

**Title:**

Situated Cognition of Faculty Regarding Clinical Learning Environments of Practicums in the US and Japan

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**References:**

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**Abstract Summary:**

This study elucidated the situated cognition of faculty regarding clinical learning environments of nursing practicums in the US and Japan. Semi-structured interviews were conducted with faculty from each country and analyzed using thematic coding. For the clinical learning environments, the themes demonstrated the similarities and differences between the country groups.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the situated cognition of faculty regarding clinical learning environments (CLEs) having desirable effects in the US and Japan.	The theme of “Collaborative learning community” was identified as common within the country groups. The other themes for desirable CLEs for the two groups were identified. For the US participants, these additional CLEs were identified as follows: “Appropriate clinical conditions,” “Educational support from faculty/staff,” “Systematic approach to facilitate student learning,” “Enhancing authentic learning,” and “Professional learning activities.” For the Japanese participants, these additional CLEs were identified as follows: “Proper clinical

	<p>conditions,” “Educational support from faculty/nurse manager/staff,” “Cooperation based on shared understanding of student learning,” “Authentic learning practices,” and “Learning activities for professional development.” The themes demonstrated the similarities and differences between the two groups.</p>
<p>The learner will be able to identify the situated cognition of faculty regarding clinical learning environments (CLEs) having undesirable effects in the US and Japan.</p>	<p>The themes of “Confrontations in professional relationships” and “Insufficient linkage between academic and clinical personnel” were identified as common between the both groups. The other themes for undesirable CLEs for the two groups were identified. For the US participants, these additional CLEs were identified as follows: “Limited clinical conditions,” “Unfavorable impacts on professional formation,” “Unsatisfied values causing delay in student learning,” and “Stagnation in authentic learning.” For the Japanese participants, these additional CLEs were identified as follows: “Inadequate clinical conditions,” “Unfavorable impacts on professional values,” “Difficulties encountered in cultural system,” and “Deficiency of learner autonomy.” The theme showed the similarities and differences between the two groups.</p>

**Abstract Text:**

**Aim:** This study aimed to elucidate the situated cognition of faculty regarding clinical learning environments (CLEs) having desirable and undesirable effects on student learning of nursing practicums in the United States (US) and Japanese baccalaureate nursing programs.

**Background:** With the acknowledged need for clinical education reform, it has become critically important to design CLEs that will cultivate the nursing competence necessary for today’s healthcare. The design process includes realizing the characteristics of desirable and undesirable CLEs, as well as the learning objectives. It is also important for faculty to participate in designing CLEs and utilize the outcomes to improve their own educational activities.

**Methods:** Semi-structured interviews were conducted with 20 faculty in charge of practicums from each country (the US and Japan) and covered CLEs perceived to have desirable and undesirable effects on student learning. The interview data were classified into country groups and analyzed using thematic coding. This study was approved by a university institutional review board in each country.

**Outcomes:** Thematic coding processes identified themes of the situated cognition held by faculty regarding CLEs of nursing practicums. For desirable CLEs, the theme of “Collaborative learning community” was identified as common within the country groups. The other themes for desirable CLEs for the two groups were identified. For the US participants, these additional CLEs were identified as follows:

“Appropriate clinical conditions,” “Educational support from faculty/staff,” “Systematic approach to facilitate student learning,” “Enhancing authentic learning,” and “Professional learning activities.” For the Japanese participants, these additional CLEs were identified as follows: “Proper clinical conditions,” “Educational support from faculty/nurse manager/staff,” “Cooperation based on shared understanding of student learning,” “Authentic learning practices,” and “Learning activities for professional development.” For undesirable CLEs, the themes of “Confrontations in professional relationships” and “Insufficient linkage between academic and clinical personnel” were identified as common between the country groups. The other themes for undesirable CLEs for the two groups were identified. For the US participants, these additional CLEs were identified as follows: “Limited clinical conditions,” “Unfavorable impacts on professional formation,” “Unsatisfied values causing delay in student learning,” and “Stagnation in authentic learning.” For the Japanese participants, these additional CLEs were identified as follows: “Inadequate clinical conditions,” “Unfavorable impacts on professional values,” “Difficulties encountered in cultural system,” and “Deficiency of learner autonomy.”

**Implications:** The findings revealed some of the situated cognition held by the US and Japanese faculty regarding the effect of CLEs on student learning. For the desirable and undesirable CLEs, the themes demonstrated the similarities and differences between the country groups. The features between countries may be influenced by the difference in the respective clinical instructional system. The findings will contribute to knowledge regarding effective clinical learning in both countries. Building international partnerships will facilitate the design of optimal CLEs that cultivate students with the competencies needed in global practice.