

The Role of the Clinical Field Supervisor in Nursing: A Student Perspective
El rol del supervisor de campo clínico en Enfermería: perspectiva estudiantil
O papel do supervisor de campo clínico na enfermagem: uma perspectiva estudiantil

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Abstract: Objective: Determine the opinion of students at the School of Nursing of Universidad Autónoma de Chile, about the role of the Clinical Supervisor. Methodology: Qualitative, descriptive, exploratory, interpretive through an intrinsic case study research. Intentional sample, cases by criteria and by convenience, formed by 24 fifth year students, after signing the Informed Consent in 2015. Data collection was through three focus groups and analysis through progressive reduction and descriptive grouping in categories. Guba rigor criteria was used, triangulating by researchers. The ethical aspect was guard by the Universidad de la Frontera's Ethics Committee. Results: Level 1 analysis emerged 257 units of meaning, grouped into: "Hindering Clinical Supervisor Factors", "Clinical supervisor characteristics", "Facilitating Clinical Supervisor Factors" and "Meaning of the Clinical Supervisor". In Level 2 three thematic nuclei arise, ending with two Level 3 qualitative domains: "Factors associated with the Clinical Supervisor that affect the teaching-learning process" and "Profile and attributes of the Clinical Supervisor". Conclusions: For students, the teaching and disciplinary training of the person who performs clinical supervision is important, highlighting the interpersonal skills to exercise the role.

Keywords: nursing students; nursing faculty practice; nursing.

Resumen: Objetivo: Conocer la opinión de estudiantes de la carrera de Enfermería de la Universidad Autónoma de Chile, respecto del rol del supervisor clínico. Metodología: Investigación cualitativa, descriptiva, interpretativa a través de un estudio intrínseco de caso. Muestra intencionada, de casos por criterios y por conveniencia, conformada por 24 estudiantes de quinto año, previa firma del consentimiento informado, año 2015. Recolección de datos mediante tres grupos focales; para el análisis de ellos se utilizó reducción progresiva y agrupación en categorías descriptivas. Se utilizaron los criterios de rigor de Guba, triangulando por investigadores. Aspectos éticos resguardados por el Comité

Ético de Universidad de La Frontera. Resultados: En el Nivel 1 emergieron 257 unidades de significado, agrupadas en: “Factores obstaculizadores del supervisor clínico”, “Características del supervisor clínico”, “Factores facilitadores del supervisor clínico” y “significado del supervisor clínico”. En el Nivel 2 surgen tres núcleos temáticos, finalizando en el Nivel 3 con dos dominios cualitativos: “Factores asociados al supervisor clínico que inciden en el proceso enseñanza-aprendizaje” y “Perfil y atributos del supervisor clínico”. Conclusiones: Para los educandos es importante la formación docente y disciplinar de quien realiza la supervisión clínica, destacando las habilidades interpersonales para ejercer el rol.

Palabras claves: estudiantes de enfermería; práctica del docente de enfermería; enfermería.

Resumo: Objetivo: Conhecer a opinião de estudantes da Carreira de Enfermagem da Universidad Autónoma de Chile sobre o papel do supervisor clínico. Metodologia: Pesquisa qualitativa, descritiva, interpretativa, através de um estudo de caso intrínseco. A amostra, intencional, de casos por critério e por conveniência, composta por 24 alunos do quinto ano, assinatura prévia do Termo de Consentimento Livre e Esclarecido, 2015. Coleta de dados: três grupos focais; para analisá-los, foram utilizados redução progressiva e agrupamento em categorias descritivas. Foram utilizados os critérios de rigor de Guba, triangulados pelos pesquisadores. Aspectos éticos protegidos pelo Comitê de Ética da Universidad de La Frontera. Resultados: No Nível 1, surgiram 257 unidades de significado, agrupadas em: "fatores obstrutivos do supervisor clínico", "características do supervisor clínico", "fatores facilitadores do supervisor clínico" e "significado do supervisor clínico". No nível 2 surgem três núcleos temáticos, terminando no nível 3 com dois domínios: fatores associados ao supervisor clínico que afetam o processo de ensino-aprendizagem e perfil e atributos do supervisor clínico. Conclusões: Para os alunos, é importante o treinamento docente e disciplinar daqueles que realizam a supervisão clínica, destacando as habilidades interpessoais para o exercício da função.

Palavras-chave: estudantes de enfermagem; prática do professor de enfermagem; enfermagem.

Received: 02/20/2020

Accepted: 06/28/2021

How to cite:

Otárola Millar Y, Illesca Pretty M, Hernández Díaz AA. The Role of the Clinical Field Supervisor in Nursing: A Student Perspective. *Enfermería: Cuidados Humanizados*. 2021;10(2):42-57. DOI: 10.22235/ech.v10i2.2082

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Introduction

In the training of nurses, practical care management activities are an important percentage in the Curriculum Plan. ⁽¹⁾ These clinical experiences constitute one of the main activities for the acquisition of disciplinary and generic competences. ^(2, 3) In this way, the

teacher who performs the work of supervisor becomes relevant through the teaching-learning process, he must provide tools and hegemonic elements in the professional development ^(4, 5) in such a way as to comply with the graduation profile, managing to provide comprehensive assistance to the human being at the different levels of care. ⁽⁶⁾

Its role is of vital importance since it is configured as an academic archetype; to safeguard not only the integration of the theoretical aspect with the direct attention to the user, but also to ensure the creation of a favorable environment and the corresponding evaluation of the proposed activities. ⁽⁷⁾ In other words, they are the people involved in the accompaniment, advice, orientation, and evaluation of students during their clinical practices, through a relationship focused on the dimensions of demand, work, and emotions. ⁽⁸⁾ On the other hand, from the clinical point of view, the teacher is responsible for: selecting patients according to the objectives of the program, providing care with the students, promoting reflection of the experience, and to act above all as a facilitating element in the learning process. ⁽⁹⁾

In this regard, it is important to highlight that the clinical learning environment is complex and multifunctional, due to the fact that there is an interaction focused on direct care between users, health team, family members and environment, ⁽¹⁰⁾ which generated stress in both students and the clinical supervisor. ⁽¹¹⁾

The clinical supervisor is defined as a nursing professional who voluntarily assumes responsibility for clinical practical learning, and in real-life scenarios of students in their charge. This is their reference and pedagogical support in a planned and coordinated way in the approach to the professional role and their ability to constitute themselves as autonomous professionals, with resolving capacity and with a positive attitude towards the exercise of their profession. ⁽¹²⁾ In addition, they must demonstrate skills in the domains of knowing how to learn (self-regulation of one's own practice and joint work with other academics); of knowledge (research to produce knowledge, educational theories and methodologies, as well as the organizational culture of the institution); and know-how (didactic skills to facilitate the development of skills to grant care of the learner) and the know-how to be (optimal interpersonal relations with their peers and disciples, so as to constitute themselves as a training model). ^(13, 14)

Some studies conclude that the role of the clinical supervisor should be strengthened through continuous education aimed at the use of skills and experiences, moving away from the purely repetitive and thoughtless model. It must: generate channels of verbal and nonverbal communication, encourage study in collaborative groups, assume the responsibility of implementing learning strategies according to the needs of each student, guide in the process of learning in clinical practices and permanently evaluate the achievement of the objectives set. ^(2, 15, 16)

It is also important to note that it has been demonstrated that teaching/care integration is a constructive and facilitating element of the teaching-learning process ^(9, 17) and that generic competencies are the fundamental feature of those who perform the work of clinical supervisor. ^(18, 19)

Universities have the task of maintaining an attitude of change and permanent transformation, with high values of solidarity, ethics, aesthetics, humanitarian, and love for the profession. These, together with teaching, assistance and research, make the student an integral professional, capable of applying the Nursing Care Process as a scientific method, to provide a solution to the problems and needs that affect the health of the population, reflected in the clinical environment as the axis of supervision. ^(20, 21, 22)

For this reason, university education as a formal education must concern itself with the person in their integrity, as a developing being and as a social subject. Those who have the necessary knowledge, skills, and attitudes to practice a profession, can review professional problems flexibly and independently. Besides, they are trained to collaborate in their professional environment and inside the work organization. ^(23, 24) Competence is a disposition to effectively face a family of analogous situations, mobilizing consciously and quickly, pertinently, and creatively, multiple cognitive resources: knowledge, abilities, micro-competences, information, values, attitudes, perception schemes, evaluation and reasoning. ^(25, 26)

Therefore, it is institutional duty that reflective spaces are opened in the permanent evaluation of student experiences in their own voice, since this favors evaluative mechanisms to generate proposals for improvement, so it is important to study this perspective. Consequently, the objective of this study is: to know the opinion of students of the Nursing Career of the private University, regarding the role of the Clinical Supervisor.

Methodology

This research was made under the qualitative, exploratory, and descriptive paradigm through an intrinsic case study. Qualitative research is interested in understanding human behavior from the user's own frame of reference, allowing an in-depth understanding of the problem, what their causes could be from the social actors' perspective. ^(27, 28) Exploratory studies respond to the description of the phenomenon, ⁽²⁹⁾ those of a descriptive type have significance since there is no interpretation by the researcher but an elaboration of the reliable participants' evidence in the duly documented investigative light. ⁽³⁰⁾

The intrinsic study of cases as a design, means that they are not interested in learning about other cases or about some general problem, but rather need to learn about a particular case. This study has allowed to deepen the understanding and specificities of the object of study, specifically the case of the Nursing Career of the Universidad Autónoma de Chile. ⁽³⁰⁾

The intentional sample of cases by criteria and convenience ⁽³²⁾, consisted of 24 key informants, 6 men and 18 women, with an average age of 25 years, whose inclusion criterion were: belonging to the fifth year of the Nursing Career at the University, to be carrying out the Professional Practice in 2015, having time availability to attend the focus group sessions and having signed the Informed Consent Form.

P For data collection, the qualitative technique of focus groups was used. ⁽³³⁾ three groups of eight members each were formed, with a guideline to avoid that the key topics were not explored. The participation of three people was considered: one to record the field notes, another to record the information and a researcher who guided the technique. The research started with the statement of the guiding question, through which an attempt was made to answer the questions: the question of the study and focus the use of this technique of data collection, to achieve the proposed objectives. The sessions were held in university dependencies already mentioned and had an approximate duration of 90 minutes. To avoid bias in the answers, open-ended questions were used, so as not to make judgments, speaking clearly and casually, avoiding any suggestion that one answer might be more convenient than another, all in order not to induce desired answers.

In order to collect the exact words of the informants and narrate in a clear and complete way what happened, field notes and audio recordings were used, both techniques

provided specific data of the topic addressed by the study. Different approaches or contexts were taken into account to support the achievement of the objectives.

Data was collected until the saturation point. The scheme of progressive reduction (separation of units, grouping, identification and classification of elements), arrangement, transformation and obtaining of verifiable conclusions was adopted. ⁽³⁴⁾ The progressive level of reduction and theoretical structuring was carried out through three levels:

- **Level 1:** Identification of units of analysis (textual narratives of the participating subjects) and segmentation of these units for grouping into descriptive categories.
- **Level 2:** From the descriptive categories a system of emergent thematic nuclei or meta categories was constructed.
- **Level 3:** Identification of qualitative domains through a sequential and cross-sectional analysis of meta-categories.

The three phases were not distinct moments of the analytical process, but rather different operations (data reduction, data disposition and drawing conclusions). Thus, the body of data formed an integral, recurrent, inductive-deductive, and circular process. In other words, the analysis process was concurrent with data collection, systematic, orderly and flexible, which somehow reflects the holistic nature of qualitative research. ⁽³⁴⁾

Scientific rigor was determined by four criteria: truth or credibility value (triangulation by the researcher, verification with study participants), applicability or transferability (abundant collection of information and detailed description), consistency or dependence (step-by-step replication), and neutrality or confirmability (consensus with other researchers, critical expert judgment). ^(26, 35, 36) It was validated by the Ethics Committee of an external university entity. Triangulation was also performed by researcher and verification with participants. ⁽³⁶⁾

Regarding the analysis of the ethical rigor, the postulates of Ezequiel Emmanuel were considered, ⁽³⁷⁾ the requirement respect for the registered subjects is qualified by including aspects related to risk balance, benefit and protection of confidentiality, through the presentation and approval from the Ethics Committee at the Universidad de La Frontera.

Results

The analysis of the data derived from the focus groups, which followed a scheme that progressively generated a reduction in information consistent with the study's questions, through three levels:

Level 1. Segmentation and identification of units of meaning from the textual narratives provided by the key informants and grouping into descriptive categories of the text fragments (coding) with semantic sense directly related to the reflexive character from the informant's point of view.

To this end, a first reading of all the transcripts was initiated, which allowed to have a global idea of the content of these and to know the nuclear issues around which the discourse of the participants was articulated. In a second reading the data was segmented by criterion of topic addressed was used, therefore, the different categories were extracted and

emerged where the units of meaning are included, with this we selected those that were relevant to the objectives of the study discarding those that did not have any type of relationship.

In summary, the early methodological categorization and segmentation were two operations that were performed simultaneously, in this way the categories were identified with codes. The process of constructing categories was inductive, open, and generative, using the interview pattern and the research objectives as a guide.

At the end of this process, we found 257 units of meaning relevant to the study grouped into 4 emerging categories which are defined below.

Table 1. : Emerging categories of the study

N°	Code	Codified emerging categories	Frequency of units of meaning	
			n	%
1	OFCS	Hindering Clinical Supervisor Factors	89	34.6
2	CCS	Clinical Supervisor Characteristics	84	32.7
3	FFCS	Facilitating Clinical Supervisor Factors	45	17.5
4	MCS	Meaning of the Clinical Supervisor	39	15.2
TOTAL			257	100

Source: Own elaboration (2020)

Table 2. Distribution of frequency of units of meaning of the Hindering Clinical Supervisor Factors (OFCS) category

Code	Category OFCS	Frequency of units of meaning	
		n	%
Interpersonal relationships INTRS	Mistreatment	16	18,0
	Lack of interest	9	10,1
	Inappropriate verbal / gestural manner Communication	6	6,7
	Lack of self-criticism	4	4,5
	Intolerant	3	3,4
Teacher training TRTR	No experience and knowledge of the area they supervise	8	9,0
	Lack of feedback	7	7,9
	Different assessment criteria	7	7,9
	Theoretical lack of teaching knowledge	6	6,7
	Non-fulfilment of objectives	4	4,5
Personal factors PRFR	Economical	3	3,4
	Outgoing shift	3	3,4
	Age	3	3,4
	Cell phone use	1	1,1
Institutional factor INSFR	Excessive teacher turnover	6	6,7
	Number of students per teacher	2	2,2
	Teachers from other Institutions	1	1,1
TOTAL		89	100

Source: Own elaboration (2020)

Of the hindering factors, interpersonal relations were the most mentioned in the interviews, the average ranks of teacher training and personal factors, while the institutional factor was the least mentioned.

Table 3. Distribution of frequency of units of meaning of the Clinical Supervisor Characteristics (CCS) category

Code	Category CCS	Frequency of units of meaning	
		n	%
Generic competencies GCS	Good treatment	10	12,0
	Empathy	10	12,0
	Trust	6	7,1
	Self-critical	4	4,8
	Responsibility	4	4,8
Personal characteristics PCHS	Vocation	7	8,3
	Demanding	7	8,3
	Commitment	6	7,1
	Motivating	5	6,0
	Presence	2	2,4
Disciplinary competence	Clinical experience area to supervise	8	9,4
	Knowledge	6	7,1
Teaching-learning process TRLRP	Teacher training	7	7,1
	Feedback	2	2,4
TOTAL		84	100

Source: Own elaboration (2020)

Of the characteristics of the clinical supervisor, the generic competencies stand out as the most visualized of it, the good treatment and empathy are mentioned to a greater extent and those related to the teaching-learning process are mainly based on the feedback exerted by the Clinical Supervisor.

Table 4. Distribution of frequency of units of meaning of the category Facilitating Clinical Supervisor Factors (FFCS) category

Code	Category FFCS	Frequency of units of meaning	
		n	%
Teacher attitude TRATT	Motivation	12	26,7
	Aptitude	7	15,6
	Self-criticism	1	2,2
Interpersonal relationships INTR	Respect	6	13,3
	Empathy	5	11,1
Disciplinary competence	Experience and knowledge of the supervised area	9	20,0
	Knowledge level	2	4,4
Institutional Factor INSFR	Contract	3	6,7
TOTAL		45	100

Source: Own elaboration (2020)

As a facilitating factor, the teaching attitude stands out and specifically what concerns the motivation and teaching disposition, with respect to the institutional factor which is the one with the least valuation in these categories, the contract characteristic is visualized.

Table 5. Distribution of frequency of units of meaning of the Meaning of the Clinical Supervisor (MCS) category

Code	Category MSC	Frequency of units of meaning	
		n	%
Training Process TRPRCS	Teaching - Competences	9	23,1
	Model	4	10,3
	Experience	3	7,7
	Feedback	2	5,1
	Supervision	2	5,1
Supervisor Attitudes SPRATT	Guidance	8	20,5
	Accompany	6	15,4
	Help	5	12,8
TOTAL		39	100

Source: Own elaboration (2020)

With regard to the meaning of the clinical supervisor, the training process is emphasized in relation to the competences in the act of teaching, the model figure and to a lesser extent the attitudes of the clinical supervisor in specific respect to the guiding and accompaniment function.

Level 2. It represents the emerging thematic nuclei or meta categories that arise from Level 1 grouped and structured in the 4 coded descriptive categories that emerged at that level. To this end, an inter-categories comparison process was carried out in which structural similarities and common elements of this analysis were sought, emerging 3 thematic nuclei or meta categories that represent the studied reality as described by the key informants.

- 1. Factors that facilitate and hinder the role of the Clinical Supervisor:** Appreciation of the students in relation to aspects that contribute and hinder the role of the Clinical Supervisor being the Interpersonal Relations and the Institutional Factors coincident in both aspects. Teacher Training and Personal Factors stand out as facilitator factors, while Teacher Attitude and Disciplinary Competence are an obstacle.
- 2. Competencies of the Clinical Supervisor associated with the practice of care:** Student opinion linked to generic and disciplinary competences, as well as to personal characteristics and teacher training to carry out the teaching-learning process.
- 3. Conception of Clinical Supervisor:** Assessment of learners regarding the meaning that the Clinical Supervisor has for them in their training process since they teach, is a model, has experience, gives feedback, and supervises. They also highlight that the attitude of teachers is to guide, accompany and help them.

Level 3. After the sequential and cross-sectional analysis of the meta categories, a synthetic reconstruction was carried out from an ethical perspective, where the qualitative domains emerged. In fact, all the opinions expressed by the students participating in this study are reflected in the emerging domains that have been defined. There is no doubt that the negotiation of meanings and interpretations that was carried out jointly with the researchers has contributed greatly to this end. Derived from the above, two qualitative domains arise:

1. **Factors associated with the Clinical Supervisor that affect the teaching-learning process:** It corresponds to meta category 1 and is directly related to those elements that students perceive as important in clinical supervisors, which are directly related to the teaching-learning process in practice centers.
2. **Profile and attributes of the Clinical Supervisor:** Corresponds to meta categories 2 and 3 and is directly related to the contributions made by students with respect to the definition of the Clinical Supervisor and the generic and disciplinary competencies that they should have to facilitate the teaching-learning process in the practice of care.

Discussion

For students, the meaning of the Clinical Supervisor is in line with the definitions revealed in other studies: as the person with the most skill in an area who can provide support and guidance. ^(2, 7, 8)

Other authors indicate that this figure is responsible for guiding, orienting, advising, teaching, and evaluating student learning. ⁽⁹⁻¹¹⁾ These assessments can be attributed to the fact that, being a stressful learning experience, and which causes them anguish and fear, they need greater support to face it, often requiring a person to demonstrate skills in the domains of knowing how to learn; of knowledge; and know-how, to constitute also a model of training, similar to that found in other studies and theoretical framework. ^(10, 12-16)

In relation to the characteristics that a Clinical Supervisor should have, what was found coincides with the discourses of other studies. ^(9, 12, 19, 25) In all of them it is observed that they must have both generic and disciplinary competences and personal characteristics such as vocation, demand, commitment, motivation and being present during supervision. ⁽¹²⁻¹⁴⁾ Another particularity revealed by the students is related to the teacher training that must have in the field of the teaching-learning process, unlike other authors who affirm that the relevance in this aspect are the attributes of the way of being, communication, affection, language, time, and space, among other elements that occur in this academic phase. ^(15, 16)

It was not mentioned in this study any possible factors related to the support function of the clinical teacher who is the figure that enhances the development of skills for the performance of emotional work in students in clinical training. ⁽⁴⁰⁾

In turn, what was found in relation to generic and disciplinary competencies (empathy, knowledge) and the Teaching-learning Process (teacher training, feedback) coincides with what has been revealed in other studies. ^(10, 14) This reflects the value that students attach to the people involved in their care practices for meaningful learning, emphasizing that the role is not only the transmission of knowledge but also of guidance, accompaniment, and advice in the learning process, which warrants that it has continuous training in the area of teaching. ^(19, 25)

Regarding personal characteristics, our findings align with what has been found in other studies ^(14, 16) and further expands the research proposal since it is conceived that the characteristics of the clinical supervisor's role allow to support and complement the teaching-learning process. ⁽¹⁷⁾

It is not noteworthy that key informants mention more hindering factors than facilitators for those who perform Clinical Supervision. The findings can be related to the stress factor, as an element that interferes in an important way in the process that students live in their clinical practices. ⁽⁷⁾ Also, to the anguish in the face of the ignorance of a certain clinical situation, to the impotence and uncertainty before these and the risk to cause harm to the patient. ^(2, 26) At this point, it is important to mention that in the clinical environment the negative elements may be since the learner expects the Clinical Supervisor commitment in different aspects not only figured as a teacher and competencies in this field, but also with a sense of company, modeling, guidance, leadership. ^(7, 14)

As in another study, the assessments regarding that the work environment is a negative factor can be attributed to the fact that, at this level of the Study Plan, based on their experiences they are able to assess these environments, therefore, in the face of the constant and pertinent evaluation of it, they are able to respond to it. ⁽⁹⁾

No hindering factors were identified, such as teacher training deficit, ^(38, 39) organization of time spent on this activity in this study, ⁽³⁷⁾ which was mentioned in other related studies.

Of the facilitating factors highlighted by Teaching Attitudes, students give importance to Motivation, which coincides with one of the attributes that the Clinical Supervisor must have, since he must motivate them to assume the professionalism that requires to demonstrate in front of the user, patient and family as well as, must stimulate and have an attitude of enthusiasm. ^(7, 10)

As in another study, Empathy and Respect emerge mostly in Interpersonal Relationships, ⁽¹⁴⁾ reflecting correspondence in the discourses of key informants, as it was identified as one of the characteristics of the Clinical Supervisor.

In the disciplinary competence, congruence is observed in the discourses of the interviewees since the experience and knowledge of the area they supervise have been mostly mentioned as well as what was found in other studies. ^(9, 26)

Similarly, it is worth mentioning that disciplinary knowledge allows an individual to assimilate knowledge and establish causal relationships between different events, ⁽²⁵⁾ which leads to exercised knowledge consisting of the acquisition of a skill. ^(15, 16) That is, an individual can know how something is done before discovering its explanation and that as the Clinical Supervisor acquires experience. Consequently, clinical knowledge becomes a mixture of practical and theoretical competence. ^(25, 26)

Conclusions

The student body visualizes the role of the Clinical Supervisor as a guiding axis evidenced in the practices. They recognize them as important in the training process as they promote the development of skills. Moreover, they are role models, they have guiding attitudes, experience, they provide feedback, supervise, accompany, and help in their clinical learning.

The characteristics that the Clinical Supervisor must have been framed in a) generic competencies: they promote a good relationship, they are empathetic and they trust; b)

disciplinary competencies: clinical experience and knowledge in the area to be supervised; c) personal characteristics: vocation, demanding and commitment and, d) teacher training to perform the role.

The facilitating aspects for clinical supervision are teacher attitude, interpersonal relationships, disciplinary competence, and some institutional factors. As the obstacles are performance of interpersonal relationships, teacher training, personal and institutional factors.

The results will allow the reflection in a systematic way and understand the educational practices, in such a way that they are translated into a committed and informed action from the theoretical and practical point of view.

Study limitations: access to the population and the time availability of students.

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Financing: Article product of the Research Supervisores campo clínico: Opinión de estudiantes carrera Enfermería, Temuco-Chile 2015, self-financed study by authors. Thesis for the Master's Degree in Nursing with mention in Care Management, Program dictated by the Universidad de La Frontera. Temuco, Chile, 2015.

Contribution of the authors: a) Study conception and design, b) Data acquisition, c) Data analysis and interpretation, d) Writing of the manuscript, e) Critical review of the manuscript. Y. O. M. contributed in a, d, e; M. I. P. in b, c, d; A. A. H. D. in b, c, d.

Managing scientific editor: Dra. Natalie Figueredo