



Perception of students of Speech, Language and Hearing Sciences on the Clinical Supervision

Percepção de estudantes de Fonoaudiologia sobre a Supervisão Clínica

Percepción de estudiantes de Fonoaudiología sobre la Supervisión Clínica

*Patrícia Pupin Mandrá**

*Rita Cristina Sadako Kuroishi**

*Nathaly Anne de Souza Gomes**

*Matheus Francooy Alpes**

Abstract

The perception of trainees in Speech, Language and Hearing Sciences about clinical supervision was investigated. Data were collected using a Likert scale instrument (0-5), completed by 44 students from the 6th and 8th periods, analyzed by non-parametric statistics. There was a higher percentage of responses to “Partially Agree” (PA) or “Totally Agree” (TA) for Perception on Supervision of Professional Practice (PSPP), Perception on Supervisor Role (PFR) and Trainee Perception of Role (TPR). In the PSPP, although TA responses predominated, 100% of the participants did not comment on “Supervision strengthens the theoretical basis and clinical reasoning”. In the PFR, in the question identification and discussion of the feelings and reactions of the trainee, 43.18% for PA, followed by 20.45% for PD. In TPR, 34.09% partially disagreed that expectation, tension and anxiety negatively influence learning, followed by 25.00% for TA. The importance of supervisor, trainee and clinical supervision was demonstrated as a teaching-learning model to acquire and improve the skills and competencies required for professional practice.

Keywords: Clinical Clerkship; Teaching; Learning; Speech, Language and Hearing Sciences

*Faculdade de Medicina de Ribeirão Preto - FMRP/USP, Ribeirão Preto, SP, Brazil.

Authors' contributions:

PPM participated as a guide of the research defining the objectives and method, accompanying the steps of data collection and analysis, as well the elaboration and final revision of the article. NASG was responsible for data collection and analysis. RCSK and MFA assisted in the process of data analysis and article writing.

Correspondence address: Matheus Francooy Alpes matheus.alpes@usp.br

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Resumo

Investigou-se a percepção de estagiários de um Curso de Fonoaudiologia sobre a supervisão clínica. Um instrumento dirigido com escala Likert (0-5) foi preenchido por 44 estudantes do 6º e 8º período e analisados por estatística não paramétrica. Houve maior percentual de respostas para “concordo parcialmente” (CP) ou “concordo totalmente” (CT) para a Percepção sobre a Supervisão da Prática Profissionalizante (PSPP), Percepção sobre a Função do Supervisor (PFS) e Percepção do Papel do Estagiário (PPE). No PSPP, embora predominassem respostas CT, 100% dos participantes não opinaram sobre “*A supervisão fortalece o embasamento teórico e o raciocínio clínico*”. No PFS, na questão identificação e discussão dos sentimentos e reações do estagiário, 43,18% para CP, seguido por 20,45% para DP. No PPE, 34,09% discordaram parcialmente que a expectativa, tensão e ansiedade influenciam negativamente o aprendizado, seguido de 25,00% para CT. Evidenciou-se importância do supervisor, estagiário e supervisão clínica, como modelo de ensino-aprendizagem para aquisição e aprimoramento de habilidades e competências necessárias para a prática profissional.

Palavras-chave: Estágio Clínico; Ensino; Aprendizagem; Fonoaudiologia

Resumen

Se investigó la percepción de pasantes de un Curso de Fonoaudiología sobre la supervisión clínica. Los datos recogidos con un instrumento dirigido con escala Likert (0-5), llenado por 44 estudiantes del 6º y 8º período, analizados por estadística no paramétrica. Hubo un mayor porcentaje de respuestas a “Parcialmente de acuerdo” (PA) o “Totalmente de acuerdo” (TA) para Percepción de supervisión de práctica profesional (PSPP), Percepción de rol de supervisor (PRS) y Percepción de rol de aprendiz (PRA). En el PSPP, aunque predominaban respuestas TA, el 100% de los participantes no opinaron sobre “*La supervisión fortalece el fundamento teórico y el raciocinio clínico*”. En el PRS, en la cuestión identificación y discusión de los sentimientos y reacciones del pasante, el 43,18% para PA, seguido por el 20,45% para DP. En el PRA, el 34,09% discrepó parcialmente que la expectativa, tensión y ansiedad influyen negativamente el aprendizaje, seguido del 25,00% para TA. Se evidenció la importancia del supervisor, pasante y supervisión clínica, como modelo de enseñanza-aprendizaje para adquisición y perfeccionamiento de habilidades y competencias necesarias para la práctica profesional.

Palabras claves: Estágio Clínico; Ensino; Aprendizagem; Fonoaudiologia

Introduction

Higher education in the health field is of fundamental importance for society since the graduates of the courses offered in the area will be the professionals who will provide care for the population¹. Professionalizing practice during the course represents the first occasion of insertion of the future professional in his field of activity². The main objectives of such practice are to strengthen the theoretical background, to establish the ethical conduct and to guarantee clinical competence³. The objective is to develop attitude skills and a professional posture by means of clinical care reports, debate about the projects related to the planning of activities, an exchange of experience with the training collective, the acquisition of knowledge about ethics and technique, and an approach to

the difficulties and questions related to the clinical experience of the trainee⁴.

When considering training supervision to be a promoter of growth, its peculiarity and importance in the academic environment is emphasized⁴, especially when competence, responsibility, team work and collaborative development of knowledge are required, with the training of these professionals being understood as a continuous process of personal acquisition of knowledge in interactive contexts⁵.

The transition from the role of student to the role of trainee is not an easy task and the process of evaluation of trainee performance may involve anguish and conflicts in the relationship among the group participants or with the supervisor himself. Thus, the management of different strategies in order to cope with the difficulties and to develop the potentials of the trainee is a primordial role⁶. Dur-

ing the teaching-learning process, the supervisor should see the student as an agent of construction of his own knowledge and should realize that, with the dialogue between supervisor and the remaining trainees, it will be possible to share experiences and to emphasize the act of reflection⁷ and the construction of reasoning.

As an academic activity, supervision will always be subjected to changes in theoretical paradigms due to scientific advances and to social necessities⁷. It is necessary to train the supervisors/preceptors in order to guarantee better quality in the establishment of criteria for the evaluation of performance, for the observation of the student performance, for the practice of continuous feedback and for the monitoring of the competencies expected⁸ during the process.

The literature in the area of psychology recognizes the lack of models and systematization of clinical supervision, with the existence of a diversity of modes and methods related to the personal training of the supervisor, although without the evaluation of the process or of its result⁹.

A judicious and systematic study of the obligatory training period in the area of Speech, Language and Hearing Science (SLHS) is considered to be one of the main pathways towards a better understanding of the training of these professionals, and studies about supervision in this area are scarce¹⁰. Investigating the profile of the supervisor of trainees in the SLHS area and his practice during trainee monitoring has revealed the need of specific formation directed at teaching as well as a redirection of such formation towards Basic and Interdisciplinary Care¹¹.

The teaching-learning strategies and the process of student evaluation in the health area are being discussed on a worldwide basis, especially regarding medical training. A variable to be considered for adult learning is the educational environment, which would include the scenario of practice and the supervisor. This environment influences the development of the attributes expected for a health professional, related to knowledge, skills and attitude. This set of skills of different natures should be explored by the supervisor/preceptor during teaching in a real activity (clinical) scenario. Different strategies can be used in this environment, favoring the teaching-learning process at the different training sites (hospital, rehabilitation center, basic health unit, family health strategy, home settings,

and social equipment). It is the task of a teacher to recognize the previous knowledge of a learner and to encourage peer learning during supervision.

Supervised professionalizing practice is considered to be one of the most efficient approaches to the development of clinical competence. On this basis, the objective of the present study was to investigate the perception of clinical supervision by trainees in an SLHS course as a model of the teaching-learning process.

Methods

The study was approved by the Research Ethics Committee of the University Hospital, Faculty of Medicine of Ribeirão Preto (HCFMRP-USP), (protocol n°3929/2010), and all subjects gave written informed consent to participate.

All students who had completed the professionalizing practice disciplines (clinical) of the 3rd and 4th years of the course were selected. Forty-four students participated, 26 of them enrolled in the 6th period (59%) and 18 enrolled in the 8th period (41%). Mean age was 22 years and 100% were women.

The instrument elaborated for data collection consisted of an instruction guide and 26 questions divided into three content blocks: a) Perception of the Supervision of Professionalizing Practice (PSP: 10 questions), b) Perception of the Function of the Supervisor (PFS: 11 questions), and c) Perception of the Role of the Trainee (PRT: five questions). A psychometric scale of the Likert type (1-3) was established, with the participants choosing one of the following options: (1) *I disagree (D)*, (2) *I have no opinion (NO)*, (3) *I agree (A)*. Data were collected in a room of the teaching block of the Institution. During the procedure, the examiner did not interrupt or make any observations that might interfere with the responses.

The questionnaires were read and divided according to the period of graduation and the responses were organized on an Excel® spreadsheet for descriptive analysis by the calculation of absolute and relative frequencies.

Results

A higher percentage of agreement was obtained for the content of the three blocks investigated.

The participants (100%) responded that they could not give an opinion about the statement that “Supervision strengthens the theoretical basis and clinical reasoning” (Table 1).

Table 2 shows that there was disagreement about some of the functions attributed to the supervisor: 31.81% regarding the *identification and discussion of the feelings and reactions of the trainee* (B10) and 25% regarding periodic feedback (B6). However, 68.19% agreed that the supervisor should perceive and consider individual differences (B11).

Table 1. Perception of the Supervision of Professionalizing Practice (PSPP)

Statements	D		NO		A	
	n	%	n	%	n	%
Strengthens the theoretical basis (A1)	0	0	44	100	0	0
Develops posture and professional conduct (A2)	0	0	3	6.82	40	90.91
Develops interpersonal relationships and communication in the groups (A3)	2	4.55	1	2.27	41	93.19
Develops initiative and autonomy for the solution of clinical problems (A4)	0	0	4	9.09	40	90.91
Collaborates with the planning and execution of actions (A5)	0	0	2	4.55	42	95.45
Develops the perception of her own difficulties by self-criticism and self-knowledge (A6)	0	0	2	4.55	42	95.45
Develops critical reflection about conducts, interventions and case evolution (A7)	1	2.27	2	4.55	41	93.18
Critical reflection about equipment handling and technique execution (A8)	0	0	1	2.27	42	95.46
Discussion of the constant of Daily Plans and reports in order to modify the conduct (A9)	1	2.27	4	9.09	39	88.63
Presentation and discussion of all cases as a source of learning (A10)	1	2.27	1	2.27	42	95.45

Legend: D (I disagree), NO (I cannot give an opinion) and A (I agree)

Table 2. Perception of the Function of the Supervisor (PFS)

Statements	D		NO		A	
	n	%	n	%	n	%
To organize supervision pedagogically in a dynamic manner (B1)	1	2.27	0	0	43	97.73
To present and discuss the criteria of evaluation of performance (B2)	3	6.82	2	4.55	39	88.63
To stimulate the development of skills and competence of the trainee (B3)	3	6.82	3	6.82	38	86.36
To articulate the teaching actions in care with the results of current research in the area (B4)	4	9.09	5	11.36	35	79.55
To encourage the theoretical study of cases and to submit it to clinical reasoning (B5)	5	11.36	2	4.55	37	84.09
To inform and discuss periodically the need for change in order to improve performance (B6)	11	25	3	6.82	30	68.19
To promote reflection about the work market, insertion in the career and the various facets of professional activity (B7)	5	11.36	5	11.36	34	77.27
To make notes of the observation on a Daily Plan in order to facilitate the planning of future actions (B8)	5	11.36	2	4.55	38	86.36
To encourage the presentation and discussion of clinical cases (B9)	4	9.09	1	2.27	39	88.63
To identify and discuss the feelings and reactions of the trainee (B10)	14	31.81	4	9.09	26	59.09
To perceive and consider the individual differences of the group members (B11)	10	22.73	4	9.09	30	68.19

Legend: D (I disagree), NO (I cannot give an opinion) and A (I agree)

Regarding the perception of the role of the trainee, 50.77% disagreed about the statement that expectation, tension and anxiety have a negative

influence on learning (A1) and pointed out that the student plays an active role in the planning and theoretical base of the actions (A4 and A5).

Table 3. Perceptions of the Perception of the Role of the Trainee (PRT)

Statements	D		NO		A	
	n	%	n	%	n	%
Negative expectation, tension and anxiety	21	50.77	3	6.82	20	45.45
Interference during the first visit (C1)	5	11.36	2	4.55	37	84.09
Is responsible for planning and applying a technique during a visit (C2)	0	0	5	11.36	39	88.63
Should understand and obey the regulation of the different scenarios of practice (C3)	0	0	2	4.55	42	95.45
Should actively participate in the development of clinical reasoning for case discussion (C4)	1	2.27	1	2.27	42	95.46
Should review the literature in order to obtain a basis for the planning of conduct and case discussion (C5)						

Legend: D (I disagree), NO (I cannot give an opinion) and A (I agree)

Discussion

Supervision is a strategy used for the development of skills and competence^{3,7} in a real teaching and learning environment (scenario of professionalizing practice). This model is considered to favor the development and construction of intellectual and professional autonomy², thus representing a crucial time for the transition from the identity of a trainee to the identity of a professional¹¹.

A positive experience related to training has been already reported in studies on nursing students. According to the published results, supervision led the students to perceive the relationship between previously acquired cognitive knowledge and activity on the service, promoting personal growth and the acquisition of self-confidence, being of fundamental importance in terms of their activity as future professionals on the work market¹²⁻¹³. In the present study, the SLHS students did not express an opinion about the relationship between supervision and the strengthening of theory. In the institution studied, the activity on the scenario of professionalizing practice is divided into three periods: a) previous planning of goals and action strategies (writing a daily plan), b) the execution of procedures (providing care) under the observation of the preceptor, and c) supervision of small groups with the strategy of long case and immediate feedback. The objective of this model is to develop team communication/interaction skills, objectivity,

decision making, problem solving, and clinical reasoning based on theoretical principles. Most students (90.91%) agreed that the supervision strategy adopted was important for the development of ethical posture and professional conduct (A2), and of skills that would guarantee clinical competence (A3;A4;A5;A6;A7;A8;A9;A10). Although there is no precise evidence of what makes supervision effective, several authors have reported that the diversity of qualified teachers/preceptors would increase the objectivity of the final results¹⁴.

It should be pointed out that the National Curricular Directives suggest the insertion of health area students in the SUS environment and that the participants in the present study had already engaged in professionalizing practice in the following scenarios: basic care (family health strategy) and integrated rehabilitation center (medium complexity), i.e., activities with different levels of complexity. This characteristic shows the importance of the preparation of the educational environment in health services, involving physical structure (a room for care provision and supervision), equipment and instruments and human resources, in this case the preceptor (local professional). It is the task of the supervising professors to articulate and/or render adequate the content of the disciplines to the educational environment in order to favor the development of procedural, attitudinal and affective competence.

In order to achieve integration between the activities of service provision to the community and the teaching-learning process, it is fundamental for the preceptors/supervisors to be aware of the Political Pedagogic Process of the Course, its curricular matrix, its learning objectives (content/skill), the teaching-learning strategy, and the method for the assessment of performance in the ensemble of disciplines of professionalizing practice¹⁵.

Lack of experience in clinical activity will lead the trainee to look for support from the supervisor (professor) and/or local preceptor¹⁶. And the professor/supervisor will have to direct the attitude of the students in order to establish the indissociable link between clinical practice and theoretical knowledge¹, and in order to discuss and theorize all the problems for the planning of solutions¹⁷.

The local supervisors/preceptors should be encouraged to base their practice on scientifically proven clinical evidence, thus keeping themselves constantly up to date, since these are learning models. Being a supervisor/preceptor requires multiple competencies (selection and execution of techniques) including constant monitoring of one's own professional attitudes related to posture, responsibility, ethical behavior, and humanized patient reception. It was observed that 84.09% of the trainees stated that they were encouraged to study (theorize) the case and to perform clinical reasoning (B5), confirming the importance of the supervisor in order to create an environment that will favor significant learning. It is also important for the supervisor to recognize the previous cognitive competence (knowledge) of the student and to help him look for new possibilities regarding a scientific reading that will support his activity¹⁸. During the practice sessions, the student of the course under study produced clinical and diagnostic hypothesis reports, which should be based on the scientific literature. The oral and written reports about this material are considered to represent a moment of reflection and learning.

The participants agreed that the training periods promoted their initiative and autonomy regarding the clinical case study and clinical problem solving (A4, 93,19%). They also confirmed the importance of their own pro-activity and responsibility with their learning (A4 and A5, 95.45%). During supervision, the students are encouraged to present and problematize their cases (long case strategy), with ideas being discussed and corroborated with theory,

leading the student group to discuss and choose the best option for case conduction together with the supervisor. Collaborative learning occurs with the exchange of experience in the supervision group, which in this Institution consists of 8 students, the professor who coordinates the training, the local preceptor, and the monitor of the discipline (a student of the last year of the course).

The strategy of discussion in a small group is predominantly centered on the student, favoring the development of social and communication skills (listening, debating, and arguing, among others). And these skills, together with the relationship with the teams of the health service, are extremely important for the development of interpersonal relationship skills and respect (A2). Living with different perspectives and persons prepares the student for team work¹⁸ and for different scenarios of professional occupation. A previous investigation emphasized the importance of social interactions and mutual cooperation among the members of the trainee group, stating that the exchange of knowledge and of the possibilities of action favors the process of change, confirming that supervised training in a health service prepares the student to cope with the reality of the work market¹⁹. The students investigated considered the encouragement to present and discuss the clinical cases (88.63%) (B9) and the encouragement to reflect on the work market and on the various facets of professional activity (77.27%) (B7) to be responsibilities of the supervisor.

Experience permits the trainee to acquire technical-practical knowledge, providing a clinical reflection that leads him to self-confidence. Critical-reflexive thinking will render him a professional who is aware of his role in society, permitting a more humanized and differentiated provision of care and consequently improved quality of the services rendered to users¹⁹.

The management provided by the supervisor in order to deal with the difficulties and potentialities of the trainees is important. Thus, it is his task to decode and transform these feelings in order to promote the understanding of the psychic processes that permeate group relations, although without inferring about personal questions or exposing the trainee to the group. It was observed that 59.09% of the trainees consider it to be important for the supervisor to identify and discuss the feelings and relations of the trainee (B10), and 50.77% dis-

agreed about the negative interference of expectation, tension and anxiety during the first patient visit (A1). The response to question B10 demonstrates that the supervisor should mediate the relations and feelings involved in his multiple competencies.

Trainees of an SLHS course in the hospital setting directly referred to the initial emotional impact and mentioned negative feelings such as anxiety, frustration, insecurity, a sensation of incapacity, anguish, sadness, and fear²⁰ during professionalizing practice

Different practice scenarios in health services require diversified attitudes, skills and competencies and empathy of the student with the profile of care provided. The participants in the present study had already performed basic health care activities at a medium complexity rehabilitation center and in outpatient clinics and high complexity hospital wards.

The positioning of the supervisor during feedback and the adoption of a nonviolent communication technique may be responsible for the promotion of an educational environment that is favorable or unfavorable regarding the needs of the trainee and of diversity²⁰ (B9,B10,B11). According to 68.18% of the participants, it is the function of the supervisor to perceive and consider individual differences within the group (B11).

Permanent interaction with the supervised students, sharing an action regulating practice, is a reflexive conduct that contributes to the development of both actors involved⁶, and the supervisor should have the proper social competence to be able to live with the other, establishing a respectful and dialogical relationship²⁰.

According to the opinion of most participants (97.73%), the training activities should be organized in a dynamic manner based on pedagogic principles (B1), and the criteria for the assessment of performance should be presented and discussed (88.63%) (B2). Regarding teaching/learning strategies, they agreed that it is important for the supervisor to articulate the actions of care teaching with the results of current research in the area (86.36%) (B4), stimulating the development of skills and personal competencies (88.63) (B3) and performing periodic devolutions indicating the need and the pathway for changes in attitude (68.19%) (B6).

Regarding the evaluation of performance in training activities, most of the participants agreed that it is the responsibility of the supervisor to pres-

ent and discuss previously adopted criteria (B2). In the Pedagogic Process of this Course there is a clear reference to the model and criteria established for this evaluation. Some indicators are interpersonal relationships, posture, initiative when facing the problems, the planning of actions, elaboration of reports, verbal and written communication, responsibility and ethics of the student, as well as the relationship between theory and practice. Training sessions are held on a weekly basis and the students are evaluated along the duration of the discipline, promoting formative evaluation. Some authors²⁰ have previously mentioned the importance of different strategies for the promotion of a formative evaluation and of feedback techniques for the student in a clinical scenario.

It is the responsibility of the supervisor to inform the student about his performance, but also to promote his reflection and self-criticism. It is essential to suggest changes in attitude in order to achieve a professional profile²¹. The fact that most participants reported that the supervisor had performed this function (B6) may contribute to the learning process since benefits such as increased confidence, motivation and self-esteem of the student may be due to the feedback provided by the supervisor²¹. A convergent orientation with time- and content-adjusted feedback, as well as the existence of moments of reflection about complex and singular clinical situations, is fundamental for the supervised students to obtain better results. It is important for the supervisor to adopt an empathic and assertive posture, creating a climate favorable to the exposure of errors, difficulties and potentialities, reinforcing the mutual collaboration and responsibility of all in the development of technical skills².

The present participants (77.27%) agreed that the observation of the care provided by them and of the notes (feedback) the supervisor makes on a weekly bases on the daily plan favor the planning of future actions (B8, 86.36%). The observation of clinical care was considered to be a positive activity both in the situation of observer and of observation by the supervised, with a temporal advantage in comparison to the practice of transcription, with emphasis on auto reflection of practice, the use of techniques and the exchange of experience, favoring the development of professional competence.

Thus, the supervisor should be a facilitator and a mediator of the process constructed by the

group and should encourage the role of the student in the perception of these participants, helping them to look at reality in a comprehensive manner, supporting their insertion in professional life and the evaluation of their skills and competencies. He should serve as a model for the students, with his intervention during supervision promoting the learning of the trainee by means of modeling and of differential reinforcement of appropriate learner behaviors.

Since the first day of supervised training, the organization and clarity of the rules of the institution become an important support for his formation. Thus, the student should be able to feel integrated in the scenario of practice so that he may be able to respect the norms of functioning of each health unit. On this basis, understanding and obeying the regulations of the different scenarios of practice (A3) is also a relevant aspect that was perceived by most participants (84.09% agreed). In addition, the trainee feels the need to develop general competencies, to know how to do, how to be and how to live with others based on the opportunities provided by these different scenarios of activity.

The participants agreed that it is the responsibility of the trainees to plan and apply the techniques (A2, 84.09%) and that they should play an active role in the construction of knowledge (A4, 95.45%) as well as review the literature to sediment their own actions (A5, 95.45%). This agrees with other findings that defined the teaching-learning process by contemplating the supervised student as the agent of his own knowledge by means of the dialogue with the professor/supervisor and the supervision group²¹.

Conclusion

The SLHS trainees perceived the importance of the function of the supervisor, of the role of the trainee and of clinical supervision as a teaching-learning model for the acquisition and refinement of the skills and competence necessary for professional practice.

Studies like the present one subsidize a better understanding of how the practice of supervision is conducted in SLHS courses. The report and discussion of different learning strategies adopted in a clinical scenario are of fundamental importance for the improvement of the quality of education and of professional practice.

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