Transversal Competences and Clinic Tutorship: Appreciation by Graduated Nursing Specialists

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Abstract

Background: Transversal competences are included in the United Nations Organization 2030 Agenda for the formation of staff professional in higher education, having disciplinary and transversal skills to develop individual, professional, social, and entrepreneurship at present time, creative individuals being able to solve social problems via collaboration. The aim was to evaluate the transversal competences developed by graduates, specialists in nursing with the accompaniment of clinic tutorship. **Methods:** Qualitative, phenomenological, and interpretative research. The informants were seven graduates from the Unique Program of Nursing Specialties (UPNS), from the National Autonomous University of Mexico (UNAM), one participant from each knowledge field: Nursing in the Elderly, Public Health, Neurology, Physical and Sports Culture, Oncology, and two participants from Adult in Critical Condition. Information collection was through a focal group, and data analysis according to the principles of Souza Minayo. Signed informed consent was obtained previously. **Results:** Five categories with 24 sub-categories emerged. **Category 1,** Student's perception on clinic tutorship specialty. **Category 2,** Competences promoted by clinic tutorship according to student's experience. **Category 3,** Experiences about clinic tutorship planning. **Category 4,** Challenges faced by the student in the evaluation of clinic tutorship. **Category 5,** Opportunity fields in clinic tutorship from students' experiences. **Conclusion:** Graduate students from the specialties describe transversal competences related with decision taking, collaborative work, and increase of population welfare, as well as generic disciplinary competences. The analogy of a social hinge between the clinic tutor and the student is highlighted, which allows to identify mobile and fixed components while the bolt that binds mentor with mentee is learning, by means of the accompaniment by an expert.

1. Introduction

Transversal competences are included in the United Nations Organization 2030 Agenda for the formation of professional staff in higher education, having disciplinary and transversal skills to develop individual, professional, social, and entrepreneurship at present time, creative individuals being able to solve social problems via collaboration [1]. In this formative context, the teacher is a key figure in the Nurse postgraduate program, being a clinic mentor for professionalizing specialties programs. In the Unique Program of Nursing Specialties (UPNS), the clinic mentor is a specialty nurse being the teacher responsible to train for advanced clinic competences, using clinical practices performed in any hospital through a current agreement with the UPNS. The clinic tutor provides its didactic experience accompanying students to develop formative competences, according to specialty curriculum contributing for students' profile to graduate [2]. In agreement with the specialty profile, three transversal competences are described, *i.e.*, decisions taking, collaborative work, and improve population's welfare, where 30% of these attributes are linked to high complexity competences, and 70% related to disciplinary generic competences among graduates. The specific profile for each specialty is also constructed in the clinic tutorship that responds to the situated setting, the knowledge field, and the students' specificities. The UPNS was created in 1997 and since then, eight phases delimitated the current knowledge fields. In this program, clinic tutorship is a teaching method among nurse professionals, which requires teaching competences as well as teaching methods, supported in the learning of skills in the discipline of the specialty field; but also in transversal competences, which jointly translate into an integral formation.

In this regard, González-Juárez and Tapia-Pancardo (2023) recognized the clinic tutorship as a social hinge, an analogy that allows to identify mobile and fixed components, while the bolt that binds the mentor and the mentee is learning, by means of accompaniment by an expert [1].

1.1. Clinic Tutorship in Nursing: An Umbrella Notion

As a background the academic production from 2014 to 2023 was stated. To limit the search, the key words used were: clinic tutor, clinic tutorship, mentor, mentoring, preceptor, and preceptory, in higher education. Twenty manuscripts were selected and analyzed. The academic production in this period was 70% in undergraduate and 20% in graduate programs; also reports in public policy about preceptory, its principles and functions in the health system were 10%. The notions of tutorship, mentoring and preceptory, were used as synonyms and

without distinction. Research in clinic tutorship according to the UPNS practices is located in several America's areas, such that 50% were conducted in the USA, Canada, Chile, and Brazil; whereas 30% were in Europe, Spain, the UK, Sweden, and Finland, and 20% were in Asia and the Middle East, Korea, Indonesia, Taiwan (China), and Israel.

The fields of the reports were related to academic or professional figure, *i.e.*, the clinic mentor, focused to know concepts, knowledge and competences for clinic tutorship [3] [4] [5]. A second approach was directed to search about the experiences of clinic mentors [6] [7] [8], and the third aspect was related to clinic mentors' evaluation and the impact of clinic tutorship in the students [9] [10], focused in opinions about the quality of the received tutorship. Klein *et al.* (2020) and Pitts *et al.* (2019) established some resources to evaluate the practice of clinic tutorship; even so no study reports a scientific construction of knowledge to be evaluated on clinic tutors, neither the dimensions and competences built from a theory or model, and they do not report an *ad hoc* validation process [9] [11]. There is prevalence of quantitative and descriptive studies, based in the use of scales and instruments opinions, mainly; while the others are qualitative using interviews, narratives, and focal groups.

1.2. Hard Competences *versus* Soft Competences

According to Moreno *et al.* (2021), soft competences are a current major interest concept in several scientific and academic disciplines, due to their impact in multiple individual, social, political, and cultural processes (p. 9) [12]. Several of those competences make 30% of the graduate profile for the UPNS, and it is important that clinic mentors qualify to establish common synergies, among successful practices in traditional fields as well as the new ones, and the external ones. Then the aim of this work was to evaluate the transversal competences developed by the graduate of a nursing specialty being accompanied by an expert.

2. Method

This was a qualitative research where procedures and materials are framed as a phenomenological, descriptive and interpretative study.

2.1. Inclusion Criteria

Graduates from both genders interested in participate, and just graduated from the Unique Program of Nursing Specialties (UPNS), from the National Autonomous University of Mexico: Nursing in the Elderly, Public Health, Neurology, Physical and Sports Culture, Oncology, and two participants from Adult in Critical Condition.

2.2. Informants

Seven informants from the Unique Program of Nursing Specialties (UPNS) participated, one for each knowledge field: Nursing in the Elderly, Public Health, Neurology, Physical and Sports Culture, Oncology, and two participants from

Adult in Critical Condition.

2.3. Information Collection

Information collection was obtained through a focal group, during March 2023 in the Graduate facilities from UNAM. It was conducted in the morning shift along 2 hours; the moderators, observers, transcribers, and audio recording support are members of the Interdisciplinary Group for Research and Innovation in Nurse's Educative Evaluation. A signed informed consent was obtained previously. A guide with orientating questions was used, validated by experts.

2.4. Data Analysis

Data analysis was according to De Souza Minayo, along three moments: information acquisition, data transcription, and coding that allowed for conclusion. The obtained information was transcribed and tagged in order to keep the anonymity of the interviewees. Qualitative data analysis allowed questions about their vivid situations and their expectancies [13] [14].

2.5. Ethics and Legal Aspects

Basic principles of moral, ethical and legal were under the Nuremberg Code, the General Law on Health (Mexico), and the WMA Declaration of Helsinki was observed. For this investigation the criteria from Guba and Lincoln were followed [15], 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

Informants' characteristics are shown in Table 1, 57% of informants were female and 43% were male, of six specialties in nursing. After the analysis of qualitative data five categories emerged with twenty-four sub-categories supported by speeches, as shown in Table 2.

Table 1. Informants' characteristics.

Student	Gender	Specialty
1 Nurse	Female	Nursing in the Elderly
2 Nurse	Female	Adult in critical condition
3 Nurse	Female	Public health
4 Nurse	Female	Neurology
5 Nurse	Male	Physical and sports culture
6 Nurse	Male	Adult in critical condition
7 Nurse	Male	Oncology

Source: 7 nursing specialties, Mexico, 2023.

Table 2. Emerging categories.

Category	Sub-categories
Category 1 Student's perception on clinic tutorship specialty.	1.1 Accompaniment from expert to novice 1.2 Accompaniment to link theory with practice 1.3 Integral guide (educational, administrative, and emotional)
Category 2 Competences promoted by clinic tutorship according to student's experience.	2.1 Recognizing abilities, opportunity fields, and empathy 2.2 Leadership, inquiry in observation, and general discipline 2.3 Responsibility, creativity, and confidence 2.4 Ability to listen, autonomy, team work
Category 3 Experiences about clinic tutorship planning.	3.1 Organization of clinic tutorship is favored if the mentor has theoretical and practical knowledge on the specialty and in the discipline 3.2 Planning must include opening to solve doubts 3.3 Work overload lessen planning by the clinic tutor
Category 4 Challenges faced by the student in the evaluation of clinic tutorship.	4.1 Evaluation criteria not precise 4.2 Lack of opportune feedback 4.3 Chronic exhaustion 4.4 Double shift (student and worker) 4.5 Lack of time to complete the requested work
Category 5 Opportunity fields in clinic tutorship from students' experiences.	5.1 Unification of specialty programs 5.2 Identification of significant learning 5.3 Planning teaching times 5.4 Adequate distribution to attend students 5.5 Development of management skills 5.6 Development of didactic competences 5.7 Strategies to adapt in emergency situations 5.8 Integral evaluation for each student 5.9 Planning the times for evaluation

Source: 7 nursing specialties, Mexico, 2023.

4. Discussion

The clinic tutor is a nurse professional with a specialty and experience in the clinic or community settings, it is hired in a health institution where the Program of Nurse Specialties is operative; among its duties is to close students to real situations, modelling how to solve patient's needs in a specific context, it accompanies the student in its integration of theory and practice [3], which is coincident with **Category 1,** Student's perception on clinic tutorship specialty, and sub-categories 1.1 Accompaniment from expert to novice, 1.2 Accompaniment to link theory with practice, and 1.3 Integral guide (educational, administrative, and emotional), and with graduates' speeches from nurse specialties:

[   ] *The clinic mentor is a teacher expert in the topics that accompanies the novice student or in training to link theory with practice in the specialty.* **Nurse 5**

[   ] *Is the guide that accompanies us along the graduate studies, in every sense educational, administrative, and even emotional.* **Nurse 3**

Moreno *et al.* (2022) recognize team work, leadership, assertive communica-

tion, problem solving, adaptability to changes, empathy, time management, resilience, ability to learn, creativity and innovation, take decisions, critical thinking, emotional intelligence, and cognitive flexibility as soft or transversal competences, required for today's world in diverse contexts, such as the academic, sociocultural, business sector, and current job [12]. This is in agreement with **Category 2,** Competences promoted by clinic tutorship according to student's experience, with sub-categories 2.1 Recognizing abilities, opportunity fields, and empathy, 2.2 Leadership, inquiry in observation, and general discipline, 2.3 Responsibility, creativity, and confidence, and 2.4 Ability to listen, autonomy, team work, as shown in the following speeches:

[   ] *Clinic tutorship promotes leadership, empathy and recognizes abilities or opportunities for the student according to its specialty.* **Nurse 1**

[   ] *Clinic tutorship promotes abilities for listening, learning, team work, responsibility, autonomy, and leadership in practice.* **Nurse 4**

Those authors mention as important to promote these competences in the human resources in formation, and suggest as strategy to strengthen soft or transversal skills in higher education and graduate programs to immerse them in job acquiring, and to attend problems and country needs [12].

In the educational setting it is a fact the need to be coherent between curriculum and learning contexts, such as in hospitals and clinical fields where practices for different specialties take place, as well as tutors' competences as observed in **Category 3,** Experiences about clinic tutorship planning, with sub-categories 3.1 Organization of clinic tutorship is favored if the mentor has theoretical and practical knowledge on the specialty and in the discipline, 3.2 Planning must include opening to solve doubts, and 3.3 Work overload lessen planning by the clinic tutor, as mentioned in the next speeches:

[   ] *The tutor asked me to explain the procedure to execute, and based in this he is questioning me to guide my practice, reaffirms what is right and tells me how and where I can strengthen that skill, so being a clinical activity in needs a teamwork, i.e., mentor, student, staff, and proper patients, among others.* **Nurse 7**

[   ] *The real setting is very dynamic, turnover of patients, from one day to the next your patient is discharged, moved to a different service, died, or you are assigned to other patient, the work overload of my clinic tutor did not allow time to solve these problems, and you lose a full day in dealing with your practice.* **Nurse 6**

According to De Longhi (2013) "in each action of the teacher it faces, as moving in parallel, its knowledge and theoretical arguments and experiences with requirements of the practice to execute" (p. 87) [16], this facilitates the teaching-learning process in students, involving specialized knowledge in each field; linkage between theoretical basis and practices with a situated clinic tutorship, must keep knowledge and competences of nursing discipline, but also transversal to contribute in citizenship formation. To establish scaffolds in clinic tutorship to build a bridge between received formation and own knowledge,

concepts, and students' assumptions, and to consider learning times and teaching times to be coincident [16].

Besides to evaluate transversal competences developed during clinic tutorship, complex situations were identified that students face in the formation process of the specialty mentioned in **Category 4**, Challenges faced by the student in the evaluation of clinic tutorship, with sub-categories 4.1 Evaluation criteria not precise, 4.2 Lack of opportune feedback, 4.3 Chronic exhaustion, 4.4 Double shift (as student and worker), 4.5 Lack of time to complete the requested work, as it is shown in the speeches:

[   ] *A serious challenge I faced was not to be aware of the specialty curriculum structure, exams scored* 100% *always, and if you do not have time to complete the exam, homework with specific delivery date was assigned, but not specific tools to complete it, then evaluation gave low notes.* **Nurse 4**

[   ] *The main challenge was to deliver the homework according to the practice, I had no time due to my evening job, so arriving home late and being early at the hospital was exhausting.* **Nurse 6**

This category implies a challenge for both the clinic tutor ad the student, it represents opportunities to develop competences disciplinary, pedagogic, and of interpersonal communication that reduce the dilemma of expert and novice formation. In this way the relevance of the clinic tutor experience, as well as his praxis understood as accompaniment, could be explained with the hinge analogy in which disciplinary knowledge, and theoretical-practical background are immersed, dealing with pedagogy-didactics of nurse tutors to form graduate students, as well as their high level professionalism [1]. This is coincident with **Category 5**, Opportunity fields in clinic tutorship from students' experiences, with the sub-categories 5.1 Unification of specialty programs, 5.2 Identification of significant learning, 5.3 Planning teaching times, 5.4 Adequate distribution to attend students, 5.5 Development of management skills, 5.6 Development of didactic competences, 5.7 Strategies to adapt in emergency situations, 5.8 Integral evaluation for each student, and 5.9 Planning the times for evaluation, supported by the speeches:

[   ] *I would recommend that the tutor has more time to dedicate to each student of the specialty, or if it is not possible then do it in group.* **Nurse 4**

[   ] *I suggest that evaluation criteria, homework, planning to be unified, since in the same hospital tutors do not coordinate themselves and each one works different, a situation that risks the team work because questioning in the classroom about the practice and the dynamics, differences were observable.* **Nurse 7**

The opportunity fields for clinic mentors and for students of nursing specialties through research are more evident, the road is long but the route is being traced with support, systematically, and the next step is to propose alternatives of solution for each setting [1].

5. Conclusion

At UPNS, clinical graduate profile clearly identifies their transversal competen-

cies in clinical. Graduates from different specialties describe transversal competences related to make decisions, collaborative work, and increase the population welfare, as well as generic competences. The analogy of a social hinge between the clinic tutor and the student is highlighted, which allows to identify fixed and mobile components, while the bolt that binds mentor with student is learning by means of expert's accompaniment.

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Authors' Contributions

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

Ethics Approval

ENEO-UNAM, Protocol No. 139/132/19.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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