



EFFICIENCY RATINGS OF MIDWIFERY STUDENTS IN PRIMARY HEALTH CARE I, BOHOL ISLAND STATE UNIVERSITY, CALAPE CAMPUS, BOHOL; FIRST SEMESTER SCHOOL YEAR- 2013-2014

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ABSTRACT

Midwifery practice in the Philippines has been recognized as one of the primary health care services for the people. The role of midwives has been expanded to address the basic health service needs of mothers and their children. Midwifery education must be able to respond to those in need by producing midwives who have up-to-date knowledge and skills and appropriate attitude necessary to render midwifery services with competency and dedication.

Descriptive-correlational design was utilized in the study. Documentary analysis of the Efficiency Rating based on the Performance Evaluation Checklist of midwifery students in their Clinical Practicum in Primary Health Care was utilized. The study was conducted in Bohol Island State University with thirty-five Level 2 Midwifery Students in the Health and Allied Services Department. The efficiency rating of the thirty-five students was utilized based on the performance of the subject. The clinical instructors handling the Clinical Practicum in Primary Health Care 1 were asked to rate the subject's performance using the self-made performance evaluation checklist. Focused-group discussion with the students of top 3 highest and top 3 lowest ratings in each competency were conducted to draw first-line information from them to be used as a basis for improvement of student's performance.

Keywords: Midwifery, primary health care, Philippines

INTRODUCTION

This study prepares the midwifery students for their future field of work. The midwifery students who will be bridging the gap between health care needs and health care demand have to be equipped with knowledge, skills, and desired attitude in the performance of their respective work in the community

Chamberlain's study on the challenges of clinical learning for midwives stated that observation, indirect learning and trial and error were the strategies used by midwives and students in order to obtain competency in clinical skills. In the article of Jordan and Farley (2008) that studied the "Confidence to Practice Midwifery: Preceptor Influence on Student Self- Efficacy" stated that the imperative for midwifery educators is to transmit to their students midwifery's unique body of knowledge and hallmarks of care that guide midwifery practice.

This study aims to analyze the Efficiency Rating of Midwifery Students in their Clinical Practicum in Primary Health Care 1, school year 2013-2014

Specifically, it sought to answer the following questions:

1. What is the Efficiency Rating of the student's Clinical Practicum in Primary Health Care I in terms of :
 - 1.1 Knowledge; 1.2 Skills; and 1.3 Attitude?
2. What is the academic performance of the students in their in Primary Health Care 1?
3. What is the competency level of the Student's Clinical Practicum in Primary HealthCare I ?
4. Is there a significant degree of correlation between students :
 - 4.1 Knowledge and skills rating;
 - 4.2 Knowledge and attitude rating;
 - 4.3 Skills and attitude rating;

METHODS

The researcher utilized the subjects Efficiency rating based on the Performance Evaluation Checklist by the Clinical Instructor handling the Clinical Practicum in Primary Health Care 1. Performance Evaluation Checklist that was used in the rating was divided into three parts .Part 1 of the tool rates Knowledge of the student which comprises 80 points of the total rating. Knowledge is rated based on the students understanding on the basic concepts of topics being discussed as applied to the community and the health center . Statistical treatment was utilized to interpret the data. Pearson product Moment Correlation was used to determine correlations between different variables.

Table 1. Efficiency Rating of Students' Clinical Practicum in Primary Health Care in Terms of Knowledge, Skills and Attitudes

Students	Knowledge	Skills	Attitude	Total	Efficiency Rating CP Laboratory	Competency
1.	54	24	36	114	1.8	Very Good
2.	60	24	38	122	1.6	Very Good
3.	60	25	38	123	1.5	Excellent
4.	52	22	35	109	2.0	Very Good
5.	44	21	35	110	2.0	Very Good
6.	49	17	39	105	2.1	Good
7.	49	23	35	107	2.1	Good
8.	60	23	38	121	1.6	Very Good
9.	52	18	30	100	2.3	Good
10.	54	20	35	109	2.0	Very Good
11.	47	23	31	101	2.3	Good
12.	51	20	35	111	1.9	Very Good
13.	50	17	37	104	2.2	Good
14.	53	21	38	113	1.9	Very Good
15.	48	18	35	98	2.4	Good
16.	58	23	35	135	1.0	Excellent
17.	44	12	34	92	2.6	Fair
18.	57	21	32	111	1.9	Very Good
19.	63	23	36	122	1.6	Very Good
20.	39	16	36	135	1.0	Excellent
21.	43	19	35	97	2.4	Good
22.	52	19	38	109	2.0	Very Good
23.	40	14	40	94	2.5	Good
24.	31	16	37	84	2.9	Fair
25.	49	17	40	111	1.9	Very Good

26.	41	16	40	102	2.2	Good
27.	48	23	40	118	1.7	Very Good
28.	40	18	34	95	2.5	Good
29.	56	22	33	107	2.1	Good
30.	39	20	40	99	2.3	Good
31.	58	25	40	120	1.6	Very Good
32.	50	25	37	112	1.9	Very Good
33.	50	14	40	109	2.0	Very Good
34.	58	25	34	117	1.7	Very Good
35.	51	20	40	114	1.8	Very Good

Table I presents the ratings in points garnered by the students in the three areas of competency in terms of knowledge, skills and attitude. In knowledge, 60 points is the highest points earned by three (3) students and 32 points is the lowest points earned by only one student out of 70 total possible points. In the focus group discussion rendered, it has been known that students with low performance in this area of competency lacks good study habits and are not into advance readings. New technologies such as cellphones and other gadgets influence their focus during study hours. Vocabulary and grammatical problems were also cited by the students that affect their reading comprehension that would basically affects their memory. Basic obstetrical knowledge was not enhanced due to limited actual experience/ volunteer experience. Time management affects students in internalizing midwifery skills most especially during term exams.

Students who performed well take opportunity to grab every chance in order to experience basic midwifery skills in the area. Whenever they are in doubt of something they often ask questions to the instructor and staffs for clarifications and make some researches by reading relevant books to gain further knowledge. They engage in group discussions sharing one's experiences in the area with the guidance of the Clinical Instructor, taking and learning from each other's mistakes by making keen observations to every procedure performed by the members of the group.

In skills competency, four students got the highest possible points of 25 and one students got 12 points as the lowest. In the focused group discussion conducted, students with poor skills rating said that they lacked practice and actual experience of the basic midwifery skills procedure. The students uttered that they lacked the confidence to perform midwifery skills procedure because they are afraid of their Clinical Instructor and are also afraid of receiving negative comments from the staffs and even from their classmates. Limited cases encountered during their tour of duty gave lesser chances for students to actually experience of some important midwifery procedures. Clinical instructors handling many students were also cited by some of the subjects as one factor which deprived the students the chance to enhance their skills.

Students with high skill's efficiency rating were found out to have a positive outlook in life. They took comments from the staff and clinical instructors in a positive way. They asked relevant questions to the Clinical Instructor and staff in a positive way to enhance their knowledge. They make reading as part of their leisure time. They bring along dictionaries to help them with difficult terminologies. Before performing a certain procedure in the area, they see to it that they've studied the procedure and understand it by heart. They formulate some acronyms that would help and direct them in the internalization of a certain procedure. Aside from that, they practiced doing the procedure by themselves.

With regards to attitude, four students got the highest possible points of 40 and the lowest score was 30 which was obtained by only one student out of thirty-five respondents. It was discovered in the focused group discussion that the students with highest efficiency rating in attitude maintained strict courtesy and

respect to the clinical instructor, staff and clients. The students maintained humility and cooperation and were able to manage their time though proper scheduling in order to submit requirements on time. They maintained their confidence in the execution of procedures and tried to blend or suit themselves to the environment and to the people around them. Most importantly, they know their limits on how to get along with other people around especially to the Clinical Instructors and to the staffs. They strictly follow the guidelines and policy and are always when reporting to duty.

On the other hand, students with lower ratings on their attitude uttered that they lack self-discipline and are easily affected by financial problems, family problems, problem with relationship, transportation concerns (most especially after the earthquake), boarding house concerns that often causes their tardiness and absences. Others mentioned that sometimes they lack respect to some staff and even to some of the clinical instructors due to attitude problems.

Table II. Efficiency Rating , Equivalent Grade and Weight Value Description of Students
N=35

Efficiency Rating	Equivalent Grade	Weight Value Description	F	%	Rank
123 -135	1 - 1.5	Excellent	2	5.88	3
108 -122	1.6 –2.0	Very Good	19	55.88	1
93 - 107	2.1 - 2.5	Good	12	35.29	2
81 - 92	2.6 – 3.0	Fair	1	2.94	4
0- 80	Below 3.0	Poor	0	0.00	5
Total			34	100%	

Table II shows that the average of the three competencies namely knowledge, skills and attitude were computed, the result would point out that there were nineteen subjects having a grade that ranges from 108-122 in their Clinical Practicum in Primary Health care I with a weight value description of “Very Good”. There were twelve subjects whose grades ranges from 93-107 which falls under “Good”, while two subjects whose grades ranges from 123-135 described as “Excellent” performers. One student got a “fair” weight value having a grade that ranges from 81-92.

Table III. Academic performance of Students in Primary Health Care 1

Student Number	Academic Performance		Final Rating	Cont: Student Number	Academic Performance		Final Rating
	Clinical Practicum	Lecture			Clinical Practicum	Lecture	
1	1.8	2.2	2.0	18	1.9	2.4	2.2
2	1.6	1.5	1.6	19	1.6	1.5	1.6
3	1.5	1.6	1.6	20	1.0	2.0	1.5
4	2.0	1.9	2.0	21	2.4	1.9	2.2
5	2.0	1.5	1.8	22	2.0	2.0	2.0
6	2.1	2.5	2.3	23	2.5	1.9	2.2
7	2.1	2.0	2.1	24	2.9	1.7	2.3
8	1.6	1.8	1.7	25	1.9	1.5	1.7
9	2.3	2.0	2.2	26	2.2	1.7	2.0

10	2.0	2.4	2.2	27	1.7	1.4	1.6
11	2.3	2.1	2.2	28	2.5	1.4	2.0
12	1.9	1.8	1.9	29	2.1	1.4	1.8
13	2.2	2.3	2.3	30	2.3	2.1	2.2
14	1.9	1.6	1.8	31	1.6	1.4	1.5
15	2.4	2.1	2.3	32	1.9	1.3	1.6
16	1.0	dr		33	2.0	1.4	1.7
17	2.6	2.6	2.6	34	1.7	1.9	1.8

Table III shows that only two (2) students got a final grade of 1.5 with a grade of description of excellent; nineteen out of thirty-five (35) got a grade that ranges from 1.6-2.0 having a grade description of very good; twelve (12) got a grade from 2.1-2.5 with a grade description of good and only one got a grade that ranges from 2.6-30 having a grade description of fair. The data showed that most of the students belong to average and above average level of performance in their Clinical Practicum in Primary Health Care 1.

Table IV. Competency Level of the Student's Clinical Practicum in Primary Health Care I
Performance Evaluation Checklist

Competencies	E		VG		G		F		P		W M	D V	R
	F	W V	F	W V	F	W V	F	W V	F	W V			
Knowledge													
1. Distinguishes the therapeutic and non-therapeutic techniques of communication while establishing rapport with the patient.	5	5	5	10	4	12	6	24	15	75	3.60	V G	9
2. Outlines assessment procedure to pregnant mothers and describes the conditions of the clients based on the assessment of their health status.	0	0	2	4	12	36	14	56	7	35	3.74	V G	6

3. knows the importance of providing privacy to clients during assessment.	2	2	5	10	1	3	7	28	20	100	4.09	VG	3
4. Identifies any health problem / complication of pregnancy and justifies the result of the assessment.	6	6	3	6	9	27	7	28	10	50	3.34	G	11
5. Plans care for the identified health problem.	2	2	10	20	14	42	7	28	2	10	2.91	G	14
6. Implements plan of care.	0	0	1	2	12	36	16	64	6	30	3.77	VG	5
7. Evaluates the outcome of care rendered.	0	0	0	0	19	57	15	60	1	5	3.49	VG	10
8. Knows how to compute EDC and AOG.	1	1	0	0	8	24	10	40	16	80	4.14	VG	2
9. Discusses the steps in performing the Leopold's Maneuver	3	3	2	4	19	57	8	32	3	15	3.17	G	12
10. Decides on the fetal position, engagement	8	8	3	6	9	27	9	36	6	30	3.06	G	13

gement, etc. after Leopold's maneuver													
11. Explains the importance of tetanus toxoid to pregnant mothers.	0	0	6	12	9	27	11	44	9	45	3.66	VG	7.5
12. Appreciates significance of accurate recording and reporting of patient's condition.	0	0	0	0	6	18	12	48	17	85	4.31	E	1
13. Discusses the principles behind the bag technique.	0	0	1	2	10	30	19	76	5	25	3.80	VG	4
14. Correctly identify, classify and decide on the correct management of simple childhood illnesses utilizing the principles in IMCI	0	0	0	0	15	45	17	68	3	15	3.66	VG	7.5
Composite Mean											3.62	VG	

SKILLS													
1. Conducts home visits to patient and family (5 points) -formulate objectives for home visit - explains to the family the purpose of the visit - establish a working relationship with the client - respects family's privacy and safety - performs family health assessment during the home visit	0	0	0	0	0	0	5	20	30	150	4.86	E	1
2. Demonstrate ability to organize and prioritize work										100	4.31		2
3. Takes Obstetrical history systematically: clinical history, vital signs, weight and height, GTPALM	3	3	2	4	7	21	12	48	11	55	3.74	VG	4
4. Performs physical examination including Leopold's Maneuver, Fundal height, fetal heart tone.	2	2	3	6	10	30	10	40	10	50	3.66	VG	5
5. Properly administer medications: TT, Hep. B, Vitamin K, Eye Prophylaxis	2	2	1	2	4	12	1	48	16	80	4.1	V	3
Composite Mean											4.1	V	

Attitude													
1. Establish a working relationship with the client and family member	0	0	0	0	0	0	5	20	3	15	4.8	E	1
2. Follows policies and guidelines set by the institution related to patient care	0	0	0	0	1	3	12	48	2	11	4.6	E	4

e and training of the students.													
3. Demonstrate beginning skills in the assessment of health status of the client	0	0	0	0	10	30	11	44	14	70	4.11	VG	8
4. Demonstrate honesty and accuracy in recording and reporting significant data	0	0	0	0	2	6	5	20	28	140	4.74	E	2
5. Knows the importance of establishing cooperation of the clients and other members of the health team.	0	0	0	0	2	6	8	32	25	125	4.66	E	3
6. Observes confidentiality.	0	0	0	0	2	6	14	56	19	95	4.49	E	5
7. Observes punctuality in reporting to duty and submission of requirements.	0	0	2	4	4	12	10	40	19	95	4.31	E	7
8. Reports to duty well prepared and properly groomed.	0	0	0	0	6	18	8	32	21	105	4.43	E	6
Composite mean											4.53	E	
Overall Composite mean											4.10	E	

Table IV shows the subject's competency level in primary health Care I. In terms of knowledge, item number 12: "Appreciates significance of accurate recording and reporting of patient's condition" got the highest weight mean of 4.31 with a descriptive value of excellent. Item number 8: ". Knows how to compute EDC and AOG ranked as second with a weight mean of 4.14 and a descriptive value of very good. This was followed by item number 3: "knows the importance of providing privacy to client during assessment" with a weight mean of 4.09 and a descriptive value of very good.

With regards to Skills, item number 1: Conducts home visits to patient and family : (a)formulate objectives for home visit,(b)explains to the family the purpose of the visit;(c)establish a working relationship with the client : (c) respects family's privacy and safety: (d) performs family health assessment during the home visit has the highest weight mean of 4.85 and a descriptive value of very good. Item number 2: Demonstrate ability to organize and prioritize work" ranked second with a weight mean of 4.31 and a descriptive value excellent; followed by item number 5: "properly administers medication: TT, Hep.B, Vitamin K, eye prophylaxis" with a weight mean of 4.11 and a descriptive value of very good.

As to attitude, item number 1: "establish a working relationship with the client and family member" got the highest weight mean of 4.85 and a descriptive value of excellent while item number 4: "Demonstrates honesty and accuracy in recording and reporting significant data" ranked as second with a weight mean of 4.74 and a descriptive value of excellent.

Among the three competencies, the table showed that Attitude got the highest composite mean of 4.53 and descriptive value of excellent; this followed by students competency on Skills with composite mean of 4.14; and finally knowledge with composite mean of 3.62. The overall composite mean is 4.10 with a descriptive value of very good.

Table V. Significant Degree of Correlation Between the Knowledge and Skills Efficiency Rating of Students

Student	Knowledge Rating X	X ²	Skills Rating Y	Y ²	XY
Sum (1-35)	1750	89326	704	14582	35776
Mean	50		20.11		
r = 0.656525					
Critical value of r at 33 df and 0.05 level of significance is 0.33452					
Result: Significant					
Decision: Reject Null Hypothesis					
Further testing the significant r using t test, the obtained t is 4.999					
Critical value of t at 33 df and 0.05 level of significance is 1.96					
Result: Significant					
Decision: Reject Null Hypothesis					

Table V presents the significant degree of relationship between the knowledge and skills rating of students using Pearson product Moment Correlation. The result rejects the null hypothesis signifying that there is a significant degree of correlation between knowledge and skills rating of students. This further implies that when students rating is excellent as to knowledge, the skills rating is also excellent. The significant value of r as further tested using t-test. The result showed a t-value of 4.999 which was greater than the critical value of $t = 1.96$ at 33 df and 0.05 level of significance, thus validating the significant r. It can be gleaned that the knowledge and skills rating are significantly related. An increase in knowledge rating implies also an increase in skills rating.

Table VI. Significant Degree of Correlation Between the Knowledge and Attitude Efficiency Rating of Students

Student	Knowledge Rating X	X ²	Attitude Rating Y	Y ²	XY
Sum (1-35)	1750	89326	1278	46922	63814
Mean	50		36.51		
r = (-) 0.125602672					
Critical value of r at 33 df and 0.05 level of significance is 0.33452					
Result: Insignificant					
Decision: Accept Null Hypothesis					
Further testing the significant r using t test, the obtained t is 0.7272					
Critical value of t at 33 df and 0.05 level of significance is 1.96					
Result: not significant					
Decision: Accept Null Hypothesis					

Table VI presents the significant degree of correlation between the knowledge and attitude and efficiency rating of the students. The result showed that there is no significant degree of relationship between the knowledge and attitude rating of students using the Pearson Product Moment Correlation. The obtained correlation coefficient r is (-) 0.125602672 which is lesser than the critical value of 0.33452 at 33

df and 0.05 level of significance, thus the null hypothesis is accepted. This further implies that when a student is excellent as to knowledge, the attitude rating does not follow to be excellent also.

The significant value of r was further tested using t-test. The result showed a t-value of 07.7272 which was lesser than the critical value of $t=1.96$ at 33 df and 0.05 level of significance, thus validating the insignificance of r. It can be gleaned that the knowledge and attitude rating are not significantly related. An increase in the knowledge rating does not imply an increase in attitude rating.

Table VII. Significant Degree of Correlation Between the Skills and Attitude Competency Rating of Students

Student	Skills Rating X	X ²	Attitude Rating Y	Y ²	XY
Sum (1-35)	704	14582	1278	46922	25666
Mean	20.11		36.51		
r = (-)0.121761					
Critical value of r at 33 df and 0.05 level of significance is 0.33452					
Result: Insignificant					
Decision: Accept Null Hypothesis					
Further testing the significant r using t test, the obtained t is 0.7049					
Critical value of t at 33 df and 0.05 level of significance is 1.96					
Result: Insignificant					
Decision: Accept Null Hypothesis					

Table VII presents that there is no significant degree of correlation between skills and attitude efficiency rating of students. The result showed that there is no significant degree of relationship between the skills and attitude rating of students using the Pearson Product Moment Correlation. The obtained correlation coefficient r is (-) 0.121761 which is lesser than the critical value of 0.33452 at 33df and 0.05 level of significance accepting the hypothesis. The result showed that there is no significant degree of correlation between the skills and attitude rating of students. This further implies that when the student's rating is excellent as to skills, the attitude rating does not follow to be excellent also.

The results confirmed that most Primary Health Care I students of BISU Calape are on their competent level. Based on the derived data, it was conclusive that if a student is rated excellent as to knowledge, he is also excellent in skills but not necessarily exhibit a good attitude. Moreover, the study further implies that when the student's rating is excellent as to skills, the attitude rating does not follow to be excellent also.

It was also realized that skills and attitude are not significantly correlated. Laboratory and lecture ratings are not significantly correlated. If the student performed better in the clinical practicum, he might have different performance in the lecture.

This study would suggest strengthening the adaptation of the self-made performance evaluation checklist in Primary Health Care I and formulation of the same to Primary Health Care II CP and in Hospital/ Clinic duty areas. This aspects need to be seriously looked into so that students will be rated duly as to their actual performance thereby catering the needs of the students, clientele as an institution of higher learning ensuring quality education for the development of Bohol and the country.

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