

# An Integrative Literature Review on Selecting Patient Assignments for Undergraduate Nursing Students in the Clinical Setting

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# **An Integrative Literature Review on Selecting Patient Assignments for Undergraduate Nursing Students in the Clinical Setting**

## **Abstract**

One of the key functions of a clinical nursing faculty is selecting patient assignments for undergraduate nursing students in the clinical setting. However, there is limited existence of evidence or strong scholarship that informs clinical nursing faculty on this specific process. In particular, they are left wondering regarding the factors, variables and methods that can be considered in this process. Hence, an integrative literature review was conducted that addressed the following questions: What is the current state of evidence and what are the best practices in selecting patient assignments for undergraduate nursing students in the clinical setting? What factors and variables do clinical nursing faculty consider in this process? A total of nine documents and two chapters from clinical nursing education books met the inclusion criteria for this literature review. The factors identified from the literature review considered in the patient selection process were: (a) needs of the patients and their families, (b) nursing students' learning needs and characteristics, (c) course objectives, (d) knowledge of the clinical faculty in clinical teaching, and (e) the learning environment. With respect to the methods of patient selection, three methods were also identified from the literature review: (a) faculty-led, (b) student-directed and (c) shared approach. The findings of this review indicate that further research is needed to better understand other factors and variables that may influence the patient selection process in the clinical learning environment. More qualitative studies are recommended to provide a more in-depth understanding about the processes, relationships, methods, assumptions, biases and behaviours involved regarding this topic in clinical nursing education.

*Keywords* select, clinical, nursing, assignments, students, patients, clients, experience

## **Background**

One of the key functions of a clinical nursing faculty is planning and selecting patient assignments for undergraduate nursing students (Gaberson & Oermann, 2010; O'Connor, 2006). However, clinical faculty vary in their processes and methods of selecting patient assignments with limited existence of strong evidenced-based scholarship about this process. Hence, an integrative literature review was conducted that addressed the following questions: What is the current state of evidence and what are the best practices in selecting patient assignments for undergraduate nursing students in the clinical setting? What factors and variables do clinical nursing faculty consider in this process?

## **Purpose and Methodology**

The purpose of this integrative literature review was to explore available literature on the topic of selecting patient assignments for undergraduate nursing students to provide evidenced-informed recommendations that guide clinical faculty on this specific process. Integrative literature review was selected as the methodology to allow simultaneous inclusion of experimental and non-experimental research documents about this topic of interest (Whittemore & Knafl, 2005).

## **Literature Search**

Literature search was conducted following a specific inclusion criteria (Insert Appendix A here). Factors, variables, processes, methods, or practices utilized by clinical nursing faculty in selecting patient assignment for undergraduate nursing students of an RN program in the clinical

setting published from 1957 to 2018 were the established inclusion criteria. Documents were identified from academic databases such CINAHL, MEDLINE, ERIC, ProQuest Dissertations and Theses Full-text, and Scopus. They were screened against the inclusion criteria and reference lists were also reviewed to find additional articles. Nursing education books were also scanned and found two chapters that were relevant to the inclusion criteria.

## **Results**

### **Characteristics of Documents**

A total of eight articles, one dissertation, and two chapters from clinical nursing education books met the inclusion criteria. A detailed summary pertaining to each document can be found on the summary of documents (Insert Appendix B here). Overall, a few general observations warrant mentioning. Five documents employed quantitative methods (Hill, 1993; Iwasiw & Goldenberg, 1990; Lindow, 1997; McCain & Jenkins, 1988; Treece, 1969). Studies were all conducted in a hospital clinical setting. A theoretical article (Fothergill-Bourbonnais & Higuchi, 1995), one dissertation (Lau, 1983), and two chapters in clinical nursing education books (Gaberson & Oermann, 2010; O'Connor, 2006) were also included. Out of the six research documents where it was explicitly indicated, four were associate degree programs while two were baccalaureate nursing programs.

### **Data Evaluation**

Since purposive sampling was employed that yielded a limited number of documents that met the inclusion criteria, the author has decided to include the available documents to pragmatically yet meaningfully meet the current state of evidence on this particular topic in clinical nursing education. To be transparent with the specifics of the methodological quality or

rigor and informational value of each of the included document in this review, a detailed summary of each document that explicitly describes the type of manuscript, theoretical framework used if applicable, purpose, methods, and key findings can be found on the summary of documents (Insert Appendix B here) . In addition, the summary of documents was written to facilitate the meaningful integration of key findings of each document and to subsequently interpret them cognizant with the overall purpose of the review to support ensuing recommendations.

### **Data Analysis and Synthesis**

Utilizing Whittemore and Knafl's (2005) updated methodology on integrative literature, documents were then classified into subgroups in a logical fashion to facilitate analyses and to develop more meaningful interpretations and themes. The three subgroups are as follows: factors or criteria used by clinical faculty in patient selection; methods and tools in patient selection; and nursing students' perspectives about the processes and methods of selecting patient assignments (Insert Appendix C for Subgroups of Chosen Documents here). In the following pages, each main theme or subgroup is presented and explored in-depth.

### **Main Themes**

#### **Factors in Selecting Patient Assignments**

Goldenberg and Iwasiw (1988) found the three most important criteria ranked by clinical faculty in the patient selection process were students' individual learning needs, patients' nursing care needs, and matching of patients' needs with students' learning needs. Hill (1993) also found that the physical care of the patient was the first factor rated by clinical nursing faculty in the

patient selection process. Fothergill-Bourbonnais and Higuchi's (1995) theoretical article described four factors namely: curricular goals, learning environment, teaching expertise, and learner characteristics. Similarly, Gaberson and Oermann (2010) proposed that clinical assignments should be selected "according to a criteria such as learning objectives, patients' needs, availability and variety of learning opportunities, needs, interests, and abilities of learners" (p. 116). Lastly, Lau (1983) found that clinical teachers do not consciously take into account the various factors in the selection of learning experiences; with their selection is based mostly on past experience.

### **Methods in Selecting Patient Assignments**

Iwasiw and Goldenberg (1990) conducted a two-year project to explicate criteria used to select patients, to develop a patient selection instrument (PSI) and to test the criterion-related validity and inter-rater reliability of this instrument. The authors found consistency between the patient selection criteria identified by Goldenberg and Iwasiw (1988) and some of the questions in the PSI. McCain and Jenkins' (1988) found that the faculty utilized the instructor-assigned/student-gathered method (i.e. clinical nursing faculty selects patient assignments then nursing students gathers information about the patient) as the predominant method utilized followed by the instructor-assigned/instructor-gathered method (i.e. clinical nursing faculty selects patient assignments and also gathers relevant patient information).

### **Nursing Students' Perspectives**

Treece (1969) found that that approximately two-thirds of nursing students in the study indicated that they should have at least some voice in the patient selection process, with students

who had less clinical practice experience more likely than students who had more experience to report that they should choose their own patients. In terms of students' perspectives, Lindow (1997) found that the majority of the students stated that their learning needs were better met when they chose their patient assignments. Similarly, Montgomery (2009) also found that more than half of nursing students felt that their learning needs were better met when they selected their respective patient assignments.

## **Discussion and Practice Implications**

### **Factors in Selecting Patient Assignments**

Each factor is discussed separately below for the purpose of explication with some examples provided to illustrate how it can be integrated into practice and in a lesser extent to broader educational policies and processes. Although each factor is examined separately, these factors are not mutually exclusive but rather are interrelated and influence each other in the process of selecting patient assignments.

**Needs of the patients and their families.** In this integrative literature review, not surprisingly, the most recurring factor was patients' and their families' needs; in particular, consideration of the physical care of patients (Hill, 1993), nature of patients' needs (Goldenberg & Iwasiw, 1988; O'Connor, 2006), consideration of the acuity and complexity of the patients' condition in the clinical setting (Fothergill-Bourbonnais & Higuchi, 1995), patients' and their families' care requirements and wishes (Gaberson & Oermann, 2010). Patients and families are considered RNs' partners in care thus it is truly appropriate that their needs are primarily considered in the patient selection process. Further, patients and families' needs should not be

limited to physical needs and should also include psychological, social, cultural, and spiritual needs to ensure provision of holistic nursing care. For example, a patient who has difficulty conversing in English or for whom English is not the first language could be assigned to a student who could speak the patient's first language (O'Connor, 2006).

**Nursing students' learning needs and characteristics.** Learner characteristics include evaluating each nursing student's ability to confidently provide safe and competent nursing care by assessing their knowledge base and psychomotor skills (Fothergill-Bourbonnais & Higuchi, 1995). For example, faculty could determine each nursing student's academic progress and previous clinical experiences by obtaining a checklist of specific nursing procedures that each nursing student has accomplished (Fothergill-Bourbonnais & Higuchi, 1995). In the process of selecting patient assignments, it is also important for clinical nursing faculty to consider each of their nursing students' individual and unique characteristics and abilities, learning needs, interests, and previous experiences. This could be accomplished during the orientation period and throughout clinical by individually connecting with each student to express their specific learning needs, preferred learning style, previous clinical experiences, nursing psychomotor skills experienced in previous clinical courses, goals, objectives and expectations for the current clinical course.

Creating a relatively safe, non-threatening and open learning environment is also a critical element in this process of constant negotiation and consideration of learner characteristics between the clinical nursing faculty and the nursing students. The openness of nursing students about the appropriateness of their patient assignments especially with respect to their ability to provide safe and competent nursing care depends to a large extent with their ability to trust their clinical nursing faculty (Steven et al., 2014). Further, nursing students' fear of the potential



consequences of questioning practice may influence against the educational value of the placement experience and could cause emotional distress, which could also compromise the students' emotional safety for learning (Steven et al., 2014). It is also important to highlight patient safety within the context of the patient selection process, ultimately asking this question: Is the nursing student ready to provide safe, competent and ethical nursing care for this specific patient situation or condition? This could be done by understanding the complexity and acuity of the patient's situation and by knowing the level of knowledge and preparation of the particular the nursing student.

**Course objectives.** O'Connor (2006) described that the overall learning goals of the nursing program are reflected in a way with each specific course objectives of a particular clinical course. Gaberson and Oermann (2010) suggested that it is the clinical faculty's role to translate course outcomes into specific clinical objectives by selecting learning activities related to these outcomes that would enable them to reach course objectives in particular, and eventually meet curricular goals in general. This can be accomplished by intentionally aligning patient assignments with specific course objectives if at all possible.

**Knowledge in clinical teaching.** According to Shulman (1986), the three areas of knowledge essential for clinical teaching are the following: subject-matter content knowledge, pedagogical content knowledge, and curriculum content knowledge. Subject-matter knowledge refers to the knowledge, familiarity, and deep understanding of the common concepts and learning opportunities in a specific clinical setting in order for the clinical faculty to recognize the educational potential in patient situations (O'Connor, 2006). While pedagogical knowledge refers to the knowledge about the teaching-learning process, and pedagogical principles and

theories within the context of nursing education (O'Connor, 2006). It enables the clinical faculty to effectively assist nursing students make the intellectual connections between the concepts and theories that they have learned in the classroom and laboratory with the situations they encounter in the clinical setting (O'Connor, 2006).

Curricular content knowledge refers to the awareness of the content being studied by nursing students in accompanying courses which Shulman (1986) calls “lateral knowledge” (as cited in Fothergill-Bourbonnais & Higuchi, 1995, p. 40). Lateral knowledge allows clinical nursing faculty to organize clinical learning experiences that assist nursing students to apply what they are concurrently learning in theory courses as well as reinforce the content of concurrent courses as reflected in particular patient situations (Fothergill-Bourbonnais & Higuchi, 1995). This integrates clinical and classroom learning, and may facilitate bridging the theory and practice gap.

Curricular content knowledge also includes the vertical curricular knowledge that Shulman (1986) described as “the knowledge about what has been taught in previous courses and what will be taught in future courses” (as cited in Fothergill-Bourbonnais & Higuchi, 1995, p. 40). Through vertical curricular knowledge, the clinical nursing faculty is able to vary patient assignments based on the students’ previous experiences and current knowledge base, and may facilitate recognition of the student’s need for background information about a patient assignment (O'Connor, 2006).

**Learning environment and context.** According to Fothergill-Bourbonnais and Higuchi (1995), learning environment includes consideration of patient acuity, technology used in a particular care unit, scope of practice of health care providers, and financial impact on staffing

resources. Awareness of these characteristics and how they could impact patient selection facilitate the matching process and can enhance the learning experience of nursing students. Furthermore, clinical nursing teachers should establish and invest on positive collaborative relationships with unit staff in order to leverage their strengths and expertise. This can be accomplished by eliciting the nursing staffs' input and feedback in the patient selection process (O'Connor, 2006).

### **Patient Selection Instrument**

Iwasiw and Goldenberg (1990) found that some clinical faculty find the PSI time-consuming to complete and has too many criteria. They also found that PSI can be particularly more useful to new and novice clinical nursing teachers (Iwasiw & Goldenberg, 1990). Hence, it can be revised and made more concise, with a new PSI developed based from the five factors resulting from this literature review. Research implications about the PSI are discussed further below (see research implications).

### **Methods in Selecting Patient Assignments**

**Faculty-led.** One advantage of a faculty-led or instructor assigned method is that the clinical faculty is knowledgeable about curriculum-content and would be able to assign patient assignments central and related to the course objectives and to the topics in theory, concurrent, and previous courses. This method is recommended in situations wherein the nursing students still lack the experience and deep understanding to evaluate the appropriateness and usefulness of patient assignments (e.g. first year nursing students; during nursing students' first few weeks in a new clinical setting or environment). The instructor-assigned/instructor gathered method

(McCoin & Jenkins, 1988) could also be utilized for practical reasons such as when a nursing student's patient is discharged or transferred to another facility during the beginning or the middle part of a clinical day wherein time is limited to gather information about a new patient.

**Student-directed.** The self-directed process is found to facilitate meeting both the learning needs of nursing students and course objectives, while also increasing the nursing students' satisfaction with the clinical experience and promoted increased sense of responsibility for individual learning (Lindow, 1997; Montgomery, 2009). This method is generally recommended in situations wherein nursing students have more clinical experience and broader understanding about the nature and scope of nursing practice to evaluate the appropriateness of patient situation/s (e.g. third or fourth year nursing students; last few weeks of a second year clinical rotation). It is also important that each student consistently and ongoingly conducts a self-assessment about one's knowledge and skills, readiness and preparation for clinical practice which include but not limited to evaluation of their clinical nursing skills, clinical conditions they had encountered, and their goals for the clinical experience (Montgomery, 2009). The instructor then reviews this assessment with each student to provide guidance, suggestions and coaching, and plan with them regarding how to meet the goals that they had established.

**Shared-approach.** This approach is recommended in situations wherein more guidance is needed in selecting patient assignments such as in situations wherein a student is struggling to meet specific course objectives. This method may provide an opportunity for the clinical faculty to coach students in a more individualized manner. A shared approach to patient selection could be a scaffolding technique (Woolley & Jarvis, 2007) by recognizing when to appropriately withdraw or to gradually remove direct supervision but always being cognizant of patient safety.

## **Research Implications**

Clinical nursing faculty often lack the formal education and professional development opportunities related to their role and must draw on their personal and professional experiences to guide their teaching to meet the demands of both the clinical and academic contexts in which they simultaneously work (Dahlke et al., 2012). With respect to the patient selection process as a critical element within their role, further research is needed to identify and to understand other possible factors and variables that may affect its processes and may influence the quality of teaching in the clinical setting. Further research is also needed that would explicitly and directly explore the differences between novice and experienced clinical nursing faculty in the processes and criteria employed in selecting patient assignments.

With regards to the PSI, it is important for future studies to address other practical considerations such as the usefulness and the ease of use of the PSI as well as its direct usefulness for novice clinical nursing teachers. In terms of study design, five research documents included in this review employed quantitative methods. More qualitative studies are needed which may provide a more in-depth understanding about the processes, relationships, methods, assumptions, biases and behaviors involved in the patient selection process. Further, since studies included in this literature review were all conducted in an acute-care facility or hospital clinical setting, future research could be conducted to explore the methods and processes of patient selection in other clinical settings such as community health settings and long-term care facilities. Finally, further research could also be conducted to explore the anxiety experienced by nursing students in relation to the patient selection process. In particular, the underlying causes of anxiety and how it could influence their learning.

With respect to the nursing students' involvement in the patient selection process, further research is needed to better understand how nursing students would want to be involved or the extent to which they wish to participate in the patient selection process. Future research could also determine other factors such as year or level of the nursing students in the program, type of program, learner characteristics, and other factors that could influence the nursing students' intent and extent of involvement in the patient selection process. More research could also facilitate better understanding on how the different methods of patient selection explored above could contribute to the learning process, and ultimately to the education and preparation of undergraduate nursing students.

### **Conclusions**

Findings of this integrative literature review indicate that there is some agreement between clinical nursing faculty with respect to the factors considered in selecting patient assignments for nursing students in the clinical setting. This includes the following: needs of patients and their families, nursing students' characteristics, course objectives, knowledge of clinical nursing faculty in clinical teaching, and the learning environment. Knowledge how these factors are interrelated and how they influence each other could increase the awareness of clinical nursing faculty, more especially new or novice instructors, regarding the importance of considering and integrating these factors into the patient selection process. However, there will be specific situations wherein a factor should be considered more than the other depending on the context of a clinical or learning situation. Lastly, knowledge and awareness of these factors could make the process of selecting patient assignments more thoughtful, intentional, purposeful, and systematic.

The selection of appropriate and tailored learning opportunities in the clinical environment is a crucial element in clinical nursing education. Since it is the patient who is central to the nursing students' clinical learning experiences, it is essential that clinical nursing faculty assign patients who will provide students meaningful learning opportunities to meet course objectives and learning outcomes (Iwasiw & Goldenberg, 1990). It is through the nursing students' interaction with patients, learning from and about patients and the patients' responses to nursing care that nursing students learn about aspects of the nature of nursing practice (Gaberson & Oermann, 2010; O'Connor, 2006).

### **Limitations of this Literature Review**

Only a limited number of studies were found that fit the inclusion criteria for this integrative literature review, which could have impacted the conclusions and recommendations drawn. Since it was only the abstract of Lau's (1983) dissertation that was utilized in this literature review because a full copy of the dissertation was unable to be obtained at the time of the literature search, conclusions and recommendations drawn from this dissertation may have been limited. This review is also limited to studies published in the English language therefore research about this topic that was published in other languages is not reflected in this literature review. In terms of types of programs, only two research documents in this review are baccalaureate-nursing programs. Since most Western nursing programs and regulatory bodies require a bachelor's degree in nursing as an entry to practice requirement, more research are needed that represent the perspectives of baccalaureate nursing students with respect to the patient selection process.

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