



## Proposal for educational intervention aimed at the development of pedagogical skills of nursing professionals

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### ABSTRACT

**Introduction:** the quality of pediatric care and patient safety depend primarily on the integration of pedagogical competencies in the professional work of nursing.

**Objective:** to propose an educational intervention aimed at the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center.

**Methods:** qualitative research was carried out between August – November 2025, at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center in Mexico City, United Mexican States. The population was made up of 20 teachers; a sample of 16 teachers was obtained through non-probabilistic sampling, for convenience with saturation and redundancy criteria. Theoretical level methods and empirical level methods were applied.

**Development:** the integrative theoretical foundation of the intervention was based on Vygotsky's sociocultural theory, Paulo Freire's critical pedagogy, and Jean Watson's theory of human care. Methodological triangulation was carried out with the purpose of increasing the credibility, internal consistency, and interpretative depth of the study; according to the result of this, the methodological organization of the educational intervention proposal was carried out, which was structured in five phases.

**Conclusions:** an educational intervention with five phases or stages is proposed: the conception and design of the intervention, the diagnosis, the planning, the implementation, and the evaluation. Each of these phases or stages consists of its objective and actions.

**Keywords:** Pedagogical Skills; Educational Intervention; Nursing; Pediatrics.

## INTRODUCTION

Quality pediatric care constitutes a priority axis in contemporary health systems, as it involves not only the recovery and maintenance of children's health, but also the protection of their comprehensive well-being and the accompaniment of the family as an essential unit of care.<sup>(1)</sup> In this context, the role of the nursing professional transcends the execution of clinical procedures to incorporate, in an essential manner, a pedagogical function oriented toward education, instruction, and empowerment of the child and their family during the care process.<sup>(2)</sup>

According to criteria of Alcaraz JJ and a collective of authors,<sup>(3)</sup> in a study conducted at the Public University of Paraguay in 2024, the results of this study indicate that there is a lack of pedagogical skills that bring as a consequence limitations in the efficacy and quality in professional practice. The systematic decrease of pedagogical skills in nursing professionals can affect the effectiveness of communication, the understanding of care, therapeutic adherence, as well as the continuity of care at home.

Another research to consider was that conducted by Suárez Borrás K and Díaz Rojas PA,<sup>(4)</sup> on teaching competencies in nursing residents in Neonatology – Pediatrics in the province of Holguín in Cuba. The aforementioned study published in 2025 describes a series of cognitive, labor, and axiological limitations that acquire special relevance in the pediatric field, where the particularities of the child's cognitive, emotional, and social development demand from nursing professionals differentiated, sensitive, and contextualized educational strategies.

Nursing professionals with pedagogical competencies strengthen human capital in health, as they train students, residents, and colleagues in safe, humanized practices, and under scientific foundations. This allows scaling and multiplying those global lessons that have demonstrated efficacy in promoting more resilient, sustainable, and equitable health systems.<sup>(5)</sup>

The quality of pediatric care and patient safety are fundamental pillars for social and economic development; and depend primarily on the integration of pedagogical competencies in the professional work of nursing. These skills transform health services from their base, by generating significant changes even in environments with few resources.<sup>(6)</sup> Another element to consider is that it contributes to the empowerment of the family, by facilitating their conscious and responsible integration in care, in coherence with the principles of family-centered care.<sup>(7)</sup>

From a theoretical and epistemological perspective, the foundation of the study is based on the integration of Vygotsky's sociocultural theory, Paulo Freire's critical pedagogy, and Jean Watson's theory of human care, which offer a solid conceptual framework for understanding nursing education as a social, dialogical, and humanized process. Vygotsky provides the understanding of learning as mediated social construction,<sup>(8)</sup> Freire orients education toward critical reflection and the transformation of practice,<sup>(9)</sup> and Watson emphasizes transpersonal care as the ethical and humanistic foundation of the educational-assistential act.<sup>(10)</sup>

The relevance of the study is also expressed in its contribution to the professional development of nursing, by revaluing the educational role as an essential component of pediatric care, promoting critical reflection on daily practice, and strengthening the autonomy and leadership of the nursing professional as a health educator. Likewise, it responds to institutional and social demands for continuous improvement of quality, patient safety, and humanization of health services, aligning with national and international policies and standards in pediatric care.

In this sense, the objective of this study is to propose an educational intervention aimed at the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center. The organization of the educational intervention is justified by its direct impact on the quality of pediatric care, by strengthening the communicative, educational, and humanistic competencies of nursing professionals.

Therefore, the present research is justified by its scientific, social, and ethical relevance, by proposing an educational intervention that not only generates knowledge, but also promotes the transformation of assistential practice, as it contributes to safer, more humanized pediatric care centered on the child and their family. The expected results will allow strengthening the theoretical and methodological bases of pediatric nursing education and offering useful evidence for decision-making in the academic and assistential fields.

## METHODS

Qualitative research was carried out between August – November 2025, at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center in Mexico City, United Mexican States. The population was made up of 20 teachers; a sample of 16 teachers was obtained through non-probabilistic sampling, for convenience with saturation and redundancy criteria. Inclusion criteria: being clinical teachers assigned to the pediatric nursing post-technical program, having more than two years of experience in their work, and exercising an active function as a pediatric nursing teacher.

The authors recognize as a study variable: development of pedagogical skills of nursing professionals. The variable is established as a process of appropriation of pedagogical knowledge and skills by clinical teachers assigned to the pediatric nursing post-technical program. From the aforementioned variable, three dimensions were derived:

- ⇒ Cognitive Dimension (Knowing): based on Vygotsky's sociocultural theory, which considers that learning occurs in social interaction, the use of the Zone of Proximal Development is advocated to enhance pedagogical skills; furthermore, scaffolding, mediation, and language are favored as important components of learning.
- ⇒ Labor Dimension (Knowing how to do): based on the critical and humanist pedagogy of Paulo Freire, education is subscribed as a practice of freedom, horizontal dialogue between educator and educatee is recognized, and conscientization, critical reflection, and transformation of practice are subscribed.
- ⇒ Axiological Dimension (Knowing how to be): supported by transpersonal care, it is based on Jean Watson's Theory of Human Care, for the promotion of empathy, respect, dignity, and sensitivity, and the integration of emotional and spiritual care.

Theoretical level methods were employed:

- ⇒ Analysis and synthesis: allowed obtaining general knowledge about the development of pedagogical skills of nursing professionals, and synthesizing the information from the applied instruments and the reviewed bibliography.
- ⇒ Induction-deduction: was used as a way of producing knowledge from the particular to the general, about the development of pedagogical skills of nursing professionals, by basing on the analysis of concrete facts to establish general statements.
- ⇒ Historical-logical: the development of pedagogical skills in nursing professionals was evaluated over time. This provides the concrete revelation of the forms of presentation and development

of the phenomenon in constant movement and change; from a historical point of view. From a logical point of view, it reveals the role of the essential elements that are part of the general laws of the functioning and development of pedagogical skills in nursing professionals.

- ⇒ Structural-Functional Systemic: enabled the identification and relationships of references to the process of development of pedagogical skills in nursing professionals. The relationship between the components of the educational intervention aimed at the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center that is proposed is established, giving them coherence in function of the positive transformation of the process.
- ⇒ Modeling: was used for the simple and subjective reproduction of the part of the objective reality that is studied; the development of pedagogical skills of nursing professionals. Through the abstraction process, new qualities, relations, principles, or laws were studied and discovered for the transformation of the object of study into an ideal model.

Empirical level methods were employed:

- ⇒ Observation: was carried out to explore the development of pedagogical skills in nursing professionals. For this purpose, an observation guide was prepared for the 16 clinical teachers assigned to the pediatric nursing post-technical program who were observed. To assess the internal consistency of the observation guide, Cronbach's Alpha coefficient was calculated, whose result was  $\geq 0.73$  (acceptable).
- ⇒ Semi-structured interview: to those responsible for the clinical teachers assigned to the pediatric nursing post-technical program. To assess the internal consistency of the semi-structured interview guide, Cronbach's Alpha coefficient was calculated, whose result was  $\geq 0.81$  (good).
- ⇒ Documentary review: regulations and technical reports on pedagogical aspects of nursing in the institution were studied.
- ⇒ Methodological triangulation: enabled the determination of strengths and weaknesses related to the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center.

With the purpose of strengthening analytical rigor and the traceability of the interpretative process, the specialized software ATLAS.ti25 was used, which allowed organizing, coding, and systematically analyzing qualitative data from participant observation, in-depth interview, and documentary review.

The analysis procedure in the software was developed in the following phases: the first was preparation and data loading; textual transcription of in-depth interviews was performed, systematization of participant observation records, digitization and organization of institutional documents; all of the above was achieved by importing all data as Primary Documents in the software. From the construction of hierarchical codes, these were grouped into families or hierarchical nodes, which facilitated subordination relationships between categories and subcategories. The coding system was structured with the following categories:

- ⇒ Category 1: Didactic planning
- ⇒ Category 2: Pedagogical mediation
- ⇒ Category 3: Communicative interaction
- ⇒ Category 4: Learning evaluation
- ⇒ Category 5: Reflection on practice

These categories are derived from the dimensions identified during the parameterization of the variable.

**Table 1.** Categories that come from the dimensions identified during the parameterization of the variable

| Dimension                                 | Category   |
|---|--|
| Cognitive Dimension (Knowing)             | ⇒ Category 1: Didactic planning<br>⇒ Category 2: Pedagogical mediation       |
| Labor Dimension (Knowing how to do)       | ⇒ Category 3: Communicative interaction<br>⇒ Category 4: Learning evaluation |
| Axiological Dimension (Knowing how to be) | ⇒ Category 5: Reflection on practice   |
|   |  |

**Source:** Prepared by the authors

Based on the results of the methods employed, an educational intervention aimed at the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center is proposed. The authors were inspired by the approaches of Kurt Lewin,<sup>(7)</sup> which were deepened in the educational field by authors such as Stephen Kemmis and Robin McTaggart. The proposed intervention is structured in five stages, which will allow systematically analyzing the development of pedagogical skills in clinical teachers assigned to the pediatric nursing post-technical program. These cycles were not executed linearly, but dynamically and recursively, which allowed each phase to be sustained by the next.

The first stage will be the conception and design of the intervention, which will start from the diagnosis of the current state of pedagogical skills in clinical teachers assigned to the pediatric nursing post-technical program. This will enable the planning, implementation of actions, and their evaluation. The second stage will be diagnostic; documentary review, observation, in-depth interview, and methodological triangulation will be carried out, all of which contribute to determining the level of knowledge and pedagogical skills in clinical teachers assigned to the pediatric nursing post-technical program. In the planning stage, integrative actions of a specific nature for clinical teachers assigned to the pediatric nursing post-technical program will be projected. The implementation stage will be executed in conceived spaces and schedules. The evaluation stage of the design and methodological rigor of the intervention will be carried out by expert criteria to evaluate the theoretical-methodological conception of the same.

Ethical considerations: the authors rely on the precepts of the Helsinki Declaration, Finland, October 2024. In this study, the four basic ethical principles are taken into account: respect, beneficence, non-maleficence, and justice. Action is taken under consent, autonomy, the right to privacy, fidelity, and truthfulness of the participants.

**DEVELOPMENT**

Methodological triangulation was carried out with the purpose of increasing the credibility, internal consistency, and interpretative depth of the study. In this sense, findings derived from participant observation, in-depth interviews, and documentary review were integrated, organized in analytical categories that were previously defined.

In the category didactic planning in the clinical setting: participant observation evidenced planning conditioned by the assistential dynamics, with scarce explicitation of objectives, as well as evaluation criteria. These findings are corroborated in in-depth interviews, where teachers stated that pedagogical planning "is carried out on the fly," patient care is prioritized over didactic structuring; likewise, limitations in the formalization of teaching strategies are recognized.

For its part, documentary review showed that, although there are curricular guidelines that establish competencies and learning outcomes, these are not translated into specific operational guides for the development of pedagogical skills in clinical teachers. The convergence of the three sources evidences a gap between the formal curriculum and real pedagogical practice, which limits educational intentionality in the clinical setting for the improvement of pedagogical skills in clinical teachers. This situation justifies the need to strengthen didactic planning as a key competency in clinical teachers assigned to the pediatric nursing post-technical program.

The insufficient explicitation of didactic planning in the clinical context coincides with what is reported in international studies, where it is pointed out that nursing teachers tend to prioritize assistential demands over the pedagogical structure of learning. This situation has been deepened in research on nursing education, where it is recognized that the clinical environment limits the pedagogical skills of nursing professionals by imposing dynamics that favor incidental teaching over intentional planning. However, from the competency-based training approach, various authors maintain that planning constitutes an essential element for promoting pedagogical skills in nursing professionals, as it guarantees coherence between learning outcomes and formative experiences, which highlights the need to strengthen this dimension in teaching practice.

In the category pedagogical mediation of learning: from participant observation, a predominance of strategies focused on the demonstration of techniques and direct instruction was identified, with limited promotion of critical thinking. In interviews, teachers expressed that their main role is "to teach how to correctly perform procedures," which reflects an instrumental conception of the formative process. However, some participants recognized the importance of promoting clinical reflection, although they pointed out not having sufficient pedagogical tools for this.

Documentary review evidenced that the institutional educational model promotes the development of comprehensive competencies, which include clinical reasoning and decision-making, which contrasts with the observed practices. Through interpretative integration, a dissonance is identified between the pedagogical approach declared in documents and real practice, focused on technique. This contradiction reveals the need to resignify pedagogical mediation, through the incorporation of strategies that promote reflective and critical learning for the promotion of pedagogical skills in clinical teachers.

Regarding pedagogical mediation, the results show an orientation with instrumental predominance, focused on the demonstration and repetition of procedures. This finding is consistent with research that evidences the persistence of traditional pedagogical models in the clinical training of nursing, where the teacher assumes the directive role and the student a passive role. However, contemporary learning theories, such as constructivism and problem-based learning, emphasize the importance of promoting critical thinking, decision-making, and reflection in real contexts. In this sense, the limited incorporation of problematizing strategies in the context of this research highlights a gap between observed practices and current pedagogical approaches, which represents a challenge for updating the pedagogical skills of nursing.

In the category teacher-student communicative interaction, participant observation showed communication with functional predominance, oriented to task execution, with limited depth in pedagogical dialogue. In interviews, teachers pointed out that they seek to maintain clear and respectful communication, although they recognize that the conditions of the clinical environment hinder the generation of spaces for reflective dialogue. From documentary review, it was identified that institutional guidelines promote educational communication based on formative feedback and continuous accompaniment, aspects that are not evidenced systematically in practice. Triangulation in this category evidences that, although there is an adequate communicative intention, this is limited by contextual factors and by the absence of structured pedagogical strategies, which restricts the formative potential of teacher-student interaction.

On the other hand, communicative interaction identified as functional and task-centered reflects the pressure and complexity conditions typical of the clinical environment. This result coincides with studies that highlight how assistential demands restrict the possibility of establishing deep pedagogical dialogues. However, the literature also points out that the quality of teacher-student interaction constitutes a determining factor in clinical learning, particularly regarding the construction of meanings and the development of pedagogical skills in nursing professionals. In this context, the presence of emerging communicative practices oriented toward constructivist feedback suggests an improvement potential that can be capitalized through specific educational interventions.

The fourth category refers to learning evaluation in the clinical context; results of participant observation indicated that evaluation is carried out implicitly, focused on technical execution, without the use of structured instruments. In interviews, teachers stated that they evaluate "according to experience" and observable performance, so the lack of standardized criteria and formal evaluation tools is recognized. Documentary review revealed the existence of evaluative instruments designed at the curricular level; however, their use is not systematized nor adapted to the clinical context. When integrating the results, a fragmentation between formal evaluation and real evaluation is evidenced, which affects the objectivity and consistency of the evaluative process. This finding reinforces the need to implement formative evaluation strategies and clear performance criteria.

Regarding learning evaluation, findings reveal a practice with implicit predominance, based on the observation of technical performance, with scarce use of criteria and structured instruments. This situation has been deepened and discussed in the scientific literature of nursing, where it is warned that the lack of systematization in clinical evaluation can affect the objectivity, transparency, and equity of the evaluative process. From the perspective of competency-based education, formative evaluation and the use of rubrics are considered fundamental to guide learning and provide effective feedback. In this sense, the study results reinforce the need to advance toward pedagogical skills based on more structured evaluative models and coherent with formative objectives.

In the fifth category, which alludes to reflection on teaching practice, in observation limited demonstrations of reflective processes in daily practice that promote pedagogical skills in clinical teachers were identified. However, in interviews, teachers expressed interest in improving their pedagogical performance and recognized the importance of reflection as a professional development tool. From documentary review, the absence of formal institutional mechanisms that promote systematic reflection on teaching practice that stimulates pedagogical skills in teachers in clinical settings was verified. Triangulation in this category showed that there is a subjective disposition toward improvement, but there is an absence of formal structures that favor it, which

limits the consolidation of the systematic reflective process that strengthens pedagogical skills in teachers in clinical settings. This aspect constitutes a strategic axis for the educational intervention.

An aspect of particular relevance is the limited systematization of reflection on teaching practice, despite the manifest disposition by participants to improve their pedagogical performance. This finding limits the development of pedagogical skills of these professionals and, in turn, this argument is formally integrated into daily practice. From the perspective of action research and critical pedagogy, reflection constitutes a central element for the transformation of educational practice, as it allows questioning assumptions, reconstructing meanings, and generating sustainable changes. The absence of institutional structures that promote these processes represents, therefore, a significant limitation.

Together, the results reveal a structural tension between the institutional educational model, based on competencies, and the development of pedagogical skills in clinical teachers assigned to the pediatric nursing post-technical program in the clinical environment, which is conditioned by assistential demands. This tension has been described in the literature as one of the main problems in nursing training, where the logic of care tends to prevail over the educational logic. However, various studies suggest that this dichotomy can be overcome through educational interventions of teaching-assistance integration, which allow articulating both dimensions in a synergistic manner.

From a disciplinary perspective, findings can be interpreted in light of various theories that support the need to promote the pedagogical dimension in the clinical practice of nursing, by linking the conception of care as an educational act, in which the nursing professional not only executes procedures, but also forms, orients, and accompanies learning processes in real contexts.

After methodological triangulation was carried out, the authors are in a position to explain the theoretical foundation on which the proposal for educational intervention aimed at the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center is based. It is necessary to point out that the theoretical foundations establish the necessary coherence between each of the elements that support the proposal, which behave as the backbone that provides support, direction, and methodological coherence.

As a pedagogical foundation, the authors relied on Vygotsky's sociocultural theory, which considers that learning occurs in social interaction; in this research, the Zone of Proximal Development was used to enhance pedagogical skills; furthermore, scaffolding, mediation, and language were highlighted as important components of learning.<sup>(11,12)</sup> The aforementioned was made evident in practice through collaborative learning among nursing professionals, tutorials, pair work; as well as the work of the facilitator as a learning mediator.

The philosophical foundation was supported by the critical and humanist pedagogy of Paulo Freire; education as a practice of freedom was made real, horizontal dialogue between educator and educatee was achieved, which led to conscientization, critical reflection, and transformation of practice.<sup>(9,10)</sup> The authors considered transpersonal care as a nursing foundation; Jean Watson's Theory of Human Care was applied, which promoted, from empathy, the authentic presence of the nursing professional in teacher-student interaction. The objective application of the aforementioned arguments was concretized through the development of empathic communicative skills, education from respect, dignity, and sensitivity, and the integration of emotional and spiritual care.<sup>(11)</sup>

The educational intervention proposal is structured in sequential and interrelated phases, based on principles of critical pedagogy and continuous improvement. The objective of the proposed intervention is to strengthen pedagogical skills in clinical teachers assigned to the pediatric nursing post-technical program.

The first stage of the proposal corresponds to the conception and design of the intervention. This stage starts from the initial diagnosis of the current state of pedagogical skills of clinical teachers. This phase acquires a foundational character, as it allows identifying formative gaps, specific needs, and potentialities of the educational-clinical context. Based on the results of this stage, the theoretical-methodological basis of the intervention is structured, which will enable subsequent systematic planning of actions, contextualized implementation of said actions, and definition of evaluation criteria, the aforementioned will guarantee internal coherence and educational relevance of the proposal.

The objective of this stage is to organize a contextualized and theoretically grounded educational intervention, aimed at strengthening the pedagogical skills of clinical teachers of the pediatric nursing post-technical program, based on the analysis of the current state of their teaching performance.

**Actions:**

- ⇒ Delimit the pedagogical problem in the clinical-formative context
- ⇒ Systematize theoretical references on nursing education, clinical didactics, and competency-based training.
- ⇒ Identify dimensions and indicators of pedagogical skills to be developed.
- ⇒ Analyze preliminary results of the initial diagnosis.
- ⇒ Define the general structure of the intervention proposal (components, phases, duration, and modality)
- ⇒ Establish evaluation criteria and achievement indicators.
- ⇒ Design pedagogical instruments and resources to be used in subsequent phases
- ⇒ Develop the methodological coherence matrix (objectives – actions – evaluation).

The second stage, of a deep diagnostic nature, is oriented to the rigorous collection and analysis of information, through the integration of various qualitative techniques. Among them, documentary review, direct observation of teaching performance, and in-depth interview are included, which allows a holistic understanding of the studied phenomenon. The incorporation of methodological triangulation strengthens the validity and reliability of findings and perspectives, by contrasting multiple sources. This stage aims to determine the level of knowledge, pedagogical skills, and educational practices of clinical teachers.

**Actions:**

- ⇒ Carry out documentary review (study plans, programs, previous teacher evaluations)
- ⇒ Design and apply observation guides of pedagogical performance in clinical settings
- ⇒ Design and apply in-depth interviews to clinical teachers assigned to the pediatric nursing post-technical program
- ⇒ Introduce data into the specialized software ATLAS.ti25 to identify analysis categories related to pedagogical skills (Category 1: Didactic planning, Category 2: Pedagogical mediation, Category 3: Communicative interaction, Category 4: Learning evaluation, Category 5: Reflection on practice)

- ⇒ Systematize obtained information through categorization matrices
- ⇒ Apply methodological triangulation (source, technique, and theory).
- ⇒ Interpret results to identify strengths, weaknesses, and formative needs
  - ⇒ Prepare a diagnostic report that supports the intervention proposal.

The third stage is planning; in it, formative actions with an integrative, contextualized, and transformative approach will be projected. Said actions will be designed based on the particularities of the clinical-pedagogical context and detected needs; active, reflective, and collaborative educational strategies that favor meaningful learning and the development of advanced pedagogical competencies for the development of pedagogical skills of clinical teachers of the pediatric nursing post-technical program will be used. The objective of this stage will be to design a set of integrative, pertinent, and contextualized formative actions, that respond to detected needs and promote the development of pedagogical skills of clinical teachers of the pediatric nursing post-technical program.

#### Actions:

- ⇒ Define specific formative objectives of the intervention.
- ⇒ Develop active didactic strategies (workshops, case studies, clinical simulation, problem-based learning) ⇒ Structure thematic content aligned with detected needs
- ⇒ Plan reflective and collaborative learning activities.
- ⇒ Select didactic resources (guides, rubrics, digital materials)
- ⇒ Establish activity schedule (times, sequence, and responsible party)
- ⇒ Design formative and summative evaluation instruments
- ⇒ Validate the pedagogical relevance of proposed actions.

The fourth stage, implementation, in it the designed actions will be executed in previously organized spaces and times, which should guarantee adequate pedagogical and logistical conditions. This stage is conceived as a dynamic process, where the interaction between facilitators and participants promotes the collective construction of knowledge and the resignification of teaching practice in clinical settings. The objective of this stage is to execute the designed formative actions with the participation of clinical teachers.

#### Actions

- ⇒ Coordinate spaces, times, and logistical conditions for the execution of the intervention
- ⇒ Develop workshops and formative sessions as planned
- ⇒ Apply didactic strategies focused on active and reflective learning for the development of pedagogical skills.
- ⇒ Promote participation, dialogue, and collective construction of knowledge
- ⇒ Implement teaching activities in clinical settings.
- ⇒ Provide continuous feedback to participants
- ⇒ Register evidence of the process (logs, recordings, learning products)
  - ⇒ Make adjustments based on group dynamics (methodological flexibility)

The fifth stage is evaluation; it is oriented to assessing both the quality of the design and the methodological rigor of the intervention. For this purpose, expert criteria are used, who will analyze the coherence, relevance, feasibility, and theoretical-methodological solidity of the proposal. This evaluative process allows not only validating the intervention, but also identifying improvement opportunities, which ensures its scientific robustness and its potential for replicability in similar contexts. The objective of this stage is to assess the quality, relevance, and methodological rigor

of the educational intervention, as well as its impact on the development of pedagogical skills of clinical teachers.

#### Actions:

- ⇒ Design and apply intervention evaluation instruments (rubrics, surveys, analysis guides)
- ⇒ Submit the intervention to evaluation by expert criteria (content validity and theoretical coherence)
- ⇒ Analyze the correspondence between objectives, actions, and obtained results.
- ⇒ Evaluate the level of achievement of developed pedagogical competencies. ⇒ Systematize qualitative and quantitative evidence of the process
- ⇒ Identify achievements, limitations, and aspects susceptible to improvement.
- ⇒ Prepare final evaluation reports with recommendations.
- ⇒ Propose adjustments for future implementations of the intervention.

The structure of these stages responds to a systematic, cyclical, and reflective logic typical of contemporary educational interventions, where diagnosis, action, and evaluation are articulated dynamically. This approach not only guarantees methodological rigor, but also favors the real transformation of pedagogical practice in clinical contexts of nursing training.

## CONCLUSIONS

An educational intervention aimed at the development of pedagogical skills of nursing professionals at the "Dr. Gaudencio González Garza" General Hospital of the La Raza National Medical Center is proposed, with five phases or stages: the conception and design of the intervention, the diagnosis, the planning, the implementation, and the evaluation. Each of these phases or stages consists of its objective and actions. The proposal is based on Vygotsky's sociocultural theory, Paulo Freire's critical and humanist pedagogy, and Jean Watson's theory of human care.

#### Conflict of Interests

none declared

#### Authorship Contribution

**SJPD:** participated in conceptualization, investigation, project administration, data curation, supervision, visualization, writing – original draft, writing – review and editing.

**EIM:** participated in conceptualization, investigation, visualization, writing – original draft, writing – review and editing.

**MRR:** participated in conceptualization, investigation, writing – original draft.

All authors approved the final version of the manuscript

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