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**SUPERVISÃO CLÍNICA NA INTEGRAÇÃO DE ESTUDANTES DE ENFERMAGEM EM ENSINO CLÍNICO DE PEDIATRIA:
RELATO DE EXPERIÊNCIA**

**CLINICAL SUPERVISION IN THE INTEGRATION OF NURSING STUDENTS IN PAEDIATRIC CLINICAL EDUCATION: AN
EXPERIENCE REPORT**

**SUPERVISIÓN CLÍNICA EN LA INTEGRACIÓN DE ESTUDIANTES DE ENFERMERÍA EN PRÁCTICAS PEDIÁTRICAS:
RELATO DE EXPERIENCIA**

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RESUMO

Introdução: Para proporcionar uma experiência clínica positiva e enriquecedora aos estudantes de enfermagem, é essencial refletir sobre como tornar a sua integração mais acolhedora e educativa.

Objetivo: Refletir sobre as práticas de supervisão clínica utilizadas durante a integração de estudantes num contexto pediátrico, com o intuito de identificar fatores facilitadores e oportunidades de melhoria.

Métodos: Relato de experiência baseado nos conceitos reflexivos de Donald Schön. Uma enfermeira especialista em saúde infantil supervisionou estudantes numa unidade hospitalar pediátrica, recolhendo e analisando dados através de um diário de supervisão.

Resultados: Foram identificados como fatores facilitadores a presença e o apoio de professores e enfermeiros supervisores, a comunicação clara, a definição de expectativas e um ambiente físico acolhedor e organizado. Como oportunidades de melhoria destacam-se a necessidade de maior preparação emocional dos estudantes, estratégias de comunicação mais eficazes e o reforço da orientação nos primeiros dias de estágio.

Conclusão: Face aos obstáculos e fatores facilitadores identificados através da análise reflexiva, recomenda-se a implementação de um programa estruturado de supervisão clínica. Este deve incluir objetivos claros, apoio individualizado e feedback contínuo, de forma a promover a integração dos estudantes no ensino clínico pediátrico. Apesar de este relatório refletir um único contexto de supervisão, os resultados podem orientar melhorias futuras nas estratégias de supervisão e contribuir para o desenvolvimento de profissionais de enfermagem seguros, competentes e emocionalmente preparados.

Palavras-chave: preceptoria; estudantes de enfermagem; pensamento; aprendizagem

ABSTRACT

Introduction: To ensure a positive and enriching clinical experience for nursing students, it is essential to reflect on how to make their integration into practice more welcoming and educational.

Objective: To reflect on the clinical supervision practices used during the integration of students in a paediatric setting, aiming to identify facilitating factors and areas for improvement.

Methods: Experience report based on Donald Schön's reflective concepts. A nurse specialised in child health supervised students in a paediatric hospital unit, collecting and analysing data through a supervision diary.

Results: Facilitating factors included the presence and support of teachers and clinical supervisors, clear communication, defined expectations, and a welcoming, well-organised physical environment. Opportunities for improvement included the need for greater emotional preparation, more effective communication strategies, and stronger orientation during the first days of the placement.

Conclusion: Based on the barriers and facilitating factors identified through reflective analysis, the implementation of a structured clinical supervision programme is recommended. This should include clear objectives, individualised support, and continuous feedback to enhance student integration into paediatric clinical education. Although this report reflects a single supervisory context, the insights gained may inform future improvements in supervision strategies and contribute to the development of safe, competent, and emotionally prepared nursing professionals.

Keywords: preceptorship; nursing students; thinking; learning

RESUMEN

Introducción: Para ofrecer una experiencia positiva y enriquecedora a los estudiantes de enfermería, es esencial reflexionar sobre cómo hacer que su integración en las prácticas clínicas sea más acogedora y educativa.

Objetivo: Reflexionar sobre las prácticas de supervisión clínica utilizadas durante la integración de estudiantes en un contexto pediátrico, con el fin de identificar factores facilitadores y oportunidades de mejora.

Métodos: Relato de experiencia basado en los conceptos reflexivos de Donald Schön. Una enfermera especialista en salud infantil supervisó a estudiantes en una unidad hospitalaria pediátrica, recopilando y analizando datos mediante un diario de supervisión.

Resultados: Se identificaron como factores facilitadores la presencia y el apoyo de profesores y enfermeros supervisores, la comunicación clara, la definición de expectativas y un entorno físico acogedor y organizado. Como oportunidades de mejora destacan la necesidad de una mayor preparación emocional de los estudiantes, estrategias de comunicación más eficaces y el refuerzo de la orientación durante los primeros días de prácticas.

Conclusión: A partir de los obstáculos y factores facilitadores identificados mediante el análisis reflexivo, se recomienda implementar un programa estructurado de supervisión clínica. Este debe incluir objetivos claros, apoyo individualizado y retroalimentación continua para favorecer la integración de los estudiantes en la práctica pediátrica. Aunque este informe refleja un contexto único, sus hallazgos pueden orientar mejoras en las estrategias de supervisión y contribuir al desarrollo de profesionales seguros, competentes y emocionalmente preparados.

Palabras Clave: preceptoría; estudiantes de enfermería; pensamiento; aprendizaje

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INTRODUCTION

The integration of undergraduate nursing students into clinical settings is a critical phase in professional education, especially within paediatric units where the complexity of care, emotional vulnerability of clients, and family involvement present additional challenges (McKenzie et al., 2021). These environments demand that students acquire technical competencies and develop communication, emotional regulation, and reflective skills. Clinical supervision plays a pivotal role in supporting this transition, acting as a pedagogical and relational process that fosters adaptation, learning, and professional growth (Pa & Musharyanti, 2024; Regulamento Nº 366/2018 da Ordem dos Enfermeiros, 2018).

Supervision is more than oversight. In fact, it is a dynamic and intentional strategy that encourages self-assessment, critical thinking, and the integration of theoretical knowledge into practice, and the supervisor is co-responsible for guiding supervisees through ethical and professional challenges, while creating a psychologically safe learning environment. That is why nurses associate clinical supervision with improvements in the quality and safety of care, recognising its value as a tool for both educational development and the practice of excellence (Menezes et al., 2021; Sérgio et al., 2023).

Recent reports from European Federation of Nurses Associations (2022) and World Health Organization (2020) reinforce the strategic importance of investing in clinical supervision, highlighting its contribution to workforce retention, professional identity development, and quality of care.

The World Health Organization (2021) advocates for the development of competent, motivated, and well-supported nursing professionals through structured education and supervision. It recommends that clinical learning environments be safe, inclusive, and reflective of population health needs, which includes aligning training with the evolving complexity of healthcare systems and investing in mentorship and supervision as strategies to ensure quality and retention in the nursing workforce.

Although this WHO guideline does not address paediatrics directly, its emphasis on competency-based education, emotional support, and structured integration is especially pertinent in high-demand areas such as paediatric nursing, where students must develop both technical and relational competencies.

In neonatal and paediatric settings, the National Association of Neonatal Nurse Practitioners (2023) stresses the need for specific supervisory competencies, including communication, role-modelling, and structured integration processes. Even studies such as those by (Teixeira, 2021; Teixeira et al., 2021a; Teixeira et al., 2021b) support the implementation of supervision models that enhance emotional competence and evidence-based practice among nurses.

The effective selection and preparation of clinical supervisors is also critical. According to Amaral & Figueiredo (2023), qualities such as empathy, pedagogical commitment, communication skills, and clinical expertise should guide the choice of preceptors. These findings are aligned with studies from Connor et al. (2020) and Schuler et al. (2020), who demonstrate that structured mentorship and fellowship programs can cultivate reflective, evidence-informed practice in paediatric contexts.

Within this framework, the supervisor-student-teacher partnership is fundamental. A cohesive and collaborative relationship facilitates the student's sense of belonging, reduces anxiety, and enables meaningful learning experiences. As noted by Alsalamah et al. (2022), guided reflection and emotional support are essential to bridge the gap between theory and practice, particularly during the first clinical placements.

The paediatric clinical environment presents unique challenges and particularities that significantly influence the learning experience of nursing students. Unlike adult care, paediatrics demands a dual focus on both the child and their family, requiring nurses to establish therapeutic relationships with caregivers while ensuring the child's comfort and safety (McKenzie et al., 2021; National Association of Neonatal Nurse Practitioners, 2023).

Even clinical procedures in this setting often provoke fear or distress in children, requiring additional emotional sensitivity and creative approaches to care delivery. The constant presence of family members adds further complexity, as students may feel pressure to perform under close observation and to justify their actions in real-time (Pa & Musharyanti, 2024).

Because of these particularities, communication must be developmentally appropriate, empathetic, and flexible, which may be particularly demanding for students who are still developing their clinical and interpersonal skills (Gomes, 2023; McKenzie et al., 2021; Shahzeydi et al., 2023).

These factors also contribute to increased cognitive load and emotional strain, often resulting in insecurity and fear of making mistakes. Therefore, a complex clinical context, such as paediatric care, is not only technically demanding but emotionally intense, and must be supported by structured, reflective clinical supervision to promote a safe and effective learning environment (Alsalamah et al., 2022; Teixeira, 2021).

This will enable these future nurses to have a set of knowledge, skills, and abilities, which they will need to use in the clinical practice and allows them to consider the health needs of the target group and act in all contexts of people's lives, at all levels of prevention (Ordem dos Enfermeiros, 2015; Teixeira et al., 2021b).

It is clear that a clinical supervisor plays a crucial role in the training and integration of nursing students into clinical settings, and the quality of the supervision process directly influences the development of students' skills and the safety of the care provided to clients. That is why the clinical supervisor nurse acts according to the code of ethics, with responsibility and social commitment, ensuring the well-being and safety of clients and the quality of the work environment. In fact, this professional is based on ethical, legal, and professional knowledge and values, and promotes transparency in decision-making and in the relationship with the

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supervisee, mediating the supervisory process, to promote excellence in professional practice and guarantee the safety and quality of nursing care. Furthermore, he also promotes decision-making and intra- and inter-professional communication, contributing to the achievement of high-quality standards in the provision of healthcare (Pa & Musharyanti, 2024; Regulamento Nº 366/2018 da Ordem dos Enfermeiros, 2018; Shahzeydi et al., 2023).

The presence of the clinical supervisor nurse, their availability, and the teacher-nurse-student partnership facilitate learning and are preponderant factors in the process of clinical supervision in nursing. Therefore, nurses, schools, and health institutions must seek to increase their knowledge in clinical supervision and adopt strategies and instruments that improve the supervisees' performance in health units. Only then will they recognize and value the role of supervision in guaranteeing the quality of nursing care (Menezes et al., 2021).

For the context of this article, a reflection will be made upon the experience on the integration process of undergraduate nursing students into a paediatric unit, under the supervision of a nurse trained in clinical supervision. The idea is that reflecting on supervision strategies may promote a structured, supportive, and educationally rich integration process, enhancing students' confidence, emotional wellbeing, and clinical competence (Schön, 2017)

Schön (2017) focuses on reflection on the process of learning and action. This author developed three main forms of reflection in professional practice: reflection in action, reflection on action, and reflection on the reflection in action, exploring how professionals can reflect while carrying out their activities and afterwards, when reviewing their actions. He also emphasizes the importance of these forms of reflection on the learning capability and the professional development, and so the model is considered crucial for the continuous development and improvement of professional practices.

In the case that will be reflected upon, by understanding what happened during the integration of nursing students in a particular paediatric unit, readers may also reflect on the actions that promote safe, effective, and quality clinical supervision practices. This way, they will be able to ponder and prepare future nursing professionals for the challenges of the contemporary healthcare environment. As this report is based on a single supervisory experience in a specific paediatric context, its findings may have limited generalisability, however, they may serve as a foundation for broader reflection and discussion about supervision practices in similar settings.

Given the relevance of the initial integration period in shaping students' clinical learning experiences, this experience report aims, through Schön's reflective approach, to identify facilitating factors and areas for improvement in order to propose strategies that enhance student learning, professional development, and the quality of paediatric care.

1. METHODS

This is a descriptive qualitative study in the form of an experience report, grounded in Donald Schön's reflective model, in which we analyse the integration of undergraduate nursing students into a paediatric setting. The reflective analysis was conducted based on the data collected in a supervision diary written by a female nurse specialist in child and paediatric health (MSc, RN), trained in clinical supervision, who accompanied the students throughout the clinical placement, essentially as a participant-observer during the students' integration period into a paediatric unit of a hospital in central Portugal.

The 11 students involved were in their third year of a four-year undergraduate nursing programme and were undertaking a five-week paediatric clinical placement. The first day of the internship was dedicated to their orientation and welcoming, with subsequent days focused on their adaptation to clinical routines and expectations. The observations took place over the course of the first week of the five-week clinical placement in a paediatric ward, with daily entries recorded in the supervision diary.

The clinical learning took place in a paediatric ward of a regional hospital integrated in a local health unit, which provides differentiated care to children and adolescents aged 0 to 18 minus one day, except special cases. The unit includes both inpatient and outpatient services, with a focus on acute paediatric conditions, chronic disease management, and transitional care. The nursing team is composed of generalist and specialist nurses in child and paediatric health, and clinical activity is characterised by high relational intensity, interdisciplinary collaboration, and strong family involvement. Care delivery is guided by principles of family-centred care, therapeutic communication, and developmental sensitivity. Nursing practice in the unit is supported by theoretical frameworks such as the Anne Casey Care Partnership Model and Orem's Self-Care Theory, both of which emphasise autonomy, participation, and shared responsibility between children, families, and healthcare professionals (Tomey & Alligood, 2021), and also hosts regular clinical education placements in collaboration with higher education institutions.

Data collection was based on entries made in a supervision diary by the nurse supervisor. This diary recorded observations, interactions, and reflective insights related to students' behaviours, reactions, challenges, and learning needs during their integration period. The diary entries were anonymised by replacing student names with codes and excluding any identifying details. These anonymised reflections served as the foundation for subsequent thematic analysis guided by Schön's reflective model. No audio or video recordings were made.

The data were analysed manually through thematic analysis, without the use of specific qualitative data software. The analytical approach was grounded in Donald Schön's model of reflective practice (2017), which distinguishes three interconnected modes

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of reflection: reflection-in-action, reflection-on-action, and reflection on the reflection-in-action. It is important to distinguish these forms of reflection:

- Reflection-in-action occurs during the execution of a task or activity and refers to the professional's ability to think and adapt while engaged in care. It involves continuous awareness and the ability to make real-time decisions using prior knowledge, intuition, and experience.
- Reflection-on-action takes place after the completion of a task. It is a retrospective and critical analysis of the actions performed, aimed at understanding what occurred, why it happened, and what can be improved. This process informs future decision-making, deepens professional insight, and helps process the emotional dimensions of practice.
- Reflection on the reflection-in-action, also called meta-reflection, is a deeper form of analysis that allows professionals to consolidate their learning strategies and develop more complex reasoning. It encourages awareness of one's own reflective processes and leads to the emergence of new ways of thinking, acting, and solving problems.

The present report incorporates all three levels of reflection to explore the integration of students, identify key facilitating and limiting factors, and propose strategies for improving the clinical learning experience in paediatric contexts. The thematic categories were inductively derived from the diary entries, based on patterns and recurrent elements identified during reflective reading and interpretation. As this is a single-context reflective account, the concept of data saturation does not apply. While the reflections were not returned to the students for validation, a limitation duly acknowledged, it is important to note that students were aware of being observed in the context of clinical supervision, as part of the educational process during their placement.

Ethical principles were respected throughout the process: the clinical supervisor nurse gave informed consent for her participation in this report, and student confidentiality was maintained. The reflection was carried out from the perspective of the supervisor and does not include direct data from the students themselves. Although the analysis was based on extensive observation and daily interaction, the absence of first-person narratives from the students is recognised as a methodological limitation, which may restrict the breadth of the conclusions. Nevertheless, the reflective depth achieved through the supervisor's account offers significant insights into the process of student integration and its educational implications, while also contributing to a deeper understanding of the supervisory perspective.

2. RESULTS

Through thematic analysis of the supervision diary and guided by Donald Schön's reflective model, three central categories emerged in the clinical integration of nursing students: (1) Emotional and cognitive reactions during initial integration; (2) Facilitating factors and adaptation strategies; and (3) Challenges and opportunities for improvement. Each category reflects a layered interpretation of the experience, incorporating Schön's three levels of reflection: reflection-in-action, reflection-on-action, and meta-reflection (reflection on the reflection-in-action).

Regarding emotional and cognitive reactions during initial integration, the supervision diary documented varied emotional and cognitive reactions from students at the beginning of the placement. Literal statements recorded during clinical activity – such as “I feel lost,” or “I’m not sure what I’m supposed to do here” – represent direct expressions captured in the moment, and are considered evidence of reflection-in-action, according to Schön (2016).

These real-time observations allowed the clinical supervisor to note how students responded to the clinical setting, including signs of anxiety, hesitation, and uncertainty in decision-making. From these entries, a process of reflection-on-action was conducted to interpret the meaning of students' behaviours retrospectively. For example, one entry described a student who “felt lost at the beginning but adapted through communication with peers, nurses, and supervisors, and through studying paediatric nursing.” This was understood by the supervisor as a sign of the student's emerging adaptive reasoning and coping strategies, characteristic of reflection-on-action.

At a deeper level, meta-reflection was applied when the supervisor examined how these reactions informed her own supervisory approach. For instance, the recurring emotional distress noted in early entries led to the realisation that increased emotional preparation and clearer role expectations may be necessary before clinical immersion begins. This level of reflection on the reflective process itself aligns with Schön's concept of reflection on the reflection-in-action.

The diary highlighted several conditions that facilitated students' integration and their adaptation strategies. During clinical activity, students verbalised positive experiences and learning moments. Statements such as “This makes me think differently,” or “I had to change my approach in the moment” were recognised as instances of reflection-in-action, in which students adjusted their thinking and behaviour in real time based on the needs of the child or family.

Posterior analysis of these entries, through reflection-on-action, revealed that these adaptive behaviours were supported by contextual factors such as a welcoming environment, peer support, and the accessibility of both school tutors and clinical supervisors. These facilitated the development of confidence and relational competence among students.

Through meta-reflection, it is possible to conclude that consistent, structured feedback and informal debriefing at the end of shifts further reinforced these facilitating conditions. The triangulated support model (involving academic tutors, clinical nurses, and peers) was identified as essential in promoting students' sense of belonging and professional identity.

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And finally, the diary also revealed challenges and opportunities for improvement. Persistent challenges, including emotional overload and difficulties in communication emerged, with expressions such as “I don’t know how to explain this to the parents,” or “I felt overwhelmed today,” recorded at the time of occurrence, provided material for identifying reflection-in-action, where students showed awareness of their own emotional and communicative limits.

Subsequent reflection-on-action allowed the supervisor to understand these difficulties as signals of underdeveloped emotional competence and a need for more effective communication strategies. For example, students’ reluctance to ask questions or express uncertainty was seen as limiting their engagement with the learning process.

Through meta-reflection, it is possible to recognise the need to actively foster psychological safety and create more intentional spaces for open dialogue during the first days of placement. Additionally, these reflections prompted consideration of how the supervisor’s own practices might have either supported or inadvertently constrained student participation.

The structured application of Schön’s model enabled a multi-layered interpretation of the integration experience. The combination of real-time observations, retrospective interpretation, and reflective synthesis allowed for the identification of both individual learning trajectories and collective supervisory needs. Ultimately, this process supported the development of targeted recommendations to improve clinical supervision and optimise the educational experience of nursing students in paediatric settings.

3. DISCUSSION

The integration of undergraduate nursing students into paediatric clinical settings revealed a set of emotional, relational, and cognitive dynamics that are consistent with what has been reported in recent literature. The findings of this experience report highlight the central role of clinical supervision in mediating the challenges of adaptation and in promoting meaningful learning processes.

The emotional vulnerability expressed by some students during the initial phase of integration, such as anxiety, insecurity, and the feeling of being “lost,” echoes the results of McKenzie et al. (2021), who found that newly qualified nurses in neonatal intensive care units often struggle with emotional overload and fear of making mistakes. In this study, the presence of a clinical supervisor and the use of structured support strategies proved essential in helping students overcome those initial barriers, in line with the recommendations by Alsalamah et al. (2022) and Pa & Musharyanti (2024), who stress the value of supervision that is both emotionally supportive and pedagogically intentional.

The facilitation of “adapted ways of thinking” and the use of self-directed learning strategies reflect the development of reflective capabilities among students, particularly through reflection-on-action and reflection-in-action, as described by Donald Schön (2017). This capacity to analyse experiences and adapt behaviours was further enhanced by the presence of an open, safe, and dialogical supervisory environment. The findings support Connor et al. (2020) and Schuler et al. (2020), who argue that reflective supervision and mentorship are effective means of cultivating evidence-based, critically engaged nursing professionals.

Several facilitating factors observed, such as clear communication, the availability of supervisors, and peer support, are recognised in the literature as key components of effective clinical education (Amaral & Figueiredo, 2023; Shahzeydi et al., 2023). These elements were particularly valuable in promoting students’ sense of belonging and in reducing performance anxiety, which is often intensified in paediatric settings due to the presence of families and the vulnerability of the patient population (National Association of Neonatal Nurse Practitioners, 2023).

At the same time, the present report identified challenges that point to opportunities for improvement. Some students showed difficulty in verbalising their doubts and needs, limiting the supervisor’s ability to respond in real time. This aligns with Teixeira (2021), who highlights the importance of supervisors fostering emotional intelligence and open communication. Emotional restraint or silence in clinical learners can compromise both their experience and the quality of supervision, calling for a stronger emphasis on emotional competence within supervision models (Sérgio et al., 2023; Teixeira et al., 2021b).

The absence of direct student narratives represents a limitation of this experience report, as it does not capture the students’ reflective voices in the first person. However, the use of a reflective supervision diary and the structured application of Schön’s model provide a robust interpretive framework that supports the credibility of the observations and allows for educationally relevant insights.

Based on the reflective analysis conducted and the identification of both facilitating factors and challenges during the integration process, it is possible, through reflection on the reflection-in-action, to formulate a set of practical recommendations to enhance clinical placements in paediatric contexts:

- Establish a comprehensive and structured orientation programme at the beginning of the internship. This should include a detailed introduction to the physical environment, institutional protocols, ethical principles, and expectations for student performance. Alongside the traditional guided tour, initial training activities using simulation and role-play should be incorporated, as well as access to updated procedural manuals and quick-reference guides specific to paediatric care.
- Ensure the sustained presence and involvement of both academic tutors and clinical nurse supervisors with paediatric experience. These professionals must be given the time and institutional support necessary to provide regular feedback,

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personalised guidance, and individual follow-up. The implementation of a structured monitoring system to assess student progress, address emerging challenges, and offer timely support is recommended from the earliest stages of the placement.

- Promote a culture of open communication and collaborative learning by encouraging teamwork and mutual respect among students, nurses, and the wider multidisciplinary team. Creating opportunities for students to participate in case discussions, continuing education sessions, and peer exchange activities contributes to their integration and reflective development.
- Invest in the development of communication skills, both interpersonal and interprofessional. Practical training sessions, such as workshops, supervised simulations, and group discussions, should focus on communication in emotionally sensitive situations, particularly when interacting with children and families.
- Create formal communication channels to allow students to express concerns, doubts, or emotional difficulties throughout the internship. These should be accessible, confidential, and supported by the supervisory team, fostering psychological safety and trust.
- Define and communicate clear objectives and learning outcomes from the outset of the clinical placement. Providing students with a clear framework of responsibilities and expectations allows them to organise their learning, set personal goals, and evaluate their progress more effectively.
- Implement a regular formative assessment system, with criteria that reflect both technical and relational dimensions of nursing practice. Constructive feedback should be given in a timely manner, allowing students to identify strengths and areas for development in a supportive context.
- By implementing these recommendations as part of a targeted improvement plan, health institutions and nursing schools can jointly contribute to the creation of a more inclusive, reflective, and pedagogically sound clinical learning environment. Such efforts not only support the development of competent and confident future nurses but also reinforce the strategic value of clinical supervision in paediatric nursing education.

It is relevant to reinforce the idea that clinical supervision in paediatrics must go beyond technical instruction, as it should foster emotional safety, structured reflection, and dialogical learning, empowering students to develop not only competence but also confidence and resilience. These findings are aligned with Portuguese and international directives (European Federation of Nurses Associations, 2022; Regulamento Nº 366/2018 da Ordem dos Enfermeiros, 2018; World Health Organization, 2020), which call for the transformation of clinical learning environments into spaces of pedagogical and ethical excellence.

CONCLUSION

The integration of nursing students into paediatric clinical settings is a complex and multidimensional process, requiring careful planning, emotional support, and reflective supervision. Through the application of Donald Schön's reflective model, this experience report highlighted how supervision practices can foster student adaptation, critical thinking, and professional development, particularly in emotionally and technically demanding environments.

The reflective analysis revealed both challenges and facilitating factors that shaped students' learning experiences. Feelings of insecurity and cognitive overload were especially present in the early stages of the internship, but were mitigated by supportive supervision, structured orientation, and clear communication. The presence of committed supervisors, access to personalised guidance, and opportunities for reflection were key to students' progression and engagement.

It is important to acknowledge one of the limitations of this report: although the nurse was trained in clinical supervision, she did not have prior practical preceptorship experience in the specific paediatric unit described. This may introduce a degree of bias in the interpretation of the experience. One way to address this limitation in future work would be to incorporate students' perspectives directly, allowing for a broader and more balanced reflection on the integration process.

Nonetheless, this experience report allowed for the development of practical recommendations to improve clinical supervision and student integration in paediatric settings. The successful integration of students into the clinical environment is critical to establishing a solid foundation for their professional growth. By recognising the challenges students face during this phase and putting supportive measures in place, nursing schools and healthcare institutions can ensure a smoother and more effective transition into clinical practice, ultimately preparing future nurses to deliver safe, ethical, and high-quality care.

Although this is a single-context experience, it offers relevant insights for educators and supervisors involved in paediatric nursing education. By investing in structured and emotionally attuned supervision, clinical placements can become transformative learning environments that support both competence and confidence in future health professionals.

AUTHORS' CONTRIBUTION

Conceptualization, D.A. and L.C.; formal analysis, D.A. and L.C.; investigation, D.A. and L.C.; methodology, D.A. and L.C.; supervision, L.C.; validation, D.A. and L.C.; visualization, D.A.; writing - original draft, D.A.; writing - review and editing, D.A. and L.C.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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