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MODELS FOR CLINICAL EDUCATION SUPPORT IN MENTAL HEALTH AND PSYCHIATRY

Lino Ramos - PhD student of the PhD in Nursing IX Course UCP

Lucília Nunes - Coordinator Professor at the School of Health of the Polytechnic Institute of Setúbal

ABSTRACT

Objective: To analyze the available scientific literature on the follow-up models in Clinical Teaching in Mental Health, carrying out a systematic review of the literature with research in the electronic databases PubMed, B-On, EBSCO platform and Scielo, as well as the Open Access scientific repositories of Portugal.

Methodology: The present work consists of a systematic literature review (RSL). Keyword databases were searched first, the results were filtered according to exclusion and inclusion criteria and only selected the most appropriate references to answer the research question that were subsequently submitted to an evaluation by CASPe. The final sample includes 11 articles.

Results: In the last decades, the training of nursing students has been the subject of several changes and transformations, once it is agreed that the training takes place in moments of theoretical training and moments of practical training in clinical teaching. Clinical teaching is a privileged space for the learning of nursing students. This is where they have the possibility to develop and mobilize skills and build knowledge. The orientation of nursing students in clinical education has been the subject of numerous investigations in recent years; the area of Mental Health and Psychiatry shows a significant role in the development and construction of the identity of the nursing professional future. In the follow-up of students in clinical teaching, several actors stand out: the student, the teacher and the nurse orientate, who take special importance in the process of personal and professional development of the student, having a pedagogical, social and professional responsibility. The provision of care in SMP Clinical Teaching requires a wide range that allows the student to develop several aspects, namely creativity, therapeutic communication, sensitivity to care, listening, empathy, and interpersonal relationship capacity with the person, multidisciplinary team, family and community and, fundamentally, the development of critical-reflexive capacities and critical thinking, that allow a greater integration of the knowledge.

Conclusions: The results emphasize clinical teaching as a crucial phase of training for skills acquisition and hence a need for supervision exists, and clinical supervision in nursing has been increasingly addressed and recognized in the literature as crucial in the student's training course. The success of the process is most easily verified if the tutor enjoys teaching, has a positive self-esteem, is rigorous and impartial, calm, understanding, coherent and assertive.

Keywords: Nursing; nursing counselor; nursing student; clinical teaching; accompaniment models; mental and psychiatric health; pedagogical supervision.

INTRODUCTION

The concept of mental health, defined by the WHO (2001), corresponds to a state of full well-being, in which the person develops the capacity to act in a productive and properly adequate way in the resolution of problems that emerge in their daily lives, harmony within the community in which it is inserted. There is currently a significant increase in the number of people with mental disorders and it is therefore appropriate to invest in acquiring knowledge that will lead to a more appropriate intervention and based on properly structured skills and interventions within the area of Mental Health and Psychiatry⁽¹⁾.

In order to promote critical thinking in relation to the issues related to the subject matter, it is essential that there is a commitment on the part of the institutions that provide training to nursing students, sensitizing them to imminent needs in the care for the person with mental disorder⁽¹⁾.

One of the moments of excellence for the acquisition of certain competences, during the period in which the students are performing Clinical Teaching (CT), necessarily requiring the support by nurses and teachers that guide them according to a Systematic Supervision and Quality, providing students with the intellectual tools necessary to build scientific knowledge. It should be focused on student, towards the reflection of emotions and feelings, based on their experiences and attitudes towards the person with mental disorder⁽²⁾.

It is considered therefore that the presence of the elements responsible for the orientation process is essential to student's success during the period of clinical teaching and building intellectual property, constructively. Beyond of these assumptions, it is for guiding facilitate, support and promote the integration of students in the context of clinical teaching, since they are knowledgeable about the dynamics and therapeutic options that are taken.

In this framework, we set the objective of analyzing the available scientific literature, information about tracking templates for Clinical Practice in Mental Health, performing systematic review of the literature search in electronic databases PubMed, the B-On, EBSCO platform and Scielo.

METHODOLOGY

We started with the first phase of a Systematic Literature Review, establishing as guiding question of this review “What models of follow-up in clinical teaching in the context of mental health exist?”. We have the following goals: to identify the different models of monitoring in clinical teaching in the context of mental health and psychiatry; to describe the follow-up models implemented by the nurse practitioners in the context of mental health and psychiatry; to identify the accompanying factors that contribute to the quality of student orientation in nursing in this type of context.

For this, we used the analysis of scientific production corresponding to a time interval of ten years, from 2007 to 2017.

The research was conducted from April to September 2017, the electronic databases used were PubMed, B-On, EBSCO and Scielo, as well as the Scientific Repository of Open Access of Portugal.

The words chosen for the research were: mental health/mental health: pedagogical supervision/pedagogical supervision; Nursing education; Nursing students.

We defined the research criteria, considering for this research the inclusion of articles with full text, in Portuguese and English, referring to and after 2007, with nursing students having clinical education in a mental health context; as well as studies that analyze the different types of follow-up models in clinical education of mental health.

From an initial survey, emerged 27903 articles, reduced to 98, through the application of exclusion and inclusion criteria, resulting in a total of 11 articles after reading the abstract, focusing on the theme in question and relevance.

To evaluate the quality and relevance of the studies were applied instruments for critical reading of the selected studies, the instruments used were the tools of Caspe questions - Critical Appraisal Skills Program Español (Lectura Skills Program Critical en Español Caspe).

These tools allow the use of research evidence in professional practice, in professional and personal decision-making, and the development of policies and guidelines through critical assessment tools. These help us to read and check health research and its reliability, results and relevance. The CASP covers research in three stages: Trust of the study; Results; Usefulness of the results⁽³⁾.

Each article selected was assessed according to questions tool that fit the type of study in question, were then used the Caspe tools for qualitative studies, quantitative studies, systematic reviews and cohort studies. For the evaluation of viewing each article, evaluation grids were built with the answers to questions of Caspe tools.

DISCUSSION OF THE RESULTS

Context of clinical teaching of mental health

The process of nursing education, particularly in degree, as in any educational process, has been questioned and questioned, considered and reconsidered by the prominent place that takes in changing contexts⁽⁴⁾. This is because, clinical teaching manifests itself as a crucial phase of training for skills acquisition, which is directly related to the need for supervision. Thus, the method of supervision, in the follow-up of these processes is not a recent theme. However, the conceptualization and implementation of clinical supervision is a consequence of the reorganization and development of education in nursing, the evolution of the profession and also the new methods of accreditation assessment of quality of care⁽⁴⁾.

According to the investigation it was found that the formation that occurs in clinical teaching context, that is, what happens in practice, manifests itself as a key component in the integration of knowledge and development of skills of nursing students, constituting a structuring axis of its socialization and construction of the professional identity, since according to Alarcão e Rua (2005) cited by Martinho et al.⁽²⁾ “the trajectories of nursing education make sense, if they are based on a logic of disciplinary crosses of interpersonal, interprofessional and interinstitutional knowledge, since they are moments of approach to professional life”.

Education in the clinical setting has been not only a focus of intense debate, but also consistently recognized in the literature as a crucial stage for students, in the course, on the one hand, the learning it provides facilitate the acquisition and knowledge consolidation and promoters of socialization to the profession and training of professional identity, on the other hand, the complexity of which it contains, or by the complex nature of the contexts and practices, either by the actors involved in the process⁽²⁾. Therefore, it is essential that there is a relevant role in this particular area, so that the needs of clients with mental disorders are met present and also for the nursing students feel more confident in the clinical practice of mental health and psychiatry. It should be noted that Nursing has a focused and specialized area for this field of mental health, and its practice is based on a vast knowledge, data, skills and interventions, and is governed by a triad consisting of

duties, competencies and references (which allow focusing on promoting mental health, prevention, diagnosis and intervention)⁽¹⁾.

In the study carried out by Martinho et al.⁽²⁾ which comprised students of the 4th year of the Nursing Undergraduate Program at the Porto Nursing School [ESEP] - about 48 students - in the mental health and psychiatry clinical teaching, nursing students develop the competence of experimentation in the first clinical teaching, which can be directly related to the need to put into practice more complex "technical assistance" processes, which entails a mobilization of knowledge between the reflection and practice, requiring critical thinking on the part of students. According to the same authors, this complexity is accentuated when clinical teaching occurs in a mental health and psychiatry context because unlike what happens in an mental health and psychiatry environment, in another context of clinical practice (whether in the surgery service, medicine, or care in the community, for example), the atmosphere is usually more structured, with specific tasks oriented mainly to the person with physical care needs, in which students have an easier focus in defined tasks and in the acquisition of specific clinical competences, and the nature of their interventions involves all domains. Regarding the area of mental health, the authors state that this assumes particular aspects, since the mental health and psychiatry nurse's role is generally much less incident on interventions the instrumental domain and more on the development of a therapeutic relationship, interpersonal, with clients, which requires the student to develop skills in this field. The same authors also argue that the environment in mental health and psychiatry is much less structured, with a greater dependence on the multidisciplinary approach, where the very nature of the nursing role can be disturbing for students, requiring a greater availability for more relational care, as well as greater adjustment to clients, who may be admitted to the units on an involuntary basis and therefore are more likely to be hostile to care⁽²⁾.

Conceptions about mental health

Studies also indicate the existence of stigmatizing concepts by the students, in an initial phase, that can influence their learning (which increases the complexity of this area of nursing), the development of competences and, in the future, the provision of care while nurses.

According to Happel & Gaskin⁽⁵⁾ cited by Martinho et al.⁽²⁾, these concepts are still susceptible of influencing the professional options, because as the systematic literature review by these authors reveals, this is one of the less preferred areas of nursing for a potential career. However, as they suggest, the increased component of clinical experience in mental health and psychiatry is susceptible to produce more positive attitudes towards people with mental illness.

This latter position can be confirmed by another study by McCann et al. (2009) and was cited by Neville & Goetz⁽⁶⁾, in which the author evaluated the mental health literacy of nursing students by implementing a questionnaire. In a character who had been diagnosed with schizophrenia was established, and needed support nursing professionals who were able to meet their needs giving answers/solutions to the problems presented. This study identified that the literacy mental health in students of the first year was comparable to the general population and that there was little difference in the reports of the students of first and second year, when they had not had training/contact with health mental in its course. This study has yet to meet the results of Happell & Gaskin⁽⁵⁾, since it was found that literacy mental health has increased considerably in the third year, when students have already had contact with health mental. Complementary to the previous paragraph, which corroborates the statements made, Neville & Goetz⁽⁶⁾ concluded then that could become advantageous for nursing students have a prior contact with mental health content into the curriculum, since this could influence the perception of students on mental health in all areas of nursing.

The same authors also mention that a university activity was carried out in the form of whorkshop with the students, using the Problem-based learning (PBL) method, in order to prepare the students for clinical teaching. In this activity, competencies were used regarding mental health nurses currently employed in mental health services. The students reported greater confidence in dealing with situations similar to those presented in the scenarios, also reported that the workshop had been useful and had prepared them more consistently for clinical practice. In another study by Cooke and Matarasso (2005), cited by Rigby et al.⁽⁷⁾, the authors found that the use of real clinical scenarios is more effective in mental health students' education than in traditional studies used fictitious cases in PBL.

In this way, because this area presents a great growth and impact in society, it is necessary an inclusion as well as an intervention by the nursing schools, to sensitize and allow students to contact and provide care to people who have mental disorders⁽¹⁾.

Therefore, providing care in mental health and psychiatry Clinical Teaching requires a set of prescriptive to enable the student to develop various aspects, namely creativity, therapeutic communication, its sensitivity for the caring, listening, empathy, and relationship skills interpersonal with the client, multidisciplinary team, family and community and, fundamentally, the development of critical-reflexive capacities and critical thinking, that allow a greater integration of knowledge. In order to reach these presuppositions, clinical teaching in mental health and psychiatry *"requires to be integral, interdisciplinary, based on references that allow the assimilation of competences that ensure a holistic and solidary action, that contemplates the integrality of the human being, promoting all their sense of humanity"*⁽²⁾.

Clinical teaching conditions

It seems important to consider that in this process the Clinical Teaching as course of the Higher Nursing Courses, developed in the framework of pedagogical and scientific autonomy of the Institutions of Higher Nursing Education, so it is even appropriate to establish favorable conditions the development of clinical training, they require different areas of intervention/decision and responsibility in Nursing⁽⁸⁾.

Regarding the decision on the conditions for the development of clinical teaching, these should be considered, on the one hand, the “object/objective” of training, on the other, the professional competences of the general care nurse/specialist nurse who, as a supervisor clinical education, guarantee the right of the client to quality nursing care and encourage student learning⁽⁸⁾. In order to corroborate the previous statement, the testimony of a student described by Abreu⁽⁹⁾, states that “There are knowledge and ways of being that we only learn in practice, when we need to adapt what we learn to the cases that are they encounter. This adjustment, which is experimentation, puts us in touch with the problems and develop our own capabilities. According to the same author cited by Borges⁽¹⁰⁾ “practice allows to overcome all established knowledge, calling for the production of new knowledge from the existing formal”⁽¹⁰⁾.

In a study carried out by Martinho et al.⁽²⁾, it is demonstrated that, in the specific area of mental health, the training of students oriented to these precepts, requires a systematic and quality supervision, fundamental in the process of building their personal knowledge and in the development of critical-reflexive, ethical, moral and human capacities, as well as in the consolidation of professional identity, essential in the process of acquiring the competences conducive to the practice of excellence care.

These studies seem to indicate that the experiences gained in MHP clinical teaching assume a unique role, are often remembered and many of them become key elements in learning process. It is fundamental that in these unique moments of psychological maturation the student learns to deal with his own feelings and those with whom he interacts, that internalize and assimilate the knowledge, the know-how and the knowledge to be and to be, so that, starting from the transfer of its theoretical knowledge which until then constitute their frame of reference, is able not only to give them meaning but also to amplify them⁽¹⁰⁾.

Borges also mentions that “The process in which an experienced and knowledgeable person guides the student in his human, educational and professional development, in an action of systematic practice monitoring, mainly through reflection and trial procedures”⁽¹⁰⁾ to this process calls it supervision.

Supervision processes.

The supervision arises as a process whose main function is to “encourage and support training contexts, resulting in an improvement of school, are reflected in the professional development of educators (...) and learning of students who inhabit a place, a time and a learning context (...) The success of this complex process, which involves “training, professional support, developing a sense of responsibility and focusing on the safety of care, requires the intervention of professionals with specific training”⁽¹⁰⁾.

The author refers to three supervisory processes: clinical supervision, mentorship and perceptorship. Transposing these concepts for nursing, clinical supervision designates the monitoring and development of professional skills, promoting the quality of care provided, the safety of the clients themselves, and concluding the fulfillment and professional satisfaction, being developed by the peers. Supervision of students’ development in clinical context, in turn, is called Mentorship. The “monitoring that involves the support of an experienced professional to another less experienced, during a limited period of time, in the same context or area of action” is called Perceptorship⁽¹⁰⁾.

Approaching the Process of Mentorship Supervision, it should be noted that in clinical practice this learning and personal and professional development have to be supervised by experienced professionals. This process, mentorship, refers to “the process by which a qualified nursing professional facilitates learning, supervises and evaluates students in a clinical setting” (English National Board/Department of Health, 2001). According to Borges⁽¹⁰⁾, this same model of supervision “is characterized by the establishment of an intense relationship of closeness and involvement during a long period of time, between an experienced, senior professional and who is responsible for learning the other (mentor), the student.”

The tutor plays a predominant role in the personal and professional development of students, with a direct influence on the acquisition of competences, attitudes, values and perceptions. Simultaneously positive relationships are created between students and tutors, thus acquiring a professional identity influenced by the role of model transmitted (Vidinha, 2004). Abreu⁽⁹⁾, cited by Borges⁽¹⁰⁾, states that throughout this process “the work of monitoring must be a work of building identity, competencies, ethical integrity and responsibility”, in which the activities of a tutor include listening, counseling, providing a different perspective on a problem situation, sharing their professional experiences, motivating the student, and providing feedback. Through this process of follow-up, the student learns from the experiences that he/she has during clinical teaching, to understand in a “more consistent” and more “understanding” way⁽¹⁰⁾. Also Sales (2015) shares this opinion because it states that transposing the concept of Mentorship for nursing, Clinical Supervision is aimed at monitoring the professionals and developing their professional skills,

encouraging the quality of the care provided, the safety of the clients themselves and, consequently, the fulfillment and professional satisfaction, being developed by the peers⁽¹¹⁾.

Rodrigues & Baía⁽¹²⁾, defended that the clinical supervision process should follow the “mentoring the direction of view”, which is defined by the fact that the mentor/tutor expertise play a role, modeling, or a figure able to help the protected, managing intense emotional experiences and loads, and offering new learning that promotes reflective practice and the sharing of values between the counselor and the targeted student. The relationship is central to the implementation of mentoring, which aims to teach less and to follow more, being therefore not an ‘over’ intervention but a ‘relationship’ with the student. It also defines a difference between the use of the terms tutoring and mentoring, stating that mentoring is more focused on the orientation and relationship between two people and tutoring on teaching and learning strategies, while the tutor is more focused on the transmission of knowledge and a logic of imitation, using the pedagogy of the incident.

Together with the mentoring process, Rodrigues & Baía (2012) add the Coaching aspect that is related to the existence of a focus and inspiration provoked by the coacher in the student, encouraging him to reflect and improve his interventions more and more, allowing to achieve effectiveness and excellence. They also defend another concept, the pedagogical Advice and the idea of learning and development of personal projects, which integrates, complementarily, the assumptions of different models, in particular mentoring and coaching, and develops in a transversal and longitudinal dynamic throughout the curriculum and learning process, following a philosophy of action research.

The Pedagogical Counseling Method of Personal Projects brings together personal and professional development advantages, both from the advisor and from the advisor, and constitutes a challenge for both with respect to the pedagogical and didactic processes and the nature of the resources to be mobilized⁽¹²⁾.

Barroso advocates supervision based on mentoring models of four types, where in addition to the inclusion of mentorship, other models, such as “preceptorship”, “multitutor” and “integrative”, emerge. In this model, like the previous one, the mentor figure represents the most experienced professional who will be responsible for student learning. The preceptor, in turn, is the professional to whom is confined the responsibility of teaching and supporting the student, while the multi-player involves a set of tutors. Finally, the integrative presupposes an interactivity between theoretical and practical teaching⁽¹³⁾.

Some studies that had as basic problems the training of students in a clinical context and whose conclusions have reinforced the importance of the figure and work of the tutor/mentor nurses considering this in addition to promoting the development of technical skills

and reflective practice, helps the learning of new experiences, supports and encourages students in decision-making, urges the work as a team, propitiates new challenges and opportunities⁽¹⁰⁾. This is a fact also defended by⁽²⁾ because these authors consider that in order for reflexive training to occur, clinical situations should be considered in situations where the student can practice under the supervision of a competent professional who, at the same time, coach and companion, does the integration and helps you to understand the reality.

Pedagogical practices

In their study Rigby et al. (2012) developed a model of supervision, based on the model of Proctor (1986), model of three interactive functions of supervision to facilitate self-awareness and reflective practice, called “making your experience count” (MYEC), which aims to incorporate an element of e-learning. The main objective of this study was to provide students with the opportunity to integrate their clinical experiences and knowledge using a reflexive model within a pedagogical model of “mixed learning”. The results of the study identified that the students seemed to see the implementation of this model in a positive way, since it demonstrated to attend to the diverse styles of learning of the students. However, the e-learning method without accompanying additional face-to-face support has proved not to be the most approved and profitable for students, since this author concluded that it was necessary to incorporate an element of “blended learning,” that is, an element that incorporates both the component of face-to-face sessions with experienced facilitators and online eLearning. According to the same study, this approach is the one that seems to be the most approved among students, and also the one that allows them to reach their academic and clinical development results in the most efficient and effective way⁽⁷⁾.

On the other hand, Ekebergh (2011) refers that in the students’ learning process, it was necessary to create strategies so that the abstract scientific knowledge could be used in the reality lived in the context of clinical teaching, so that students could internalize the scientific knowledge that are valid for use in clinical context⁽¹⁴⁾. This progress and new models of knowledge production challenge health education institutions to develop pedagogical practices that meet the demands of a changing professional life⁽¹⁵⁾.

For the author Ekebergh (2011), this strategy went through the implementation of a model of supervision, in which 4 principles form the basis of the model’s development:

- The integration of the theory of the science of caring in clinical teaching is achieved through conscious and systematic reflection;

- The science of caring, in theory, stands out through client narratives that are based on lived experiences;
- The starting point for student reflection and learning begins in the context of clinical teaching;
- Reflection can be stimulated through simulations⁽¹⁴⁾.

Haggman-Laitila, Elina, Riitta, Sillanpaa, & Leena (2007) present the idea that supervised clinical practice is the alternative for nursing student development. Following the same line of thought, Borges (2010) argues that, in fact, personal and professional learning and development must be supervised by experienced professionals, and it is called the mentorship process itself, as discussed above.

We can affirm that in this process three actors are included: the student, the teacher and the nurse of the service/mentor, in which the latter assumes, in this way, the role of tutor orienting the learning of the trainees, promoting the development and consequently the socialization of these. Therefore, the responsibility for the performance of their duties as a nurse, adds the role of guidance of students in clinical teaching. At the same time, the integration of both the student and the teacher into the service is facilitated by him⁽¹⁰⁾. Regarding the teacher, their duties should be to provide direct and emotional support to the nurse practitioner, who together should have a clear vision of the student's course⁽¹⁶⁾. Sales (2015), shares the same opinion, since advocates the articulation between schools and health services as a necessity, in which the interconnection of theoretical knowledge with practical knowledge should be valued.

The actors in context

Sales, (2015) refers that the students arrive at care units with a set of theoretical knowledge, needing the opportunities that arise in the stages to mobilize and put them into practice. It also argues that in the triad (teacher, tutor and student), a supervision relationship will take place, in which the teacher will become a resource in the area of theoretical knowledge, collaborate with the tutor (nurse practitioner) in information sharing and implementation of strategies, with the student at the center of the training process.

It should be noted that the nurse practitioner (mentor) plays a crucial role as a promoter of student development. The options and orientations it takes have implications for the opportunities provided and consequently for their learning⁽¹⁰⁾. It may also add that the activities of a mentor include supervising a student while simultaneously performing his/her duties as a nurse and, in parallel, include listening, counseling, giving a different perspective on a problematic situation, sharing their professional experiences, motivating the student, and giving a feedback (Heartfield, Gibson and Nasel, 2005 cited by Borges⁽¹⁰⁾).

Beyond of the said, for a nurse practitioner being successful should promote learning, support the student in his difficulties by looking for strategies to overcome them and teach the student all the knowledge he possesses about the profession. It is also important that nurses have the capacity to explain and justify their decisions⁽¹⁶⁾.

Other authors, however, assume that the nurse practitioner has a duty to recognize the needs and difficulties of the student so that the established goals are realistic. There should be a development of a good relationship of aid, application of theory in practice, promotion of learning situations, and these objectives should be modified when necessary, as well as the dissemination of the same to the other members of the team in order to promote the development of the student⁽¹⁶⁾. The authors referred incorporate another view, which is related to the fact that the guiding nurses have the responsibility to increase the autonomy of the student, that is to say, in a gradual way, they should provide more autonomy, aiming at increasing their responsibility. Regarding the evaluation of the student, this should be continuous, and there should be assessments in the middle and the end of clinical practice. The nurse should be a model for the student as a representative of the nursing profession ⁽¹⁶⁾.

In this way, the clinical teaching in the initial formation in nursing must become relevant, essential and important moments, giving the student opportunities to develop in all dimensions of professional life⁽¹⁰⁾.

Supervision Styles

Still regarding supervisory styles, Barroso (2009), defends three styles non-directive, directive and collaboration. The non-directive supervisor values and encourages the student, expresses the desire and ability to listen to and clarify his ideas, takes into account his initiatives and feelings. The directive-type supervisor concentrates his concerns on giving directions, establishes criteria and conditions the student's attitudes. The supervisor who uses collaborative strategies verbalizes what the student is saying, summarizes the student's suggestions and problems and helps to solve them⁽¹³⁾.

For Sales (2015) the role of the supervising nurse can be performed in different ways, which he calls:

- Prescriptive style - it is a style in which the supervisor takes an active role, that is, and that the supervisor is concerned with the technical skills and the quantity and solidity of the knowledge acquired by the students, suggesting and supporting the student actions;

- Interpretive style - presupposes on the part of the supervisor, an appreciation of the ideas and opinions of the student. This style thus allows the student to become aware of his own course through questioning and simultaneously helps him at practice level by reformulating and exemplifying behaviors or attitudes;
- Supportive style - the supervisor assumes a cooperative role with the supervisee, maintains with him an empathic, affective and supportive relationship throughout the learning process, showing openness to accept his/her views, actions and ideas - style that relates to the idea conceived by mentorship.

In the MHP area supervision during clinical teaching should be student oriented and should provide tools so that the student can also deal with feelings and emotions as well as reflect on their attitudes towards the person with mental disorder⁽²⁾.

The study by Fernandes, Santos, Torres, & Lobo (2012) provides an additional information to what has been previously mentioned, at measure n which these authors concluded, taking into account the opinion of the students, the need for training of the professionals responsible for guidance by the educational institutions, as the students argue that "Supervision will have much to evolve if there is a bigger investment of institutions in the form of people with supervisory capacities and person with mentoring skills to be elements of greater reference and with more structured follow-up patterns for students"⁽⁴⁾.

It seems to us important to affirm that clinical teaching intends to be a field of experiences where the student simultaneously develops knowledge and skills that lead to a reflected intervention. In the measure, in which it is fundamental that the student in clinical teaching of Mental Health be able to demonstrate ability to reflect, analyze and apply the concepts of mental and psychiatric health to different clinical situations, the supervisor assumes a preponderant role in this process⁽⁴⁾.

CONCLUSION

The initial education of the nursing student encompasses a theoretical and a practical component, which, although they seem to be distinct, are not complementary, since they complement and merge into a process that gives rise to its feasibility and adaptability in the real context of care. Clinical teaching in students's education is determinant in their cognitive, personal and social development, in addition to promoting the appropriation of practical contextual knowledge. This appropriation contributes to the development of student competences, since Clinical Teaching is defined as a formative space in a real context, which provides moments of reflection on the practices, the development of new competences and the beginning of the socialization process.

The scientific evidence attaches great importance to the supervision, assuming that it is fundamental for the growth of the professional future, being an added value and a contribution to the development of student learning.

In order for the supervision process to be successful, it is important to have certain conditions that enhance the success of the triad nurse supervisor/supervisor - teacher/professor - nursing student. In this triad, each one plays different roles, but in the background they have as main and common objective the organization, reflection of the practice and the optimization of nursing care. The Supervision goes to meet this objective, since it goes through a formal process of professional support and monitoring, which allows students to develop knowledge and skills.

The literature references several supervisory models, which reflect the different theoretical perspectives of the importance of supervision. It should be noted that the implementation of a model of Clinical Supervision in Nursing makes it fundamentally possible to provide safe and quality nursing care based on the best scientific evidence, constituting an essential tool not only for the development of the profession but also for Nursing as a science.

Most of the consulted authors defend the use of the mentorship methodology, that is to say, supervision that allows students to develop, in which the activities of the tutor include listening, counseling, giving a different perspective to a problematic situation, sharing their professional experiences, motivating the student and providing feedback. The generality of the authors affirms the transposing of the concept of mentorship for nursing, Clinical Supervision is aimed at monitoring the students and developing their professional competences, promoting the quality of care provided, the safety of the clients themselves and, consequently, the achievement and professional satisfaction of the student. They also add that the mentor is a figure capable of helping the student, so that he can

deal with intense experiences and emotional loads, characteristics of the MHP area. In addition to these characteristics, the mentor should also foster the occurrence of learning that promotes reflective practice and the sharing of values between the counselor and the targeted student. The relationship is central to the implementation of mentoring, which aims to teach less and to follow more, being therefore not an 'over' intervention but a 'relationship' with the student.

Other authors also consider the use of supervision using coaching or pedagogical advice as well as the idea of learning and development of personal projects, in which the first integrates the focus and inspiration of the advisor in the student, while the second is guided by the integration of assumptions of different models, in particular mentoring and coaching, and is developed in a transversal and longitudinal dynamic throughout the curriculum and learning process, following a philosophy of action research.

There are also results that reinforce the supervision of the advisor, considering that in addition to promoting the development of technical skills and reflective practice, it helps to learn new experiences, supports and encourages students in decision-making, encourages teamwork, creates new challenges and opportunities. For this to happen, reflective training is necessary, clinical situations should be considered in situations where the student can practice under the supervision of a competent professional who, at the same time as a counselor, coach and companion, does the integration and helps to understand the reality.

Even if we have not obtained demonstrations of the advantage of using one or another mode of supervision, it seems significant to mention that the care delivery in MHP Clinical Teaching requires a set of prescriptive ones that allow the student the development of several slopes, which emphasizes creativity, therapeutic communication, sensitivity to caring, listening, empathy, and interpersonal relationship with the client, multidisciplinary team, family and community and, fundamentally, the development of critical-reflective and critical thinking, that allow a bigger integration of knowledge. However, we believe that student support should aim at building identity, competencies, ethical integrity and responsibility in the student, being the primary nurse in this process, and should therefore listen, advise, give a different perspective to a problematic situation, share their professional experiences, motivate the student and provide feedback. In agreement with the several authors mentioned in the discussion, it is necessary to adopt pedagogical processes and techniques that facilitate students personal and professional development of the.

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Correspondence: lucilia.nunes@ess.ips.pt