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単位評価制度の有用性に関する看護婦の認識度=Nurses' Perceptions of  
the Value of a Credit Rating System

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# Nurses' Perceptions of the Value of a Credit Rating System

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## Summary

Recently registered nurses in the United Kingdom (UK) have applied through the Credit Accumulation and Transfer (CAT) scheme to seek Accreditation of Prior Experiential Learning (APEL) as a means of entry to higher education. The purpose of this study was to investigate nurses' perceptions of the value of a credit rating system. Thirty-five post-registered nurses, who are undertaking or had graduated from post-registration nursing courses at Queen Margaret University College (QMUC) and who used the APEL process, received a confidential postal questionnaire in July 1999. Nineteen questionnaires were returned. The results indicated both difficulties and benefits of the process of APEL. Reflection on previous experience and prior learning was a key factor in the process. Saving time, money and avoiding repetition of study were major reason for using the APEL rather than enter standard modules operated by institutions. Although the APEL was seen as a worthwhile process, it had not influenced motivation towards further professional study (n=12).

**key words** APEL, reflection, motivation

## INTRODUCTION

In the United Kingdom (UK), a large number of experienced nurses, as part-time students, are able to continue with their career in nursing at the same time as studying for a post-registration degree. Increasingly, they also can use the Credit Accumulation and Transfer (CAT) scheme to seek accreditation of prior learning (APEL). This scheme is recognised and encouraged by the Government and the United Kingdom Council for Nursing, Midwifery, and Health Visiting (UKCC). The UKCC which coordinates the education and training of nurses, midwives, and health visitors launched a revised basic nurse education programme in 1979 named Project 2000<sup>1)</sup>. The UKCC identified the need for an adequately prepared nursing profession, capable of delivering a high standard of care in a rapidly chang-

ing National Health Service (NHS). The main reforms were integration of nursing education and higher education, the reform of pre-registration programmes, the implementation of student status and a single level of nurse<sup>2)</sup>. Improving post-registration courses was also strongly supported by the UKCC and was seen as part of the Post-Registration Education and Practice Proposal (PREP)<sup>3)</sup>. The UKCC has been in working collaboration with the four National Boards for England, Scotland, Wales, and Northern Ireland because each Board has its own development history and implementation of professionalism.

However, experienced nurses have different backgrounds in nurse training, in nursing roles and positions and in personal life circumstances. Some of them have children, and family commitments which can make it difficult to enter university or college

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nursing degree courses using the ordinary route. They may also be full time employees. That means it can be difficult to manage their time, even when motivated to develop professionally and to improve their knowledge of nursing theory. Hence using CAT scheme to enter higher education will be beneficial for them because the scheme can save time in obtaining their degree.

Although making use of a CAT scheme can be a time consuming process and hard work these schemes can be useful for professional development. Indeed, Fraser & Titherington<sup>4)</sup> showed that graduates take courses for professional development or personal interest rather than for career advancement. Another study also showed that CAT schemes could influence the nurse's motivation because confidence would be increased<sup>5)</sup>. A CAT system can yield good opportunities for experienced nurses to gain and demonstrate academic knowledge. This system within higher education, by enhancing ability, may improve the quality of care and it can fit in with the rapidly changing working place and multiple complexities of health care situations<sup>6),7)</sup>.

By contrast in Japan, no such credit rating system is in operation although the importance of nursing courses in universities is increasing. If nurses want to be full time students, they may lose their present position in their work places or may have to change work place. Nurse education in Japan does not have any part-time courses, although nurses who have a diploma have an opportunity to enter the second or third years of a degree course as full time students. In adult education there are evening or correspondence courses and the University of the Air (similar to the Open University in the UK) offers an academic degree but unfortunately nursing courses have not as used any of those options yet<sup>8)</sup>. Because nursing education in Japan has duplicate regulatory bodies. The division of Nursing in the Ministry of Health and Welfare has the responsibility to regulate nursing diploma programs while the Ministry of Education has the duty to regulate the baccalaureate nursing school program<sup>9)</sup>.

Higher education, graduate nurses are increasing and Japanese nurses want to develop in specialization. There is however, a need to change and develop the nurse education system, especially for post-registered nurses. Life-long learning is not common in Japan, whereas in Scotland it is government policy for all citizens. Although Japanese nursing has made some advances in recent years it has still much to learn from nurses in other countries. Consequently, this project will examine one issue related to the CAT system within higher education in Scotland (SCOTCAT). The intention is to assess the possibilities of how this system can be adapted to contribute towards the planning of a further/continuing education system for nurses in Japan. The aim of this study is to examine nurses' perceptions of its value.

## LITERATURE REVIEW

The key concerns of this section are: The APEL process, benefits of APEL and the difficulties during the APEL process. The Further Education Unit (1983) defined the concept of APEL<sup>10)</sup>:

'The knowledge and skills acquired through life and work experience and study which are not formally attested through any education or professional certification. It can include instruction-based learning, provided by any institution which has not been examined in any of the public examinations system.'

APEL is the recognition of prior learning<sup>11)</sup> which means that post-registered nurses do not need to duplicate previous study at an undergraduate level. They can acquire new knowledge and skills developed from previous knowledge can expand for improved quality of patient care.

Simosko<sup>12)</sup> describes the six stages of the APEL model: Pre-entry - Candidate profiling - Gathering of evidence - Assessment - Accreditation - Post-assessment guidance. This is confirmed by the majority of studies<sup>13),14),15),16),17)</sup>, which described what APEL is and how people applied. The APEL process involves reflecting on past experience and events, iden-

tifying learning that has taken place, assembling the evidence of that learning and being assessed for accreditation<sup>18)</sup>. Nyatanga<sup>19)</sup> described mechanisms for the APEL that contrast standard routes and non-standard routes of entry to a higher education institution. This description of the APEL pathway was based on her experience. Another framework is also set out in the Queen Margaret University College literature<sup>20),21)</sup> and academic handbook which provides a guide to of the process of APEL. The start is the candidates' decision to claim credit for a previous certificate and/or experiential learning. Academic staff explains and help with the process. This support may be beneficial to assist candidates through the APEL pathway<sup>22),23)</sup>.

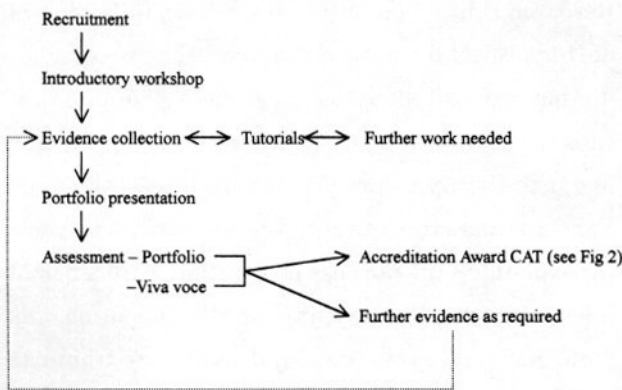


Fig 1: The pathway to APEL

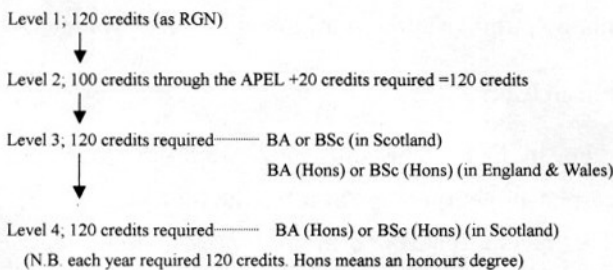


Fig 2: An example of CATPLAN action

Houston *et al.*<sup>24)</sup> found that about 78% of students recommend the process to colleagues because the process encourages reflective thinking, allows by-passing long waiting lists for formal modules, recognises on-the-job experience and avoids repetition of previous formal module content. Although the study had a high response rate (87.5%) using a confidential postal questionnaire the results could not be generalised because of small size (n=16) and

the qualitative approach.

The APEL process is however time-consuming and not an easy way to gain entry<sup>25),26)</sup>. It takes time, thought, perseverance and a certain amount of creative energy, especially the process of constructing a portfolio of evidence that can be assessed and matched against criteria<sup>27)</sup>. According to Selway & McHale<sup>28)</sup> the portfolio is basically an important step for assessing and making a judgement about the equivalence and relevance of the prior learning and prior experiential learning. They also noticed that prior experiential learning is more complex because experience alone is not the same as learning. Experience is a personal and subjective matter but it may be also objective if one recognised the distinction of an inside and an outside of things<sup>29)</sup>. This means that examination and reflection of an experience might be valuable for learning.

On the other hand, a portfolio can describe a process of learning including development from limited competence to a significant degree of expertise. The process of writing the portfolio is part of the overall learning experience. Budnick & Beaver<sup>30)</sup> believed that the portfolio provides an opportunity to review, reconfirm and document their strengths, skills and knowledge. They also said it could be less time consuming and less stressful than studying and it was another method of providing evidence of learning (challenge examinations).

Reflection on previous learning, practice and experience is a crucial factor in the APEL process<sup>31)</sup>. The progression of reflection can increase students' self-esteem and motivation<sup>32)</sup> because the process has three key stages: the first stage is an awareness of uncomfortable feelings and thoughts. The second stage is a critical analysis of the situation, examining feelings and knowledge. The third stage is the development of new understanding of the situation or learning<sup>33),34)</sup>. However, Boud *et al.*<sup>35)</sup> pointed out barriers to reflection on experience because reflection on experience might create difficulties such as how to relate the new experience to previous experience and how to integrate new learning with past

knowledge. There are also two types of barrier which are external and internal barriers<sup>36)</sup>. External barrier may come from people, the learning environment, the personal circumstance and cultural factors. Internal barriers, in contrast, may come from the unique individual experience which includes previous negative experience or a lack of self-awareness.

## METHODOLOGY

The design of this project is a descriptive survey using a postal questionnaire. Non-probability convenience sampling was used to select from the total population in this project because the aim was to understand complex phenomena rather than to apply the findings to a wider population<sup>37)</sup>. The sub-population was selected systematically, that is every second on the list was chosen. The total population was 75 students; 20 who are undertaking and 55 who had graduated from post-registration nursing courses at Queen Margaret University College (QMUC) and who had used the APEL process. For this project, 45 students, 15 who are undertaking and 30 who had completed the process were selected (Pilot study n=10, main study n=35). Approximately 60 % of the total population was selected for the project. This means that probably this sample is representative of other QMUC post-registration nursing students but it is impossible to generalize to students throughout Scotland.

A confidential postal questionnaire approach was adopted for data collecting. Although interview provides more in-depth information questionnaires are usually identified as a quantitative approach for collecting data, a questionnaire with open-ended questions can provide at least some qualitative data<sup>38)</sup>. In this project, the subjects were in full time employment. The majority of subjects had families and other caring responsibilities. That meant that willingness and ability to give time to this project was an important matter for them, as they were also undertaking the degree programme at college.

A pilot study of the questionnaire was undertaken

to ascertain if all the questions posed were clear and comprehensive.

The instrument used for data collection was a self-administered paper questionnaire with a covering letter and two consent-forms. A stamped addressed envelope was included for the return of the questionnaire. The subjects received the questionnaire in July 1999.

## ETHICAL ISSUES

In this project, participants were assured of confidentiality. Access to names and addresses of students was negotiated via the Head of Department of Health and Nursing, the participating higher education institution. The researcher submitted to the Research Ethics Committee at QMUC a full proposal of this project for ethical approval. The researcher did not have direct access to students' confidential files. Students had the right to be well informed about the study before giving consent to take part. Participating students received an introductory letter explaining the purpose of the study with a postal questionnaire and consent form. Participation was voluntary and students could withdraw from the study at any time. The students could ask questions of the researcher or supervisor and a contact telephone number and e-mail address were provided.

## RESULTS

For many of the results presented, the number of responses per question exceeds the total sample size. This is as a result of a number of respondents giving more than one answer per question. The response rate to the survey was 57.6% (19 of the 33 subjects, 2 questionnaires were undelivered).

### Biographical data

The demographic details were provided by all of the respondents (Table 1). Seventeen respondents were aged over 30 years and the age group with the largest number of respondents was 31-35 (n=6). Approximately 85% of respondents were females (n=16) and 15.8% males (n=3). The majority of respondents were married, 78.9% (n=15) and had children (n=14).

**Table 1: Demographic data (n=19)**

Age	No	%	Sex	No	%
26-30	2	10.5%	Female	16	84.2
31-35	6	31.6	Male	3	15.8
36-40	2	10.5	<b>Marital status</b>		
41-45	5	26.3	Single	2	10.5
46-50	3	15.8	Married	14	78.9
Over 50	1	5.3	Partner	1	5.3
			Divorced	1	5.3

**Qualification**

Professional: The majority of respondents were Registered General Nurses (n=16), and two were State Registered Nurses and one was a Registered Mental Nurse (total n=19). Four were Registered Midwives and two were State Certified Midwives. One was an Enrolled Nurse. Approximately 65% of the respondents had more than one other qualification such as RSCN, ONC, RNT, RCNT, and HV.

Profession: About one-thirds of respondents (n=6) held management posts, and four respondents were working in the community areas. Three respondents were working in Palliative Care areas, and others were working in a variety of areas (see table 2).

**Table 2: Position of profession**

Position	Number
Ward sister/charge nurse	6 (Rno.1,5,7,9,12,14)
Staff nurse	3 (Rno.2,8,17)
Nurse specialist	2 (Rno.4,6)
Community nurse/Health visitor	4 (Rno.3,11,16,18)
Midwife	3 (Rno.10,13,15)
Lecturer	1 (Rno.19)

(N.B. Rno means respondent number)

**Reasons for choosing APEL process**

Three categories were identified: Personal, Professional, and Economic.

Personal reasons: 84.2% of respondents answered (n=16). They recognised that using their previous learning and experience saved time, enabled them to obtain degree quicker and to avoid unnecessary repetition of the same studies. They said that:

'I felt that the process of reflection and building up record of achievement would be beneficial both personally and professionally'.

'Already completed similar areas of study in other courses: avoid repetition. Save time. Difficult to work full-time and study'.

Professional reasons: Similar reasons were given by 73.6% of respondents (n=14). They felt that their previous learning and experience were appropriate to apply for APEL process and to avoid repetition which helped in obtaining their degree in shorter time.

Economic reasons: More than 50% of respondents answered that the APEL process is cheaper than the ordinary route and could save time.

**APEL workshop**

More than half of the respondents (n=10) attended an APEL workshop, although the other half (n=9) did not attend the workshop.

**Difficulties of the APEL process**

About half of the respondents (n=8) found difficulties with the process, although another half of respondents (n=11) did not. The process was felt to be complicated. They said that:

'Initially I had to re-write sections of my portfolio because I had not proved my learning outcomes. My tutor helped me with this and I managed to change it appropriately'.

'There was confusion over the date that my application was due by and this resulted in having to complete the process in a very, very short time scale. Fortunately my application was successful. Also because I didn't have the opportunity to attend a workshop I felt very unsure about the whole process...'

**Value of APEL**

The majority of respondents (n=17) will recommend APEL to their colleagues because it seems to be a useful programme which saves time to study and to obtain one's degree quicker without duplicating study already undertaken. One current student said that:

'I feel that it is a worthwhile process to undertake. It provides you with recognition for work done without having to undertaken another course. I feel it was extremely positive in that

you build up a record of achievements and receive recognition for this, especially in a climate where achievements often go unnoticed'.

Most of respondents (n=18) felt that APEL was very valuable or valuable, only one current respondent felt that APEL has little value. They felt that:

'The reflective process has been extremely valuable for me. The most difficult part was actually trying to decide whether what I was doing was actually what the examiners were looking for and if I was able to meet my own objectives'. 'It has been valuable because it gave me confidence and motivation in using my own work by seeing how much I learned throughout my degree course'.

On the other hand, completed students felt that, it was a 'very complicated process... very disempowering process'.

Approximately one-thirds of respondents (n=7) felt that APEL had influenced their motivation towards further study, although only two respondents answered that APEL had affect their career. It was interesting that most of respondents reported that APEL was valuable process, despite the fact that APEL did not affect their career and did not influence motivation towards their further study.

## DISCUSSION

This section focuses on nurses' perceptions of APEL, in particular the difficulties and benefits of the APEL process.

### Difficulties of the APEL process

Many studies have already mentioned that the APEL process is not an easy way to gain credits and is a time consuming process<sup>39),40),41),42)</sup>. One of difficulties of the APEL process might the requirement to reflect on the previous learning and experience of the students' themselves. The process of reflection is a crucial task in the construction of a portfolio for students so students need to develop the skills of reflection which are self-awareness, description, critical analysis, synthesis, evaluation and action plan<sup>43),44),45)</sup>.

In this study, about a quarter of the respondents (n=5) recognised positively that reflection could help in identifying and analysing their previous learning, practice and experiences. This process can identify in students themselves strengths and motivations which will be the heart of the learning process<sup>46)</sup>. According to Andrews<sup>47)</sup>, reflection on practice is the first step to developing a professional portfolio. Two American Nurse Practitioners had positive perceptions of the process of portfolio construction. It 'provided an opportunity to review, reconfirm and document our strengths, skills, and knowledge<sup>48)</sup>'. They also noted that adequate writing skills would be necessary to complete the writing of the portfolio. The portfolio should include clearly stated learning outcomes and objectives. When students reflective critically they are able to state their own learning outcomes and objectives<sup>49)</sup>. It is true however that students in the Houston *et al.*<sup>50)</sup> study showed that the greatest difficulties were reflecting on previous learning and practice and identifying evidence for certain themes. Similar difficulties were reflected in the experience of one of the respondents in the present study was reported difficulty in writing the portfolio and the value of reflection skill. This nurse could reflect previous experience and learn critically although she had have frustrating time initially because reflection of the past experience included both negative and positive element<sup>51)</sup>. Subsequently, her confidence increased by finding new meaning in the previous experience.

The results of this study into nurses' perception of value of APEL system were similar to Houston *et al.*<sup>52)</sup>. In fact, one completed student reported already that she needed to re-write her portfolio because of a lack of clarity in the presentation of her learning outcomes. The case tutor later helped her to re-writing it. It is possible that the respondent might not have been able to be reflective herself when she initially applied. The respondents (n=5) found that a tutor's help was beneficial for completion of their claim, including the writing of the portfolio because writing was difficult for the respondents. This was

a significant point, indeed Smithers & Griffin<sup>53)</sup> and Whyte<sup>54)</sup> noted that helping mature students was necessary at all the higher education institutions surveyed enhancing of writing skills would also be necessary for mature students because many have a lack of understanding, poor study techniques and limited time<sup>55),56)</sup>.

About half of respondents (n=10) attended the APEL workshop at QMUC that gave more information on the APEL process including how to write their claim. The workshop can aid candidates understanding, and give them a chance to ask questions about their claim. The candidates were able to find out what would happen to their portfolio and what the assessor would be looking for during the review of the evidence<sup>57)</sup>. This means that whenever possible the candidates should attend the APEL workshop before submitting their claim. The workshop also provides candidates with an opportunity to talk with other candidates consequently reducing their anxiety and feelings of isolation<sup>58)</sup>.

Although many respondents thought APEL helped them to obtain a degree quicker than the ordinary route, the process of APEL was time consuming because it was a complicated process. Murray<sup>59)</sup> pointed out that completing the portfolio might be a time consuming process because candidates need to provide evidence for supporting their claims for credit. The candidates have to matching prior learning programmes and to the learning outcomes of their proposed course through their reflection of past experience as a first step and then to collect and select evidence to support their claim. Houston *et al.*<sup>60)</sup> showed that about half of students took more than 40 hours to compile the evidence. In the present study, by contrast, none of respondents described how long the process took, only one respondent reported that time was extremely tight. The quantity of the process work might be important for respondents because they were full time employees and the majority of them had family which would mean that their time would be limited. Although the time factor is perhaps crucial the quality of the submit-

ted work will be more important for the purpose of justifying their claim. Assessors will be using criteria which based on the quality of the written work and evidence of learning rather than quantity of work<sup>61)</sup>.

#### Benefit of APEL

The results showed that the majority of respondents (n=18) felt the APEL process was valuable because one of the main factors was the saving of time. Many were married and had children which meant that they had limited time for themselves, for example for studying. Married women with young families would continue with both housekeeping and their families commitments more than men in the same situation<sup>62)</sup>.

In the present study respondents (n=14) recognised that their previous experience could be translated into academic terms through their reflection. This could also save their time in completing a degree. It was for them an important point in choosing the APEL process. This was a significant feature as illustrated some of the respondents' comments.

When respondents are awarded points in the process it is because they have demonstrated the ability to learn in new areas or have expanded their knowledge and practice<sup>63)</sup>. This award will be made only when the respondents exhibit critical reflection themselves and submit the evidence. It was seen that it can be difficult to assess one's previous learning and experience for the accumulation of credits because experience alone is not the same as learning<sup>64)</sup>. Neither is seeking APEL the same as undertaking a 'course' that adds to professional development<sup>65)</sup>. This may be reflected in outcome of the application for APEL. As an illustration some of respondents were disappointed that their previous experience could not be recognised and translated to academic points.

This meant that their portfolios were judged to have less quality of content and did not meet the criteria of assessors. One's experience is unique and each of the respondents has this own experience but



not all respondents might be able to show improvement in their lifelong learning without clear reflection on the experience. One can recall one's experience and this may not be a difficult process. However, reflection and the finding of new knowledge at the end of the reflection process and to again reflect is a cycle of learning for which it is necessary to develop reflection skills<sup>66)</sup>. Hence the APEL process is not learning about or knowledge alone but also recognition of the quality of the learning process. Respondents point to the need to be reflective on previous experience and prior learning<sup>67),68)</sup>.

The results show that the majority of respondents (n=17) would recommend the APEL process to their colleagues because it is a valuable process. This was the same result as in the Houston *et al.* study<sup>69)</sup> where the process was seen to encourage reflective thinking, to recognise on-the job experience and to avoid duplication of study already undertaken. The respondents in the present study thought that saving time in study was a particularly important factor for mature students. But they would find it necessary to explain the nature of APEL and how it might apply to their colleagues because the APEL process is not easy to understand. In particular they would emphasise that candidates need to manage their time and develop self-motivation for completion of their portfolio and assessments<sup>70)</sup>.

The researcher assumed that studying for a higher education courses would improve the work situation with improved problem solving abilities leading to better clinical practices and enhanced future career prospects. The results however showed that only a few respondents (n=2) felt that APEL affected their careers. Although the respondents thought that reflection as a way of thinking could be useful their practice it would not affect their careers directly. The respondents wanted to complete their degree quicker and gain new knowledge in their areas rather than advancing their careers. One respondent thought that the APEL was an alternative way to gain academic credits. McGrother<sup>71)</sup> recognized that the APEL process was only one way to provide the cred-

its for entering academic courses and so gain professional development.

In general, even with apparently different response to some questions it is clear that the respondents' overall view of the APEL process that was that it is a valuable and worthwhile process, despite the fact that they also felt it was unduly complicated.

## CONCLUSION

Although the results and findings of this study cannot be generalised, there are interesting and important respondents' viewpoints of SCOTCAT through their experience of the APEL process.

The results of this study showed that the majority of respondents chose the APEL process to save time and money rather than as a means of professional advancement. The time factor was crucial for the respondents because of family responsibilities. The APEL process can also allow students to avoid repetition of studies and this related to saving time and money. External factors were more influential in the situation than internal factors.

Next, the results showed that the APEL process could be a valuable process because the required reflection on past experience and learning by respondents allows them to find themselves and is a preparation for new learning. Reflection skills and writing skills were seen as crucial by respondents because experience is not in itself learning. Experience needs reflection to have meaning and is part of the learning process. Respondents recognised the learning process in themselves understood the value of lifelong learning. The APEL process would be instrumental in improving also clinical practice by creating reflective practitioners. As a result of this beneficial features the respondents would recommend the APEL process to their colleagues.

Finally, it is clear that further consideration of the APEL system is necessary because it is a complicated system. The APEL is a worthwhile system so candidates should receive clearer guidance from higher education sectors. This study could not fully

obtain the respondents' opinion because of limits of the design and methodology. The researcher also needs more understanding of the system before it is introduced for discussion in Japan. It is also important that to investigate nurses' perceptions of apply to higher education in Japan.

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## 投稿論文 (原著・査読済)

# 単位評価制度の有用性に関する看護婦の認識度

笹川 寿美\*

### 【要 旨】

今日、英国の看護婦は、他大学等で取得した単位を認定する制度 (CAT) を通し、高等教育 (大学・大学院) への入学を志願することが可能である。この制度には、仕事上での経歴を単位に換算する経歴の評価認定 (APEL) が含まれている。本研究の目的は、看護婦が単位認定制度の有用性をどのようにとらえているかを検討することである。Queen Margaret University College (QMUC) の免許取得後看護コースにAPELを利用して在学中または卒業した看護婦35人に、1999年7月にアンケートを郵送し、19人より有効回答が得られた。対象者がAPEL利用を選択した主な理由は、通常の基本単位コース入学より時間、経費を節約できることと、学習の重複を避けられることであった。しかし、APEL利用は、対象者のその後の専門的な学習の動機付けには影響していなかった (12名回答)。また、対象者はAPEL利用において、経歴や以前の学習を振り返ることが重要であると認識していたが、一方困難であるとも回答していた。これらの結果は、APEL利用の複雑性と有益性の両方を示唆していた。

**キーワード** 経歴の評価認定、熟考、動機付け

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## 依頼論文B(報告)

旭川医科大学医学科新入生に対する  
チュートリアル教育の現状と課題

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## 【要 旨】

旭川医科大学では平成11年に医学科新入生に対するチュートリアル教育システムを導入した。本稿では、まずこのチュートリアル・プログラムの概要が手短かに紹介された。次いで、学生およびチューターに対するアンケート調査、チュートリアル学習の達成度についての評価資料（チューターによる学生評価、学生の自己評価）に基づいて、このプログラムの現状が分析された。それらの分析結果に基づいて、我々のチュートリアル・プログラムのもつ問題点がいくつか指摘され、プログラムを改善するための具体的な提言がいくつかなされた。

**キーワード** チュートリアル教育、新入生、評価

## I はじめに

チュートリアル教育とは、チューターの個別指導による少人数グループ学習、学生の自学自習を主体とした学習、問題解決型の学習などを特徴とする教育方法<sup>1)</sup>、日本では東京女子医大が初めてこれを導入した。その後、この教育方法はいくつかの大学の医学部でも導入され、医学教育への有効性が報告されている<sup>2)~6)</sup>。

旭川医科大学はカリキュラム全般の大幅な改革を実施し、その一環としてこの教育方法を平成11年度から導入した。現在、2年目の実施を終了し、アンケート調査等をもとにして今後この方式の改善を計る予定である。

本稿では、本学医学科で実施されているチュートリアル方式の概略を紹介するとともに、アンケート結果に基づいてその現状と今後の課題を探ってみたい。もちろん、実施経験の乏しい段階での中間的まとめであり、この教育方法の長短・是非を論ずるにはほど遠いが、一つの事例報告として受け止めていただきたい。

## II 本学チュートリアル教育の概要

本学では2段階のチュートリアル教育を行っており、それらの実施時期、特徴は次の通りである。

## 1. 医学チュートリアルI

入学直後（第1学年4~7月）の10週間、週2日（月・木曜日）展開されている。いずれの日も、午前中に2コマ（各60分）のチュートリアルを行い、その後の時間帯は学生の自学自習時間となっている。前半の5週間がユニット(1)で、生物医学的内容の4課題が学生に与えられる。後半5週間のユニット(2)では社会医学的内容の4課題が与えられる。96名の学生は15グループ（各グループ6~7名）に分れ、チューターの指導のもとに同じ課題を同時に学習する。この科目は、次に述べる医学チュートリアルIIの準備コースとして位置づけられ、自学自習の態度・技能の獲得、問題解決能力の獲得、討論・発表技能の獲得など、いわゆる「学び方を学ぶ」という方向目標の達成が主眼である。

## 2. 医学チュートリアルII

第3学年後期~第4学年前期の1年間実施される（平成13年後期から開始予定）。週2回で、2コマのチュートリアル+自学自習時間という学習形態はチュートリアルIの場合と同様である。臨床医学的課題が幅広く与えられ、学生は第3学年で3ユニット、第4学年で3ユニットを学習する（各ユニットは5週間ずつ）。このコースでは、チュートリアルIでの経験を

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