro & Prado, 2013). This relationship is characterized as a committed relationship (Ferreiro et al., 2018; Gleeson, 2008), complex (involves evaluation, human concern and qualified communication) (Paton, 2010), bidirectional (incentive and reciprocal updating) (Happell, 2009), positive (Omer et al., 2013; Smedley, 2008) and that must be negotiated between the actors of the two contexts (Happell, 2009; Jeggels et al., 2013). The literature shows that

Study Identification	Study Purpose	Population	Intervention	Results	Kind of study
A4. Autor: June Jeggels; Annelene Traut; Florence Africa. Título: A report on the development and implementation of a preceptorship training programme for registered nurses. Ano de publicação: 2013. País: África do Sul	To present a preceptorship training program for Nurses, with the aim of improving the Nurses experience in clinical teaching.	Nurses	Competences of Nursing Student Advisors Nurses	Identify learning opportunities; Identify students' learning needs; Facilitate learning in clinical teaching; Conduct skills assessment; Provide constructive feedback; Good communication skills; Experience and knowledge in the context of clinical practice; Skills in decision making; Interest in professional growth;	Qualitative Study
A6. Autor: Alison Smedley. Título: Becoming and Being a Preceptor: A Phenomenological Study. Ano de Publicação: 2008. País: Austrália.	Describe how nurses in a particular work context developed their skills as mentors participating in a tutoring program.	Nurses	Competences of Nursing Student Advisors Nurses	Experience and knowledge in the context of clinical practice; Good communication; Skills in decision making; Interest in professional growth; Assertiveness, Need for knowledge about adult learning; Knowledge of learning styles; Skills for teaching and learning in a clinical context; Desire to motivate others to learn;	Qualitative Study - Phenomenological
A9. Autor: Yvonne Hill; Hanna-Leena Melender. Título: Developing preceptorship through action research: part 2. Ano de Publicação: 2015. País: Noruega e Finlândia.	Present the evaluation of an interprofessional research and development project on clinical preceptorship.	Nurses	Competences of Nursing Student Advisors Nurses	Focus on student learning outcomes; Focus on student learning needs; Promote self-orientation; Promote lifelong learning; Encourage critical reflection sessions; Encourage research in scientific databases.	Qualitative and quantitative study - Cohort study
A12. Autor: Faroop Salima; Parpio Yasmin; Ali Fauziya. Título: Evaluation of Preceptors' Role and Preceptorship Model at Undergraduate Program of Nursing at Karachi, Pakistan. Ano de Publicação: 2015. País: Paquistão.	Evaluate a preceptorship program in the nursing course to facilitate the transition from the student role to the nurse role.	Nursing students	Competences of Nursing Student Advisors Nurses	Helps the nursing student to transition to a nurse; Provide feedback; Support the student's decision-making in patient care; Linking theory with practice; Promote critical thinking;	Quantitative study - Cross-sectional study
A19. Autor: Francisco Ferreiro; Fernanda Santas; Geilsa Valente. Título: Nurses knowledge and competencies for preceptorship in the basic health unit. Ano de Publicação: 2017. País: Brasil.	Describe the actions performed by nurses in guiding students at the Basic Health Unit; identify nurses' knowledge and skills they need to acquire or develop to guide students; discuss the implications of the pedagogical practice of preceptor nurses in their own continuing education.	Nurses	Skills of nursing student advisor nurses	Identify learning difficulties; Promote the articulation of theoretical knowledge in practical activities, Participation in the planning and execution of activities; Encourage self-learning; Mastering the knowledge ("experimental knowledge", "scientific knowledge", "common sense knowledge", "procedural knowledge") developed in practice; reflect on action;	Qualitative Study

A20.	Describe the experiences of mentor nurses in two clinical models of clinical education: peer learning and traditional supervision.	Nurses	Skills of nursing student advisor nurses	Provide feedback; Ability to plan and prepare clinical teaching; Have specific training in preceptorship; Reflect and promote critical thinking in students; Professional and pedagogical; Responsibility; Ability to manage problems related to supervision; observation and control;	Qualitative Study
A21.	Explore the perception of nursing students in relation to two models of preceptorship.	Nursing students	Skills of nursing student advisor nurses	Teacher; Facilitator; Provide feedback; Supporter of adult training; socializer;	Quantitative study - Cross-sectional study
A22.	Explore perceptions about the preparation of mentor nurses who guide bachelor's degree nursing students.	Nurses	Skills of nursing student advisor nurses	Teaching and learning strategies; Principles of adult education, Communication; Assessment of student learning needs and assessment; Responsibility; Promote critical thinking (problem solving and decision making skills); Setting realistic goals with students;	Quantitative study - Cross-sectional study
A32.	Identify the types of knowledge that nurses acquire and integrate to assess and teach nursing students in the context of clinical practice.	Nurses	Skills of nursing student advisor nurses	Communication skills; relational skills; Clinical expertise; Clinical knowledge; Experience; Teaching knowledge ("practical", "professional", "experiential"); Intellectual reflection and constant self-criticism; Assess the student's level of competence and knowledge; Assess students' needs; Encourage clinical reasoning; Clarify interventions with knowledge and research; Facilitate learning; Improve socialization; Assessment of assessment strategies; Teaching experience (critical reflection; clarification in the articulation of knowledge and in the assessment of competences).	Quantitative and qualitative study - Cross-sectional study

Table 2 – Main scientific evidence found in the studies.

CATEGORIES	SUBCATEGORIES
Relational Skills	Communication A4 A6 A28 A32
	Provide feedback A4 A12 A20 A21
	Socialization and transition to nurse A12 A21 A32
	Responsibility A20 A28
Analytical Skills	Student learning needs A4 A6 A9 A19 A28 A32
	Student Learning Outcomes and Objectives A9 A28
	Learning opportunities A4
	Student assessment A4 A28 A32
Reflective Skills	Problem solving A20 A28
	Reflection in action A9 A12 A19 A20 A28 A32
	Decision making A4 A6 A12 A28
Pedagogical Skills	Plan and prepare clinical teaching A19 A20
	Facilitate learning in clinical teaching context A4 A12 A21 A32
	Teaching A6 A21 A28
	Promote the application of theoretical knowledge in practical activities A12 A19 A32
	Encourage self-learning A6 A9 A19
	Research A9 A32
	Training of mentor nurses A6 A20
	Professional growth A4 A6
Learning Skills	Lifelong Learning A6 A9 A21 A28
	Experience and expertise A4 A6 A32
Professional Skills	CPedagogical knowledge: A32: Practical, Professional and Experimental A32
	Knowledge developed in practice: A19 A32: Experimental A19; Scientific A19; Common Sense A19; Procedural A19

Table 3 - Competences of the nursing student advisor nurse

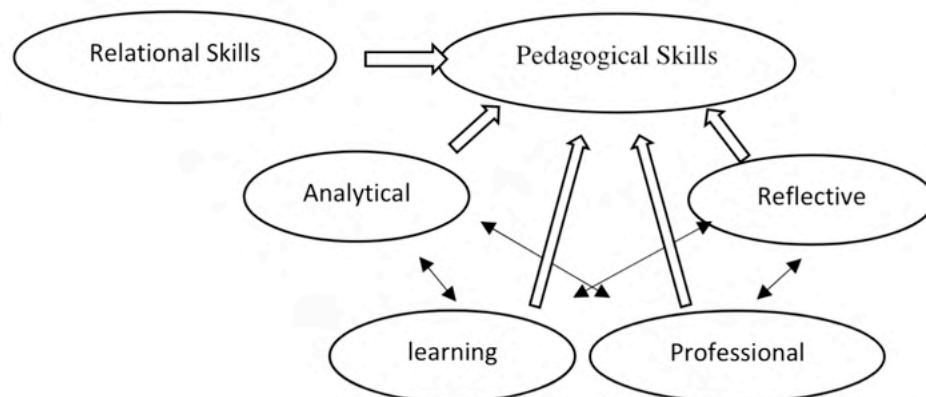


Diagram 1 - Theoretical summary of results

students expect nurses to provide regular and constructive feedback on their performance (Gleeson, 2008; Happell, 2009; Jeggels et al., 2013; Omer et al., 2013; Paton, 2010; Salima et al 2015). Preceptorship in clinical teaching is an opportunity for the student's professional socialization (Rogan, 2009; Smedley, 2008), with the preceptor being responsible for the student's socialization (Omer et al., 2013; Soto et al., 2017). The literature reveals that tutoring facilitates the transition from student to novice nurse (Jeggels et al., 2013; Rogan, 2009; Salima et al., 2015). A successful transition (Rogan, 2009; Salima et al., 2015) requires a positive beginning of socialization in the nursing profession, for the construction of a professional identity (Rogan, 2009) and for a commitment to professional responsibility for learning throughout life (Paton, 2010). The great responsibility of nurses during tutoring is highlighted by Soto et al. (2017):

responsibility towards patients (patient protection), towards the healthcare team, student decision-making, training and training of future competent professionals (Rogan, 2009; Salima et al., 2015). These aspects that integrate relational skills seem to support the pedagogical skills pointed out by different authors. Planning the reception of students in clinical education is important because it allows reflection on the forecast of needs and available resources and professionals, for decision-making (Ferreiro et al., 2018). The nurse, as already mentioned, is a facilitator in clinical teaching, namely in creating a supportive environment, in clear and open communication channels, in understanding the techniques used for learning and in encouraging, stimulating and motivating the student to learning (Happell, 2009; Omer et al., 2013; Ribeiro & Prado, 2013; Simões et al., 2008; Smedley, 2008; Soto et al., 2017). The nurse is also referred to as an educator/teacher and evaluator (Omer et al.,

2013; Smedley, 2008; Soto et al., 2017). When this teaching function is performed with passion, the learning environment becomes positive (Jeggels et al., 2013; Omer et al., 2013; Smedley, 2008). As a mediator of the teaching-learning process, nurses are not able to master theoretical and practical knowledge, they need to know how to mobilize knowledge and strategies to know how to teach in order to be understood (Ribeiro & Prado, 2013). In clinical teaching, the student has the opportunity to integrate the theoretical knowledge acquired in the context of clinical practice (Ribeiro & Prado, 2013; Salima et al., 2015). Santos, Figueiredo & Vieira (2019) report that the use of new pedagogical practices promotes student involvement, improves criticism and critical thinking, reduces apathy and contributes to peer learning. In a study by Salima et al. (2015), students recognize the importance of linking theory and clinical practice in the mentor nurse. The willingness to be introspective, namely in relation to their practice, is mentioned as a factor of excellence (Paton, 2010). The incentive to search for information and knowledge, namely in scientific databases, is also referenced by Hill & Melender (2015). The training of mentor nurses is considered in the literature as essential for the success of this teaching strategy (Happell, 2009). The literature suggests that the training/training of preceptors includes: knowledge about adult learning (Gleeson, 2008; Jeggels et al., 2013); teaching strategies in a clinical context (Gleeson, 2008; Jeggels et al., 2013; Ribeiro & Prado, 2013), assessment strategies (Gleeson, 2008), desire to support and motivate others to learn (Jeggels et al., 2013) and ability to show positive attitudes towards students (Jeggels et al., 2013) in order to promote a good clinical learning environment (Gleeson, 2008). Knowledge about students' learning styles has also emerged in the literature as it is fundamental for the preceptor's performance

(Smedley, 2008).

Analysis and reflection skills underpin both pedagogical skills and allow for the analysis of other skill categories. Simões et al. (2008) report that the preceptor must seek to be aware of the student's training needs, their motivations, abilities and skills, identifying their weaknesses (Ferreiro et al., 2018; Hill & Melender, 2015; Omer et al., 2013; Paton, 2010) in order to ensure the necessary learning opportunities for that student (Jeggels et al., 2013; Paton, 2010), adapting their communication and intervention, helping to apply theoretical knowledge in practice, participating in planning and carrying out activities that encourage self-learning throughout life (Ferreiro et al., 2018; Hill & Melender, 2015; Jeggels et al., 2013; Simões et al., 2008).

Students look for mentor nurses who understand their level of development, valuing in them the ability to know and analyze the students' level of knowledge and limitations of theoretical preparation (Happell, 2009). In order to meet the needs of students, nurses must have a global view of the student's theoretical component, the objectives for clinical teaching and the development of students (Happell, 2009). It is up to the preceptor to create conditions in the context of clinical practice for a scenario rich in learning experiences (Ferreiro et al., 2018; Ribeiro & Prado, 2013). For this, they must have the ability to mediate the learning process, teaching in context, problematizing reality, and promoting reflection in action (Ferreiro et al., 2018; Ribeiro & Prado, 2013). The nurse must then have a facilitating role, namely in the acquisition of technical skills, in the development of critical thinking, in order to achieve effective learning in clinical teaching (Soto et al., 2017). Assessment is referred to as one of the great competences of the preceptor (Paton, 2010; Soto et al., 2017),

having been considered by the preceptors as a strategy that promotes reflection (Simões et al., 2008), which implies the assessment of knowledge and the competence of students in the context of clinical practice (Paton, 2010).

Faced with a situation/problem, the mentor nurses consider the confrontation with the student important, as it allows describing, clarifying, analyzing, interpreting, evaluating the situation, ultimately allowing critical reflection on the practice experienced, mobilizing theoretical content for a reorganization and reconstruction of a particular practice (Mamhidira et al., 2014; Simões et al., 2008). The nurse's intervention involves encouraging and challenging students to take an active stance and solve nursing problems (Mamhidira et al., 2014; Paton, 2010). This posture implies that the student understands the patient's situation, seeks knowledge and identifies relevant solutions to the problems in question, and discusses them with the preceptor (Mamhidira et al., 2014). The need for reflection on the practices with the student was emphasized (Ferreiro et al., 2018; Mamhidira et al., 2014). The discussion of aspects of care, aspects to be improved, reflection at the end of the day, the planning of reflection sessions with students and encouragement in the search for knowledge in scientific databases were aspects highlighted (Ferreiro et al., 2018; Hill & Melender, 2015; Mamhidira et al., 2014). For preceptors, reflection (Soto et al., 2017), reasoning (Paton, 2010) and feedback (Soto et al., 2017) are important in the teaching of students (Soto et al., 2017). reflection in clinical teaching must be continuous and oriented towards personal, professional and societal development (Simões et al., 2008).

Critical thinking, the ability to make clinical judgments, and problem solving and formulation must be encouraged by preceptors, who support and give feedback

to students (Hill & Melender, 2015; Jeggels et al., 2013; Mamhidira et al, 2014 ; Salima et al., 2015). In order to increase the proactivity of students in their learning process, and tutors encourage, motivate and challenge them to seek knowledge, practice critical thinking, problem solving and reflection on practices (Mamhidira et al., 2014; Ribeiro & Prado, 2013). Simões et al. (2008) state that preceptors must be able to self-supervise, needing to develop their capacity for learning, reflection and responsibility. In this introspective movement, they need to be able to analyze and evaluate.

Learning and professional competences also support pedagogical competences, and a continuous analysis and reflection on them seems to be essential. Interest in professional growth, experience, specialization in the context of clinical practice and competence are referenced aspects, which the preceptor must recognize and self-develop (Jeggels et al., 2013; Ribeiro & Prado, 2013). During clinical teaching, the preceptor also learns, keeping up to date with the student, but also transferring knowledge to students validated in the experience, in a process of mutual growth (Ribeiro & Prado, 2013; Soto et al., 2017). Lifelong learning emerges as a domain of performance (Omer et al., 2013) and as a new area of knowledge for nurses (Smedley, 2008). The development of the nursing team, through continuing education, can guarantee the adequate preparation of preceptors (Rogan, 2009).

The role that preceptors play in educating and evaluating students in clinical education requires advanced clinical knowledge and experience (Hill & Melender, 2015; Paton, 2010), but it does not mean that they automatically transform expert professionals into competent preceptors (Gleeson, 2008). The domain of clinical practice and the pedagogical aspects related to it transform the context of practice into an environment

conducive to the training of students (Ribeiro & Prado, 2013). Preceptors feel that it is essential to transmit their professional and personal experience to the student, as students can acquire knowledge that goes beyond the academic context and self-learning by deepening knowledge with guided study (Mamhidira et al., 2014; Soto et al., 2017). The preceptor's specialized knowledge, which is reflected in his behavior, allows him to choose the best strategy to deal with the difficulties that arise (Gleeson, 2008; Mamhidira et al., 2014). Theoretical and practical knowledge of didactics are the links between pedagogy and teaching. They connect pedagogical options with educational action/teaching practice (Ferreiro et al., 2018). Preceptors accumulate practical, professional, and experiential teaching knowledge (Gleeson, 2008; Paton, 2010). They need to master the knowledge developed in practice to be productive in relation to teaching (Ferreiro et al., 2018). Knowledge of the professional practice of nurse preceptors is created in isolation, with minimal academic involvement, through an analysis process characterized by "intellectual struggle and self-critical reflection" (Paton, 2010). In preparing and assessing students, preceptors acquire practical skills and teaching experience, assess skills and care, and demonstrate and assess the knowledge gained from the patient care experience (Paton, 2010).

CONCLUSION

Preceptorship is an area that has been of interest and has been investigated by several authors, as it can be seen in the literature. The competences of the preceptors are clearly presented in the consulted articles.

In this RSL we found 6 categories of competences that the preceptor nurse must acquire or develop: relational, pedagogical, analytical, reflective, learning

RELEVANCE TO CLINICAL PRACTICE

The knowledge and dissemination of skills of nurses who guide clinical teaching of nursing students allow, in the first instance, the self-reflection on the competences already acquired and to be developed, and in a second instance they can subsidize the elaboration of training programs for nurses, in which contents that promote the acquisition and development of relational, analytical, reflective, pedagogical, learning and professional skills are contemplated. Evidence points to relational skills as predictors of pedagogical skills, and these are also related to analytical and reflective skills that mediate the acquisition of effective learning skills and support professional skills.

and professional. It is evident in the discussion of the results the importance of communication skills to establish a consistent relationship with the student, in which there is an openness to jointly analyze the needs, objectives, development, evaluation and provide constructive and continuous feedback throughout of clinical teaching. The creation of learning opportunities and reflection on practices are elements that facilitate learning, which allow the stimulation of self-learning, the integration of theory with practice, research, problem solving and decision-making. The planning and preparation of the preceptor for clinical teaching and his ability to teach are important aspects, both for the acquisition of student skills and for the process of socialization and transition to the role of a nurse. It is also important to consider the preceptor's professional growth, his availability for lifelong learning, his professional experience and expertise, and his knowledge, both in terms of teaching and in terms of knowledge developed in clinical practice.

Evidence points to relational competences as predictors of pedagogical competences. In turn, these are harmoniously anchored to analytical and reflective skills that mediate the acquisition of effective learning skills and support for professional skills in the performance of the preceptor.

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