

【お詫びと訂正】

2017年10月8日、9日、14日開催の学研ナーシングセミナー「パトリシア・ベナー博士来日講演会 看護の達人への道—その先へ：臨床推論をどう進めるか」のハンドアウトにおきまして、p.20に誤りがございました。

参加者の皆様ならびに関係各位にご迷惑をおかけしましたことを謹んでお詫び申し上げますとともに、次のページに訂正したものをアップいたします。

Mastery Requires Clinical Imagination

- Learning from Clinical Experience...imagining new possibilities requires:
- **Attentiveness...Noticing** what is salient
- **Attunement**...Skills of engagement with patient and the patient’s situation
- **Curiosity...Exploration**
- **Responsiveness to Patient and Situation**
- **Being Sensitive to Wrong Perception**

Teaching a Practice Requires:

- Experiential teaching and learning
- Situated cognition—Thinking-in-Action (The logic of practice)
- Situated teaching and learning (Readiness)
- Reflection on particular cases and situations
- Development of ethical comportment (In dispositions and actions, not just beliefs and decisions)

Changing Pedagogies to Match Human Thinking and Expertise

- In the “old” artificial intelligence,” human beings develop an accurate picture of the world by adding bits of information and rearranging them in a procedure that follows predictable rules.
- Inevitably, Dreyfus said, “Artificial intelligence ran up against something called the common-knowledge problem: **the vast repository of facts and information that practitioners**, and can draw on to make inferences and navigate their way through the world.”