Print ISSN 2094-1064
Online ISSN 2244-0437

Liceo Journal of Higher Education Research
doi: http://dx.doi.org/10.7828/ljher.v17i1.1533

Clinical Learning Opportunities of Midwifery Students in Ilocos Sur, Philippines

JOUSSIE B. BERMIO
ORCID NO. 0000-0002-8755-8714
joussie.bermio@unp.edu.ph
College of Health Sciences
University of Northern Philippines
Vigan City, Philippines

ABSTRACT

The study determined the extent of the clinical learning opportunities and the second-year midwifery students' level of competencies. It looked into the relationship between the extent of clinical learning opportunities and their level of competency. The research employed a descriptive-correlational design. The study respondents were the 93 students enrolled in the three midwifery schools in Ilocos Sur, Philippines, during the SY 2019-2020 and their eight clinical instructors (CIs). The study was conducted in these three schools to look into their capability of providing the students' learning needs that are essential to the full development of the students. Since it is believed that the extent of clinical learning opportunities and the level of competencies of the midwifery students lies in the competence, assistance, and opportunity provided by the clinical instructors (CIs), the quality of the clinical learning environment and the active participation of competent and autonomous midwifery instructors in this environment can have a facilitatory role. A questionnaire checklist that content validated by a pool of experts was utilized as the primary data-gathering instrument. Approval to conduct the study was secured from the Office of the President and or the Dean and Principal of the School of Midwifery before the data gathering. The researcher distributed the questionnaire through google forms. The data were analyzed using mean and simple linear correlation analysis. The Ethics Review Committee of the University reviewed the ethical considerations thoroughly. The student-respondents have a Very High extent of clinical learning opportunities. They are "Very Highly Competent." The extent of clinical learning opportunities is significantly related to the student respondents competency level. Therefore, it is recommended that 1) the CIs continuously

provide various opportunities in the clinical area and extend their full support to the students by creating a conducive learning environment that will contribute to the full development of their competencies as midwifery graduates. 2) The academe to fully adhere to the competencies of the students as prescribed in the CMO through the exposure of the students in all the clinical areas where they can acquire the necessary knowledge, skill, and attitude of a midwifery graduate who is well prepared to cater to the needs of mothers and children.

Keywords: Clinical instructors, competency, the extent of learning opportunities, learning objectives, pedagogical strategy

INTRODUCTION

The offering of quality midwifery education is a way for the government to equip future midwives with adequate knowledge, skill, and attitude in caring for mothers and children. Providing quality education to health professionals, including midwives, is an action geared towards attaining the Sustainable Development Goal (SDG) 3.1, known as the reduction of the global maternal mortality ratio to less than 70 per 100,000 live births in the year 2030.

The offering of a quality midwifery program is believed to contribute to a powerfully rooted, calm, and safe life for all Filipinos as envisioned in "Ambisyon Natin 2040 (NEDA, 2016)." In the CMO 33 S 2007, Article 1 Section I states that midwifery practice in the Philippines has been known as one of the primary health care services for the people. The role of midwives has been expanded to address the basic healthcare needs of women and their children. To meet these objectives, midwifery education must produce midwives with the most current knowledge, skills, and attitude and the ability to provide maternity care competently and devotedly. Midwifery instruction activities should be receptive and connected to evolving nationwide and worldwide midwifery practice and development. Clinical instructors are vital in the student's holistic development as future health workers. The student's competencies can only be developed if all their learning needs are adequately met. Midwifery education must achieve those necessities by molding midwives with current awareness and expertise and the proper attitude required to deliver midwifery services with proficiency and commitment (CHED Memorandum Order (CMO) 33 Series 2007).

Midwifery education must be able to respond to those needs by teaching the midwives the current awareness and expertise, and proper attitude essential to

deliver midwifery service area with proficiency and commitment (Commission on Higher Education (CHED) Memorandum Order (CMO) 33 Series 2007). The country's objective to offer a quality midwifery profession, the midwifery program slowly developed into stages: from six months to one year, from one year to two years, and ultimately to a four-year degree course. It has attained a high standard, and its happenings have widened in scope (Department of Health (DOH), 2022).

The midwifery curriculum started as a six-month course in the Philippines earlier, particularly at the Fabella Memorial School in 1992. The country's objective to offer a quality midwifery profession, the midwifery program slowly developed into stages: from six months to one year to one and a half years, to two years, and ultimately to a four-year course. It has reached a high standard, and its activities have increased in scope.

In the early years, midwifery was relatively unknown until Dr. Jose Fabella founded the first school of midwifery in May 1992 – the Maternity and Children's Hospital (now called Dr. Jose Fabella Memorial Hospital). Dr. Fabella spearheaded the premier school of midwifery in the country with the foremost objective of training young women in midwifery to gradually supplant the unlicensed midwives (Integrated Midwives Association of the Philippines (IMAP), nd).

The above-stated first midwifery school started had only ten students, and not long after, a midwifery school opened in Cebu with four students. In 1993, another school was opened in Bacolod, Negros Occidental, with 20 students. There are 230 midwifery schools in the Philippines (Loarca & Padilla, 2011).

The Philippines' midwifery service has been renowned as among the primary health care program for the people. The responsibilities of midwives have been extended to address the health service necessities of mothers and their children. The midwives' role became more extensive through RA 7392, wherein midwives were already allowed to insert intravenous fluid and suture lacerations of the perineum. Midwifery education must be able to answer those needs by breeding midwives possessing current awareness and expertise and proper attitude essential to deliver midwifery service area with proficiency and commitment (Commission on Higher Education (CHED) Memorandum Order (CMO) 33 Series 2007).

A midwife's concentration should assist all women and their families in having a joyful and positive experience of pregnancy, birth, and premature childrearing. The current exploration into women's involvement in maternity care by the Commission for Healthcare Audit and Inspection (2007) suggests

that the toughest gauges of an affirmative experience refer to communication and sustenance, involving women in their care and being preserved with respect, self-esteem, and compassion. Therefore, it is vital that a part of the selection of student midwives focuses on interactive skills as academic credentials and that midwifery education pursues to enhance the emotional intelligence of midwives (Midwifery 2020 Program Core Role of the Midwife Workstream Final Report, 2010).

According to the CMO No. 33 Series of 2007, alumni of the Diploma in Midwifery Program are projected to deliver the essential direction, attention, and counseling to low-risk women throughout pregnancy, labor, and puerperium. They should be able to: 1) Get pertinent history, 2) Accomplish physical assessment including vital signs taking, 3) Perform simple laboratory examinations such as hemoglobin determination and urine test for sugar and albumin, 4)Evaluate the advancement of labor, 5) Implement appropriate midwifery procedures, 6) Provide reasonable care to the mother and the newborn, 7) Provide life-saving interventions during obstetrical emergencies such as administering IV fluids and cardiopulmonary resuscitation, and 8) Discover abnormal situations of the mother and newborn; and 9) Expedite referrals as needed.

Still, from the above source, the Diploma's alumnus in Midwifery Program shall execute primary health care services within the community. Specifically, they should be able to: 1) implement government health programs adhering to proper protocols, 2) Administer first aid measures as needed, 3) Give appropriate health teachings to individuals, families, and the community, 4) Supervise barangay health workers, and 5) Manage a barangay.

Fullerton, Severion, and Brogan (2003) said that the undergraduate midwifery course targets students with the useful skills essential to developing practicing professional midwives. Nicol and Freeth (1998) also stated that clinical skills strengthen midwives' professional practice; therefore, students should have a chance to study, improve, and master clinical skills.

According to McIntosh, Fraser, Stephen, and Avis (2013), understanding midwifery students' teaching and learning process will enable midwifery educators to enhance clinical competencies. Therefore, international demand for discovering midwifery students' experiences of learning clinical skills is made (Amadi, Shariari, & Kohan, 2018).

The University of Northern Philippines (UNP) in Tamag, Vigan City, is the first and oldest state University in Northern Luzon, which offers a low tuition fee, tracing its roots in 1906, which is older than the University of the Philippines by

two years. It is one of the state universities in the province for the less-fortunate people. It offers practical courses; one is the BS Midwifery course.

The North Luzon Philippines State College (NLPSC) grew from a little community college recognized as Candon Community College (CCC). The said school offered non-degree courses like midwifery and the secretarial program. It was first established as CCC-UNP Branch in 1989 through the Republic Act (RA) 6744), an Act integrating the CCC in the Municipality of Candon, Province of Ilocos Sur, into the University of Northern Philippines in the Municipality of Vigan, Province of Ilocos Sur.

However, with the aim of Congressman Eric Singson for Candon to have a college of its own, he sponsored a bill that modified RA 10085, otherwise known as "An Act Separating the CCC-University of UNP Branch from the UNP in the City of Vigan, NLPSC began to operate as a public higher education institution on May 5, 2010.

The Ilocos Sur Community College (ISCC) is an institution accredited by the Technical Education and Skills Development Authority (TESDA) that offers technical and vocational education and training programs (TVET) under the TESDA and the Commission on Higher Education (CHED). The college is one whose program is designed for useful and operative learning and aims to progress the worth of living in the community. It offers practical courses to serve the educational needs of deserving students, and one is the BS Midwifery course.
With their desire to produce quality graduate midwives, the three schools started to offer a four-year Midwifery course. The program is a ladderized curriculum from a two-year Certificate/ Diploma to a Bachelor of Science in Midwifery.

Various clinical learning opportunities are expected to be provided to school students through clinical instructors. The clinical learning opportunities primarily start from the orientation in the clinical area. The methods by which the learning objectives can be met shall be provided, as the different opportunities students could learn in the clinical area. The support of the clinical instructors who will be handling the students is a must to facilitate learning utilizing different pedagogical strategies.

Internship plays a major role in bridging – theory and practice. Essentially, the educational practicum is supervised on-site work experiences that allow students to practice and demonstrate their developing skills and competencies in their chosen career, as emphasized (Matriano as cited in Relon, 2020).

It has been observed that not all schools can provide the students' learning needs that are essential to the full development of the students. Moreover, it

is believed that the extent of clinical learning opportunities and the level of competencies of the midwifery students lies in incompetence, assistance, and the opportunity provided by the clinical instructors (CIs). The study results may be utilized as baseline information for the school administrators in program planning to improve the students' clinical learning opportunities. For the clinical instructors to improve and or sustain their primary role in the development of future health workers, particularly in their clinical orientation, the achievement of the learning objectives, provision of learning opportunities, support, and lastly, the utilization of teaching strategies that enhance learning in the clinical area, for the students to be fully aware of the clinical learning opportunities provided to them that will encourage them to persevere better in the attainment of their dreams and aspirations.

FRAMEWORK

The model below guided the researcher in her study.

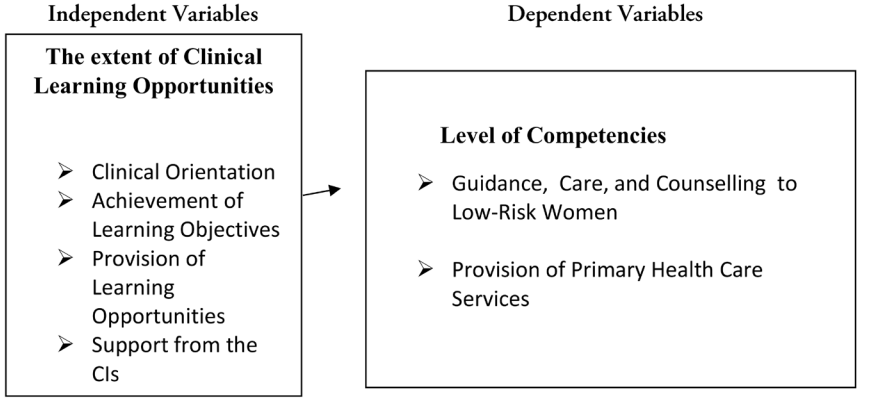

Figure 1. The Research Paradigm.

The paradigm illustrates the relationships between the variables of the study. It looked into the relationship between the level of competencies and the extent of clinical learning opportunities. The provision of clinical learning opportunities is posited to improve the level of competencies of a graduate in the Diploma in Midwifery as stipulated in the CMO 33 S 2007.

The framework above is supported by the theory of Peplau emphasizing the importance of communicating to the students the learning needs of registered

nurses and midwives. This leadership role of the nurse/midwife instructor helps by influencing and emphasizing the advancement of professional and educational standards (Haber, 2000). The registered nurse-midwife clinical instructors' provision of different clinical learning opportunities to the students is the most important factor in the achievement of the needed skills or competencies of the said student-midwives.

Furthermore, Pijl-Zieber et al. (2014) stated that competency-based education begins by providing a clear picture of the skills learners need to learn that serves as the basis of organizing an educational program geared towards the performance of intended education.

The study hypothesized that providing adequate learning opportunities influences the level of competencies of the students.

OBJECTIVES OF THE STUDY

The study determined the extent of the clinical learning opportunities and the midwifery students' level of competencies in Ilocos Sur during the SY 2019-2020. Specifically, it sought to determine the: (a) extent of clinical learning opportunities; (b) level of competencies of the student-respondents along guidance, care, and counseling to low-risk women and provision of primary health care (PHC) services; and (c) significant relationship between the student respondents' level of competencies and the extent of clinical learning opportunities.

METHODS

The research employed a descriptive-correlational design. It described the extent of clinical learning opportunities and the level of competencies of the respondents. Pearson product-moment of correlation was used to determine the relationship between the student respondents level of competencies and the extent of clinical learning opportunities.

The study respondents were all 93 second-year midwifery students during the Second Term of the SY 2019-2020 in the three midwifery schools in Ilocos Sur, namely: University of Northern Philippines, Ilocos Sur Community College, and North Luzon Polytechnic School College. The eight clinical instructors (CIs) handling them in the clinical areas also served as the respondents to validate the students' responses.

The distribution of the respondents of the study is shown in Table 1.

Table 1

Distribution of the Respondents of the Study

School	Students (N)	Clinical Instructors (N)
University of Northern Philippines	30	3
North Luzon Polytechnic State College	25	2
Ilocos Sur Community College	38	3
Total	**93**	**8**

The study utilized a questionnaire checklist where items were based on the study of Setumo and based on CMO No 33 Series of 2007. It was content validated by three experts teaching midwifery professional subjects who have significant research contributions. The questionnaire checklist consisted of two parts. Part I determined the extent of clinical learning opportunities for the student-respondents. Part II gathered data on the level of competencies of the student-respondents.

The norms established statistically were used to interpret the extent of clinical learning opportunities presented below.

Numerical Value	Range of Mean Values	Item Description	Over-all Description
5	4.21-5.00	Always	Very High (VH)
4	3.41-4.20	Often	High (H)
3	2.61-3.40	Sometimes	Fair (F)
2	1.81-2.60	Seldom	Low (L)
1	1.00-1.80	Never	Very Low (VL)

The norms used for the interpretation of competencies are presented below.

Numerical Value	Range of Mean Values	Item and Overall Description
5	4.21-5.00	Very Highly Competent
4	3.41-4.20	Highly Competent
3	2.61-3.40	Moderately Competent
2	1.81-2.60	Fairly Competent
1	1.00-1.80	Not Competent

The researcher asked permission from the Office of the President or the Dean and the Principal of the schools in midwifery before the data gathering. Meanwhile, the researcher conducted a preliminary survey to determine the total number of regular second-year midwifery students. The researcher administered the questionnaire to the respondents through google forms. The students' google forms were sent to an instructor handling the students, and then it was sent to the students through FB group chat messenger. Simultaneously, the google forms for the clinical instructors were sent by the researcher to the clinical instructors through FB messenger. Data gathered in this study are treated using the following statistical tools: 1. Mean to determine the extent of clinical learning opportunities and competency of the student-respondents. 2. Pearson product moment of correlation was used to determine the relationship between the student respondents level of competencies and the extent of clinical learning opportunities. The researcher observed all the ethical principles set by the Ethics Review Committee (ERC) of UNP in the study's conduct. The ERC approved it with an ethics approval number 280.

RESULTS AND DISCUSSIONS

Table 2

Item Mean Ratings Showing the Extent of Clinical Learning Opportunities of the Student-Respondents Along with Clinical Orientation

Items	Students		CIs		Overall	
The Clinical Instructors gave me the opportunity to….	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
1. be oriented through an orientation before exposure to the clinical area.	4.79	Always	5.00	Always	4.80	Always
2. be welcomed and to be oriented to the nursing, midwifery, and support staff	4.66	Always	4.50	Always	4.65	Always
3. I feel that I am part of the unit staff/ medical team in the hospital/MHO	4.54	Always	4.25	Always	4.52	Always

Table 2 continued

Items	Students		CIs		Overall	
4. be oriented on the						
a) scope of clinical practice.	4.78	Always	4.75	Always	4.77	Always
b)clinical area requirements	4.82	Always	5.00	Always	4.83	Always
c) clinical policies	4.77	Always	5.00	Always	4.78	Always
d)expected output	4.68	Always	4.63	Always	4.68	Always
Overall	**4.72**	**Very High**	**4.73**	**Very High**	**4.72**	**Very High**

Norm:

Range	Item DR	Overall DR
4.25-5.00	Always (A)	Very High (VH)
3.41-4.20	Often (O)	High (H)
2.61-3.40	Sometimes (So)	Fair (F)
1.81-2.60	Seldom (Se)	Low (L)
1.00-1.80	Never (N)	Very Low (VL)

It is very worth to note that generally, the respondents have a "Very High" extent of clinical learning opportunities along with clinical orientation ($\bar{X}$= 4.72). The data means that the respondents have been well acquainted with the MHO staff, policies, hospital, function, and requirements needed in the clinical area. The outcomes may be attributed to the reality that the students must attend an orientation program both in the schoolroom and in the affiliation area before the actual hands-on with their clients/ patients.

According to Brunstad, Giske, and Hjälmhult (2016), some circumstances enhance students' learning, such as when midwives: a) make them feel at home and project, b) remember their names creating with them an atmosphere that they are valued, c) were interested in knowing the individual students, and d) including them in work.

Still, from the above source, midwives could facilitate the learning of the students through a) clear and appropriate expectations, b) giving them specific jobs and tasks, c) trusting them, d) persisted in the background, and e) are prepared to support if the condition turns complicated.

Table 3

Item Mean Ratings Showing the Extent of Clinical Learning Opportunities of the Student-Respondents Along with Achievement of Learning Objectives

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
The CIs gave the opportunity to….						
1. be oriented with the learning objectives before the start of clinical exposure.	4.80	Always	4.38	Always	4.76	Always
2. utilize the learning resources like the midwifery procedure manual	4.59	Always	4.13	Often	4.55	Always
3. grasp adequate knowledge needed in the delivery of midwifery interventions	4.85	Always	4.63	Always	4.83	Always
4. acquire essential skills within my competency level as a student.	4.76	Always	5.00	Always	4.77	Always
Overall	**4.75**	**Very High**	**4.53**	**Very High**	**4.73**	**Very High**

The respondents have a "Very High" extent of clinical learning opportunities along with achieving learning objectives ($\bar{X}$ = 4.73). The study results mean that the student-respondents are given a full explanation of what they are expected to achieve at the end of the clinical exposure. The clinical instructors give a description of their clinical goals during the pre-conference conducted early in the morning before the students are allowed to enter the outpatient department/ ward/ labor or delivery room.

Quinn and Hughes (2007) claimed that an active learning setting would inspire students to assume responsibility for their learning and be vigorous in recognizing pertinent chances. In midwifery, the wisdom gained from clinical know-how is more significant and essential if incorporated with theoretical knowledge.

According to Bruce, Klopper, and Mellish (2011), the clinical scenery is a substantial atmosphere for incorporating concepts and training for student midwives. In this environment, clinical teaching targets to generate a capable professional nurse and midwife who can offer nursing care grounded on sound understanding and choices, proficient skills, and professional standards.

Table 4

Item Mean Ratings Showing the Extent of Clinical Learning Opportunities of the Student-Respondents Along with the Provision of Learning Opportunities

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
The CIs gave me the opportunity to…						
1. participate during rounds.	4.70	Always	4.38	Always	4.68	Always
2. do prioritization of midwifery actions when making decisions.	4.59	Always	4.25	Always	4.56	Always
3. join discussions during pre and post-conference meetings.	4.38	Always	5.00	Always	4.43	Always
4. present simple case studies during clinical placements	4.62	Always	4.25	Always	4.49	Always
5. be involved in planning care for my patients.	4.71	Always	4.63	Always	4.71	Always
6. perform a task within the level of my competency	4.68	Always	5.00	Always	4.71	Always
7. do skills return demonstration in the clinical area.	4.72	Always	4.75	Always	4.73	Always
Overall	**4.63**	**Very High**	**4.61**	**Very High**	**4.63**	**Very High**

Overall the respondents have a "Very High" extent of clinical learning opportunities along with the provision of learning opportunities ($\bar{X}$ =4.63). The findings mean that the student-respondents were given all the chances to utilize the learning opportunities. Likewise, they are given full assistance by their CIs to actively perform their specific function as student-health workers.

Billings and Halstead (2012) said that medical instruction comprises the cautious scheme of a setting in which students have the chance to adopt shared reverence and sustenance with each one of them and realize acknowledged learning outcomes. Moreover, they stated that clinical coaching intends to create a proficient professional midwife adept at providing health care built on wide-ranging understanding, decision-making experience ability, and specialized ideals (Setumo, 2013).

Gaberson and Oermann (2009) emphasized that clinical learning activities allow real-life practices and occasions to transmit knowledge to practical situations. Clinical teaching must recognize knowledge gaps, find, apply novel data, and introduce or handle change. Vaquilar- Romo, and Rafanan (2019) said that practical experiences are priceless to provide real and hands-on learning opportunities for their students.

Table 5

Item Mean Ratings Showing the Extent of Clinical Learning Opportunities of the Student-Respondents Along with Support from the Clinical Instructors

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
The CI gave me the opportunity to…						
1. listen to their immediate feedback after performing midwifery skill	4.59	Always	4.88	Always	4.61	Always
2. know the ethical issues to be observed in the clinical area	4.77	Always	4.75	Always	4.76	Always
3. feel moral support from them in achieving learning objectives	4.73	Always	5.00	Always	4.75	Always
4. express feelings and experiences related to the clinical environment	4.67	Always	4.63	Always	4.67	Always
5. ventilate my perceptions, fears, and expectations	4.57	Always	4.63	Always	4.58	Always
6. attend their lectures that are flexible and accommodating to my needs as a student	4.74	Always	4.75	Always	4.75	Always
Overall	**4.68**	**Very High**	**4.77**	**Very High**	**4.69**	**Very High**

The respondents have a "Very High" extent of clinical learning opportunities and support from the CIs, as manifested by the mean rating of 4.69. The above findings imply that the respondents are given much-needed assistance in all phases from their CIs: equal chances, constructive criticism, ethical guidelines, morals, freedom of expression of feelings, and knowledge.

It is accepted that the university's strength lies in its faculty and their ability to follow up and improve the students' learning process not only occurs in the four walls of the classroom but the clinical setting. The quality of clinical education lies in the clinical instructors. Midwifery and nursing faculty members must remain clinically competent to be effective in their field (Bajet, 2001).

In a study piloted by Mabuda (2009), it was discovered that favorable and reassuring surroundings for students rest on the readiness of support schemes such as administration, mentorship, preceptorship, and dealings between the clinical instructors, student future health care workers, and hospital staff members. The capacity to render care much be determined by the capacity of the students to add theory.

Table 6

Item Mean Ratings Showing the Extent of Clinical Learning Opportunities of the Student-Respondents Along with Pedagogical Strategies

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
The CIs allowed me to experience various pedagogical strategies like….						
1. bedside teaching	4.66	Always	4.63	Always	4.66	Always
2. brainstorming	4.63	Always	4.38	Always	4.61	Always
3. case analysis	4.55	Always	4.38	Always	4.54	Always
4. coaching	4.67	Always	4.88	Always	4.89	Always
5. problem-solving	4.52	Always	4.63	Always	4.53	Always
6. question and answer	4.63	Always	5.00	Always	4.66	Always
7. role modeling (perform and practice)	4.71	Always	4.88	Always	4.79	Always
8. screen-based simulation (Videoclip)	4.24	Always	4.13	Often	4.24	Often
9. skills demonstration (student rehearsal, then performance)	4.66	Always	4.88	Always	4.68	Always
10. chart review	4.55	Always	4.00	Often	4.51	Always
Overall	**4.58**	**Very High**	**4.58**	**Very High**	**4.58**	**Very High**

The respondents' extent of clinical learning opportunities and pedagogical strategies falls on a "Very High" with the same mean value of 4.58. The result suggests that the respondents are too exposed to various teaching methods by their clinical instructors.

Mellish, Oosthuizen, and Paton (2010) claimed that midwifery practice improves with advanced scientific knowledge and will remain to do so. Hence midwifery trainers, preceptors, teachers, and professional midwives must be abreast with current issues and exhibit the standardized processes to student midwives.

Hsu (2006) found that a vital teaching approach was to ask students and assist them in their learning. Phillips and Duke (2001) observed that the questioning abilities of CIs affected the expansion of the critical thinking skills of the students. Allison-Jones and Hirt (2004) discovered that students desired CIs who helped them learn how to problem-solve. They found that although CIs inquired a significant number of questions at high cognitive levels, they needed to intensify these questions to help the student's critical thinking skills expand. Students in this study felt they wanted to be challenged in the clinical area and appreciate CIs who could do this effectively.

Holmboe and Harden (2015) claimed that in medical education, critical development in the past decade had been the move to outcome-based or competency-based education. Additionally, as cited by Ndawo (2008), Van der Horst and McDonald claimed that outcomes-based education (OBE) is a learner

and result-centered educational approach that focuses on the instructive learning process and achieving the desired outcomes of the learning process. It requires a democratic environment; like in health care education, various pedagogical strategies are utilized to achieve learning outcomes. Hence to satisfy the needs of students OBE approach shall be used in the teaching-learning process.

CIs often use the question-and-answer strategy in the clinical area to develop the student's critical thinking. This observation supports Licqurish and Seibold's (2008) findings, who found that students tend to choose to work with a caring midwife CI who loves teaching and responds to questions justly. Students said they profited from opportunities for responsibility for care under reassuring administration, practical learning, and interrogation.

Table 7

Summary Table on the Extent of Clinical Learning Opportunities of the Student-Respondents

Areas	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
Clinical Orientation	4.72	Very High	4.73	Very High	**4.72**	**Very High**
Achievement of Learning Objectives	4.75	Very High	4.53	Very High	**4.73**	**Very High**
Provision of Learning Opportunities	4.63	Very High	4.61	Very High	**4.63**	**Very High**
Support from the Clinical Instructors	4.68	Very High	4.77	Very High	**4.69**	**Very High**
Pedagogical Strategies	4.58	Very High	4.58	Very High	**4.58**	**Very High**
Overall	**4.66**	**Very High**	**4.64**	**Very High**	**4.68**	**Very High**

The overall mean of 4.68 depicts a "Very High" extent of the respondents' clinical learning opportunities. It is worth to note that the respondents have a "Very High" extent in all the components: clinical orientation: (4.72), for the achievement of learning objectives ($\bar{X}$=4.73), provision of learning opportunities ($\bar{X}$=4.63), support from the clinical instructors ($\bar{X}$=4.69), and pedagogical strategies ($\bar{X}$=4.58). The study results mean that the students are well provided with all the changes they need for their holistic development as future healthcare workers.

Students are set to work in the clinical area. In the data exploration of the study of Licqurish and Seibold (2008), they acknowledged the categories of

hands-on preparation, replicating practice, developing confidence, acquiring knowledge, working with midwives, and conceiving a sense of personality as a midwife. Midwife preceptors/CIs were termed as unsupportive and low role models if they did not tolerate the learning environment for 'hands-on' practice, were generally uncooperative, and functioned in an ordered system within the clinical organizations.

Table 8

Item Mean Ratings Showing the Level of Competency of the Student-Respondents in the Necessary Provision, Care, and Advice to Low Risk-Women during Pregnancy

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
With the assistance of my CI, I…						
1. obtained pertinent history (past medical, history of present illness, and family history during the prenatal check-up.	4.69	VHC	5.00	VHC	4.70	VHC
2. performed the physical assessment, including vital signs monitoring	4.77	VHC	5.00	VHC	4.77	VHC
3. did simple laboratory examinations such as hemoglobin determination	3.60	HC	4.00	HC	3.61	HC
4. did simple laboratory examinations such as urine tests for sugar and albumin	3.35	MC	4.00	HC	3.37	HC
5. I carried out relevant midwifery procedures like Leopold's maneuver	4.55	VHC	4.57	VHC	4.56	VHC
6. advised women to take oral supplements such as Vitamin A and iron	4.31	VHC	4.67	VHC	4.62	VHC
7. administered DTaP	3.96	HC	4.67	VHC	4.98	VHC
8. detected abnormal conditions of mother/ and or newborn such as through FHB monitoring	4.55	VHC	4.67	VHC	4.56	VHC
9. facilitated referral if necessary	4.03	HC	4.67	VHC	4.05	VHC
Overall	**4.20**	VHC	**4.60**	VHC	**4.21**	VHC

Legend:

Scale	Item and Overall Descriptive Rating
4.21- 5.00	Very Highly Competent (VHC)
3.41 – 4.20	Highly Competent (HC)
2.61 – 3.40	Moderately Competent (MC)
1.81 – 2.60	Fairly Competent (FC)
0.01 – 1.80	Not Competent (PC)

Overall, the respondents are "Very Highly Competent" in the necessary provision, care, and advice to low-risk-women during pregnancy ($\bar{X}$=4.21). The study's outcome means that the students are well prepared to perform their competencies at their level.

It is worth to note that respondents are just "Highly Competent" on the items did simple laboratory examination such as hemoglobin determination ($\bar{X}$= 3.61)

did simple laboratory examination such as urine test for sugar and albumin ($\bar{X}$= 3.37). The study results may be ascribed to the practice that these laboratory examinations are already done in the laboratory clinics at the different Municipal Health Offices (MHOs) by the medical technologists on duty. However, the step on how to perform the procedure is being discussed in primary health care and the students' obstetrical subject. However, the discussion alone of these procedures would not equate with their actual application in the clinical area, which would significantly contribute to developing the student's skills.

Table 9

Item Mean Ratings Showing the Level of Competency of the Student- Respondents in the Necessary Provision, Care, and Advise to Low Risk-Women During Labor and Delivery

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
With the assistance of the CI, I …						
1. performed the physical assessment, including vital signs monitoring	4.84	VHC	4.83	VHC	4.84	VHC
2. monitored the progress of labor using the partograph	4.50	VHC	4.50	VHC	4.50	VHC
3. did an internal examination (IE)	4.21	VHC	4.00	HC	4.20	HC
4. assessed placenta for completeness	4.34	VHC	4.17	HC	4.33	VHC
5. sutured perineal lacerations	3.56	HC	3.67	HC	3.57	HC
6. Provide life-saving measures during obstetrical emergencies like a) administration of IV fluids	4.10	HC	3.17	MC	4.04	HC
b)cardiopulmonary resuscitation	3.48	HC	3.00	MC	3.45	MC
8. facilitated referral if necessary	3.88	HC	4.00	HC	3.89	HC
Overall	**4.12**	**HC**	**3.92**	**HC**	**4.10**	**HC**

The respondents are "Highly Competent" in the necessary provision, care, and advice `to low-risk- women during labor and delivery ($\bar{X}$=4.10). The information denotes that the students are prepared to provide care to low-risk women during labor and delivery because they had lesser exposure in the clinical area because of the disruption of actual clinical duty for the last term because of the Covid-19 pandemic. The situation affected their completion of delivery cases needed for graduation and the midwifery board examination.

It is also evident to note that the students are just "Moderately Competent" on the item "provided life-saving measures during obstetrical emergencies like CPR" ($\bar{X}$=3.45). The data implies that the students seldom perform this procedure, making them unable to do the said procedure.

The study findings confirm the result of the Malakooti, Bahadoran, and Ehsanpoor (2018) survey. It was revealed that midwifery students needed to be more efficiently skilled in many essential clinical skills before starting their internship in the field. One specific example was the students' mean score of 48.81 out of 100 (48.81%) at resuscitation. Thus, more consideration should be given to these potentials in the internship programs or training by the professors, and students are also expected to consider their weaknesses.

Right after delivering the placenta, the critical role of midwives is to inspect for its completeness because placental retention would predispose the mother to bleeding and infection. The findings of the present study, wherein the students are "Very Highly Competent" in the assessment of the placenta for completeness, agree with the result of the survey of Muzeya and Julie (2020), wherein the majority of their respondents reported that they are competent in assessing the placenta (86.9%, n = 86).

Table 10

Item Mean Ratings Showing the Level of Competency of the Student-Respondents in the Necessary Provision, Care, and Advise to Low Risk- Women During the Postpartum Period

Items	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
1. With the assistance of my CI, I performed the physical assessment, including vital signs monitoring	4.84	VHC	4.00	HC	4.79	VHC
2. With the assistance of my CI, I monitored for excessive blood loss	4.16	HC	3.67	HC	4.13	HC
3. With the help of my CI, I provided appropriate care to the mother, such as perineal flushing	4.39	VHC	3.67	HC	4.35	HC
4. With the assistance of my CI, I provided proper consideration to the mother, like the administration of oral medications	4.34	VHC	3.33	MC	4.28	HC
5. With the assistance of my CI, I advised the mother to follow up check-up	4.57	VHC	3.67	HC	4.52	HC
6. With the help of my CI, I facilitated referrals if necessary	4.11	HC	4.00	HC	4.10	HC
Overall	**4.40**	**VHC**	**3.72**	**HC**	**4.36**	**VHC**

Overall, the student-respondents are "Very Highly Competent" ($\bar{X}$=4.36) in the necessary provision, care, and advice `to low-risk- women during the postpartum period. They are "Highly Competent" in all the items but "Very Highly Competent" ($\bar{X}$=4.79) in physical assessment, including vital signs monitoring. The data may be attributed to the fact that critical signs monitoring

is a routine activity of the students in all hospital and community areas. Hence it is expected for them to be highly capable of this skill.

Table 11

Item Mean Ratings Showing the Level of Competency of the Student-Respondents in the Provision of Primary Health Care Services within the Community

Items	Students		CIs		Overall	
	Mean	DR	Mean	DR	Mean	DR
1) Implement government health programs through:						
a) Operation timbang	4.34	VHC	5.00	VHC	4.37	VHC
b) Oplan Taob	4.15	HC	5.00	VHC	4.18	VHC
c) Feeding program	4.28	VHC	4.75	VHC	4.30	VHC
d) Environmental sanitation	4.41	VHC	5.00	VHC	4.44	VHC
2) administered first aid measures as needed	4.47	VHC	5.00	VHC	4.48	VHC
3) gave appropriate health teachings to individuals, families, and the community regarding:						
a) family planning	4.66	VHC	4.75	VHC	4.67	VHC
b) environmental sanitation	4.59	VHC	5.00	VHC	4.59	VHC
c) immunization program	4.56	VHC	5.00	VHC	4.58	VHC
d) nutrition and breastfeeding	4.70	VHC	5.00	VHC	4.71	VHC
e) common communicable diseases	4.56	VHC	4.50	VHC	4.56	VHC
f) diarrheal diseases	4.33	VHC	4.50	VHC	4.34	VHC
4) supervise barangay health workers along:						
a) Vital signs monitoring	4.52	VHC	5.00	VHC	4.54	VHC
b) Operation timbang	4.24	VHC	5.00	VHC	4.28	VHC
c) Administration of first aid measure	4.27	VHC	4.75	VHC	4.29	VHC
Overall	**4.44**	VHC	**4.86**	VHC	**4.66**	VHC

Overall, the respondents are "Very Highly Competent" ($\bar{X}$=4.66) in the delivery of primary health care services inside the community. The result of the current study entails that the respondents have the full capability to perform what is asked of them to act as student- midwives since they have been provided with the knowledge and skills by their CIs.

Midwifery care is essential in the attainment of the elements of primary health care. The said care is fundamental in the excellent maternal and newborn care outline, which comprises numerous features that reverberate with primary care's main dimensions. Primary health care is the first level of contact with the health system where most of the population's curative and preventive health needs can be fulfilled as close as possible to where people live and work (de Jone, de Vries, and Hutton, 2015).

Primary care, in general, is directly applicable to primary midwifery care. Primary midwifery care is the primary level of contact with the motherhood care system; it fulfills most protective and therapeutic maternal and newborn well-being near where individuals live and work; it is the original component of an ongoing health care progression and synchronizes the care practices of women and babies through the maternity care system (Kringos et al., 2013, Hixon & Maskarinec, 2008).

Table 12

Summary of the Level of Competencies of the Student-Respondents

Competency	Students		CIs		Overall	
	Mean	Descriptive Rating	Mean	Descriptive Rating	Mean	Descriptive Rating
A. On Supervision, Care, and Advising	**4.22**	**VHC**	**4.18**	**HC**	**4.21**	**HC**
a. During Pregnancy	4.20	VHC	4.60	VHC	4.21	VHC
b. During Labor and Delivery	4.12	VHC	3.92	HC	4.10	HC
c. During Post-Partum Period	4.40	VHC	3.72	HC	4.36	HC
B. On Provision of Primary Health Care	**4.43**	**VHC**	**4.86**	**VHC**	**4.66**	**VHC**
Overall	**4.30**	**VHC**	**4.20**	**VHC**	**4.30**	**VHC**

Overall, the respondents' level of competency falls on a "Very Highly Competent" level ($\bar{X}$= 4.30). The above data means that generally, the students are fully prepared to perform functions expected from a certificate in midwifery graduate as prescribed in the CMO No. 33 Series of 2007.

The CIs can validate the Self-reported competencies of the students. They are under direct supervision, which is why the CIs evaluation of the student's competency was elicited in this study. Assessment of midwifery students' clinical competency is one of the most challenging responsibilities of health plan faculty members and teachers (Sheykh et al., 2015). Paying attention to the clinical assessment and using techniques to evaluate the student's abilities, competencies, and skills are significantly important Farajjzadeh, Saadatjoo, Tabiyi, Hosyeni (2020). The midwifery profession particularly has a crucial role in caring for women and babies during pregnancy, intrapartum, and postpartum periods and promoting the mother and the baby (Fleming and Luyben, 2015).

Table 13

Correlation Coefficients between the Extent of Clinical Learning Opportunities and the Level of Competency of the Student-Respondents

Clinical Learning Opportunities	Level of Competency					Overall
	Supervision, Care, and Advice				Provision of Primary Health Care	
	During Pregnancy	During Labor & Delivery	During Postpartum	Overall		
Clinical Orientation	.139	.217*	.271*	.260*	.131	.185
Achievement of Learning Objectives	.225*	.231*	.346*	.324*	.231*	.294*
Provision of Learning Opportunities	.352*	.219*	.395*	.376*	.353*	.421*
Support from the Clinical Instructors	.256*	.153	.389*	.314*	.238*	.342*
Pedagogical Strategies	.319*	.339*	.397*	.424*	.327*	.371*
Overall	**.290***	**.269***	**.394***	**.381***	**.288***	**.356***

*. Correlation is significant at the 0.05 level (2-tailed).

Overall, the extent of clinical learning opportunities (r= .356) is significantly related to the student's level of competency. The conclusions of the present study mean that the student's competence relies on how well they had been provided time to achieve learning through the support and teaching strategies used by the CIs.

In a study held in Australia by Licqurish and Seibold (2008), the student earned from chances when they presumed accountability for care under reassuring regulation, practical learning, and interrogation. Furthermore, they said that hands-on learning was the most advantageous wisdom experience, and the students searched for occasions to toil with midwives who instilled the attitude they appreciated. Lastly, midwifery clinical exposure should be completely utilized for the student to practice all the skills.

In a study conducted by Ahmadi, Shariari, and Kohan (2018), it was found that the caring clinical environment of the participants embraced receiving support from their CIs and the staff. The study participants viewed instructors as compassionate if they were confident with their students and gave them the time to practice. At the same time, they are set to sustenance if the circumstances require them. The participants claimed that the supportive way of staff means being persistent with the students while carrying out the procedures.

CONCLUSIONS

The study determined the extent of the clinical learning opportunities and the midwifery students' level of competencies in Ilocos Sur during the SY 2019-2020. The study results may be utilized as baseline information for the school administrators in program planning for the student's clinical learning opportunities and for the clinical instructors to utilize teaching strategies that enhance learning in the clinical area. The extent of the respondents' clinical learning opportunities means that the students are well provided with all the challenges they need for their holistic development as future healthcare workers. Specifically, they had been well acquainted with the MHO staff, policies, hospital, function, and requirements needed in the clinical area, are given a full explanation of what they are expected to achieve at the end of the clinical exposure, are given all the chances to utilize the learning opportunities, are given much-needed assistance in all phases from their CIs: equal chances, constructive criticism, ethical guidelines, morals, freedom of expression of feelings, and knowledge; and are exposed to various methods in teaching by their clinical instructors. The respondents' competency level means that the students are generally fully prepared to perform functions expected from a Diploma in Midwifery graduate as prescribed in the CMO No. 33 Series of 2007. The study's outcome means that the students are well prepared to perform their competencies at their level. The level of competencies is consistent with the findings on the extent of clinical learning opportunities. Their full achievement of the clinical learning opportunities significantly contributed to their self-confidence in the midwifery procedures' performance in the affiliation setting expected within their level of competency. The weakness and limitation of the study were there was no interview conducted among the respondents since the study was done during the height of the Covid 19 pandemic. Their verbal and nonverbal responses during the interview could have been a good source of information on the respondents' needs, specific opportunities, and competency. Their responses could have also been used as a backup or support to the findings on each table.

RECOMMENDATIONS

School administrators could use the study's findings to sustain excellent clinical learning opportunities to equip the students with the competency expected of them continuously. This will prove the theory of Peplau that clinical teaching

and supplementation are interpersonal developments intended for educating and learning that are transformed into the performance of student midwives' role in the clinical setting, thus preparing them to work competitively in the global workforce. The research could serve as a guide for the CIs to continuously provide various opportunities in the clinical area and extend their full support to the students by creating a conducive learning environment that will add to the full development of their competencies as midwifery graduates. In addition, it will serve as a basis for the academe to fully adhere to the competencies of the students as prescribed in the CMO through the exposure of the students in all the clinical areas where they can acquire the necessary knowledge, skill, and attitude of a midwifery graduate who is well prepared to cater to the needs of mothers and children.

LITERATURE CITED

Ahmadi, G., Shahriari, M., Keyvanara, M., & Kohan, S. (2018). Midwifery students' experiences learning clinical skills in Iran: a qualitative study. *International journal of medical education, 9*, 64.

Allison-Jones, L. L., & Hirt, J. B. (2004). Comparing the teaching effectiveness of part-time & full-time clinical nurse faculty. *Nursing Education Perspectives, 25*(5), 238-243.

Bajet, J. (2001). *The Integrated Nursing Comprehensive Licensure Examination of the CHS BSN Graduates of the University of Northern Philippines*, Unpublished Master's Thesis.

Billings, D. M., & Halstead, J. A. (2019). *Teaching in Nursing e-Book: A guide for faculty*. Elsevier Health Sciences.

Bruce, J. C., & Klopper, H. (Eds.). (2018). Teaching and learning the practice of nursing. Pearson South Africa, https://journals.co.za/doi/abs/10.10520/EJC-13425aaa48

Brunstad, A., Giske, T., & Hjälmhult, E. (2016). How midwifery students experience learning conditions in labor wards.

Commission on Higher Education (CHED) Memorandum Order (CMO) No. 33 Series of 2007, Retrieved on March 19, 2020, at https://ched.gov.ph/wp-content/uploads/2017/10/CMO-No.33-s2007.pdf

de Jonge, A., de Vries, R., Lagro-Janssen, A. L., Malata, A., Declercq, E., Downe, S., & Hutton, E. K. (2015). The importance of evaluating primary midwifery care for improving the health of women and infants. *Frontiers in medicine, 2*, 17.

Department of Health (2022). History of Dr. Jose Fabella Memorial Hospital, https://fabella.doh.gov.ph/hospital-services/som#history

Fleming, V., & Luyben, A. (2016). Establishing a Master's for Europe–A transnational model for higher education. *Midwifery, 33*, 52-54.

Fullerton, J., Severino, R., Brogan, K., & Thompson, J. (2003). The International Confederation of Midwives' study of essential competencies of midwifery practice. *Midwifery, 19*(3), 174-190.

Gaberson, K. B., & Oermann, M. H. (2010). *Clinical teaching strategies in nursing*. Springer publishing company.

Harden, R. M. (2015). *Why Outcome-based education (OBE) is an important development in medical education*. In Routledge International Handbook of Medical Education (pp. 67-82). Routledge.

Harden, R. M. (2016). W*hy outcome-based education (OBE) is an important development in medical education*. Routledge international handbook of medical education (pp. 27-42). Routledge.

Holmboe, E. S., & Harden, R. M. (2017). Outcome-based education. Dent, J. mA., Harden, RM, Hunt, D.(Eds.). A Practical Guide for Medical Teachers, 5th ed., Edinburgh: *Elsevier*, 114-21.

Hixon, A. L., & Maskarinec, G. G. (2008). The Declaration of Alma Ata on its 30th anniversary: relevance for family medicine today. *Family Medicine, 40*(8), 585.

Hsu, L. L. (2006). An analysis of clinical teacher behavior in a nursing practicum in Taiwan. *Journal of clinical nursing, 15*(5), 619-628.

Integrated Midwives Association of the Philippines (IMAP) (nd). Brief History, Retrieved on August 28, 2019, at mapinc.org/public/imapinc/history.php.

Kringos, D., Boerma, W., Bourgueil, Y., Cartier, T., Dedeu, T., Hasvold, T., ... & Groenewegen, P. (2013). The strength of primary care in Europe: an international comparative study. *British Journal of General Practice, 63*(616), e742–e750. https://doi.org/10.3399/bjgp13x674422

Licqurish, S., & Seibold, C. (2008). Bachelor of Midwifery students' experiences of achieving competencies: The role of the midwife preceptor. *Midwifery, 24*(4), 480–489. https://doi.org/10.1016/j.midw.2007.05.001

Loarca, J., & Padilla, M.T. (2011). T*he Law and Ethics for Midwives*. Educational Publishing House, 526-52B United Nations Avenue Ermita, Manila.

Mabuda, B. T., Potgieter, E., & Alberts, U. U. (2008). Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis, 31*(1), 19-27.

Malakooti, N., Bahadoran, P., & Ehsanpoor, S. (2018). Assessment of the midwifery students' clinical competency before the internship program in the field based on the objective structured clinical examination. I*ranian journal of nursing and midwifery research, 23*(1), 31, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5769182/

Mellish, J. M. (1993). An Introduction to the Ethos of Nursing: A text for basic student nurses.

Midwifery Programme 2020 Core Role of the Midwife Workstream Final Report (2010). Retrieved on November 9, 2019, at https://www.nes.scot.nhs.uk/media/1891153/core_role.pdf

Muzeya, F., & Julie, H. (2020). Student midwives' knowledge, skills and competency in relation to the active management of the third stage of labour: A correlational study. *curationis, 43*(1), 1-8.

Ndawo, M. G. (2016). Lived experiences of nurse educators on teaching in a large class at a nursing college in Gauteng. *Curationis, 39*(1), 1-9.

NEDA (2016). Ambisyon Natin 2040. https://2040.neda.gov.ph/about-ambisyon-natin-2040/

Phillips, N., & Duke, M. (2001). The questioning skills of clinical teachers and preceptors: a comparative study. *Journal of Advanced Nursing, 33*(4), 523-529.

Pijl-Zieber, E. M., Barton, S., Konkin, J., Awosoga, O., & Caine, V. (2014). Competence and competency-based nursing education: finding our way through the issues. *Nurse Education Today, 34*(5), https://www.sciencedirect.com/science/article/abs/pii/S0260691713003341

Relon, L. P. (2020). Internship away from home: A case study in a state university. *Asia Pacific Journal of Multidisciplinary Research, 8*(3), 18-29.

Setumo, L. J. (2013). *Midwifery students' experiences of clinical teaching at Sovenga Campus (Limpopo College of Nursing), Limpopo province* (Doctoral dissertation).

Sheykh Aboomasoodi, R., Moghimian, M., Hshemi, M., Kashani, F., Karimi, T., Atashi, V. (2015). Comparison the Effect of Objective Structured Clinical Evaluation (OSCE) with Direct and Indirect Supervision on Nursing Student's Test Anxiety. *Nursing Education,4*,1-8.

Romo, N. C. V., & Laura Dane Rabena Rafanan, R. P. T. (2019). Field Study Courses: Its Effect to the Practice Teaching Performance of the Bachelor of Elementary Education Student Teachers. *International Journal of Current Innovations in Advanced Research*, 1-14.

ACKNOWLEDGMENTS

The researcher would like to thank the University of Northern Philippines for its all out support in funding the study: to the North Luzon Polytechnic State College- Candon City, the Ilocos Sur Community College of Bantay, and the College of Health Sciences of University of Northern Philippines for allowing the conduct of this study, to her family in giving their moral support in times that the researcher feels like she is down in the dumps, and above all, to the Almighty Lord, for HIS continued divine guidance.