

## RESEARCH ARTICLE (ORIGINAL) 8

## Developing preceptors' skills: experts' view

*Desenvolvimento de competências dos enfermeiros orientadores: uma visão de peritos*

*Desarrollo de las competencias de los enfermeros orientadores: una visión de expertos*

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### Abstract

**Background:** In Portugal, the legal framework of the Undergraduate Degree in Nursing and the Regulation of Nursing Practice point to the nurse's contribution to nursing students' education.

**Objective:** To characterize the process of developing clinical preceptors' skills.

**Methodology:** Qualitative study, using the Grounded Theory methodology. Semi-structured interviews were conducted with 7 expert nurses. Theoretical sampling was used based on the needs identified in the coding process. Data analysis and treatment followed the methodology adopted.

**Results:** The following aspects characterize the development of clinical preceptors' skills: primary and secondary socialization at the educational level, and experience, knowledge, analytical skills, and professional initiative at the professional level.

**Conclusion:** Throughout the development of their skills, the experts highlighted the educational and academic experiences that promote critical reflection and a proactive attitude, and professional aspects such as expertise, analytical skills, and motivation.

**Keywords:** nursing; preceptorship; professional competence

### Resumo

**Enquadramento:** O quadro legal do Curso de Licenciatura em Enfermagem em Portugal e o Regulamento para o Exercício Profissional dos enfermeiros apontam para a contribuição do enfermeiro na formação dos estudantes de enfermagem.

**Objetivo:** Caracterizar o processo de desenvolvimento de competências dos enfermeiros orientadores de ensino clínico.

**Metodologia:** Estudo qualitativo, utilizando a metodologia da Grounded Theory. Foram realizadas entrevistas semiestruturadas a 7 enfermeiros peritos. A amostragem teórica foi conduzida de acordo com as necessidades identificadas no processo de codificação. A análise e tratamento dos dados seguiu a metodologia em uso.

**Resultados:** Os aspetos caracterizadores do desenvolvimento de competências dos orientadores são a nível educacional, a socialização primária e secundária, e a nível profissional, a experiência, o conhecimento, a capacidade de análise e a iniciativa profissional.

**Conclusão:** Os peritos evidenciam no seu desenvolvimento de competências as vivências de natureza educacional e escolar que promovem a reflexão crítica e uma postura proativa e aspetos de natureza profissional como a perícia, a capacidade de análise e a motivação.

**Palavras-chave:** enfermagem; preceptoria; competência profissional

### Resumen

**Marco contextual:** El marco legal de la licenciatura de Enfermería en Portugal y el Reglamento para el Ejercicio Profesional de los enfermeros señalan la contribución del enfermero en la formación de los estudiantes de enfermería.

**Objetivo:** Caracterizar el proceso de desarrollo de competencias de los enfermeros orientadores de enseñanza clínica.

**Metodología:** Estudio cualitativo, para el cual se utilizó la metodología de la teoría fundamentada (*grounded theory*). Se realizaron entrevistas semiestruturadas a 7 enfermeros expertos. El muestreo teórico se realizó en función de las necesidades identificadas en el proceso de codificación. Para el análisis y el tratamiento de los datos se siguió la metodología utilizada.

**Resultados:** Los aspectos que caracterizan el desarrollo de las competencias de los orientadores son, a nivel educativo, la socialización primaria y secundaria, y a nivel profesional, la experiencia, el conocimiento, la capacidad de análisis y la iniciativa profesional.

**Conclusión:** Los expertos destacan en el desarrollo de sus competencias las experiencias educativas y escolares que promueven la reflexión crítica y una postura proactiva, y aspectos de carácter profesional como la destreza, la capacidad de análisis y la motivación.

**Palabras clave:** enfermería; preceptoria; competencia profesional

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## Introduction

The nurses' competency profile established by the *Ordem dos Enfermeiros* (Portuguese Nursing and Midwifery Regulator – OE) states that the nurse contributes to nursing students' education and professional development, acting as a tutor (OE, 2019). The Regulation of Nursing Practice (*Regulamento do Exercício Profissional dos Enfermeiros* - REPE), in article 9(6), also states that, through their activity, nurses contribute to teaching and training (OE, 2019). Thus, in their workplace, nurses take on the role of preceptors of students in clinical training (CTs).

Considering this legal framework, the difficulties found in the literature regarding the performance of this role, and the lack of available recent evidence on the development of nurses' skills as preceptors, it is important to characterize the process of development of nurses' skills as preceptors of students in CTs. This characterization will identify a set of indicators that should characterize the nurse preceptors' profile, assisting in their selection and guiding their training needs. This article was written within the scope of the Doctoral Program in Nursing Education of the Universidade Católica Portuguesa. It explores the experts' views and aims to characterize the research participants and identify the educational and professional biographical narratives that influence the development of nurse preceptors' skills.

## Background

The CT is the practical component of undergraduate nursing degrees that corresponds to the dimension of nursing training through which nursing students learn to plan, deliver, and assess comprehensive nursing care based on their knowledge and skills acquired while integrated into a team and in direct contact with healthy or ill individuals and/or groups. The main objective of CTs is "to ensure the acquisition of knowledge, skills, and attitudes necessary for autonomous and interdependent professional nursing interventions" (Portaria nº 799-D/99, de 18 de setembro, Article 5). It takes place in the community, hospitals, or other health institutions, under the responsibility of the teachers of the education institutions, with the collaboration of qualified clinical nurses (Portaria nº 799-D/99, de 18 de setembro, Article 5). In some CTs, a teacher supervises the student in person, but in others, this presence is regular, and both the teacher and the nurse preceptor are responsible for the teaching-learning process and the assessment. This dynamics between the student and the nurse preceptor is essential for acquiring and developing skills (Ramos & Nunes, 2017) in line with the OE General Care Nurse Competency Profile.

Competency is defined as a responsible, effective, and recognized way of acting in a situation in a given professional context and subject to an evaluation system. It implies knowing how to select, mobilize, integrate, and transfer knowledge, information, predispositions, procedures/techniques, methods, processes, resources,

skills, considering personal learning experiences (biography and socialization), educational background (knowledge, values, and attitudes), and professional experience (Le Boterf, 2003; Roldão, 2003). According to Benner (2001), the acquisition and evolution of nurses' skills are based on experiences and how they are taught. Martins (2017) states that the development of intervention skills is a complex process because it requires the professional to know how to perform a set of technical interventions. However, it also requires this technical component to be supported by knowledge and the ability to collect and analyze information and make decisions.

According to Ferreira et al. (2018), nurses do not always believe that they have to contribute to nursing students' education, feeling lost and without any guidance on performing, hence requiring training (Fonseca et al., 2016).

## Research question

What characterizes the process of development of nurses' skills as preceptors of undergraduate nursing students during their clinical training in hospital settings?

## Methodology

Considering the research question, the nature of the phenomenon under analysis, and its area of knowledge, this study used a qualitative methodology. The Grounded Theory (GT) methodology was used given the scarce research on this field in Portugal and the phenomenon under analysis, which involves feelings, experiences, and reflection. According to Strauss and Corbin (2008), this interpretative research methodology allows understanding the meaning of the phenomenon for the participant, how they experience it, extracting its meaning, what they feel, and how they interact. Using a case study format, the research will describe a specific context to further explore the phenomenon under analysis.

This study took place between November 2018 and October 2019 at a Hospital Center in the Great Lisbon area after receiving the Institution's authorization. The key informants were nurses from the Medical and Surgical wards, who were previously given information and the informed consent. Semi-structured interviews were conducted with nurses appointed by the heads of the wards as experts with experience as nurse preceptors. The theoretical sampling was then performed based on the data coding process (Strauss & Corbin, 2008) until theoretical saturation was reached. Considering the diversity required by this methodology, the study included nurses in different levels of Benner's Professional Advancement Model and with different perspectives on nurse preceptorship. These nurses were also appointed by the heads of the wards. This article puts forward the views of seven experts.

After the first interview, data were analyzed based on Strauss and Corbin's (2008) approach, using open coding and sometimes axial and selective coding simultaneously. In open coding, the concepts that emerged from the data

were identified and divided into categories and subcategories. Their properties and dimensions were determined using microanalysis. In axial coding, the connections between the categories and their subcategories were explored to find more accurate and complete explanations of the phenomenon. Throughout these steps, analytical and conceptual memos and diagrams were created to ground the research and maintain the researcher's self-consciousness (Strauss & Corbin, 2008).

## Results

The results originated from seven interviews with nurses considered as experts, according to Patricia Benner's Professional Advancement Model (2001). Four men and three

women participated in the study. Four of them worked in the Medical ward and three in the Surgical ward. Six had more than 13 years of professional experience. Regarding their education level, three participants had a post-graduate degree, three had a specialization in Nursing, one had a master's degree in Nursing, and another had a doctoral degree in Psychology/Anthropology. Only one key informant had specific training in nurse preceptorship. Two of the interviewees were part-time faculty members at a Nursing higher education institution and held the title of specialists. Four participants were nurse preceptors for more than 10 years, two reported not being available to take on this role, and one was available to become a preceptor but had not started yet. The educational and professional biographical narratives that could influence the development of nurse preceptors' skills were analyzed. Table 1 shows the emerging categories.

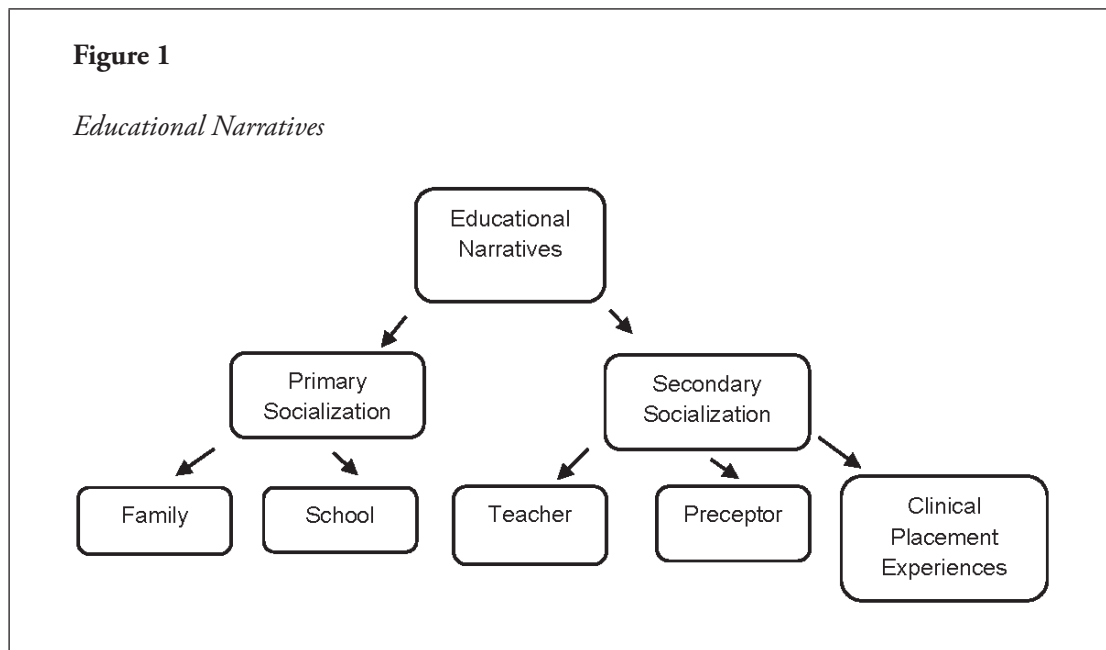
**Table 1**

*Categories emerging from the dimensions analyzed*

DIMENSIONS	CATEGORIES
Educational Narratives	Primary socialization
	Secondary socialization
Professional Narratives	Professional Experience
	Knowledge
	Analytical skills
	Professional Initiative

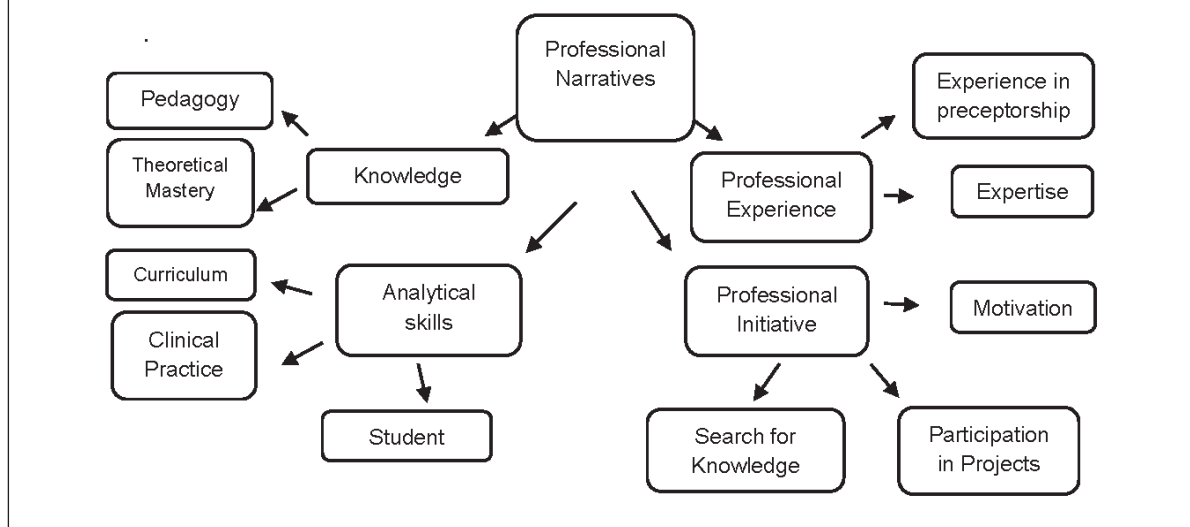
Regarding the Educational Narratives (Figure 1), the two main emerging categories were primary socialization and secondary socialization. In the primary socialization category, two subcategories emerged: family and school. In the family subcategory, the participants' interviews revealed that they had family members, "one of my uncles... has great analytical skills" (I1), "dealt with adults who developed themselves academically at the same time as they developed themselves professionally" (I2), and had family members "who taught me a lot..." (I5). In the school subcategory, the participants' discourses revealed specific characteristics of the teacher, "very enthusiastic, very active, very proactive..." (I5), and the participation in school projects such as "the students' association, and I started enjoying school differently..." (I4). Three subcategories emerged

from the secondary socialization category: the figure of the teacher of the undergraduate nursing degree, the figure of the CT nurse preceptor, and experiences during CTs. The subcategory of the figure of the teacher highlighted the "close relationship with a teacher... and realizing that this is the role model I want to follow..." (I1) and the clinical expertise "someone whose clinical performance is excellent..." (I1). Considering the figure of the CT nurse preceptor, the participants highlight aspects related to the relationship "I had several amazing nurse preceptors whose teaching was really at a higher level..." (I5). Participants' "experiences during CTs were addressed both positively and negatively, "I had good internships, less good internships, with preceptors who were a little bit... who guided us less, others guided us more..." (I5).

**Figure 1***Educational Narratives*

The Professional Biographical Narratives (Figure 2) that emerged from the interviews' analysis were divided into four categories: professional experience, knowledge, analytical skills, and professional initiative. In the professional experience category, the most frequent subcategories were the experience in nurse preceptorship, "I've been guided essentially by experience" (I4) and work expertise when participants mentioned that "to be a good preceptor... it is important to master the technical-scientific skills" (I2). In the knowledge category, the experts mentioned the subcategories of theoretical mastery of the area of activity because "our knowledge is our greatest asset... our theoretical knowledge, our scientific knowledge" (I1), and theoretical mastery in pedagogical area through the study of "some developmental models, some learning theories . . ." (I2). In the analytical skills category, one of the subcategories highlighted is the student's analytical skills, such as "identifying a student's learning style . . ." (I2), "the person's level of development . . . the stage of certain skills" (I2), "individual

characteristics . . . their background . . ." (I3), and "their problems, their goals" (I5). The ability to analyze the undergraduate curriculum is also highlighted because "schools also have different curricula . . ." (I1), and it is important to "be aware of how much we can demand . . ." (I2). One participant even asked if "Did he ever do that or did he ever talk about it in school, or is that an internship goal . . ." (I5). The ability to analyze clinical practice, "to look at things . . . to reflect on them, to not just execute, to know what we're doing . . ." (I7) allows "making decisions... in a very conscious way . . ." (I6). One participant added that "if I can analyze my practice, I'll be a better nurse, teacher, preceptor." (I1). Three subcategories emerged from the professional initiative category: participation in institutional projects, "in some projects that we participate in . . ." (I2), search for updated knowledge, because "when I had students, it's a way of also making us study and research, which is pertinent . . ." (I3), and job motivation, which is evidenced by "I love what I do!" (I4).

**Figure 2***Professional Narratives***Discussion**

The educational narratives highlighted two main categories supported by the theories of Le Boterf (2003) and Dubar (2005): primary socialization and secondary socialization. Competency is defined as a responsible, effective, and recognized way of acting in a situation in a given professional context. It implies knowing how to select, mobilize, integrate, and transfer different resources from personal learning experiences (biography and socialization), academic experiences, and professional experiences (Le Boterf, 2003; Roldão, 2003). Dubar (2012) also focuses on the importance of socialization as the individuals' immersion in the *lived world* through their own symbolism, culture, and knowledge. Therefore, the socialization process occurs in several contexts, within the institutions, through interactions with others, establishing a link between education (family, school) and work and social context (Dubar, 2012; Figueiredo & Peres, 2019). Primary socialization relies on the relationships established with the social world where the child lives; their family and school settings allow categorizing situations and building and anticipating social behaviors (Dubar, 2005). This basic body of knowledge incorporated by children also depends on their relationships with adults (Dubar, 2005). The categories found within primary socialization – family and school - are consistent with the literature: family due to the domestic and private learning experiences, and school, in a complementary way, due to the development of moral individuals who are ethically concerned with the public ideal (Dubar, 2012).

Secondary socialization is based on the assumption that socialization is never fully accomplished or finished, allowing the acquisition of specific knowledge and roles rooted in a given professional world and the internalization of specialized subworlds - professional knowledge - in technical and professional education institutions (Dubar,

2005). Socialization is no longer restricted to childhood, and professional training itself has transformed into life-long learning (Dubar, 2012). In this study, the main subcategories found point to professional training: the figure of the teacher of the undergraduate nursing degree, the figure of the CT nurse preceptor, and the experiences during CTs. For Diogo (2018), the training settings are fundamental in constructing the individual's social and professional identity because they include individual, social, academic, and professional journeys, social and professional experiences, and professional knowledge. This author also states that the reflection on workplace learning experiences gives meaning to these experiences and is developed in the social relationships established in the learning settings. The relationships established with the professionals from that world, the incorporation of their ways of thinking and acting, and the acquisition of the values and norms of that professional group become the reference point of the professional's attitudes, behaviors, and conduct (Figueiredo & Peres, 2019). Liljedahl (2018) and Melo et al. (2017) highlighted the relationship and the interaction between the student, the CT nurse preceptor, and the rest of the team as a source of difficulties during the CT, influencing successful learning. For Amaral and Pereira (2016), nurse preceptors should adopt a proactive attitude in their performance as preceptors, facilitating the students' welcoming and integration in the CT and promoting a respectful and trusting environment together with the student. According to Dubar (2012), professional socialization constantly links workplace situations and life pathways, relationships with others and the self, as in an ongoing process.

Four categories emerged from the professional narratives: professional experience, knowledge, analytical skills, and professional initiative. These categories are first supported by Le Boterf's perspective (2003) on *savoir* (knowledge) and *savoir-faire* (know-how). According to the author,

*savoir* includes theoretical knowledge, environmental knowledge, and procedural knowledge. *Theoretical knowledge* allows understanding a situation, describing and explaining its components/structure, and perceiving its meaning. *Environmental knowledge* regards the context in which the professional intervenes, and competency is put into action. *Procedural knowledge* proposes a set of instructions on how to act, on how to deliver a given activity (Le Boterf, 2003). According to Le Boterf (2003), *savoir-faire* (know-how) includes formalized, empirical, and cognitive know-how. *Formalized know-how* implies that the professional knows how to master the application of knowledge in practice. *Empirical know-how* relates to the knowledge resulting from action, the knowledge acquired in action, by repeating experiences. *Cognitive know-how* corresponds to the intellectual operations necessary for resolving situations, designing projects, creativity, and decision-making (Le Boterf, 2003).

In her Professional Advancement Model, Benner (2001) describes five stages of skill acquisition: Novice, Advanced Beginner, Competent, Proficient, and Expert. According to Benner's description of expert, the participants in this research are considered experts in their area of activity: "no longer relies on an analytical principle (rule, guideline, maxim) to connect her or his understanding of the situation to an appropriate action." The expert has an "enormous background of experience, now has an intuitive grasp of each situation and zeros in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions," acting from a deep understanding of the situation (Benner, 2001, p. 58). The key aspects of expert nursing practice are clinical mastery and resource-based practice, embodied know-how, seeing the big picture, and considering the unexpected (Benner, 2001). Benner also highlights that nurses' skill acquisition and development are based on their lived experiences and that knowledge is gained over time. The know-how is extended through theory-based research and the identification of the existing know-how developed in clinical practice. Experience in a given context and the theoretical mastery of that area of activity seem to be inseparable (Benner, 2001).

In the professional experience category, Le Boterf's (2003) formalized know-how, empirical know-how, and cognitive know-how are highlighted, as well as the importance of the lived experiences in a given context to skill acquisition and development (Benner, 2001). The expertise in the workplace includes all Le Boterf's (2003) dimensions of *savoir-faire* and the environmental knowledge that concerns the context in which professionals intervene, and competency is put into action. The nurse preceptor's knowledge of the workplace helps the student to set themselves in the context and reflect on the situations experienced, using their knowledge and skills in this area (Ferreira et al., 2018). The experience in preceptorship requires the existence of theoretical knowledge (that allows understanding the student's situation and describing, explaining, and perceiving its meaning), procedural knowledge (knowing how to act with the student in a given situation by following a set of instructions on how

to act), and all the dimensions of *savoir-faire*: *formalized know-how* (mastery of the practical application of knowledge to teach the student), *empirical know-how* (acquired through the repetition of the experience of preceptorship), and *cognitive know-how* (for resolving situations with the student and decision-making; Le Boterf, 2003).

In the knowledge category, Le Boterf's (2003) theoretical knowledge, environmental knowledge, and procedural knowledge are evidenced, as well as Benner's (2001) identification of the existing know-how and theoretical mastery. Three dimensions of knowledge are evidenced in the theoretical mastery of the area of activity: theoretical knowledge through the mastery of knowledge inherent to that context's professional practice, environmental knowledge through the mastery of the knowledge about the context, and procedural knowledge through the mastery of the knowledge of the rules of procedure in that same context (Le Boterf, 2003). Dubar (2012) also addresses the concept of professional knowledge, stating that, throughout professional training, the situations experienced in the workplace, combined with theory and reflexive practice, contribute to the development of that type of knowledge. Amaral and Deodato (2015) found aspects related to nurse preceptors' training, namely regarding the theoretical contents of the nursing undergraduate degree curricula, the preparation for the CT, and reflexive pedagogical practices and skill training. The knowledge of aspects related to nursing students' pedagogical guidance brings us to theoretical knowledge and procedural knowledge (Le Boterf, 2003). Ferreira et al. (2018) identified some aspects of knowledge that preceptors need to develop, namely the acquisition of didactic and pedagogical knowledge. The nurse preceptors interviewed in this study requested guidance before the students' preceptorship. Hilli (2015) also points out the need for further pedagogical training to strengthen nurse preceptors' knowledge. The acquisition of knowledge and skills about supervision strategies to be used during CTs promotes nursing students' skill development (Amaral & Deodato, 2015).

The analytical skills involve all Le Boterf's (2003) components of *savoir* and *savoir-faire*. Nurse preceptors should master the theoretical knowledge, understand the workplace and its rules of procedure to master the application of knowledge through the repetition of experiences, solve problems, manage situations, and make decisions. In a study on the implementation of preceptorship models, Hilli (2015) highlighted the importance of nurses' critical thinking and reflection. Regarding the ability to assess the student, Melo et al. (2017) emphasize that preceptors must respect the student's pace of skill acquisition and development, taking into account their personal development, personality structure, and transition into adulthood. Ferreira et al. (2018) underline the following nurse preceptors' concerns: the identification of students' learning difficulties, students' participation in the planning and performance of activities and self-learning, and the application of theoretical knowledge. Ferreira et al. (2018) and Amaral and Pereira (2016) underline the curriculum analysis skills by arguing that the preceptors' knowledge

and analysis of the objectives of the undergraduate nursing degree and CTs are crucial to the development of the activities and the adjustment of the learning opportunities to the established goals. For Amaral and Deodato (2015), nurses' active participation in the planning, organization, performance, and evaluation of students' learning in CTs while adapting academic curricula to the contexts is essential to perspective the workplace as a training place of excellence.

Ferreira et al. (2018) argue that the ability to analyze clinical practice requires contextual knowledge to plan, prevent needs, and rationalize available human and material resources. The same authors underline that this ability to analyze clinical practices always involves a process of reflection on them and decisions about the action.

Professional initiative implies a constant search for knowledge (theoretical, environmental, or procedural), as well as cognitive *savoir-faire* (Le Boterf, 2003) and the expansion of know-how through theory-based research (Benner, 2001). The participants in this study mentioned the participation in projects, the search for knowledge, and motivation. According to Amaral and Deodato (2015), joint project development between education/health institutions is a training strategy to be implemented. These projects should be analyzed and disseminated among the teams that supervise students in CTs. Kamolo et al. (2017) argue that nurse preceptor development has an impact on preceptors' attitude, knowledge, and skills and, as a result, student outcomes. Ferreira et al. (2018) identified some skills that preceptors need to develop, namely proactivity and a taste for research. Other support measures, such as rewards, should also be considered as training alone may not be sufficient to sustain preceptors' commitment to this role (Kamolo et al., 2017). Moreover, Amaral and Pereira (2016) reinforce that nurses' motivation for supervising nursing students before the CT is essential for a positive student reception. This motivation is important for nurses to feel the need to invest in their training and continuous development to acquire nurse preceptorship skills (Amaral & Deodato, 2015). Due to the lack of currently available evidence on the development of nurse preceptors' skills, this study puts forward some characteristics of this educational and professional process consistent with the available literature.

## Conclusion

According to the experts, the process of development of nurses' skills as nurse preceptors of undergraduate nursing students in a hospital setting is characterized by two aspects. First, the educational and academic experiences that promote critical reflection and a proactive attitude. Second, professional aspects that include the mastery of the theoretical and practical knowledge of their area of activity, their analytical skills, and their motivation for the role.

It should be noted that this article refers to a research design - case study - and was conducted in two specific contexts; thus, the results can only be generalized from

an analytical perspective to the development of skills in all preceptors.

These findings may allow identifying a set of indicators to characterize the nurse preceptor's profile, assisting in their selection and guiding their training for taking on the role, thus improving nursing students' education. Further studies should be conducted in other contexts to explore the characteristics of the process of development of nurse preceptors' skills.

## Author contributions

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Validation: Figueiredo, A. S.

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Writing – review & editing: Figueiredo, A. S.

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## References

- Amaral, G., & Deodato, S. (2015). Articulação entre os estabelecimentos de ensino superior de enfermagem e as instituições de saúde em Portugal: Fatores que dificultam e medidas a implementar. *Cadernos de Saúde*, 7, 7-1.
- Amaral, G., & Pereira, M. (2016). O enfermeiro especialista como promotor da aprendizagem dos estudantes do curso de licenciatura em enfermagem. *Cuid'arte: Revista de Enfermagem*, 16, 7-10.
- Benner, P. (2001). *De iniciado a perito: Excelência e poder na prática de enfermagem*. Quarteto.
- Diogo, V. (2018). Nas teias da construção identitária socioprofissional: Práticas profissionais de trabalhadores sociais pós-graduados inseridos em organizações da economia social. *Sociologia: Revista da Faculdade de Letras da Universidade do Porto*, 35, 135-160. <https://dx.doi.org/10.21747/08723419/soc35a6>
- Dubar, C. (2005). *A socialização: Construção das identidades sociais e profissionais*. Martins Fontes.
- Dubar, C. (2012). A construção de si pela atividade de trabalho: A socialização profissional. *Cadernos de Pesquisa*, 42(146), 351-367. <https://doi.org/10.1590/S0100-15742012000200003>
- Ferreira, F., Dantas, F., & Valente, G. (2018). Saberes e competências do enfermeiro para preceptoría em unidade básica de saúde. *Revista Brasileira de Enfermagem*, 71(4), 1657-65. <https://doi.org/10.1590/0034-7167-2016-0533>
- Figueiredo, M., & Peres, M. (2019). Identidade da enfermeira: Uma reflexão iluminada pela perspectiva de Dubar. *Revista de Enfermagem Referência*, 4(20), 149-154. <https://doi.org/10.12707/RIV18079>
- Fonseca, M., Soares, S., Gomes, J., & Marques, A. (2016). O processo de supervisão em ensino clínico: Perspetiva dos estudantes e enfermeiros. *Investigación en Enfermería Imagen y Desarrollo*,

- 18(2), 77-88. <https://doi.org/10.11144/Javeriana.ie18-2.opse>
- Hilli, Y. (2015). Developing preceptorship through action research: Part 2. *Scandinavian Journal of Caring Sciences*, 29(3), 478–485. <https://doi.org/10.1111/scs.12216>
- Kamolo, E., Vernon, R., & Toffoli, L. (2017). A critical review of preceptor development for nurses working with undergraduate nursing students. *International Journal of Caring Sciences*, 10(2), 1089-1100. [http://www.internationaljournalofcaringsciences.org/docs/50\\_kamolo\\_special\\_10\\_2.pdf](http://www.internationaljournalofcaringsciences.org/docs/50_kamolo_special_10_2.pdf)
- Le Boterf, G. (2003). *Desenvolvendo a competência dos profissionais*. Artmed.
- Lijedahl, M. (2018). On learning in the clinical environment. *Perspectives on Medical Education*, 7(4), 272 –275. <https://doi.org/10.1007/s40037-018-0441-x>
- Martins, J. (2017). Aprendizagem e desenvolvimento em contexto de prática simulada. *Revista de Enfermagem Referência*, 4(12), 155-162. <http://dx.doi.org/10.12707/RIV16074>
- Melo, R., Queiros, P., Tanaka, L., Costa, P., Bogalho, C., & Oliveira, P. (2017). Dificuldades dos estudantes do curso de licenciatura de enfermagem no ensino clínico: Perceção das principais causas. *Revista de Enfermagem Referência*, 4(15), 55-64. <https://doi.org/10.12707/RIV17059>
- Portaria nº 799-D/99. <https://dre.pt/pesquisa/-/search/581591/details/maximized>
- Ordem dos Enfermeiros. (2019). *Regulamento do exercício profissional do enfermeiro*. <https://www.ordemenfermeiros.pt/arquivo/AEnfermagem/Documents/REPE.pdf>
- Decreto-Lei n.º 161/96, de 4 de Setembro. <https://dre.pt/pesquisa/-/search/241640/details/maximized>
- Ramos, L., & Nunes, L. (2017). Modelos de acompanhamento do ensino clínico em saúde mental e psiquiatria. *Revista Ibero-Americana de Saúde e Envelhecimento*, 3(2), 1014-1033. [http://dx.doi.org/10.24902/r.riase.2017.3\(2\).1014](http://dx.doi.org/10.24902/r.riase.2017.3(2).1014)
- Roldão, M. (2003). *Gestão do currículo e avaliação de competências: As questões dos professores*. Editorial Presença.
- Strauss, A., & Corbin, J. (2008). *Pesquisa qualitativa: Técnicas e procedimentos para o desenvolvimento de teoria fundamentada*. Artmed.