

Transversal Competencies of a Clinical Mentor in Nursing Graduate Studies

Graciela González-Juárez^{1*} , Diana Cecilia Tapia-Pancardo² 

¹Faculty of Nursery and Obstetrics-UNAM, Mexico City, Mexico

²Biomedicine Unit, Faculty of Higher Studies Iztacala-UNAM, Tlalnepantla, Mexico

Email: *gracegj102@gmail.com

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Abstract

Introduction: The focus of clinical mentoring in nursing specialists is to develop both generic or transversal skills, as well as specific skills needed to assess their profile and become a graduate student under the guidance of experts. **Objective:** The objective of this study is to diagnose the transversal competencies of clinical mentors from the Unique Program of Nursery Specialties (UPNS) in student body training. **Method:** This study utilized a descriptive and phenomenological interpretative approach. Twelve informants from UPNS participated, and the variables were clinical mentoring and transversal competencies from novice and senior mentors. Two focus groups were conducted for data collection, and data analysis was performed according to Strauss and Corbin. All participants provided signed informed consent. **Results:** Post-analysis of qualitative data revealed three categories with sub-categories. Category 1: Strengths of clinical mentors in three dimensions. Sub-categories: 1.1) PD: Academic and personal companionship; 1.2) PD: Guidance with humanist focus and feedback from mentor to student in real scenarios; 1.3) PD: Guidance in the teaching-learning process; 1.4) DD: Integration of theoretical-practical knowledge and development of advanced abilities in nursing for clinical practice; 1.5) CD: Responsibility and commitment from student's characteristics to group's general statements. Category 2: Competencies that lead the clinical mentor in pedagogy, discipline and generic dimensions, reported 9 subcategories six of them focused on the didactics of clinical mentors, and three on the interpersonal communication between mentors. Category 3: Opportunity areas to develop by the clinical mentor. From a mentor's perspective, eight subcategories revealed transversal competencies that define a clinical mentor for UPNS. In this state, competencies are oriented toward the pedagogical and interpersonal communication dimensions, but central aspects are recognized between disciplines, namely,

precise theoretical-practical knowledge, clinical experience in the field of specialty, certification as a specialist, and updated knowledge. **Conclusions:** The profile of clinical mentors from UPNS clearly identifies transversal competencies in clinical teaching and interpersonal communication, both of which are important. In terms of professional competencies, there are leaders in nursing specialty, meaning that these competencies are specific in such cases.

Keywords

Competencies Profile, Clinical Mentor, Unique Program of Nursery Specialties

1. Introduction

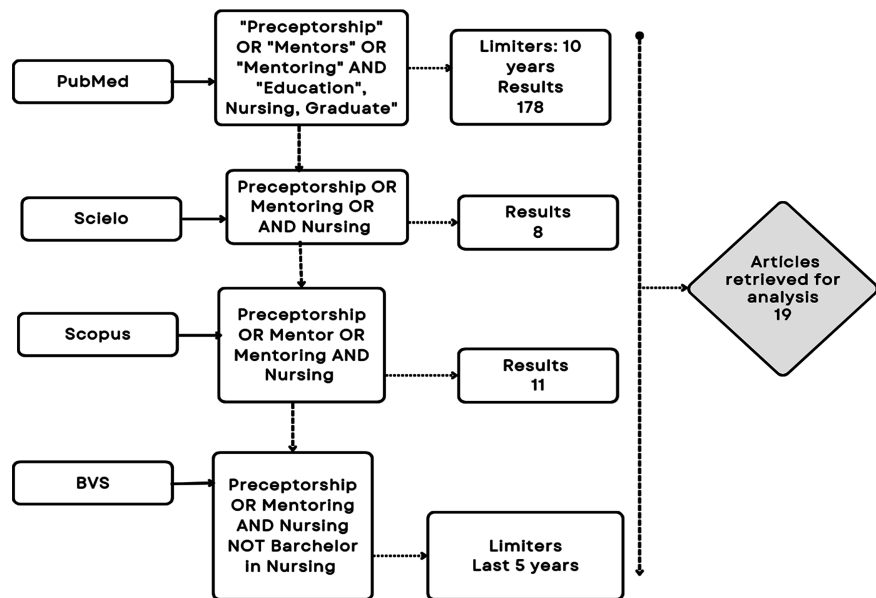
Clinical mentoring is an “umbrella” concept that includes a polysemy in the educational policy along with the *curriculum* in educational institutions. The key element for teaching evaluation is to clearly define the object, then with the purpose to account for notions around the clinical mentor; published evidence was revised leading to 19 papers recovered, as shown in **Scheme 1**.

Research regarding clinical mentor in nursing has been analyzed on four axes:

- 1) Nursing facilitator or educator [1].
- 2) District nurses doing preceptorship functions; in some European countries is a district nurse [2], that helps students to develop competencies, and is an educator that adopts and innovates educational views in the management and evaluation of training programs for nurses.
- 3) Clinical supervisor [1].
- 4) Pedagogical leader [3], from evidence-based practice to promote critical and reflexive thinking [4], such as for specialists’ model of training [5].

The research of clinical mentors has been under study from three big subjects: the mentor and its attributes or profiles, the models and mentoring systems, and one more focused on mentoring as a process of teaching and learning. Thus, clinical mentor willingness is an example in training novices [6], knowledge transference [7], and advanced practice in the medical team [8] [9] [10]. The preceptor is an archetype or model to teach, instruct, and supervise in a temporal and formal program [11], or a mentor with clinical experience and a pedagogical view to guide students to become skilled professionals that provide high quality care [12]. Furthermore, creating preceptorship systems can help reduce the disparity faced by new graduates in accessing their roles in healthcare services [13] [14].

There is no single and universally recognized definition for transversal competencies. According to the Collins English Dictionary, the so-called soft skills are those qualities that do not depend on acquired knowledge: they include common sense, the ability to relate to people and a positive and flexible attitude.



Scheme 1. Source: self-construction from data bases results.

They are defined as “soft” as opposed to “hard”, which constitute the wealth of knowledge and technical skills possessed by the worker. They are non-cognitive generic skills for the development of critical thinking or clinical judgment.

Mentorship is recognized with the perspective of collaborative companionship of experts in three dimensions: personal, academic, and professional [15]. Currently, the Internet is a tool for the development of educational technology to strengthen evidence-based clinical tutoring, but it also contributes to training digital citizenship, which must incorporate ethical training for good teaching, tutoring, and clinical practices.

Regarding processes an Ibero-American proposal is glimpsed about clinical mentoring, clinical teaching, or pedagogical practice, which coincide with focusing training processes through a formal mentor; however, an incipient production was found. It is centered on the pedagogical practice of preceptorship with social, historical and cultural scopes [16]. In addition, the notion of clinical tutoring for integer students to health teams also appears [17], and clinical teaching is based on strategies for nursing care [18], and to contribute for critical thinking and clinical judgement competencies [19].

Clinical Mentorship in Nursing: A Hinge

In this research we used the analogy of a hinge in education [20], to explain that “for each action that a teacher faces, as moving in parallel, its knowledge and theoretical and experiential arguments with requirements of practice and actions it must execute” (p. 87):

- 1) Knowledge, product of training in a specific discipline, teaching involves the articulation pedagogic-didactic.
- 2) Linking theoretical basis of a pedagogic-didactic area with decisions on practices for a whole integration.

3) To build a bridge between received training and own knowledge, conceptions and assumptions.

4) To consider the meeting between learning times and teaching times.

The hinge notion makes sense for the movement representing clinical competencies development, with some dilemmas encountered in training among experts and novices. The clinical mentor is a professional nurse with a specialty degree and experience in a clinic or community, hired in a health institution linked to the Unique Program of Nursery Specialties from the Faculty of Nursery and Obstetrics-UNAM (1996, updated in 2018) [21], and is also a lecturer hired for 5 hours per week to teach “Nursing Care”.

The hinge notion allows us to identify a common moving axis in the clinical mentor teaching who is a specialty nursing with postgraduate studies which support the advanced competencies in nursery also has an education profile to teach specialized care that postgraduate studies demand, and to contribute to developing soft skills in the specialties graduate profile. The clinical mentorship is the training process characterized by the accompaniment of a clinical mentor to a small group of students from the specialties, oriented to the constructivism and humanist principles of teaching, focused on learning for developing the soft skills and advanced competencies in nursing that contributes to critical thinking and critical judgement to innovate comprehensive care in real or simulated scenarios. Also, is a process supported in formative evaluation to offer positive feedback both to the group and to the individual because the metacognition and self-regulation processes are necessary for the autonomy of training specialists. Other strategies such as photovoice are necessary to link tutoring with student motivation [22].

2. Methods

Qualitative, investigation in the frame of descriptive, phenomenological and interpretative study. Informants were teachers enrolled in the Unique Program of Nursery Specialties. Two focal groups were designed and activities were carried out in November 2022, in the Postgraduate Unit at UNAM. Twelve coordinators/liaison coordinators participated distributed in two groups with 6 members each, and occurred in the morning shift or the afternoon shift with a 1.5 hour each. All the liaison coordinators, the observers, the transcribers and supporters are members of the Interdisciplinary Group in Investigation and Innovation of Educational Evaluation in Nursing. Sessions were recorded by Screen Cast free platform on a laptop, participants signed the informed consent.

A set of guided questions validated by expert judges was used. Guided questions were: based on your experience in the UPNS, what is clinical mentorship?; from your perspective, what are the competencies of the clinical mentor profile in the UPNS?; mention three competencies promoted by yourself to students from clinical mentorship; describe three competencies that you consider the weakest reached by students from the mentorship; mention three competencies

reached by students from the mentorship activity; which are the main strengths from the mentorship that favor the competencies development in students? What are the main difficulties students face in developing competencies from clinical mentorship? And what do you recommend to UPNS mentors to improve clinical mentorship?

The obtained information was transcribed and tagged for anonymity to keep confidentiality. Analyses were done according to Strauss and Corbin [23], including detailed reading of transcriptions, assignment and comparison of codes, information classification from codes, topic identification, reclassifying and writing of findings. Throughout the study, participants' autonomy was respected, and anonymity was ensured in the handling of information. They were free to withdraw from the study at any point if they so desired. All information was obtained and stored in accordance with institutional guidelines on strict data privacy.

2.1. Inclusion Criteria

Coordinators and liaison coordinators of UPNS from UNAM, both sexes, either from Mexico City or abroad, and from all knowledge fields where UPNS is operative.

2.2. Ethics and Legal Aspects

Basic principles of moral, ethical and legal under the Nuremberg Code, the General Law on Health (Mexico), and the Declaration of Helsinki were observed. For this investigation the criteria from Guba and Lincoln were followed [24], the credibility criteria were after the textual transcription of information given for each focal group; while for confirmability video recording, textual transcriptions for each participant, and the applicability and transferability were done, every step was by searching the typical answers of participants resulting from analyses and interpretation of obtained data.

3. Results

After the analyses of qualitative data obtained from participants in both focal groups, categories with sub-categories emerged. In each of both focal groups five women and one man participated, all of them were coordinators and liaison coordinators in the megalopolis, and their characteristics are shown (Table 1).

Each group initiated presenting the participants and establishing the rules to participate, and the setting of the academic activity in the study frame (Table 2 and Table 3). From the emerged Category 1, five subcategories were identified; while from the emerged Category 2, nine subcategories were identified.

Out of the five strengths perceived by students, three were related to the pedagogical dimension, one to the disciplinary dimension, and one to the interpersonal communication dimension. While the Category 1 strength of clinical mentors is important, it had fewer subcategories reported by mentors of the UPNS (Table 2).

In contrast, the Category 2 opportunity areas of clinical mentors had 9 subcategories, with 6 of them focusing on the didactics of clinical mentorship and 3 on interpersonal communication between mentors. Notably, no weaknesses were reported by mentors with regards to the disciplinary dimension (Table 3).

Finally, from a mentor's perspective, transversal competencies that define a clinical mentor for UPNS are shown in Table 4. In this status competencies are oriented in the pedagogic and interpersonal communication dimensions, but among the disciplinary central aspects are recognized, *i.e.*, precise theoretical-practical knowledge, clinical experience in the specialty field, certification as a specialist, and updated knowledge.

Table 1. Informants' characteristics.

Tutor	Gender	Field of Knowledge	Institution
Pink	Female	Adult Nursing in Critical Condition	General Hospital of Mexico
Orange	Female	Perinatology Nursing	National Institute of Perinatology
Yellow	Female	Rehabilitation Nursing	National Institute of Rehabilitation
Violet	Female	Perinatology Nursing	National Institute of Perinatology
Green	Female	Child Nursing	Children's Hospital of Mexico
Coral	Female	Child Nursing	Children's Hospital of Mexico
Gold	Female	Perinatology Nursing	National Institute of Perinatology
Beige	Female	Perioperative Nursing	High Specialty Regional Hospital Ixtapaluca
Gray	Female	Adult Nursing in Critical Condition	General Hospital of Mexico
Blue	Female	Mental Health Nursing	National Institute of Psychiatry
Purple	Male	Nephrology Nursing	National Institute of Respiratory Diseases
Brown	Male	Oncology Nursing	National Institute of Cancerology

Source: 12 Coordinators and liaison coordinators from UPNS, Mexico, 2023.

Table 2. Emerged Category 1. Strengths of clinical mentors in three dimensions*.

Subcategories
1.1) PD: Academic and personal companionship.
1.2) PD: Guidance with humanist focus and feedback from mentor to student in real scenarios.
1.3) PD: Guidance in the teaching-learning process.
1.4) DD: Integration of theoretical-practical knowledge and development of advanced abilities in nursing for clinical practice.
1.5) CD: Responsibility and commitment from student's characteristics to group's general statements.

*Dimensions: Pedagogic (PD), Discipline (DD), and Interpersonal Communication (ICD). Source: 12 Coordinators and liaison coordinators from UPNS, Mexico, 2023.

Table 3. Emerged Category 2. Competencies that lead the clinical mentor in pedagogy, discipline and generic dimensions.

Subcategories
2.1) PD: Didactic competencies to implement with novice and expert students in the process of teaching-learning.
2.2) PD: Knowledge about traditional and formative evaluation.
2.3) PD: Customize the teaching-learning process according to individual student characteristics.
2.4) PD: Time management competencies for academic activities.
2.5) PD: Administrative ability to create collaborative multidisciplinary and interdisciplinary settings.
2.6) PD: Ability to select opportunities in a program with excess of contents and limited time.
2.7) ICD: Assertive communication focusing on humane development in academic-administrative duties.
2.8) ICD: Development of certainty from the mentor to the mentee.
2.9) ICD: Collaborative work.

Source: Twelve coordinators/liason coordinators from UPNS, Mexico, 2023.

Table 4. Emerged Category 3. Opportunity areas to develop by the clinical mentor*.

3.1) PD: Ability to identify strengths and weaknesses in students to develop advanced competencies in nursing for clinical practice.
3.2) PD: Innovative and creative pedagogic knowledge.
3.3) PD: Knowledge about evaluation as a space that potentiates critical thinking, reflection, and informed decision making to develop clinical competencies.
3.4) DD: Precise theoretical-practical knowledge, and clinical experience in specialty field.
3.5) DD: Certification as specialist, to have updated knowledge.
3.6) ICD: Knowledge about a motivational and integral approach to be achieved by the student.
3.7) DC: Knowledge on conflict solutions, management, negotiation, and collaborative work.
3.8) ICD: Ability to establish limits.

*Dimensions: Pedagogic (PD), Discipline (DD), and Interpersonal Communication (ICD).
Source: 12 Coordinators and liaison coordinators of UPNS, Mexico, 2023.

4. Discussion

The results for the competencies profile of the mentor are orientated in two subcategories: pedagogic and interpersonal communication. The obtained results focused on the main competencies of the clinical mentor, in a real hospital or community setting, where theory and practice are linked under the companionship of an expert, and to identify features to strengthen in the clinical mentor.

Over the years, it is not clear what the competencies are for the nurse clinical mentor at different academic levels in Latin America, even though the importance of the mentor figure in students due to its transformation ability and

learning facilitator; currently Carrasco & Dois [3] proposed the competencies profile for the nurse clinical mentor, based in five dimensions: professional, clinical teaching, critical thinking, interpersonal abilities, and teamwork, which is coincident with **Category 1** strengths of clinical mentors in Pedagogic (PD), Discipline (DD), and Interpersonal Communication (ICD) dimensions, supported by informants' speeches leading to several subcategories: 1.1 PD: Academic and personal companionship:

[] *Companionship of the mentor to real settings where students will work.*

rose

[] *To be a reference for students in all aspects, the way mentor's behave.* **blue**

[] *Applying a series of techniques and processes for companionship favoring student's learning.* **violet**

The clinical mentor is a mentor with clinical experience and a pedagogic view guiding students to become professionals, with the necessary competencies to afford high quality attention to patients [12]. The clinical mentor should recover that quality in treating the patient involves humane focus, both for the individual under attention as well as the one in formation, as observed in subcategory 1.2 PD: Guidance with humanist focus and feedback from mentor to student in real scenarios, supported by the speech:

[] *Companionship for the student at all times, a continuous evaluation of its abilities and competencies supposed to be acquired or developed by the student, to fulfill the goals; and I will add that the humane behavior of the mentor, in relation to the student, not necessarily for its personal life, since some mentors do not allow it which is ok, but if needed there is the chance.* **pink**

Hidalgo-Rivera *et al.* [15] recognize mentorship with the perspective of experts' collaborative companionship in three dimensions: personal, academic, and professional, as shown in subcategories 1.3 PD: Guidance in the teaching-learning process, 1.4 DD: Integration of theoretical-practical knowledge and development of advanced abilities in nursing for clinical practice, and 1.5 ICD: Responsibility and commitment from student's characteristics to group's general statements, which is illustrated with informants' speeches:

[] *Random companionship is a responsibility, since it is not possible to generalize for the whole group, but it should be individualized according to each one's characteristics.* **beige**

[] *Guidance, to solve doubts and also teach along the mentorship to feedback students in needed.* **orange**

[] *To integer theoretical knowledge and specifically nursing theories applied to daily practice.* **yellow**

The clinical mentor is responsible for the first steps of students with a nursing specialty in a critical area, and as an expert must be aware of the student's stress to face new techniques, its empathy with patient's suffering, in addition to emotional and cognitive implications held by the student, that could frustrate knowledge creation in the clinical area; then as a mentor should have competencies to facilitate the process, coincident with Category 2 competencies that lead the

clinical mentor in pedagogy, discipline and generic dimensions, with subcategory 2.1 PD: Didactic competencies to implement with novice and expert students in the process of teaching-learning:

[] *It is very important to identify strengths and weaknesses in the student for to influence in the crucial moment. Once identified, to strengthen and synergize what the student already has, and to be sensitive to stand close and approach in a way that student feels reciprocal understanding.* **orange**

[] *Empathy is important to understand and comprehend those processes the student is facing, and in this way to approach and guide in the teaching-learning process, not only in the academic step though, but also in social and emotional ones.* **violet**

Regarding 2.2 PD: Pedagogic innovative and creative knowledge, 2.3 PD: Knowledge on evaluation as a place that potentiates critical thinking, reflection, and informed decision making to develop clinical abilities, 2.4 DD: Theoretical-practical knowledge precise, complete and clinical experience in the specialty area, 2.5 DD: Certified as a specialist, that has updated knowledge:

[] *A mentor should have discipline competencies, i.e., procedural is the experience that goes hand in hand with attitudinal knowledge, it should be congruent and coherent, decisive, conflicts mediator, prone to easy social relationships since it will interact with students and other teachers, as well as in administrative activities; the mentor should model empathy and collaborative work, since we reinforce in theory and in practice a good group dynamics.* **gold**

[] *They must have knowledge in the topic of the specialty in course, to be updated, certified and most of all, to be a good teacher if not at 100% must have abilities and knowledge about teaching.* **gray**

2.6 CD: Knowledge about motivational and integral approach for the student self fulfillment. 2.7 CD: Knowledge about conflict solution, management, negotiation, and collaborative work, 2.8 CD: Ability to establish limits.

[] *It requires being sensitive to identify the specific moment when the student needs an intervention for companionship.* **rose**

[] *It is important to balance academic life and personal life, since sometimes we get involved in one or another and we have to be very disciplined to choose, and it is very complicated.* **brown**

Providing context for clinical mentorship requires knowledge, teaching training and be focused to expose students to real settings, and promoting in them self-knowledge construction processes through critical thinking, clinical judgement, and assertive and informed decisions making, turning it into a changing motor to progress into its professional and personal training [25] [26] [27].

De Longhi [20] highlighted the mentorship function with the hinge analogy, focused on education to explain that in each action a bond is created between theoretical background, in the pedagogic-didactic area, and the practical decisions for a whole integration, as moving in parallel their knowledge and theoretical and experiential arguments, with the requirements for practice and actions to be executed.

Regarding Category 3, opportunity areas to develop by the clinical mentor, relative to clinical mentor profile of competencies, the didactic for clinical mentorship for teaching practice with a wide vision of care in the frame of being, in its humane sense and not only reduced to its biology:

[] *that the student be humane with the patient, not seeing pathology or disease as a treatment, but to see the person, it is that attitudinal part but based in the care for person, not only its disease-related biological surroundings, but also its psychosocial surroundings. What is that affects the person? Knowledge to individualize that subject according to the psychosocial characteristics of the patient.* **green**

Clinical mentorship contributes to critical judgement development that demands training based on interdiscipline to offer holistic attention, yet health attention for the patient involves dilemmas in advanced practice, which could not be considered in the supporting theory due to the singularity in the context of each patient, and the required special care:

[] *The adaptive and resolute capacity, they must adapt to specific surrounding, we do not know where they will be incorporated.* **gray**

[] *to make a critical judgement of what is done in practice versus that in real life, and compared it to the ideal, one starts to face that theory is one thing and practice is another, a collaborative question in the sense that the mentor should be looking other areas inside and surrounding the patient, with the other professions searching collaboration, to reach the same goal that patient recovers health, it has to analyze and self-critic to realize if it is the best moment for that care of the patient.* **blue**

[] *To evaluate with the risk focus, to integer care in this scope of nursing paradigm: persons, surrounding, health, and care.* **yellow**

[] *The humanistic competence which in addition to the science of nursing, they should have the humanistic focus as persons and professionals to practice.* **violet**

Regarding the mentor's interpersonal communication, it mentions the flexibility required to develop competence to solve problems in the context of clinical research:

[] *Intuition, to favor research and differentiate of knowledge.* **orange**

[] *Continuous education, the update to research, another will be positive and propositive leadership, the best real solutions.* **brown**

5. Conclusions

In order to answer the questions, of which are the stronger competencies and which are the opportunity areas for specialties' clinical mentors from UPNS, the competencies related to clinical teaching around the pedagogic and interpersonal communication dimension were identified. Results from focal groups allowed identifying that mentors did not ponder disciplines or cognitive competencies, such as those of the social sphere and the willingness for the clinical training of

students. Likewise, transversal competencies make the mentor of graduate studies profile for clinical practice in training specialists. The notion of a hinge as an analogy to comprehend the dynamic of competence construction, allows a close-up of this practice mentorship focused on the nurse teacher, who is responsible for advanced competencies in real practice settings.

Mentors from UPNS showed notions of mentors related as a leader, not only by their discipline knowledge but integral to their clinical teaching role, and in this sense being a pedagogic leader but also a supervisor in clinical fields. In a humanistic approach, a guide serves the purpose of providing feedback to students in real-life settings. In diagnosing areas of opportunity, it was noted that didactic competencies were lacking documentation. This could be attributed to the possibility that the mentor also teaches advanced courses.

The role of a teacher goes beyond having knowledge of wide educational evaluation. They must also possess the ability to plan according to students' characteristics. Formative evaluation plays an important role in teaching and leads to mentorship activities.

At UPNS, clinical mentors' profile clearly identifies their transversal competencies in clinical teaching, as well as their importance in interpersonal communication. It is vital to influence educational interventions based on formative evaluation to ensure that the tutors possess transversal competencies as part of citizen, ethical, inclusive, and democratic training in specialties.

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Authors' Contributions

The authors collaborated in the research. GGJ designed the protocol, GGJ and DCTP wrote the manuscript. GGJ and DCTP collected and analyzed data, and edited the manuscript for publication. The authors read and approved the final manuscript.

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Ethics Approval

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Conflicts of Interest

The authors declare no conflict of interest.

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