

Original Research

Future Perspectives on Methods of Integrated Practice

— Review of syllabi in nursing colleges —

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Abstract

In Japan, with the 2008 revision of the Regulations for Designation of Training Schools for Nurses, the field of integration was established in the basic nursing education program. The report of the Study Group on the Enhancement of Basic Nursing Education (2007) indicated that one of the objectives of this field, "Integration and Practice of Nursing," is to help students understand the medical field reality so that they can smoothly adapt to the clinical practice after graduation. This study aimed to collect data on how practical training for the "integration and practice of nursing" in specialized fields is conducted from university syllabi published on the Internet in Japan, including course outlines and implementation methods, and to examine prospects for the content and implementation methods of practical training curricula. Information on integrated nursing practice was collected from 292 member schools of the Japan Association of Nursing Programs in Universities as of July 2022 by searching syllabi available on the Web. The prospects for integrated practice include the need to develop nurses who can respond to the increasing need for nursing care in community facilities and at home and develop perspectives on nursing management, disaster nursing, and international nursing in the community. Furthermore, as all methods of integrated practice have their advantages and disadvantages, faculty members should be flexible and gather their wisdom by trying various methods. To this end, more concrete details of curriculum management will be important, and the curriculum needs to be constructed while taking into consideration its integration with the vision, diploma policy, curriculum policy, and admission policy. This will lead to a university that high school students looking for a career path will sympathize with and choose, and the development of diverse nurses will lead to the development of nurses who can respond flexibly to change.

Key words: integrated nursing practice, college of nursing, syllabus, multiple issues, comprehensive care communities

Introduction

In Japan, with the 2008 revision of the Regulations for Designation of Training Schools for Nurses, the field of integration was established in the basic nursing education program. The report

of the Study Group on the Enhancement of Basic Nursing Education (2007) indicated that one of the objectives of this field, "Integration and Practice of Nursing," is to help students understand the medical field reality so that they can smoothly adapt to the clinical practice after graduation.

The specific content of the program is to understand the membership and leadership of a nurse in a medical team and collaboration with other professionals, acquire basic skills of nursing management, acquire basic knowledge of medical safety, understand the basic knowledge of nursing to support immediately after a disaster, and understand the basic knowledge of nursing to provide support to the international society from a broad perspective. However, in the international community, the program also includes the ability to consider cooperation with other countries, such as a nurse, based on a broad perspective. Conversely, the turnover rate of new nurses remains at ~8%, and many cases in which new nurses face difficulties due to the gap between what they learned as students and the actual roles they should play in clinical practice (Ministry of Health, Labor and Welfare, 2007).

The American Association of College of Nursing focuses on new entry-level nurses as they transition into practice through the Nurse Residency Program. Furthermore, many health-care facilities are actively introducing internships on a unit-by-unit basis. Internships in other countries are often paid, and programs have been introduced that anticipate working as a member of an organization from the time a nursing student graduates (Nursing Journal, 2022). In Japan, the Japan Nursing Association (2022) defines an internship as a work experience in which students work side-by-side with staff already working in the field to experience being a part of the nursing workflow in the field. Since the specific content of the internship is not yet defined and the number of internship positions available at any one facility is limited, many new nurses enter the workforce without having any experience in a clinical setting other than the internship. Therefore, the role of “Integration and Practice of Nursing” in basic nursing education is significant in helping new nurses smoothly adjust to clinical practice. However, although students and faculty both feel that on-site practice in “Integration and Practice of Nursing” is meaningful (Tsuji et al. 2018, Shimoda et al. 2021, Mitani et al. 2020), several implementation details remain unclear. Therefore, we also examined the course titles and objectives of practical training that correspond to the “Integration and Practice of Nursing,” which clarified that each university is considering the contents of practical training with ingenuity while following the main intention of basic nursing education indicated by the Ministry of Health, Labor, and Welfare (Manabe et al. 2022).

Under such circumstances, the fifth curriculum revision will be implemented in Japan starting with students entering in 2022. It is expected to represent the diploma and curriculum policies of each university and organize a curriculum based on a broad perspective and rich ideas that can respond to diversity and qualitative changes in human life caused by rapid information and technological innovation. However, while previous studies were scattered with report analyses of practical training at different universities, no analysis of syllabi or curricula was found. In this study, the syllabi of universities in Japan that are publicly available on the Web will be examined to clarify the objectives and outline the practical training courses that correspond to the “Integration and Practice of Nursing” and assess the kind of training methods they used to achieve these objectives and outlines.

Objective

This study aimed to collect data on how practical training for the “integration and practice of nursing” in specialized fields is conducted from university syllabi published on the Internet in Japan, including course outlines and implementation methods, and to examine prospects for the content and implementation methods of practical training curricula.

In this study, the practice corresponding to the “integration and practice of nursing” is referred to as “integrated nursing practice.”

Methods

1. Data collection method

Information on integrated nursing practice was collected from 292 member schools of the Japan Association of Nursing Programs in Universities as of July 2022 by searching syllabi available on the Web. Data were collected from July to August 2022, limited to syllabi for the academic year 2022, and conducted by two persons.

Syllabus searches were conducted using syllabus search sites made available and posted on each university’s website. The search keywords were the university website or the name of the university, “syllabus (syllabus search),” and “practical training.” In cases where the name of the practical training could not be determined, the curriculum map or tree of each university’s website was searched for the name of the course that corresponds to the integrated practical training. Data on course objectives and outlines

and practical training methods were extracted from the collected syllabi.

2. Data analysis method

Text mining was conducted using KH coder for the purpose and outline of the integrated training course and the method of implementation, respectively. The content published on the Web was copied and pasted, analyzed by KH Coder, and translated. For the practical method, the content was copied and pasted, classified descriptively, and then translated.

Results

1. Syllabus Publication Status

Of the 292 schools, 271 (92.8%) had published their syllabi on the Web. Of these, 1 had broken links in the syllabus search, 5 had no hits in the syllabus search, 2 had opened in FY2022 and had not published the syllabus for the integrated practice, and 7 had not published the syllabus for FY2022.

For course objectives and outlines, 240 schools (82.2%) were included in the analysis, excluding these universities and 16 more schools with publicly available syllabi but no pertinent descrip-

tions. For practical training methods, 68 schools (23.2%) were included in the analysis, excluding those without relevant descriptions, unidentified names of the training facility or university, and overlapping outlines or objectives.

2. Course objectives and outlines

A total of 24,839 extracted words and 753 sentences were included in the analysis, focusing on the “team” and “medical” in Subgraph 1 and related to “nursing” and “action” in Subgraph 2 and “competence” in Subgraph 7. Furthermore, “medical” was associated with “collaboration” in Subgraph 8. “Learn,” which was not extracted as a Subgraph, was related to “nursing” and “team.” Furthermore, “nursing,” “action,” and “competence” were associated with “integration” in Subgraph 5, and Subgraphs 3, 4, and 6 were independently extracted (Figure 1).

3. Practice Method

A total of 10,961 extracted words and 588 sentences were included in the analysis: “practice” in Subgraph 1 was associated with “nursing” in Subgraph 3; “practice” in Subgraph 3 was associated with “multiple” in Subgraph 5; “safety” in Subgraph 3 was associated with “medical” in

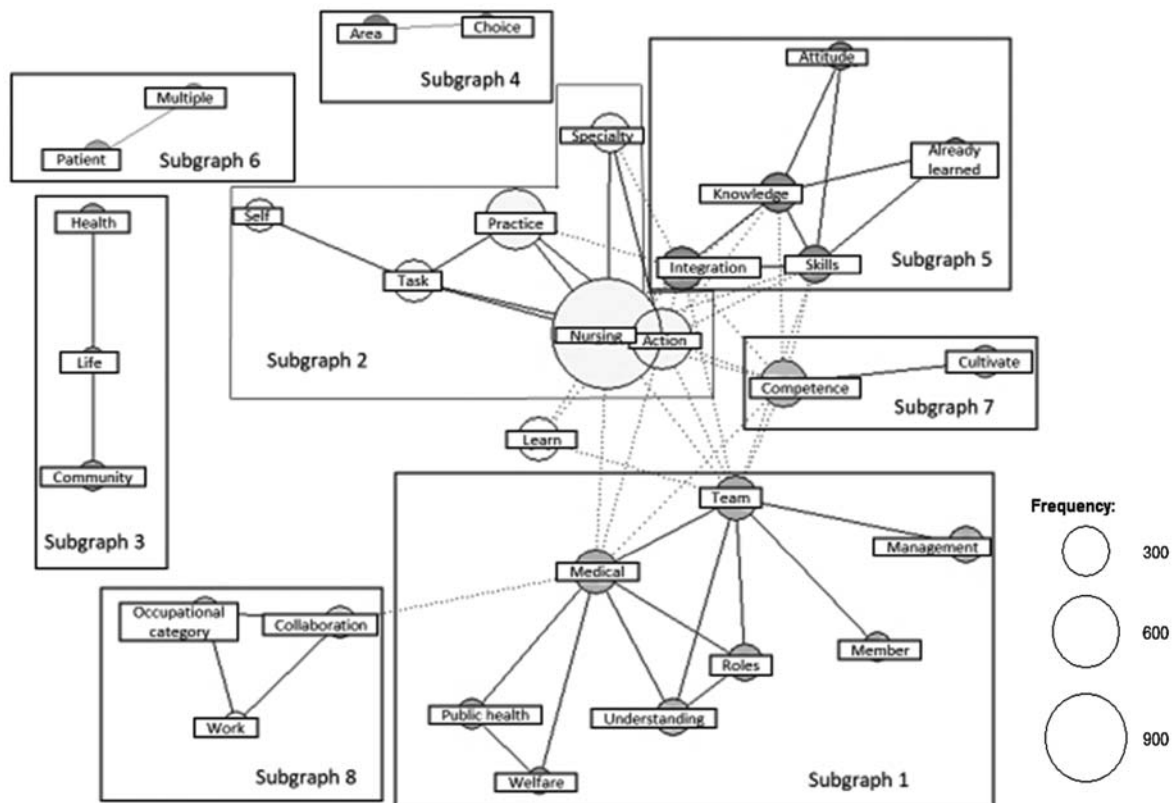


Figure 1 Co-occurrence Network Analysis of course objectives and outlines

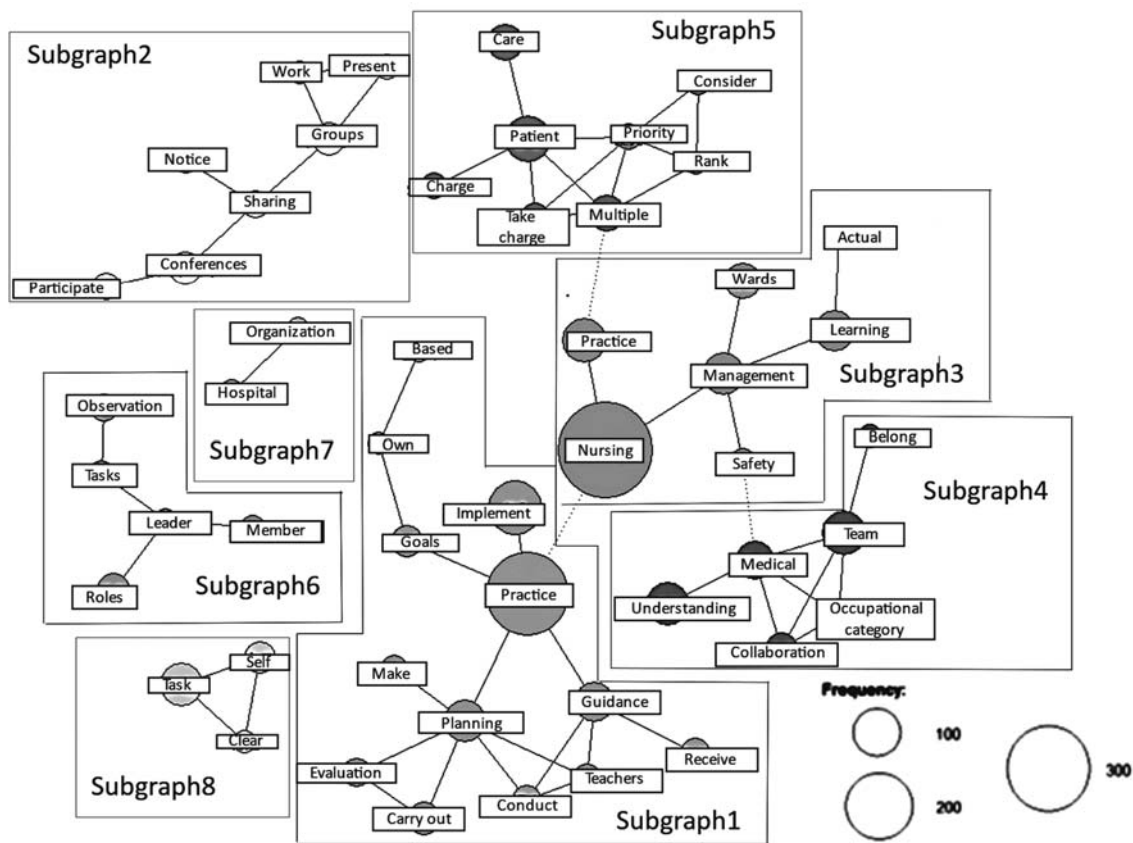


Figure 2 Co-occurrence Network Analysis of practical training methods

Subgraph 4; and Subgraphs 2, 6, 7, and 8 were extracted independently (Figure 2).

Practical training methods were broadly classified into those that followed a common schedule for the entire school year and those selected by students from various possible practical training within the school year. During data collection, approximately two and a half years had passed since the onset of the coronavirus disease 2019 pandemic, some syllabi included statements such as “Online implementation may be required” or “Some remote implementation is planned.”

1) Practical training following a common schedule for the entire school year

The following were mentioned as the content of the unified schedule as a whole: “multiple patients and tasks,” “specific assistance,” “team medicine,” “nursing management (roles and duties),” “various work zones and locations,” and “practical training outside the hospital.”

(1) Multiple patients and tasks

The most common type of multiple patient cares was two or more patient care, which involved planning and evaluating care in con-

sideration of care priorities and efficiencies. In addition to the implementation of nursing assistance, some syllabi also showed case conferences. The number of patients managed was mostly two or more; however, some cases of two to four patients received, with at least one patient of higher severity or level of care, have been reported. In some cases, trainees did not take care of a patient and were accompanied by a staff member who took care of a patient for a day to learn how to plan actions, share and communicate information, prioritize care and allocate time, and make decisions and solve problems when faced with multiple issues. Moreover, two patients were selected from patients assigned to the training supervisor, and on the first day, students accompanied the training supervisor, while on the second day, students themselves developed their action plans and implemented them.

(2) Specific Nursing Assistance

One university designated a specific nursing aid, an observation of oral care. It was described as “Prevention of aspiration pneumonia in geriatric patients and oral care affecting the quality of life, health status, diet, social life, etc. of

the subjects living in the hospital, including the actual care, teaching aspects, and relationship with the treatment.”

(3) Team medicine

The content related to team medicine included conference observations and joint exercises with the Faculty of Medicine with the aim of “finding support for people to resulting in independent lives with health and disabilities while respecting their roles in the medical team.”

(4) Nursing Administration

The management tour accompanying the nurse manager was intended to learn about the manager’s duties, discharge coordination, and emergency preparedness systems. In addition to learning about their roles, team members and leaders were accompanied by nurses who experienced the work of nurses who take care of multiple patients, took breaks, and reported together to learn about one work zone. Furthermore, some participants accompanied a certified nurse or a specialist nurse to learn about the work of nurses who practice specialized nursing care.

(5) Various work zones and locations

Practical training outside the general wards included outpatient practice, departments providing specialized treatment, and night practice.

In the outpatient training, students accompanied an internal medicine outpatient nurse to observe nursing operations in the examination, treatment, and chemotherapy rooms, as well as the discharge coordination department. Departments that provide specialized treatment included the ICU/HCU, dialysis center, operating room, and emergency room, where students learned about the nursing practice and the reality of multidisciplinary team medicine for patients requiring treatment. In the night practice, students accompanied night shift nurses to participate in nursing activities to the extent possible, and practice was conducted on the late and semi-night shifts.

(6) Practical training outside hospitals

Regarding the practical training outside of the hospital, some of them combined practical training in the community for comprehensive community care with practical training in the wards, and some of them incorporated participation in academic conferences and workshops as part of their practical training. Community-based comprehensive care included community

comprehensive support centers, home-visit nursing stations, childcare support facilities, community health centers, community welfare centers, community centers, day service centers, and long-term care insurance facilities. Moreover, universities that included academic conferences, workshops, internships, and volunteer activities as part of the practical training required students to submit a participation certificate.

In addition, other efforts included disaster nursing, such as participating in local disaster prevention festivals, creating disaster prevention maps, introducing disaster prevention goods, providing disaster prevention knowledge to child-rearing groups, visiting disaster prevention facilities in disaster areas, participating in disaster drills, giving lectures on disaster support of nurses’ activities, and giving lectures to disaster victims. In addition, some universities offered training on remote islands and in remote areas as part of the team medical practice.

2) Practical training with a non-uniform schedule during the school year due to student choice

The two most common types of inconsistent schedules were “scheduling by nursing area” and “scheduling as per the students’ wishes.”

(1) Organizing the schedule for each nursing area

A schedule for the integrated practice is made for each nursing area, and of these, three schools stated that the content of the student’s graduation research is linked to the content of the integrated practice.

(2) Assembling a schedule based on the content of the student’s wishes

In this pattern, the content desired by the students was incorporated into practical training and planned in consultation with faculty members, including multiple patient cares, night duties, multiple tasks, administrative duties, hospital headquarters functions, cross-functional nurses (certified nurses, medical safety managers, educational personnel, etc.), and nursing management related to public health (work management, work environment management, etc.). In addition, some universities accepted requests for practical training at overseas facilities; however, there was no statement regarding the number of students who would receive such training.

(3) Other information that can be used as a reference when preparing the syllabus

Most syllabi did not mention the assignment of teachers to lead the practical training; however,

some universities specified that teachers were traveling instructors and were not stationed there permanently. In addition, one university listed the assignment of one student per facility or ward as an innovation for practical training, explaining that this arrangement aimed to allow students to proceed with practical training independently while reporting, communicating, and consulting with the on-site training supervisor. Furthermore, regarding the combination of integrated practical training and on-campus exercises, some universities offered “risk management exercises” and “temporary emergency resuscitation” on campus. The risk management exercise aimed to gain a concrete understanding of how to deal with accidents and analyze medical incidents in cooperation with other professionals, whereas the temporary resuscitation exercise aimed to learn emergency resuscitation as a team effort using a simulation model.

Discussions

1. Course Objectives and Overview

Subgraph 1 focuses on “medical” and “teams” and shows figures associated with the “roles” and “understanding.” In addition, Subgraph 8 is related to “medical” in Subgraph 1 and includes “collaboration” and “occupational category.” This may be because Subgraph 8 outlines the purpose of understanding the membership and leadership of a nurse in a medical team and collaboration with other professions, as presented by the Ministry of Health, Labor, and Welfare (MHLW) (2007). Furthermore, the “team” is related to “management,” suggesting that the content is also consistent to acquire basic skills in nursing management presented by the MHLW (2007).

In Subgraph 1, “medical” was related to “health” and “welfare”; furthermore, in Subgraph 3, “health” and “community” were related to “life” and other figures. The objective of the curriculum is thought to provide comprehensive learning that covers not only hospital patient care but also the comprehensive care system in the community. In the 5th revision of the curriculum, attention was paid to the diversification of subjects and places of care, and learning about support for people living in the community with health issues was also considered as an outline in this regard.

In Subgraph 2, “nursing” and “action” are related to “practice,” “task,” and “self,” among others. It is also related to the “integration” in Subgraph 5, from which it is interrelated with

“knowledge” and “skills.” It is suggested that the purpose of integrated practice, conducted in the final year, is to integrate existing knowledge and skills, connect them to nursing practice, and identify one’s issues before working in the clinical field as a new nurse. Furthermore, “action” in Subgraph 2 is related to the “competence” and “cultivate,” suggesting that integrated practice may be viewed as a place to finally cultivate practical skills necessary for clinical practice. These may be in line with the MHLW’s (2007) objective of smooth adaptation to clinical practice after graduation. In addition, the “area” and “choice” in Subgraph 4 were selected because some universities have a system in which students select the area of their choice for practical training, and students can select their training sites in anticipation of their future employment. Furthermore, “patients” and “multiple” in Subgraph 6 are thought to be due to the objective of allowing students to manage multiple patients. The MHLW (2007) states that students can manage multiple patients in the integrated practice, and Subgraph 6 may be in line with this content and aware of working in a clinical setting. Thus, efforts to reduce reality shock are considered to be a major part of the outline.

2. Practical training methods

Only a small number of schools (68) described their practical training methods. Therefore, most of the contents are considered to present students as internal documents, such as practical training outlines.

Subgraph 1 is related mainly to “practice,” including “planning,” “guidance,” and “goals.” It is thought that students’ actions, such as receiving guidance on nursing planning, implementation, and evaluation from their teachers and others, are mentioned as a practical training method. In addition, “own” was associated with “goals,” suggesting that the content of this section respects the student autonomy, who set their own goals and take action to achieve them. Furthermore, the “task,” “self,” and “clear” are interrelated in Subgraph 8, which is also considered to be content used to clarify one’s tasks and lead to work in the clinical field. Some universities include areas and contents that the students themselves wish to work on, suggesting that the training method is based on the assumption that students in their final year are independent in their thinking to some extent. However, Shohani et al. (2016) found that there is a discrepancy between the nursing students’ evaluation of their

practice and that of their clinical supervisors, which was attributed to a lack of clear understanding of their goals. This suggests instructors and faculty should accurately understand and assess whether the goals stated by the students and the background of their actions are accurate. In addition, this corresponds to the point in Subgraph 2 of the course objectives and outlines where students clarify their issues through nursing practice in practical training.

In Subgraph 3, “management” is mentioned to be associated with “nursing.” Subgraph 7 is related to “organization” and “hospital” and is thought that the hospital is viewed as an organization from the management perspective, whereas in the area practice, only the wards are considered. Subgraph 7 is related to “organization” and “hospital.” However, although “management” in Subgraph 1 is associated with “learning” and “actual,” no specific action-level words were extracted. Furthermore, “safety” is related to “medical” in Subgraph 4 and is associated with the words “team,” “occupational category,” and “collaboration” associated with multi-professional collaboration. In this regard, it is related to “understanding,” and words related to specific actions were not extracted, suggesting that various methods are used by each university and practice facility. The following were mentioned: accompanying the head nurse to observe management tasks, accompanying ward nurses to take breaks and report together, and accompanying certified nurses and specialist nurses, suggesting that the learning is mainly through observation. Furthermore, some of them use venues other than hospitals, such as community-based comprehensive care communities, suggesting that each university may have its unique approach to the subject. This may correspond to the point in Subgraph 8 of the course objectives and outline the cooperation and collaboration among other professions and Subgraph 3 regarding community-dwelling people; the “roles,” “members,” and “tasks” centering on the “leader” in Subgraph 6 are related to “observation” and are also related to that of the MHLW’s (Barton (2021)) who found that the development of leadership in basic nursing education is related to the “observation” of the team, learning process to recognize interrelationships and work with others in a team. Barton (2021) reported that interrelationships should be recognized and develop the ability to take responsibility with a common understanding while collaborating with others. From the perspective of working with others and

in anticipation of working as a new nurse, understanding membership and leadership is an important aspect of training. When students learn through observation, instructors should confirm students’ sense of purpose and level of understanding. Then, Subgraph 6 is considered to be a response to Subgraph 1 of the course objectives and outlines to understand the role of a team member.

Subgraph 5 is centered on “patient” and is related to “multiple,” “charge,” and “care,” which is in line with the MHLW (2007) regarding multiple patient receiving and is thought to be a practice method to provide care by considering priorities amid multiple issues. Specifically, students are expected to use various methods, such as taking care of two to four patients, holding case conferences with multiple patients, and planning a day’s activities accompanied by staff members. This is also considered to be in response to Subgraph 6 of the course objectives and outlines.

Subgraph 2 is centered on “sharing” and associated with “groups” and “conferences.” It is thought that students not only own their learning but also share and deepen their learning within the group through conferences as a practice method. Although no guidelines are provided by the MHLW or other organizations regarding the operation of conferences, they are indispensable in clinical settings to collaborate with other professions and teams of nurses. Maryam (2017) mentioned in their clinical conference, which means sharing experimental data in a group or asking students to represent a subject, is one of the frequently used educational methods in the clinical training of nursing students. Executing this educational method requires an appropriate educational environment including a conference room in the ward or near the ward. Mohebbi et al.’s study (2012) revealed that one of the problems of clinical education was the lack of a conference room in the wards. Abedini et al. (2009) also mentioned various factors, such as a large number of students and lack of an appropriate educational environment as clinical education problems. Therefore, taking the Subgraph 2 practice method is suggested; therefore, the environment should be adjusted so that students conduct practice, including conferences.

3. Prospects and Issues of the Integrated Practice Curriculum Content

Prospects for the integrated practice curriculum include an increased emphasis on nursing

care for people living with illness or disability in the community and nursing care for people recuperating at home. This is evidenced by the inclusion of learning about comprehensive community care in the fourth revision of the curriculum and the renaming of “home healthcare nursing theory” to “community and home healthcare nursing theory” in the fifth revision of the curriculum to enhance its content to respond to diverse subjects and places of the medical treatment. In this regard, health, life, and community are extracted in relation to Subject 3 of the subject objectives and outlines, and although it is included as a subject objective and outline, the co-occurrence network diagram of the practical training method is included. Conversely, the analysis of syllabus descriptions showed that some universities are engaged in practical training in a comprehensive care community, suggesting that more universities will offer practical training at community-based comprehensive care communities in the future and that innovations in implementation methods and facilities where practical training is offered will expand. As for the kind of learning conducted for practical training in community-based comprehensive care communities, there are reports of practical training at home healthcare nursing stations and community-based comprehensive support centers (Fujita et al.), although this is a community-based home healthcare nursing training. However, preparing for such activities, including the development of training sites, takes time. Therefore, examples of universities that have implemented such programs should be provided to make up for the lack of immediate feasibility.

As a future issue, practical training should be firstly considered for nurses in places other than hospital wards where they work because general wards are the most common place of assignment for new graduate nurses; hence, gaining experience in a hospital ward should be emphasized through practical training, which is relatively easy to accept students for practical training, and many opportunities learn how to assist patients in their daily lives. However, knowing how nurses work outside hospital wards and experiencing from the time they are students different nursing practices from those in hospital wards, allows them to imagine working outside hospital wards if they are unable to adapt to working in hospital wards and to consider options other than leaving the hospital. Moreover, knowing about outpatient departments, discharge support departments, and

departments that provide surgical procedures and specialized treatments will help students provide interconnected nursing care that considers patients’ recuperation during pre- and post-hospitalization and pay attention to the diversification of recuperation settings.

Similarly, experiencing nighttime practice also allows students to learn firsthand about the 24-h support of patients’ recuperation and is expected to expand their perspective in both patients’ recuperation environment and nurses’ work environment. Students who experienced nighttime training answered that it “gave me an image of the night shift,” “helped me understand the atmosphere of a hospital at night,” and “will be useful after graduation” (Narita et al. 2012), and as learning from nighttime training, they also gained awareness of patients’ conditions, such as “patients tend to become restless at night,” “many complain of pain,” and “previous night’s sleep condition affecting their condition during the night” (Narita et al. 2012) (Sawada et al. 2012). Therefore, nursing students should have a significant to have this experience. Furthermore, as learning related to nursing management, human resource management is focused on accompanying managers, leaders, and members; however, learning related to physical resource management and cost management is limited. Nurses do not receive compensation directly from patients for providing nursing care. Since capital investments, staffing costs, and salary increases are directly related to the provision of good nursing care and training, the compensation flow should be determined, and a mechanism to consciously learn about the goods and money of management resources is necessary.

Furthermore, the content of practical training is expected to be related to disaster nursing and international nursing, which are included in the “Integration and Practice of Nursing.” In terms of disaster nursing, each hospital has a defined emergency system, and many things can be learned from practical experiences, such as those who decide to call the staff, what actions are required of individual staff members, and how evacuation drills are conducted. Disaster nursing includes listening to lectures from practitioners and those who have experienced disaster nursing, and this method is also considered applicable to international nursing. In medical safety, there is also much to be learned in classroom lectures; however, opportunities for further practical experience, such as accompanying a medical safety manager, can also be considered.

The current number of hours for the integrated practice is limited to the implementation of these contents. Consideration should also be given to including the study in other training periods rather than working on them only in the integrated training. It was also inferred that each university should consider the patient population and conditions at the site of on-site training when developing the content of multiple patient cares, worked by many universities. The results were roughly divided into two categories: learning throughout the entire work period and learning through partial assistance. Moreover, whether learning should be limited to desk planning or practice is also determined. The whole or part of the workday could be a combination of two patients or seven to ten patients, depending on whether students were only planning or whether they were also performing the work. For example, students could focus on diaper changing in functional nursing and develop an aid plan for all patients in one room.

Conclusion

The prospects for integrated practice include the need to develop nurses who can respond to the increasing need for nursing care in community facilities and at home and develop perspectives on nursing management, disaster nursing, and international nursing in the community. Furthermore, as all methods of integrated practice have their advantages and disadvantages, faculty members should be flexible and gather their wisdom by trying various methods.

To this end, more concrete details of curriculum management will be important, and the curriculum needs to be constructed while taking into consideration its integration with the vision, diploma policy, curriculum policy, and admission policy. This will lead to a university that high school students looking for a career path will sympathize with and choose, and the development of diverse nurses will lead to the development of nurses who can respond flexibly to change.

Conflict of Interest (COI)

The authors have no COI to disclose regarding this study.

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