DETERMINANTS OF READINESS TOWARD RELATED LEARNING EXPERIENCE

OF MIDWIFERY STUDENTS

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ABSTRACT

The research aims to looked into the determinants of readiness of second year midwifery students of Notre Dame Hospital and School of Midwifery toward related learning experience in the clinical area.

This study sought to answers the following questions: How are the respondents characterized in terms of the following; Age, Final Grade in CP101 A and Attitude towards Midwifery. What is the level of readiness of second year students in terms of the following: Knowledge and Skills? Is there a significant difference in the level of readiness of second year midwifery students when grouped according to their characteristic?

This study was conducted at Notre Dame Hospital and School of Midwifery and participated by level II midwifery students.

The result of the study, Majority of the students-respondents are within the 16-20 age group, single, whose final grade in CP 101 fall between 1.75 and 2.20. they have a positive attitude towards midwifery. The students have a poor level of readiness considering knowledge. As to their skills, they have a good level of skills in fundal height measurement, leopold's maneuver, internal examination and auscultation of fetal heart rate, they have a very good level of skill in blood pressure measurements. Their overall knowledge and skills level are good. In significant difference were noted in the midwifery students' level of readiness when grouped according to age and grades except in internal examination where a highly significant difference was noted. Likewise, no significant difference was noted according to the student-respondents' attitude toward midwifery.

In general, students' characteristics cannot define their readiness in clinical area. But there is significant difference in terms of Final Grade in CP 101A in performing Internal Examination. Therefore, for those students

who have low grade in knowledge should undergo an enhancement program to be qualified for internship ready.

INTRODUCTION

The aim of midwifery education program is to address the basic health service needs of mother and newborn. Thus, it envisions to "produce midwives who are competent with up-to-date knowledge and skills and dedication with proper attitude necessary to render midwifery service (CMO No. 33, 2007)".

A well-implemented midwifery education program serves to minimize or eradicate contemporary problems of the Philippine health system on maternal and neonatal morbidity and mortality. Quality midwifery education also brings about quality health of a mother, and the newborn. The quality care given by a midwife to the mother during pregnancy and delivery gives a good outcome to deliver a healthy baby. Thus, it lessens the burden of the family of taking care of an ill child due to incompetent health care providers. Every students midwife must equip with the practical skills essential to become a practicing professional. Clinical skills strengthen the practice of midwives' professional, and therefore students should have an opportunity to acquire learnings, develop necessary skills and master clinical services in different settings (ICM, 2017).

In the Philippines ninety six percent of pregnant mothers submit themselves for prenatal care basically performed by health professionals such doctors, nurses and midwives, including traditional birth attendants. More than one half (52%) of them are handled by a nurse or midwife. Despite high prenatal, the coverage of infant and maternal morbidity and mortality is still high. This puts the Philippines into Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) above the target of the Millennium Development Goal (MDG) 4 and 5 (Lavado, R. F., Lagrada, L. P., Ulep, V. G. T., & Tan, L. M. 2010). The Philippine maternal mortality ratio was at a level of 114 deaths per 100,000 live births in 2015, a decrease of at least 2.56 percent from 2014. (The target of Sustainable Development Goal (SDG) 3 by 2030 is to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births according to Philippine Statistics Authority, 2017). This can be met, hopefully if midwifery schools can produce graduates who are equipped with necessary knowledge and skills in rendering midwifery service.

The Notre Dame Hospital and School of Midwifery is a private tertiary school institution owned and managed by the Congregation of

Dominican Sisters of St. Catherine of Siena. It sees to it that the offering of the midwifery program is in accordance with the Commission on Higher Education (CHED) CMO No.33 series of 2007 Policies, Standards and Guidelines in the offering of Midwifery Education Program. It provides students the opportunity to avail of the school facilities that will expose them to real life situation. In June 2009 the school established its own birthing home to strengthen students' skills and to make them competent in providing quality care. It was the initiative of the school to require students to recruit and handle at least three (3) actual deliveries for them to become knowledgeable and competent enough before sending them out of school and face the real world of practice. But it cannot be denied that there are some students who have difficulty in applying the theories they have learned in the clinical practice; some do not follow proper procedures; some are reluctant when they are assigned in other areas. In addition, some of them do not observe aseptic techniques in the delivery area. In other words, to be competent and skillful midwives, there is a need for midwifery students to be both knowledgeable and skillful in the chosen profession. Are the Notre Dame Hospital and School of Midwifery students ready for clinical duty in their related learning experience in all areas that are required of them? Readiness means that aside from passing the exam in the classroom, they can also perform all basic and necessary procedures needed for clinical duty.

It was therefore the aim of this study to look for the determinants of the readiness of midwifery students toward related learning experience in the clinical areas. This is the first study conducted along this area and may address a research gap on this topic. Hence this study was conceptualized.

METHODS

This study utilized the descriptive type method of research popularized by Best and Khan (2006). According to them, descriptive research design is a method that includes the description, recording, analysis, and explanation of conditions that exist. This also involves some types of comparison, or difference and may seek to discover a cause-effect relationship that exists between non-manipulated variables. Moreover, it includes formulation and testing, uses logical method of inductive-deductive reasoning to arrive at a generalization, employs methods of sampling, and describes the variables and procedures.

The researcher believes that this design is appropriate as this paper entails testing of significant differences specifically in problem three that aims to find out significant bearing of independent variables to the dependent variables.

This study was conducted at the Notre Dame Hospital and School of Midwifery, a private tertiary school institution owned and managed by

the Congregation of Dominican Sisters of St. Catherine of Siena located at Sinsuat Avenue, Rosary Heights 9, Cotabato City.

The school was established under the initiative of Archbishop Gerard Mongeau, OMI, D.D. with the Dominican Sisters of St. Catherine of Siena to minister and serve the sick and the poor people of Cotabato City and the nearby provinces of Cotabato. The education of young women focusing on maternal and child care began when the school was opened in June 1961 with 40 enrollees. Twenty-nine (29) of the total enrollees who graduated in 1963 all passed in the Midwifery Licensure Examination. Thus, by showing a good start at the same year, the school was recognized by Higher Education Division of the Department of Education, Culture and Sport (DECS).

In 1976, the diploma in midwifery program became a 2-year course. In 1981, the Notre Dame Hospital and School of Midwifery produced eight (8) top-notchers in the Board Examination. The School of Midwifery has continued to be a provider of quality health education. It was in June 2013, when the offering of Bachelor of Science in Midwifer started. Thirteen of those enrolled persevered and graduated 21, 2015.

RESULTS AND DISCUSSIONS

Problem 1: How are the respondents characterized in terms of the following;

      1.1.   Age
      1.2.   Marital status
      1.3.   Final Grade in CP101 A
      1.4.   Attitude towards Midwifery

Problem 1 is hypothesis-free. The findings in Table 1.1. present the distribution of the students' characteristics according to their age, marital status, final grade in CP101A and attitude towards midwifery.

Table 1.1. shows that most of the respondents (67.74%) are aged 16-20 years old; 3.23 percent 36 years and above; 22.58 percent, 21-25; 6.45 percent, 26-30-year-old. A great majority of the students are single; only 9.68 percent are married, while only one is separated.

As to their final grade in CP 101A (Clinical Practicum 101 A), about 42 percent, obtained grades between 1.75-2.1 (Good); 38.71 percent, 2.2-25 described as fair; and 19.35 percent, between 2.6 and 3.00, described as

Table 1.1   Distribution of respondents in terms of their characteristics (n=31)

INTERVAL	FREQUENCY	PERCENTAGE (%)
Age		
36 and above	1	3.33
31-35	0	0.00
26-30	2	6.45
21-25	7	22.58
16-20	21	67.74
Marital Status		
Single	27	87.10
Married	3	9.68
Widow	0	0.00
Separated	1	3.23
Grade		
1.25-1.00	0	0.00
1.70-1.30	0	0.00
2.10-1.75	13	41.94
2.50-2.20	12	38.71
3.00-2.60	6	19.35
5.00	0	0.00

poor. It is evident that these students' performance in CP101A range from fair to good.

These students performed sufficient knowledge and skills to pass the prerequisite subject.

<u>Students' Attitude towards Midwifery</u>

Table 1.2 presents the distribution of respondents in terms of attitude towards Midwifery.

Table 1.2 Distribution of respondents in terms of their attitude toward midwifery.   (n=31)

INTERVAL	DESCRIPTION	FREQUENCY	PERCENTAGE (%)
4.50-5.00	Highly Positive (HP)	12	38.71
3.50-4.49	Positive (P)	17	54.84
2.50-3.49	Moderate (M)	2	6.45
1.50-2.49	Negative (N)	0	0.00
1.00-1.49	Highly Negative (HN)	0	0.00
	Total	**31**	**100.00**

Mean: **4.27**
Description: **Positive**
Standard Deviation: **0.39**

Indicators	Mean	Desc
1. I am willing to extend my duty/render extra service when needed.	4.03	P
2. I report for clinical duty on or before the scheduled time.	4.26	P
3. I see to it that I wear the proper uniform when I report to the area of duty.	4.84	HP
4. I participate actively in pre- and post-conferences.	4.10	P
5. I do not complain when I am asked to labor watch a patient.	4.03	P
6. During class discussion I listen attentively to what is being discussed.	4.45	P
7. I observe professionalism in dealing with patients.	4.29	P
8. When I am pressed for time, I sometimes forget to greet my patient.	3.19	M
9. I maintain patient confidentiality and get their consent in doing procedures.	4.39	P
10. I cooperate/ work closely with my co-students during RLE time.	4.19	P
11. I accept criticisms/ suggestions from our Clinical Instructor.	4.42	P
12. I abide by the policies and regulations of the school		

13. I evaluate patients' condition objectively.	4.35	P
14. I show respect and courtesy to the patient and the watchers.	4.13	P
15. I maintain good interpersonal relationship with staff and colleagues.	**4.71**	**HP**

The students got an overall mean of 4.27 defined as positive. The standard deviation of 0. 39 shows that the responses are more concentrated near the mean, it is evident that many of the students have similar attitude towards midwifery.

The data shows that 94 percent of the students have highly positive (39%) to positive (54.84%) attitude towards midwifery. This means that even before they enrolled in the midwifery, with the kind of attitude towards the program they are really determined to pursue it and do their best to become effective and efficient midwives in the future. They are willing to assist the mother-to-be for a safe and easy delivery of their duties. Not one respondent has a negative and highly negative attitude toward midwifery.

A closer look at the indicators reveals that the students obtained the highest mean of 4.84 described as highly positive, in indicator 3, **I see to it that I wear the proper uniform when I report to the area of duty.** They also obtained a highly positive attitude (4.71) in indicator no. 15, **I maintain good interpersonal relationship with staff and colleagues**. According to Sanchez and Loarca (2000) highlighted additional factors in the student midwife's attainment are on how to carry themselves properly and correctly. It is the best asset to gain confidence in dealing with many varied individuals such as patients, families, staff and government officials. Students midwife's physical appearance is an essential qualification to gain respect from others. Besides the students feel proud of their uniform since this makes them look like professionals. Likewise, students realize that maintaining good interpersonal with colleagues is to their advantage. These colleagues may be able to help them as they go about in their clinical duties or when they encounter some difficult situations in the performance of their tasks. This is confirmed by their positive attitude in indicator 10, **I cooperate/work with my co-students during related learning experience. Cooperating and /or working closely with classmates** is one indicator of maintaining good interpersonal relationship with staff and colleagues.

Moreover, positive collegial relationship between student midwives and their colleagues in midwifery and other health care professionals provide emotional support built on trust, compassion and solidarity (Fraser & Cooper, 2009).

On the other hand, the students obtained the lowest mean of 3.19 described as moderated attitude in indicator 8, **When I am pressed for time, I sometimes forget to greet my patient.** This is one practice that the students need to overcome. Patients need to be assured, comforted and attended to. Greeting them is already a big thing for the patients. Thus, students should never neglect performing a very simple act of saying "Good Morning", "Good Afternoon" or "Good evening" to them. In Indicator 7, **I observed professionalism in dealing with my patients**, the students rated themselves as positive. Greeting patients is one indicator of dealing professionally with patients. Thus, the students have to remind themselves about this. According to Power (2016) Midwifery practice is a very challenging and demanding work; hence, there is need to be resilient to overcome stressors so that they can provide quality and holistic care of the patients undisturbed.

On the other hand, the students obtained the lowest mean of 3.19 described as moderate attitude in indicator 8, **When I am pressed for time, I sometimes forget to greet my patient.**

Problem 2. What is the level of readiness of second year students in terms of the following:

<blockquote>
1.5.   **Knowledge**
1.6.   **Skills**
</blockquote>

<u>Knowledge</u>

Table 2.1 presents the distribution of respondents in terms of their level of readiness considering knowledge

The result reveals that a great majority of the students are poor in knowledge. Only 3.23 percent of them have fair level of knowledge. The overall mean is 21.10 described as poor. The standard deviation of 4.76 indicated that the overall answers are widely dispersed from the mean. The result signifies that students have sufficient knowledge in terms of Prenatal, Delivery and Newborn care.

Table 2.1   Distribution of respondents in terms of their level of readiness considering: Knowledge (n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)

45-50	Excellent	0	0.00
40-44	Very Good	0	0.00
35-39	Good	0	0.00
30-34	Fair	1	3.23
0-29	Poor	30	96.77
	Total	**31**	**100.00**

	Mean:	**21.10**
	Description:	**Poor**
	Standard Deviation:	**4.76**
Indicators		**% of correct answer**

1. A multigravida patient at 28 weeks of gestation comes for prenatal visit. The midwife measures her fundal height at which of the following positions? — 35.00

2. Student Ann computes the expected date of delivery (EDD) of Mrs. Lim UsingNaegele's Rule. Her LMP was on October 10, 2018. What is her EDD? — 68.00

3. Midwife Nina takes down history information of Mrs. Cruz, a multigravida pregnant with twins. Mrs. Cruz also has a 5 year old daughter and a history of abortion. Which gravida and para status will the midwife document? — 61.00

4. Mrs. Bautista, 28 years old primigravida, comes for prenatal visit with her husband. Mr. Bautista tells the midwife that he has been experiencing nausea and fatigue along with his wife. The midwife interprets these findings as suggesting that the patients' husband is experiencing which of the following? — 32.00

5. During a prenatal visit, the midwife takes the fetal heart rate (FHR) using Afetoscope. Which of the following rates in beats per minute (BPM) is expected of a normal fetal heart rate (FHR)? — 87.00

6. The following are examples of accurate management of patient with pyrosis, except: — 32.00

7. During prenatal consultation, the midwife instructs patients to immediately report any blurring or dimness of vision. The best rationale for this instruction is that the symptom is: — 23.00

8. Mrs. Jose is at 37 weeks AOG. The midwife plans to perform Leopold's Maneuver (LM). Which priority nursing intervention should be included in the plan of care for Mrs. Jose before performing LM? — 81.00

9. Ms. Alba, a midwifery student, is assigned to care for prenatal patients in the health care clinic. The instructor reviews the signs of pregnancy

with Ms. Alba, and later evaluates her knowledge regarding the
probable signs of pregnancy. Which of the following is a probable
sign of pregnancy?   35.00

10. Mrs. Uy, G1P0 7 month pregnant comes back for prenatal visit.
Her physical examination result is normal; weight gain within 2 months is
   12 ounds. How does the midwife interpret the effectiveness of the
nutritional instruction given to Mrs. Uy?   42.00

11. Mrs. David who is confirmed to be at 12 week's gestation has sudden
vaginal bleeding and uterine cramps. What would she be suspected
of experiencing?   81.00

12. When performing Leopold's Maneuver one (LM1)in the patient, the
midwife identifies a hard, round ballotable mass. Which of the
following is a correct interpretation of the findings?   48.00

13. After performing Leopold's Maneuver on a laboring patient, Ms. Racho,
the midwife, determines whether the fetus is in the right occipito-posterior
(ROP) position. Where will be the Doppler be placed to best auscultate
the fetal heart tone?   35.00

14. The midwife prepares a plan of care for a newly diagnosed diabetic
pregnant patient. The following should be included in the teaching
plan except: 81.00

15. Mrs. Andres comes for a prenatal visit and she has gained 20 lbs. from
her 30-36 weeks Age of Gestation. The midwife noticed edema in her
face and hands. She referred Mrs. Andres to a hospital due to severe
PIH for further evaluation. What is the weight increase likely due to?   16.00

16. The exact cause of labor is unknown. Some of the theories that explain
labor onset include: 35.00

17. Midwife Ana assesses the frequency of contraction of a multiparous
patient in active labor, When should Ms. Ana assess the frequency
of contraction?   23.00

18. What is the best position for a low-risk parturient who is in labor?   42.00

19. Mrs. Bilbao is on labor and asks if she can still walk around the
labor room. Which of the following is the most important criterion
to consider before allowing her to ambulate?   10.00

20. Which assessment distinguishes between true and false labor?   16.00

21. After thorough physical examination of a patient on labor, which
finding can be determined by vaginal examination?   81.00

22. Ideally a partograph is used to monitor progress of labor, except in: 35.00
23. In using the partograph, which parameter is used to monitor
progress of labor?   48.00

24. Ms. Mila, a midwife, assesses the gravida 3 para 2 of a patient
in labor. After a vaginal exam, it is determined that the presenting

head is at station +3. What is the appropriate nursing action?   26.00

25. A patient is in active phase of labor, with the bag of water that ruptured spontaneously. The midwife observes the client's amniotic fluids and decides that it appears normal, because it is: 48.00

26. Ms. Nadine, a midwife, assesses the woman in labor and she notes marked introspection, irritability, and inability to focus. She is diaphoretic, and cries, "can't take it anymore!" These behaviors are characteristics of which stage or phase of labor?   26.00

27. The following nursing interventions are performed for prolonged labor except: 81.00

28. patient she is now beginning the second stage of labor. The midwife realizes the client understands this stage when she says: 35.00

29. After the baby's head extends, which of these actions should be carried out first?   16.00

30. Which of the following is a sign of placental separation?   71.00

31. Which is the most important criterion when inspecting normal placenta?   55.00

32. Which sign indicates that the placenta is delivered by Schultz mechanism?   55.00

33. Which of the following characteristic of lochia is shown during the fourth stage of labor?   42.00

34. Postpartal hemorrhage rarely occurs as complication of: 16.00

35. One minute after delivery, the midwife assesses the APGAR score of the newborn. The following are the assessment findings: heart rate, over 100; respiratory effort, slow and irregular; muscle tone, flaccid; response to slap on soles of feet, weak cry; color, pink. In view of these assessment findings, which APGAR score should the midwife come up with?   26.00

36. Bia, the new mother is eager to establish a relationship with her newborn infant. What is the most appropriate nursing action in this case?   19.00

37. A client comes back for postpartum visit after 3 days of delivery. Her vital signs are stable; her fundus is three fingerbreadths below the umbilicus; and her lochia is moderate. Her breasts are hard and warm to the touch. The analysis of these findings would be that the client: 52.00

38. Ms. Cindy, a midwife is preparing to assess a postpartum mother after having a vaginal delivery on her perineum and anus as part of her daily assessment. What is the best position for the client in this assessment?   35.00

39. After the delivery, the midwife should be able to feel that the top of the uterus is:	35.00
40. After the delivery of the placenta, the midwife performs perineal assessment. She notices a trickle of bright red blood coming from the perineum. The midwife assesses the fundus and notes that it is firm. The midwife determines that:	26.00
41. In the immediate care of the newborn, which nursing action is implemented first to ensure newborn safety?	58.00
42. The neonatal period is recognized internationally as the period from the birth of the child up to 28 days, but under the R.A 9288, otherwise as the Newborn Screening (NBS) Act of 2004, the newborn is a child from the time of complete delivery to how many days old?	23.00
43. The following diseases are screened under the Newborn Screening Act of the Philippines, except:	61.00
44. For preterm newborns, which characteristics appears on the baby's skin?	42.00
45. During initial assessment of a newborn, which characteristics should a midwife look for?	35.00
46. The initial care of the newborn infant after delivery and the most important action of the midwife is to:	13.00
47. A newly delivered baby has an APGAR score of 7. Immediately after birth, the neonate is most susceptible to heat loss. The most appropriate intervention for conserving heat and promoting bonding is to:	71.00
48. Which of the following should be considered by the midwife when injecting vitamin K to newborns?	45.00
49. Which of the following is not included in the immediate assessment of the newborn in the delivery room?	29.00
50. Midwife Ellen develops a teaching plan for patient Ana (aprimipara) and her baby about reflexes. Which of the following indicates effective teaching when the rooting reflex disappears:	19.00

During their first year in midwifery the students take up MID 101 (Normal OB and Newborn Care) which focuses in the competencies in instituting nursing measures including drug administration (CHED CMO No.33 Series of 2007) allows students to practice their related learning experience in the hospital.

During the second semester of their year level student respondent take up their MID 101 which deals with the concept of normal pregnancy, labor and delivery, puerperium and the care of the newborn. It mandates

that students have a background insight in terms of prenatal, delivery and newborn care.

In this study the poor performance of the students in the examination may be due to some circumstances. When the students took the examination they have already finished the subjects for the first year including summer, At that time their exposure to the related learning experience was only hospital based where they were only taught to master the monitoring of vital signs such as blood pressure, temperature, pulse, respiratory rate and heart rate. They had only limited exposure to actual delivery and newborn care. These two topics were introduced during the second semester of their first year, but only on a very limited scale.

A close look at the indicators reveals that 87 percent of the student got the correct answer in indicator no. 5. **During a prenatal visit, the midwife takes the fetal heart rate (FHR) using A fetoscope. Which of the following rates in beats per minute (BPM)is expected of a normal fetal heart rate (FHR)?.**It further revealed that majority of the students have mastered vital signs during their related learning experience not only in hospital but during completion of their 75 cases of prenatal.

Eighty one percent of the students were able to answer correctly indicators 8, 11, 14, 21, 27. 8, **Mrs. Jose is at 37 weeks AOG. The midwife plans to perform Leopold's Maneuver (LM)…,** indicator 11**. Mrs. David who is confirmed to be at 12 week's gestation has sudden vaginal bleeding and uterine cramps…,** indicators14.**The midwife prepares a plan of care for a newly diagnosed diabetic pregnant patient…,** indicator 21. **After thorough physical examination of a patient on labor…,** indicator 27. **The following nursing interventions are performed for prolonged labor except…,** The result show that most of the students have the knowledge and skills on how to assist their patient during labor and delivery.

On the other hand, the lowest percentage of respondents who got the correct answer are in indicator 15, **Mrs. Andres comes for a prenatal visit and she has gained 20 lbs. from her 30-36 weeks Age of Gestation…,** indicator 20, **Which assessment distinguishes between true and false labor?...,** Indicator 29, **After the baby's head extends, which of these actions should be carried out first?...,** indicator 34, **Postpartal hemorrhage rarely occurs as complication of:** indicator 36, **Bia, the new mother is eager to establish a relationship with her newborn infant…,** indicator 46, **The initial care of the newborn infant after delivery and the most important action of the midwife is to:…,** indicator 50, **Midwife Ellen develops a teaching plan for patient Ana (a primipara) and her baby about reflexes…** It shows some students are more knowledgeable in prenatal care which is the foundation of midwifery practice rather than taking care of the newborn and post-natal complications.

According to Rafiee, G., Moattai, M., Nikbakht, A., Kajuri, J., Mousavinasab, M.(2014) clinical education is vital and highly significant component of professional education. Thus, knowledge in theory is not

enough for student: they must be able to learn the necessary skills, communication abilities and make scientific decisions.

Skills

Table 2.2 presents the distribution of respondents in terms of their level of skills in Fundal Height Measurements

The table shows that 19.35 percent of the students are very good while 80.65 percent are good in terms of their skills in Fundal Height Measurements, they obtained an overall it has a mean of 3.34 described as good with a standard deviation of 0.21.

The table further reveals students have a very good performance in indicator no. 2, **Asks her to bare her abdomen from the lower rib margin to the pubic bone.** Students are more aware of asking permission or consent from the patient before the procedure. However, they got the lowest mean in indicator no. 1, **Explains the procedure to the woman and asks her to**

Table 2.2   Distribution of respondents in terms of their level of skills: Fundal Height Measurement   (n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)
4.50-5.00	Excellent (E)	0	0.00
3.50-4.49	Very Good (VG)	6	19.35
2.50-3.49	Good (G)	25	80.65
1.50-2.49	Fair (F)	0	0.00
1.00-2.49	Poor (P)	0	0.00
	Total	**31**	**100.00**

Mean:	**3.34**
Description:	**Good**
Standard Deviation:	**0.21**

Indicators		Mean	Desc
1. Explains the procedure to the woman and asks her to empty her bladder		3.16	Good
2. Asks her to bare her abdomen from the lower rib margin to the pubic bone.		3.61	Very Good
3. Stands at the woman's side and uses one hand to hold the measuring tape.		3.32	Good
4. Holds the "O" on the tape at the upper border of the symphysis pubis.	3.42	Good	
5. With the other hand, takes the extended measuring tape over the fundus, finding the top of the fundus and note the measurement.		3.16	Good

6. Explains the findings to the woman.		3.45	Good
7. Documents the results.		3.26	Good

empty her bladder and indicator 5, **With the other hand, takes the extended measuring tape over the fundus, finding the top of the fundus and note the measurement.** Students were not given thorough explanation on the importance of emptying the bladder before the fundic height measurement, some of them were able to not accurately perform the proper placement of the measuring tape at the top of the fundus.

Table 2.3 presents the distribution of respondents in terms of their level of skills in Leopold's Maneuver.

Table 2.3   Distribution of respondents in terms of their level of skills: Leopold's Maneuver (n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)
4.50-5.00	Excellent (E)	0	0.00
3.50-4.49	Very Good (VG)	11	35.48
2.50-3.49	Good (G)	20	64.52
1.50-2.49	Fair (F)	0	0.00
1.00-2.49	Poor (P)	0	0.00
	Total	**31**	**100.00**

Mean:	**3.34**
Description:	**Good**
Standard Deviation:	**0.18**

Indicators	Mean	Desc
1. Prepares the client	3.06	good
2. Explains the procedure	3.45	Good
3. Instructs the client to empty her bladder.	3.48	Good
4. Positions the woman supine with knees slightly flexed; Place a small pillow or rolled towel under one side.	3.26	Good
5. Washes his/her hands using warm water	3.48	Good
6. Observes the woman's abdomen for longest diameter and where fetal movement is apparent.	3.55	Very Good

7. Performs the first maneuver

   7.1 Stands at the foot of the client, facing her, and places
both hands flat on her abdomen.   3.35   Good

   7.2 Palpates the superior surfaces of the fundus determine
consistency, shape and mobility.   3.16   Good

8. Performs the second maneuver
   a. Faces the client and places the palms of each hand at
      either side of the abdomen, the right hand steady, and
      repeats palpation using the left hand on the left side.   3.13   Good

9. Performs the third maneuver
   a. Gently grasps the lower portion of the abdomen just
      above the symphysis pubis between the thumb and index
      finger and tries to press the thumb and fingers together;
      determines any movement and whether the part
      is firm or soft.   3.23   Good

10. Performs the fourth maneuver
   a. Places fingers on both sides of the uterus approximately
      2 inches above the inguinal ligaments, pressing downward
      and inward in the direction of the birth canal; Allows finger
      to be carried downward, the angle is unusually steep
      (less than 90 degrees). An unusually steep pubic arch may
      prevent the fetal head from delivering freely and increase
      the possibility that the perineal tissue may tear during birth
      as the fetal head is pushed posteriorly.   3.26   Good

11. Records and Discusses findings to the patient.   3.71   Very Good

     The table shows that the students fall under the Good (64.52) and Very Good (35.48) levels, they obtained an overall mean of 3.34 described as Good. The standard deviation of 0.18 means that the respondents' responses are clustered near the mean.

     The student respondents obtained the highest mean in indicator no. 6, **Observes the woman's abdomen for longest diameter and where fetal movement is apparent (mean=3.55)** and indicator11, **Records and Discusses findings to the patient (mean of 3.71).**

     The highest indicator 6, shows students easy to recall and applied the first step of leopold's maneuver which determining lie and presentation of the fetus. In that way students can palpate the fetal back for auscultation of fetal heart tone. Lepolds maneuver is very important during prenatal especially in the far-flung areas where ultrasound is not available. It is very useful tool to determine fetal malpresentation (Rochelle, Albert, Gotwocia and Craig 1993).

     Indicator 11, shows students able to applied the important part of their prenatal activity; the discussion of findings with the patient and their family. During discussion the patient family participation is required in preparation of birth plan; records all the findings and remarks for future

references. Students always reminded the vital role of recording and discussion it is the completeness of their tasks.

On the other hand, the student got the lowest mean (3.06) in indicator 1, **prepares the client.** It seems that the students are not so confident in preparing the client before the procedure. One of the preparations is asking the patient to empty her bladder for accurate results. Sometimes students forgot or neglect to asked patients to empty the bladder because students are much more excited in doing procedures. This is not easy since the patient sometimes will reason out that she is not get ready to empty her bladder.

Table 2.4 presents the distribution of respondents in terms of their level of skills in Internal Examinations.

The results reveal that majority of the students are good in internal examination while about one-fourth of them are very good in performing internal examination. They obtained an over all mean of 3.38 described as good. The standard deviation of 0.31 indicates that the respondents ensures are the same and are grouped near the mean.

It seems that the student midwives have performed very well in internal examination. Out of thirteen indicators they obtained a mean of very good in nine of them. There are **puts the mother in dorsal recumbent position**, **flushes the perineum**, **washes hands and dries them. explaining the procedure, recording findings, putting sterile gloves, lubricating the two fingers of the left hand with antiseptic, keeping the membrane intact... and preparing the articles completely.** As a student's midwives it is easy for them to perform the above indicators because it is a routine procedure in performing internal examination. Students are used for this when students attended their actual handled delivery or during prenatal assessment which students are required 75 cases of prenatal.

For the rest of the indicators they obtained a mean of good, it seems students have a grasp of knowledge in assessing **cervix condition**; to identify the effacement and dilation of the cervix where students differentiate the true and false labor. After assessment of the cervix student are able to determine the **presentation of the fetus and station of the fetal head** using the two-finger of the dominant hand inserting to the vagina.

The student may be considered competent in internal examination as part of their case requirements. During the assessment in the simulation

Table 2.4   Distribution of respondents in terms of their level of skills: Internal Examinations (n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)

4.50-5.00	Excellent (E)	0	0.00
3.50-4.49	Very Good (VG)	8	25.81
2.50-3.49	Good (G)	23	74.19
1.50-2.49	Fair (F)	0	0.00
1.00-2.49	Poor (P)	0	0.00
	Total	**31**	**100.00**

Mean: **3.38**
Description: **Good**
Standard Deviation: **0.31**

Indicators	Mean	Desc
1. Prepares articles completely	3.77	Very Good
2. Explains the procedure	3.81	Very Good
3. Puts the mother in dorsal recumbent position	3.87	Very Good
4. Flushes the perineum	3.90	Very Good
5. Washes hands and dries them	3.87	Very Good
6. Puts on sterile gloves	3.74	Very Good
7. Lubricates the two fingers of the left hand with antiseptic or K.Y jelly.	3.68	Very Good
8. Separates the labia with the thumb and little finger of the right hand.	3.32	Good
9. Inserts the 2nd and 3rd fingers sidewise deep into the vagina.	3.13	Good
10. Palms facing upward sways the fingers on the wall of the vagina till they come intact with the cervix.	3.10	Good
11. Assesses the following:		
11.1 Conditions of the cervix (Hard, Soft, Close, Open, Effacement/%, Dilation/cm, Position of the cervix)	3.42	Good
11.2 Presentation of the fetus (Breech, Cephalic, Shoulder, Others)	3.32	Good
11.3 Position (LOA, LOP, ROA, ROP, Others)	3.16	Good
11.4 Station (-3, -2, -1, +1, +2, +3)	3.32	Good
11.5 Membranes (Intact, Ruptures (Characteristic of Amniotic Fluid)	3.55	Very Good

11.6 Assess vagina/ perineum (Firm, Distensible)		2.77	Good
12. Checks findings accurately with facilitator or clinical instructor.		3.45	Good
13. Records Findings		3.68	Very Good

room the students are observed on how to perform internal examination. This revealed students are hesitant in inserting their finger into the patients vagina.

The table 2.5 presents the distribution of respondents in terms of their level of skills in Auscultation of Fetal Heart Rate

Table reveals that 64.52 percent of students are good while 35.48 percent are very good in terms of Auscultation of Fetal Heart Rate. They obtained an overall mean of 3.35 with a standard deviation of 0.22, which means that their answers are clustered near the mean.

It revealed that some students are more competent in indicator 2, **palpating fetal presentation** rather than **palpating fetal position** and **locate fetal back for the auscultation of fetal heartbeat**, where students got the lowest mean. As a clinical instructor the researcher has observed that some midwifery students prefer to use fetal doppler machine to

Table 2.5   Distribution of respondents in terms of their level of skills: Auscultation of Fetal Heart Rate(n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)
4.50-5.00	Excellent (E)	0	0.00
3.50-4.49	Very Good (VG)	11	35.48
2.50-3.49	Good (G)	20	64.52
1.50-2.49	Fair (F)	0	0.00
1.00-2.49	Poor (P)	0	0.00
	Total	**31**	**100.00**

Mean:	**3.35**
Description:	**Good**
Standard Deviation:	**0.22**

Indicators	**Mean Desc**

1. Explains the procedure to the patient.		2.74	Good
2. By palpation, determines the following:			
	a. Fetal Position	2.65	Good
	b. Fetal Presentation	3.77	Very Good
	c. Fetal Lie	3.03	Good
3. Places the head of stethoscope on the abdomen over the back of the fetus.		3.29	Good
4. Listens and counts the beats for at least one minute.		3.32	Good
5. Discusses the significance of any findings with the patient.		3.35	Good
6. Records findings and compare them with earlier recording, if any.		3.61	Very Good

locate fetal heartbeat than palpating fetal back and using stethoscope to listen to fetal heartbeat. Students have obtained a mean of very good (3.61) in indicator no. 6. **Records findings and compares them with earlier recordings, if any.**

Table 2.6 presents the distribution of respondents in terms of their level of skills in Blood Pressure Measurement.

The results reveal that majority (70.97%) are very good in taking Blood Pressure measurements while some of them (6.45%) performed excellently. They obtained an overall mean of 3.86 described as very good with a standard deviation of 0.48.

Students got excellent performance in the indicator no. 4,**Chooses the proper BP cuff size…,**it is easy to choose the proper BP cuff size because most of the respondents are adult, they used only one BP cuff size. On the other hand, students got the lowest mean in the indicator no. 11, **Double Checks for Accuracy…,** students are not mindful for double checking. It is essential to assess the accuracy of the result.

Among all skills, blood pressure measurement was the basic skills test students can best. It is not surprisingly that they got a very good performance. During their first year of related learning experience in the clinical area which is hospital based, students were trained to do vital sign monitoring to the patient. They got a very good performance; almost all of them felt that they did not double checking for accuracy.

Table 2.6   Distribution of respondents in terms of their level of skills: Blood Pressure Measurement(n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)

4.50-5.00	Excellent (E)	2	6.45
3.50-4.49	Very Good (VG)	22	70.97
2.50-3.49	Good (G)	7	22.58
1.50-2.49	Fair (F)	0	0.00
1.00-2.49	Poor (P)	0	0.00
	Total	**31**	**100.00**

Mean:	**3.86**
Description:	**Very Good**
Standard Deviation:	**0.48**

Indicators	Mean	Desc
1. Prepares all necessary equipment.	4.23	Very Good
2. Explains the procedure	4.26	Very Good
3. Makessure the patient is relaxed by allowing 5 minutes to relax before the first reading. The patient should sit upright with their upper arm positioned so it is level with their heart and feet flat on the floor. Removes excess clothing that might interfere with the BP cuff or constrict blood flow in the arm. Makes sure that no talking is done during the reading.	4.19	Very Good
4. **Chooses the proper BP cuff size.**Wraps the cuff around the patient's arm and uses the index line to determine if the patient's arm circumference falls within the range area. Otherwise, he/she chooses the appropriate smaller or larger cuff.	4.61	Excellent
5. **Places the BP cuff on the patient's arm:** Palpates/locates the brachial artery and position the BP cuff so that the artery markerpoints to the brachial artery; Wraps the BP cuff snugly around the arm.	4.26	Very Good
6.**Positions the stethoscope:** On the same arm where the BP cuff is placed, palpates the arm at the antecubical fossa (crease of the arm) to locate the strongest pulse sounds and places the bell of the stethoscope over the brachial artery at this location.	4.00	Very Good
7.**Inflates the BP cuff:** Begins pumping the cuff bulb as he/she listens to the pulse sounds. When the BP cuff has inflated enough to stop blood flow, he/she should hear no sounds through the stethoscope. The gauge should read 30 to 40 mmHg above the person's normal BP reading. If this value is unknown, he/she can inflate the cuff to 160 - 180 mmHg. (If pulse sounds are heard right away, inflate to a higher pressure.)	4.39	Very Good

8. **Slowly Deflates the BP cuff:** Begin deflation. The AHA

recommends that the pressure should fall at 2 - 3 mmHg per second, anything faster may likely result in an inaccurate measurement.   4.35   Very Good

9. **Listen for the Systolic Reading:** The first occurrence of rhythmic sounds heard as blood begins to flow through the artery is the patient's systolic pressure. This may resemble a tapping noise at first.   4.42   Very Good

10.**Listen for the Diastolic Reading:** Continues to listen as the BP cuff pressure drops and the sounds fade. Notes the gauge reading when the rhythmic sounds stop. This will be the diastolic reading.   4.42   Very Good

11. **Double Check for Accuracy:** The AHA recommends taking a reading with both arms and averaging the readings. To check the pressure again for accuracy, he/she waits for about five minutes between readings. Typically, blood pressure is higher in the mornings and lower in the evenings. If the blood pressure reading is a concern or masked or white coat hypertension is suspected, a 24 hour blood pressure study may be required to assess the patient's overall blood pressure profile.   1.03   Poor

12. Records findings.   2.16   Fair

Table 2.7 presents the overall distribution of respondents in terms of knowledge and skills level

The table shows that 58 percent of the students are good while 42 percent are in the good to very good level in terms of overall distribution of their knowledge and skills. They obtained an overall mean of 3.45 with a standard deviation of 0.13.

Table 2.7   Overall Distribution of respondents in terms of their Knowledge and Skills level   (n=31)

Score	DESCRIPTION	FREQUENCY	PERCENTAGE (%)
4.50-5.00	Excellent (E)	0	0.00
3.50-4.49	Very Good (VG)	13	41.94
2.50-3.49	Good (G)	18	58.06
1.50-2.49	Fair (F)	0	0.00
1.00-2.49	Poor (P)	0	0.00
	Total	**31**	**100.00**
	Mean:		**3.45**
	Description:		**Good**
	Standard Deviation:		**0.13**

Indicators	Mean	Description
Knowledge	21.00	Poor
Skills		
Fundal Height Measurement	3.34	Good
Leopold's Maneuver	3.34	Good
Internal Examination	3.38	Good
Auscultation of Fetal Heart Rate	3.35	Good
Blood Pressure Measurement	3.86	Very Good

The table revealed that students are poor in knowledge. However, when it comes to performing basic midwifery skills they got means equivalent to good in fundal height measurements, Leopold's Maneuver, Internal Examination and Auscultation of fetal heart rate. They even got a mean of 3.80 or very good in blood pressure measurement. According to Miller, (1990) that examination assessment cannot accurately predict student performance when functioning independently in clinical area.

2. **Problem 3: Is there a significant difference in the level of readiness of second year midwifery students when grouped according to:**
   2.1. Age
   2.2. Marital Status
   2.3. Final Grade in CP101A
   2.4. Attitude towards midwifery

Null Hypothesis: There is no significant difference in the level of readiness of second year midwifery students when grouped according to their age, marital status, grade in CP101A and attitude towards midwifery.

Table 3.1 presents the distribution of Test Statistics (Mean at Test Statistics) of the Respondents' knowledge and skills when grouped according to their age.

Age has No significant relationship noted with student's Determinants of Readiness toward Related Learning Experience of Midwifery Students in terms of knowledge as shown in the T-value of -1.40(ns). Likewise, there is no significant difference in terms of skills as shown in the T-value of 0.15(ns).

According to Bastable and Dart (2010) age can be influential in readiness of learning but it cannot define as to when the best time is to

Table 3.1 Distribution Test Statistics (Mean at *Test Statistics*) of the Respondents' knowledge and skills when grouped according to their age

Indicators	16-20 years old (n=21)		21years old-above (n=10)		Test Stat (T)
	Mean	Desc	Mean	Desc	
Knowledge	20.29	Poor	22.80	Poor	**-1.40ns**
Skills					
Fundal Height Measurement	3.35	Good	3.33	Good	**0.22ns**
Leopold's Maneuver	3.31	Good	3.41	Good	**-1.35ns**
Internal Examination	3.36	Good	3.43	Good	**-0.63ns**
Auscultation of Fetal Heart Rate	3.34	Good	3.36	Good	**-0.27ns**
Blood Pressure Measurement	3.90	Very Good	3.77	Very Good	**0.75ns**
Overall Skills	3.45	Good	3.46	Good	**-0.15ns**

Legend: ns Not significant

teach the learner. As an educator one cannot wait for teachable moments to occur; rather, teachers can create opportunities by taking the interest and attending to the needs of learners.

No test statistics can be done for the significant differences on respondents' knowledge and skills when grouped according to marital status because the distribution of respondents did not reach the minimum number of allowed populations per group as shown in table 1.1. It specifically showed a skewed data; hence no test statistics will be employed.

Table 3.2 presents the distribution of Test Statistics (Mean at Test Statistics) of the Respondents' knowledge and skills when grouped according to their Grades.

Table 3.2 **Distribution of Test Statistics (Mean at *Test Statistics*) of the Respondents' knowledge and skills when grouped according to their Grades**

Indicators	1.75-2.10 (n=13)		2.20-2.50 (n=12)		2.60-3.00 (n=6)		Test Stat (F)
	Mean	Desc	Mean	Desc	Mean	Desc	
Knowledge	22.07	Poor	19.92	Poor	21.33	Poor	0.64ns
Skills							
Fundal Height							

Measurement	3.30	Good	3.36	Good	3.40	Good	0.56ns
Leopold's Maneuver	3.31	Good	3.35	Good	3.40	Good	0.45ns
Internal Examination	3.56	Very Good	3.29	Good	3.40	Good	5.05**
Auscultation of Fetal Heart Rate	3.38	Good	3.33	Good	3.29	Good	0.38ns
Blood Pressure Measurement	3.96	Very Good	3.80	Very Good	3.75	Very Good	0.57ns
Overall Skills	3.50	Very Good	3.42	Good	3.40	Good	1.81ns

Legend: ns Not significant   ** Highly Significant

Grade have no significant relationship with students' knowledge and skills as shown in the T-value of -0.64(ns). Similarly, there is no significant difference in terms of skills as shown in the T-value of 1.81(ns). However, the skills in Internal Examination has a highly significant difference, with a T-value of 5.05. this is supported by the study of Abear, R. L., Escarlan, A., Sepe, N. R., Descallar, J. J., Espanol, L. C., &Villarte, R. (2008) students have enough knowledge and interest during the integration of concept in the classroom and other areas, they have a great chance to perform well during their related learning exposure in clinical area.

Table 3.3 presents the distribution of Test Statistics (Mean at Test Statistics) of the respondents' knowledge and skills when grouped according to their attitude toward midwifery.

The students' attitude toward midwifery has no significant relationship noted in terms of knowledge as shown in the T-value of 0.06(ns). likewise, there has no significant difference in terms of skills as shown in the T-value of 1.80(ns).

On the study of Vygotsky adopted by Dunphy and Williamson (2004) in the third stage: the task execution; on this stage students can independently execute their task but when faced with major challenges and stresses may become disoriented. Even students have a positive attitude toward midwifery taking examination and performing certain skills in front of facilitator or the clinical instructor are more stressful.

Table 3.3. Distribution of Test Statistics (Mean at *Test Statistics*) of the Respondents' knowledge and skills when grouped according to their Attitude Toward Midwifery

Indicators	Moderate-Positive (n=19)		Highly Positive (n=12)		Test Stat (T)
	Mean	Desc	Mean	Desc	
Knowledge	21.05	Poor	21.17	Poor	**-0.06ns**
Skills					
Fundal Height Measurement					
Leopold's Maneuver	3.16	Good	3.38	Good	**-0.82ns**
Internal Examination	3.32	Good	3.38	Good	**-0.90ns**
Auscultation of Fetal Heart Rate	3.32	Good	3.48	Good	**-1.38ns**
Blood Pressure Measurement	3.35	Good	3.34	Good	**0.06ns**
	3.81	Very Good	3.94	Very Good	**-0.78ns**
Overall Skills	3.42	Good	3.51	Very Good	**-1.80ns**

Legend: ns Not significant

Summary of Findings

Based on the data collected, the following are the findings of the study:

1. Majority of the students-respondents are within the 16-20 age group, single, whose final grade in CP 101 fall between 1.75 and 2.20. they have a positive attitude towards midwifery.

2. The students have a poor level of readiness considering knowledge. As to their skills, they have a good level of skills in fundal height measurement, leopold's maneuver, internal examination and auscultation of fetal heart rate, they have a very good level of skill in blood pressure measurements. Their overall knowledge and skills level is good.

3. In significant difference were noted in the midwifery students level of readiness when grouped according to age and grades except in internal examination where a highly significant difference was noted. Likewise, no significant difference were noted according to the student-respondents' attitude toward midwifery

Conclusions and Implications:

Based on the finding of the study, the following conclusions and implications are drawn:

In general, students' characteristics cannot define their readiness in clinical area. But there is significant difference in terms of Final Grade in CP 101A in performing Internal Examination.

Therefore, for those students who have low grade in knowledge should undergo an enhancement program to pass the given examination in order for them to be qualified for internship.

In the theory of Lev Vygotsky on Zone of Proximal Development (ZPD) the respondents are in the first stage of learning based on the ZPD theory. Students are not able to perform certain tasks without the help of an expert. In this stage students need guidance from their instructor, peer and other professionals in applying the proper knowledge, skills and attitude in dealing with others.

Moreover, students have a positive outlook in maintaining good interpersonal relationship with the staff and colleagues.

According to Kong, Wu and Luke (2009) there are some factors affecting student readiness: inadequate knowledge about the concept, feeling of anxiety for new ventures, worries about colleagues a performance expectation.

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