

Nursing Practice for the COVID-19 Pandemic: A Substitute Program of Practice in Adult Nursing (Chronic Care Nursing)

Yukari Nishio^{1*}, Rie Nishimura¹, Shinko Fujinaga¹, and Yukiko Suzuki¹

Faculty of Nursing, Shijonawate Gakuen University, Japan

*Corresponding author

Yukari Nishio, Associate Professor, Faculty of Nursing, Shijonawate Gakuen University, Daito, Osaka 574-0001, Japan, Phone ;+81 72 813 2601
Email: usako.yukari@gmail.com

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Abstract

Due to the COVID-19 pandemic, we were required to provide nursing practice within the university. This study presents details of a substitute program of practice in adult nursing (chronic care nursing) developed to meet this challenge.

The program consisted of three components: (1) training in identifying problems from limited information, (2) situation-based training (implementation of the nursing process for patients with chronic disease), and (3) training in handling unforeseen developments. It was considered that nursing students could experience and learn about nursing with patients living with chronic diseases, in a similar manner to clinical practice, through a substitute practice at the university. Results indicated that students could clarify the challenges they faced and share what they learned seamlessly, highlighting the program's potential as a new educational method. In the future, it is necessary to analyze student learning in the substitute practice and continue to deliver educational content and methods that generate positive learning effects.

Keywords: Practice in adult nursing, substitute practice, simulations

I. Introduction

Due to the global spread of COVID-19 that started in early 2020, our university had to close for about a month, at which time we also faced a number of critical challenges: Timetables had to be changed, online lectures and exercises introduced, and adjustments made on requirements for practicum acceptance with the various facilities.

Nursing practice courses are designed to enable students to experience the real world of nursing and thereby acquire the skills needed to work as a nursing professional and develop their nursing philosophy along with their ethical awareness. In our Practice in Adult Nursing (Chronic Care Nursing) course, offered in the second semester of the third year, students work to integrate knowledge and experience through practice with patients living with chronic disease in hospitals where medical care is provided. As faculty members in charge of this course, we intended to provide a program of clinical practice that was as close as possible to previous years, under the condition that hospitals offer practicums, and safety of patients, staff, and students could be ensured in the clinical setting. However, hospital facilities decided to withdraw practicums due to the state of the pandemic shortly before the practicums were due to commence, and we were obliged to arrange a substitute program

of practice within the university with little time to spare.

In recent years, trends such as shorter hospitalization times, advances in medical technology, and shortages of nurses in clinical settings pose new challenges for students seeking to experience a variety of nursing skills through their clinical practice. In view of this situation, simulation-based education is now recommended as a learning method to help students prepare more effectively for clinical practice [1]. Further to this, a report by Fujita et al. [2] on practices conducted within a university aimed at integrating fourth-year knowledge and clinical practice found that practices incorporating simulation-based learning were effective as a new method of fostering practical nursing skills. Thus, we considered a plan to employ simulation-based techniques that replicate clinical practice settings with the intention of securing similar learning effects as conventional clinical practice through a program of substitute practice conducted within the university. Designing scenarios and preparing environments that were faithful to real practice settings under time constraints was a tremendous challenge. This study presents details of the substitute program of practice that course instructors designed and implemented over the course of numerous discussions.

II. Positioning of Clinical Practice in Japanese Nursing Education

The Model Core Curriculum for Nursing Education in Japan (October 2017) [3], compiled by the Committee for Fostering Human Resources in Nursing Education (a forum of the Ministry of Education, Culture, Sports, Science and Technology [MEXT]), prescribes the basic qualities and abilities that human resources for nursing need to acquire. The curriculum identifies nine core abilities for nursing practice in bachelor's degree programs: professionalism; knowledge of nursing science and nursing practice; evidence-based problem-solving abilities; communication skills; collaboration in healthcare/medical care/welfare; management of quality and safety of care; expanding the role of nursing required by society; scientific inquiry; and attitude to continue studying for a lifetime. The fulfilment of clinical practice is considered essential in fostering these nursing practice abilities.

III. Overview of the Adult Nursing (Chronic Care Nursing) Course at the University

Introduction to Adult Nursing: Second year, first semester

View human beings as lifelong developers and understand the subjects of adult nursing in terms of their mental and physical functions, developmental challenges, social roles, and health challenges. In addition, learn about the use of theories and nursing support methods considered effective for supporting people in adulthood.

Adult Nursing Methodology (Chronic Care Nursing): Second year, second semester

Understand the characteristics of adults with chronic disease and their families and acquire the basic knowledge needed to provide nursing support. Develop basic ability in nursing support that can help people with chronic disease live a life that is their own.

Theory of Practice in Adult Nursing (Chronic Care Nursing): Third year, first semester

Understand the characteristics of people with chronic health disorders and their families and learn about nursing in the different stages of the chronic phase. Understand the difficulties faced by people who live with disease and develop a deeper understanding of nursing that supports people receiving long-term treatment.

Practice in Adult Nursing (Chronic Care Nursing): Third year, second semester

Develop basic skills for practicing nursing to help patients living with chronic disease and their families adjust their lives depending on their level of health, and maintain and improve their QOL in the way they desire.

IV. Overview of the Original Practice in Adult Nursing (Chronic Care Nursing)

1. Goals of the Practice

The goals of the practice are as follows:

1. Can explain the developmental stages and challenges of a patient
2. Can explain the condition of a patient in terms of the state of the disease and its testing and treatment
3. Can explain the physical effects of a patient's condition and its treatment along with related factors
4. Can explain the psychological effects experienced by a patient

- and family member along with related factors
5. Can provide assistance in response to the physical effects of a patient's condition and/or its treatment
6. Can provide assistance in response to psychological effects on a patient and/or family member
7. Can provide assistance using methods that respect the patient the way they are
8. Can provide support tailored to the response of the patient and/or family
9. Can explain the social resources that the patient and/or family members need
10. Can explain the roles that members of health care and welfare teams must play in order to address the problems that the patient and/or family members face
11. Can act responsibly as a nursing student
12. Can acquire the professional manner of a well-trained nurse

2. Schedule and Content

The program consists of a three-week practice with patients in an internal medicine unit of an acute care hospital (11 days on site, four days at the university). In the first week, students perform various processes from information gathering about the patient in their care to assessment and identification of nursing problems. Starting in the second week, students implement the nursing care plans that they created and then evaluate and revise these. A 30-minute conference is also held each day for students to exchange opinions with their peers, obtain advice from their clinical instructors, and share what they learned. The final two days of the third week are conducted at the university, where conferences are held for students to reflect on and share what they learned with students in different practicums.

V. Overview of the Substitute Practice

1. Objectives and Goals of the Practice

We expected that similar learning experiences to the original clinical practice could be secured within the university by using simulated patients and creating an internal environment that closely resembled the original practice setting. Therefore, the objective and goals of the original practice remained unchanged.

2. Content and Implementation Method

As a basic principle, the content was designed so that students would practice nursing on a single patient, as with clinical practice. However, in actual clinical practice, students are assigned a new patient when the patient in their care is discharged, and many students see a total of two or more patients over the course of their practicum. Moreover, since most patients have multiple illnesses, students are required study the characteristics of several illnesses and treatments within a short time. In the clinical settings, students may also encounter unexpected circumstances as they learn about nursing through various experiences accompanied by a sense of bewilderment. Therefore, to incorporate this dimension in the university practice, we developed a program that would help students understand the characteristics of multiple diseases and treatments, and their effects on patients' lives, and learn about the individual and diverse nature of the nursing discipline.

(1) Training in Identifying Problems from Limited Information

This training aimed to help students develop a thought process

for identifying problems from a limited amount of information. In clinical practice, the clinical instructor briefly explains the state of patients and decides which patient the student will nurse. Using the limited information provided by the clinical instructor, the student is given a short time to gather unspecified information from electronic medical records and from the patient, analyze this information while drawing on existing knowledge, and identify nursing problems. Unlike with case study exercises undertaken at the university in advance of the practice, during the practice students are required to think and act independently and proactively. Thus, the practice was designed with reference four thought processes associated with inquiry-based learning [4], a learning method that was expected to help students acquire the ability to discover problems from a variety of angles while drawing on unspecified sources. The four thought processes are (1) reading the limited subjective/objective information presented (i.e. the facts); (2) inferring the meaning of the information (hypothesis); (3) considering what information is necessary in addition to that currently available in order to confirm inferences; and (4) investigating what they did not

know during the above processes.

In this training, we configured both outpatients and inpatients with (1) chronic renal failure, (2) acute myeloid leukemia, (3) cerebral infarction, (4) systemic lupus erythematosus (SLE), and (5) Graves' disease and devised settings such as complaints and progression information for each (Table 1).

To implement the simulations, we assigned one patient to each student and presented the patient's information (Table 1). After students considered what kind of disease the patient had in accordance with the four processes, we presented the name of the disease. Next, the student summarized and presented the characteristics of that disease along with its testing, treatment, and nursing characteristics. After that, students reflected again on the four processes and planned how to purposefully gather information that would confirm their hypotheses. Then, students made a detailed plan covering aspects such as how to ask questions and observe symptoms and other factors.

Table 1: Patient Information Used for the Training in Identifying Problems from Limited Information

Patient	Information
1	<ul style="list-style-type: none"> 52 years old, male, self-employed, irregular health checkups Explained to nurse how he came to be hospitalized this time: "I do manual work, and it's been so tough lately. Work is hard, so hard... I thought I should see a doctor and went for a checkup." After an explanation from the doctor in charge, he said to his wife, "I heard the illness could affect my heart or brain. It's a terrifying disease, you know." Hb level: 10.0 g/dL Diagnosed at stage four, plans to receive guidance on dietary treatment Chats pleasantly with the patient in the next bed: "I'm meticulous, and I've got the confidence to do what I say I'll do."
2	<ul style="list-style-type: none"> 30 years old, female, writer (works mainly from home) Seen at an internal medicine clinic after feeling listless and feverish for over two weeks. "How am I going to tell him... that I caught this awful disease..." she said in tears when the nurse was taking vital signs. Plans to have one man accompany her when the doctor in charge explains the treatment. Wears a mask even in the patient room, washes hands and brushes teeth before and after eating, and gargles carefully. After an explanation from the doctor in charge, she tells a nurse, "The side effects look grim. I dread the thought of vomiting. But someone famous had the same disease as me and got better, so I want to do my best with the treatment, too. Because I want to have a child before the age of 40."
3	<ul style="list-style-type: none"> 67 years old, male, originally from Tokyo Was rushed to hospital after consciousness level declined during work. Says to the nursing student, who is preparing a meal for the patient sitting in a wheelchair, "I don't really know, but they said I can't see the left side. So I often knock things off the table." Nursing student notices a pill on the left side of the patient, who is confined to bed, but the patient hasn't noticed. Undergoing rehabilitation daily in the rehabilitation room. During rehabilitation, says to the OT, "I'm left-handed, you see. It's not going well, and it bothers me."
4	<ul style="list-style-type: none"> 25 years old, female. Lives with husband Low-grade fever and fatigue continuing for three months. While receiving guidance on admission to the hospital, says to the nurse, "These days I can no longer cover up the redness on my face with foundation. In my line of work, appearance is really important, including makeup, so it was emotionally tough, as well." After the doctor in charge explained the condition and treatment policy, she inquired as follows: "The name of the disease is clear, so I just need to apply with the documents at City Hall, right?" After waking up, she asked the night nurse, "Nurse, sorry to bother you. Could you get the lid off the skin lotion bottle for me? Oh, and could you open this bottle of water, too?" When her husband came to visit, she said to him, "I like surfing, but I was told I mustn't do it anymore."

5	<ul style="list-style-type: none"> • 48 years old, female. Three-person family with two sons (24-year-old working adult, 19-year-old university student) • Her son, who accompanied her to the hospital said, “She’s been irritable for a while, but over the past six months she’s been really frustrated. Apparently she couldn’t sleep at night, either.” • Visited a gynecology clinic a month ago, but nothing abnormal was detected. • While the nurse was explaining the testing procedure, she said, “Lately, my friends often tell me my facial features have changed. Especially around my eyes. I guess it can’t be helped. This is what happens in middle age.” • Says to the doctor in charge, “I’m doing two jobs at once. So I can’t rest even if you tell me to. I have to earn a living.” • When the pharmacist comes to explain the medicine, she says, “I’m not allowed to drink? I’m a big eater and a big drinker, but I don’t put on any weight at all, and people say they’re jealous of me.”
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Following this, a faculty member performed the patient role to simulate the information gathering process. After all students had experienced the simulation, students shared what they had noticed with their peers and exchanged opinions on what they had learned and the challenges they faced.

(2) Situation-based Training (Implementation of the Nursing Process for Patients with Chronic Disease)

This training aimed to simulate the nursing process for one inpatient, in a similar manner as conventional clinical practice. For this training, we configured (1) a patient undergoing hemodialysis due to chronic renal failure; (2) a patient beginning chemotherapy for acute myeloid leukemia (remission induction chemotherapy); (3) a patient paralyzed due to cerebral infarction with a high risk of aspiration pneumonia; (4) a patient between the acute exacerbation and convalescence phases of chronic respiratory failure due to bronchitis; and (5) a patient between the acute exacerbation and convalescence phases of alcohol-induced cirrhosis.

The scenarios used for each patient—their treatment state, doctor/nurse records, test data, and so forth—were created in such a way that the nursing process could develop in response to changes. These scenarios were presented to students on each day of the training. Further to this, since it was not possible to provide a faithful reproduction of medical equipment and materials related to treatments, such as hemodialysis apparatus and shunts, students were encouraged to develop an image of the patient by viewing existing video materials.

The roles of patients and clinical instructors/faculty members were divided among the course instructors, who performed simulations for processes ranging from information gathering to nursing practice. To reflect the original clinical practice, the exercises were

configured so that students would have to gather and assess daily changing information about the patient within a short time, by examining the patient’s medical record, before communicating with and practicing on the patient. The exercises required all students to conduct each process daily, from information gathering at the bedside to nursing practice, and then report the results of each assessment to the faculty member acting as the clinical instructor, who would then instruct the student. In addition, the faculty member in the patient role supported the learning process by informing the student from the patients perspective of points he or she had noticed, such as the words the student used or the nursing conducted. When all students had completed the simulations, conferences were held for students to share what they had learned.

(3) Training in Handling Unforeseen Developments

This training aimed to help students learn how best to make decisions and take action under time constraints in response to unexpected developments during the nursing process.

Only information on the main illness requiring hospitalization and a brief description of the situation were configured, and the scenarios used situations that were likely to occur (Table 2). In addition to the basic setting, details that students were expected to notice were shared among faculty members in advance. Here again, faculty members performed the patient roles, improvising narratives around the family background and the simulation dialogue in response to the student’s performance in practice. Faculty performed the roles while devising a variety of psychosocial circumstances, including a patient who cannot follow dietary or fluid restrictions due to her relationships with others; a patient who continuously demands to get up and walk despite the nurse explaining the need to rest; a patient who adamantly refuses a wheelchair; and a patient who cries thinking about her daughters who she will leave behind.

Table 2: Patient Information Used for the Training in Handling Unforeseen Developments

Patient	Information
1	Sixties, male. Hospitalized for acute exacerbation of chronic heart failure. Was required to rest in bed, but is allowed to walk to the ward toilet from today. When a nursing student visited his room to take vital signs, he got up from the bed after explaining, "I heard my friend is coming to the hospital for a test. He says he's waiting in the first floor lobby and has something to give me. I'll be back soon. Can you take my blood pressure and whatnot after that?"
2	Fifties, male. Hospitalized due to acute exacerbation of chronic renal failure. Due to undergo shunt placement next week. After vital signs were taken in the morning, the nursing student asked, "We'll need the salt restrictions even with dialysis. Do you think you can keep going?" The patient replied, "Yes. It's doable one way or another, I think. You see, my wife told me she's gonna do her best to prepare side dishes that don't need salt. I'll take care myself, too. I like rice crackers and snacks, but I gotta stop buying them." Vital sign values, symptoms, and comments were assessed and recorded at that time. When you went to the room that evening to say goodbye before the patient was discharged, you noticed the packaging of some sweet baked goods in the garbage basket.
3	Seventies, female. Hospitalized for aspiration pneumonia. Medical history of high blood pressure and cerebral infarction. Has right-sided hemiparesis and takes her time to perform activities such as moving and dressing/undressing slowly while the nurse is watching. Lives with husband. Has two children, but they live overseas and in Kanto [a different region of Japan]. Has been on an antibiotic drip to treat the pneumonia since hospitalization. There is a record stating that the patient removes the drip herself at night. She didn't remove it during the day. On her fifth day in hospital, the inflammatory response improved, and the antibiotics were switched to oral therapy. Antihypertensives and other oral medications are managed by the nurse and handed to the patient each time. The instructor asks the nursing student the following question: "I'm thinking of preparing the patient to manage her own medication when she's discharged. What do you think?"
4	Seventies, male. Hospitalized due to cerebral infarction. Left-sided hemiparesis. Nineteenth day in hospital. Currently taking antihypertensives and laxatives orally. Undergoing rehabilitation daily to prepare for returning home. Eagerly engages in gait training and dexterity exercises in the rehabilitation room. He is gradually regaining the ability to move from bed to wheelchair/chair (sitting position --> standing position --> sitting position). The nursing student encourages the patient to use a urinal or portable toilet at bedside, but he refuses. He doesn't try to move to the toilet and says, "I'm wearing a diaper, so I'm fine." After urinating in the diaper, he calls the nurse to change it. The patient is using the pants-type diaper.
5	Sixties, female. Started hemodialysis five years ago when systemic lupus erythematosus (SLE) worsened. Receives dialysis three times a week (Monday, Wednesday, and Friday) at a dialysis clinic near her home. On the days when dialysis is not administered, the patient runs a flower arrangement classroom-cum-café out of her home. Her predialysis body weight has increased three to four kg over the past month, and, especially on Mondays, her blood pressure is high and she has symptoms such as breathlessness and fatigue. She also made the following remarks: "Oh! The nursing student is here to observe today. By all means. Ask me anything you like. What do I enjoy doing? Well, I do like a drink. I enjoy drinking beer with my husband every day. We were recently given some <i>shōchū</i> [a hard liquor] from Kyushu by our neighbor as a souvenir. We're drinking that, as well, little by little. I also enjoy chatting about different things over tea with my students after the lessons. It's such a joy to meet and talk with different kinds of people." The nursing student recalls that the doctor ordered a fluid restriction of 800 ml/day.
6	Forties, female. Pancreatic cancer. Recurrence. Hospitalized for chemotherapy and radiotherapy. When the nursing student who was assigned to the patient for nursing practice visited her room, the patient explained, "I had almost the same course of chemotherapy three years ago. I want to fight it again, but it looks like it's spreading around..." Her husband, who was by her side, gave encouragement: "The cancer has recurred, but I know you can beat it again. Let's fight it together." Once the husband had left, the patient told the nursing student, "My husband said what he did, and I know I have to fight because of the children, but I may have fought all I can... My mother also died young, of cancer, and I saw her grow weaker and weaker. I'll become useless to them as a mother... I don't want to put my daughters through all that... I don't have the confidence keep fighting anymore."

Working in pairs, students chose one patient and planned their involvement with that patient while considering the meaning of the information provided. The planned content was carried out in the short space of ten minutes.

Conferences were held after all students had completed the simulations. Students reflected on how they spoke and behaved with each patient, as well as the patient's reaction; they were also encouraged to share details of the points in the simulation when they

felt perplexed by the patients' unexpected reactions, and how they felt at that time. Based on these reflections, students shared various other discoveries and thoughts, their feelings of bewilderment, and opinions on the best ways to deal with the situations that patients faced.

VI. Student Responses to the Substitute Practice

The following impressions and opinions were expressed by students after the substitute practice. It should be noted that these

responses were obtained with consent from the students, who had received a verbal explanation of matters such as protection of their personal information.

Regarding the volume of the three training components, students gave the following feedback: "It was not a burden. I'm glad I was able to review many diseases and treatments"; "I wasn't sure whether the practice at the university would be as effective as the clinical practice, but I enjoyed thinking about how to nurse the three patients."

Students gave the following feedback on the performance of simulated patients by faculty members and inclusion of various mechanisms intended to challenge them: "When the teacher was acting as the patient, I felt more nervous than during the basic practice, and my hands were shaking. However, they later stopped shaking as I gradually got used to treating the teacher as I would a patient"; "I was surprised at how realistic the teacher was in the patient role"; (when the patient cried) "I felt like I too could cry and did my best to hold back the tears."

Regarding the post-simulation conferences and feedback from the faculty members playing the clinical instructor and patient roles, students gave the following opinions: "I felt horribly nervous doing the practice with everyone watching, but because I got the feedback straight away I was able to reflect on the care I had provided and understand things without any difficulty"; "I understood that I didn't ask questions in the right way and identified an area for improvement"; "I'm glad I was able to know the patient's honest feelings"; "I could listen the other students' opinions and observe them performing the tasks, which opened up a new perspective for me"; "It broadened my horizons."

VII. Benefits and Future Challenges of the Substitute Practice

The post-practice student reactions indicate that nursing practice on patients living with chronic disease achieved through simulations at the university resulted in broadly similar learning as the original clinical practice. The following four points were drawn:

1. With respect to the volume of work in the three training exercises, we were somewhat concerned that the practice, which offers the benefit of enabling students to learn many nursing practices from multiple patients, might overburden the students; as it turned out, students were able to learn without incurring a heavy burden since the three training components were deployed in a stepwise fashion.
2. With respect to the learning environment, fidelity of the simulation was low since medical equipment and materials such as hemodialyzers were shown in videos and photographs, and details of the setting were explained verbally. However, because faculty members assumed the patient role and acted and reacted as an actual patient would, it can be argued that students could experience patient situations similar to those experienced in clinical practice.
3. In the training in handling unforeseen developments, students were thrown off guard and experienced difficulties when patients reacted in unexpected ways. Research has suggested that in the communicative settings of adult care nursing in which students take charge of terminally ill patients or pa-

tients in their twenties, although students can decode patient situations, they do not understand how to respond to them, highlighting the need to understand why students experience difficulties when providing specific forms of learning support. Research has also highlighted the need for support that involves creating environments and opportunities for students to reflect on situations experienced in clinical practice with their peers, and express their thoughts and feelings [6, 7]. The post-simulation reflections seem to have enabled students to reappraise their feelings and actions and discover ideas that they themselves did not have, by sharing opinions on the difficulties they experienced and how they felt at that time, as well as other methods that could be used to deal with the problems encountered. Students were thus able to study each situation and discuss it as a group in an unhurried manner, which enabled them to identify improvement challenges through feedback from faculty members and other students. Through clinical practice, students experience the joys and challenges of nursing that only a real nursing environment can provide, while also making new discoveries about themselves, becoming aware of what they can and cannot do and developing their learning at a deeper level. In this regard, it can be considered that the simulation-based practice at the university also enabled students to perceive their own challenges more clearly.

4. In clinical practice conferences, students can struggle to convey the instances of involvement with patients that they found problematic, and it may take time for other students to form an image of the patient. In the substitute practice conducted at the university, however, since students observed one another while performing the tasks, they could easily recall the various situations that occurred and easily understand what the student who performed the practice was thinking, which made it easier to share opinions. The fact that students observed one another's simulations during the university practice made it easier, compared to the original clinical practice, for them to share what they had learned, culminating in a lively exchange of opinions.

Students ascribe their own meanings to the experiences they gain from interacting with patients in their care, and there are instances where meanings are not ascribed to valuable experiences or interpretations are complacent [8]. This highlights the possibility that the daily reflections on simulated content may give meaning to experiences and lead to student growth. All of this suggests that the substitute practice at the university brought sufficient benefits and may have potential as a new educational method.

As for future challenges, it is necessary to verify the learning effects of the substitute practice, which would include clarifying the actual conditions of learning in the program. Since the program was developed and implemented at short notice, we were unable to perform an objective verification of its learning effects. We will continue to augment our curriculum with educational content and methods that generate positive learning effects, through analysis of learning in the substitute practice. Discussion will also be necessary on how to compensate for components where learning effects are found to be lacking.

In addition, physical and human resources will be required to es-

establish and coordinate the learning environment and guarantee experiences that closely reflect clinical practice. Situation-based training is important in improving students' non-technical skills, and this will require manpower in the form of faculty members with a high level of educational expertise for implementation. Faculty members must play a critical role, acting as patients and nurses and providing well-timed advice depending on how students react, which can have a decisive impact on learning effects.

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