



Evaluation of Clinical Learning for Undergraduate Midwifery Students and Professional Midwifery Students

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ABSTRACT

Background: Exposure to clinical settings reinforces theoretical instruction acquired in the classroom and provides students with authentic professional situations. Through engagement in these clinical activities, midwifery students are encouraged to acquire knowledge through direct involvement by gathering relevant information, conducting analyses, and applying appropriate management strategies for clients encountered during practice. Therefore, a systematic assessment of the clinical learning environment and the instructor's role is essential for creating a supportive and constructive educational atmosphere. Consequently, the objective of this study is to evaluate the clinical learning practices experienced by undergraduate midwifery students and those enrolled in professional midwifery programs.

Method: A total of 159 respondents, consisting of undergraduate midwifery students and professional midwifery education students in the even semester of the 2024/2025 academic year, participated in this survey. Data collection utilized the CLEQ 2.0 instrument, which had previously been translated into Indonesian using the forward-backward translation procedure and had been tested for validity and reliability. This instrument was used to measure several aspects, including case availability, learning motivation, supervisory guidance, and relational interactions between clients and midwives.

Result: Analysis of the measurement results showed that the lowest average score was recorded on item number four with an average value of 3.42, while the highest average score was found on item number ten with a value of 4.38. The overall mean score was 4.10.

Conclusion: The implementation of clinical learning for undergraduate midwifery students and professional midwives yielded satisfactory results.

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INTRODUCTION

Within the framework of midwifery education, clinical instruction plays a central and crucial role. Enhancing students' clinical experience and practical skills requires an effective clinical learning process (Asadi et al., 2023). Clinical education is most effective when it provides students with opportunities for direct interaction with clients. This enhances students' clinical competence, analytical abilities, and self-confidence. This aspect is crucial for developing the clinical proficiency required to become professional midwives in the future (Habibah & Susanti, 2024). Previous research indicates that students feel they have limited opportunities to hone their skills due to large class sizes in clinical placement groups, a shortage of cases, and competition between midwifery students and students in other health professions. Students require a clinical environment that supports learning, including mentors and learning motivation (Ahmadi et al., 2018). The relationship with mentors is a prerequisite for the learning process of midwifery students and the achievement of self-confidence (Synnove & Christina, 2023). Therefore, clinical learning evaluation is necessary to support students' competency achievement.

Midwifery education itself represents a systematic learning process that involves theoretical understanding, technical skills, and professional conduct, collectively shaping competent practitioners. The implementation of standardized midwifery education is a fundamental step toward improving the quality of maternal health care to reduce maternal and neonatal mortality and morbidity rates (ICM Global Standards For Midwifery Education (Revised 2021), 2021). Clinical practice education serves as an intermediary structure that bridges theory with real-world professional application. Through participation in clinical practice, midwifery students are encouraged to prepare for their future careers. Various competencies that cannot be fully developed in an academic setting can be acquired through clinical exposure (Asadi et al., 2023). Students must acquire the competencies necessary to support the development of clinical skills across the full spectrum of midwifery services, ranging from premarital counseling and preconception care to women's health services, pregnancy management, labor assistance, postpartum care, and newborn health services, as well as care for infants, toddlers, and preschool children, including family planning and contraception programs (Ama Amoo & Innocentia Ebu Enyan, 2022). Student characteristics also play a key role in determining the effectiveness of the clinical learning process. Individuals who demonstrate self-confidence, adequate preparation, a strong interest in midwifery, curiosity, and an openness to learning generally encounter few difficulties when participating in clinical practice education (Telksew et al., 2024). Conversely, a lack of responsibility, limited intrinsic motivation to learn, and an inability to integrate theory and practical reflection lead to student dissatisfaction with clinical learning (Abraha et al., 2023).

Unsatisfactory clinical learning can result in graduates who are ill-prepared to implement comprehensive midwifery practice. The leadership style and supervisory approach of clinical instructors significantly influence the quality of the clinical learning experience. However, discrepancies between faculty members and clinical instructors are common, and these differing expectations can create challenges for students during clinical education (Aaron, 2024). Factors contributing to unfavorable clinical learning experiences include an unsupportive clinical environment, weak relationships among healthcare staff, an overly crowded practice setting, limited patient availability, inadequate equipment, a lack of objective assessment systems, and ineffective supervision (Abraha et al., 2023). This study aims to examine and evaluate the clinical learning practices experienced by undergraduate and professional-level midwifery students, including case availability, learning motivation, supervision, and mentoring.

METHOD

Research Design

A cross-sectional descriptive design was used in this study to evaluate the clinical practices of students in the field. The measurement instrument used was the Clinical Learning Evaluation Questionnaire (CLEQ) version 2.0, which had previously been translated into Indonesian using the forward-backward translation procedure by four translators. The questionnaire consists of eighteen items that have been validated using Pearson's Product-Moment Correlation, as indicated by all items having an r value greater than the table r value (> 0.344), and reliability testing using Cronbach's Alpha yielded a coefficient value of 0.756, indicating that the instrument can be considered reliable for data collection (Zulala & Rohmah, 2025).

Population and Sample

The population in this study consists of all students enrolled in clinical training during the even semester of the 2024/2025 academic year, totaling 225 students. The sample size was determined using the G*Power with α err prob 0.05 (Sabine et al., 2024), resulting in a sample of 159 participants. Participant recruitment utilized non-probability techniques with purposive sampling. Inclusion criteria consisted of students participating in clinical learning activities during the even semester of the 2024/2025 academic year. Exclusion criteria included students who did not complete the entire clinical practice period as scheduled and students who failed the clinical exam. Clinical learning refers to encompasses all learning conducted at practice sites during the undergraduate and professional stages, including Community Healthcare Centers (Puskesmas), Midwife Independent Practice Sites (TPMB), and Hospitals.

Data analysis involved the use of frequency distributions and the calculation of mean scores for each item of the CLEQ questionnaire. Ethical approval for this study was granted by the Research Ethics Committee of Aisyiyah University of Yogyakarta under reference number 4811/KEP-UNISA/IX/2025.

RESULTS AND DISCUSSION

Results

Demographic characteristics of respondents

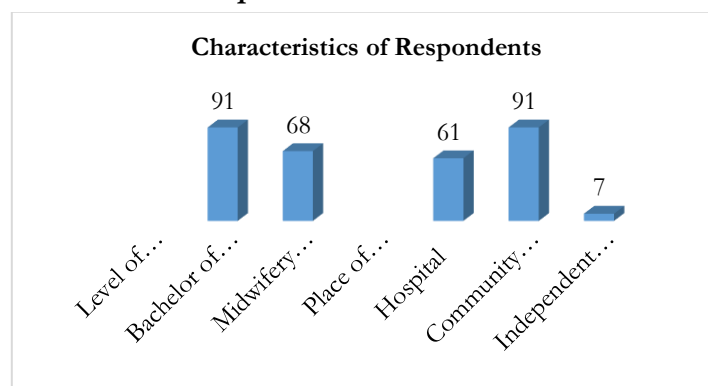


Figure 1. Demographic characteristics of respondents

Figure 1 shows that 57.2% of respondents were undergraduate midwifery students and that the most common practice setting was community health centers (57.2%).

Table 1. CLEQ Item

No	Questionnaire	1		2		3		4		5	
		F	%	F	%	F	%	F	%	F	%
Cases											
1	I have seen a sufficient number of clinical cases	4	2,5	5	3,1	35	22,0	69	43,4	46	28,9
2	I have seen a good variety of clinical cases	5	3,1	5	3,1	36	22,6	76	47,8	37	23,3
3	I have seen many interesting clinical cases	4	2,5	8	5,0	42	26,4	62	39,0	43	27,0
4	I have seen some unusual/rare clinical cases	9	5,7	22	13,8	49	30,8	51	32,1	28	17,6
Motivation to learn											
5	I enjoy learning in clinical sessions	3	1,9	3	1,9	17	10,7	62	39,0	74	46,5
6	I am able to express myself and show confidence	3	1,9	3	1,9	17	10,7	72	45,3	64	40,3
7	I think that some supervisors could be considered as role models	5	3,1	1	0,6	16	10,1	62	39,0	75	47,2
8	I adequately know my learning needs	2	1,3	1	0,6	20	12,6	77	48,4	59	37,1
9	I know my limitations	1	0,6	1	0,6	24	15,1	68	42,8	65	40,9
Supervision											
10	My supervisors have good communication skills.	3	1,9	2	1,3	10	6,3	61	38,4	83	52,2
11	The way my supervisors deal with medical students is satisfactory.	3	1,9	3	1,9	13	8,2	65	40,9	75	47,2
12	I think supervisors have good teaching skills	4	2,5	2	1,3	11	6,9	67	42,1	75	47,2
13	I have the opportunity to discuss clinical cases with my supervisors	4	2,5	2	1,3	14	8,8	68	42,8	71	44,7
Organization of the doctor-patient encounters											
14	The number of students in the clinical sessions is appropriate.	1	0,6	9	5,7	29	18,2	66	41,5	54	34,0
15	The time spent with my patients is adequate for my clinical learning	3	1,9	3	1,9	30	18,9	68	42,8	55	34,6
16	I think the assessment of the clinical learning is aligned with objectives	3	1,9	1	0,6	24	15,1	71	44,7	60	37,7
17	Students have some input for the organization and development of the clinical rotations	2	1,3	1	0,6	33	20,8	80	50,3	43	27,0
18	I have the opportunity to prepare before the clinical encounter	3	1,9	4	2,5	29	18,2	67	42,1	56	35,2

In Table 1, the numerical values represent evaluation levels, where a score of 1 indicates very poor, 2 indicates poor, 3 indicates adequate, 4 indicates good, and 5 indicates very good. The data presented in Table 1 show that most students expressed satisfaction with the learning process, as well as the guidance and supervision provided by their advisors. The evaluation consists of four main components: case exposure, learning motivation, supervision guidance, and organization regarding client and midwife contacts. In the case exposure component, the highest satisfaction level was found in item 2, "I have seen various clinical cases," with a proportion of 47.8%, while the lowest level was found in item 4, "I have seen some rare clinical cases," at 5.7%. In the learning motivation component, the highest satisfaction was for item 7, "I think some mentors can be considered role models," at 47.2%. In the supervision component, the highest satisfaction was found in item 10, indicating that supervisors possess effective communication skills at 52.2%, while the lowest satisfaction was observed in item 12 regarding the supervisor's teaching ability at 2.5% and item 13 regarding the opportunity to discuss clinical cases with the supervisor, also at 2.5%.

In the client-midwife contact organization component, the highest level of satisfaction was found in item 16, which stated that clinical learning assessments align with their objectives, at 37.7%.

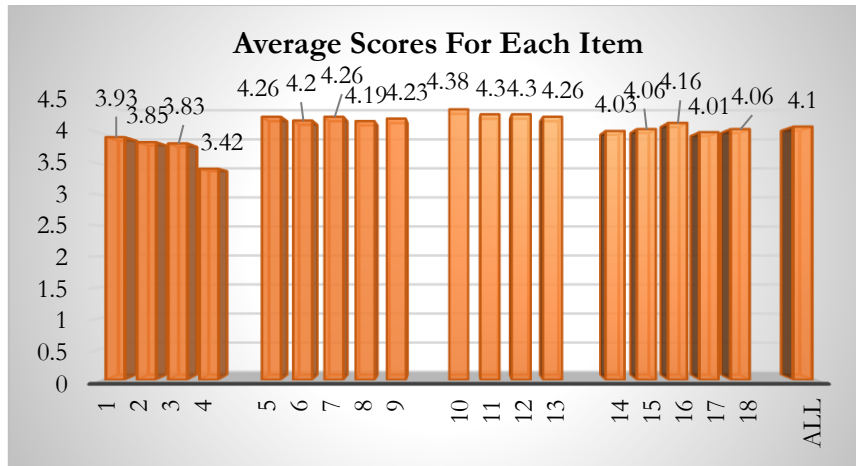


Figure 2. Average Scores for Each Item

Figure 2 shows the highest satisfaction score for item 10 (4.38) and the lowest for item 4 (3.42), with an overall average satisfaction score of 4.10.

Table 2. Comparison of Undergraduate and Professional Program Evaluations

	Undergraduate	Professional
Practice Setting	Puskesmas	Hospitals dan TPMB
Highest Score	Item 9	Item 9 dan 10
Lowest Score	Item 4	Item 4

Table 2 shows no difference in satisfaction with the learning evaluation between the undergraduate and professional programs, despite the different practice settings.

Discussion

The information presented in Table 1, together with Figure 2, indicates that the lowest level of satisfaction regarding the evaluation of clinical learning was found in the case exposure component, which includes aspects such as case availability, case variety, interesting cases, and rare cases. Within the Indonesian healthcare system, healthcare facilities are classified into primary healthcare facilities (FKTP) and advanced healthcare facilities (FKTL). FKTP refers to healthcare institutions that provide non-specialist individual medical services, including observation, health promotion, prevention, diagnosis, treatment, and other general healthcare services, while FKTL refers to facilities that provide specialized or subspecialized individual health services such as advanced outpatient care, advanced inpatient care, and specialized inpatient ward care (KEMENKES, 2023). This may be one of the factors contributing to the limited variety of cases encountered by students. If students are assigned to a primary healthcare facility (FKTP), the cases they encounter will be physiological cases, as pathological cases are referred to FKTL.

Previous research has reported that short clinical practice periods can hinder students from achieving the required skill levels and competencies. Limited practice periods restrict students' opportunities to encounter diverse and complex obstetric cases, disrupting the adaptation process involving both supervisors and the clinical environment (Majida et al., 2024). A separate study conducted in Iran reported that many students expressed concerns regarding access to clinical learning opportunities due to the large number of trainees assigned to the same practice site, resulting in long wait times before students could participate in clinical procedures. This situation contributes to a decline in self-confidence among students and raises anxiety regarding their ability to meet the expected competency standards in the training program (Ahmadi et al., 2018). Students

who have undergone clinical practice for a longer period feel more satisfied than younger students; this is likely because they have achieved a level of autonomy in patient care, along with high professional awareness (Sakine & Demet, 2023).

Clinical instructors, commonly referred to as mentors, play a crucial role in the educational development of midwifery students. They help translate theoretical concepts into practical competencies during clinical training. Previous research has shown that mentors who have a professional educational background and have completed formal mentor-supervisor training tend to demonstrate higher levels of confidence and competence when providing guidance and direction. These individuals are also better able to serve as professional role models for students regarding their supervision (Mhango et al., 2021; Sakine & Demet, 2023). The presence of a mentor helps students bridge the transition from academic learning to real-world clinical practice. Most midwifery students expect mentors to facilitate the development of their knowledge and practical skills. However, challenges students face in interacting with supervisors include a lack of student-supervisor interpersonal relationships, limited availability and accessibility of supervisors, insufficient time allocated for supervision, and inadequate supervision during clinical practice. Previous studies indicate that structured training programs for clinical supervisors are necessary to enhance their ability to support students' clinical learning outcomes (Nsemo et al., 2022). In clinical practice, students are taught to develop teamwork competencies and acquire the social and emotional skills necessary for collaborative practice. Effective teamwork is widely recognized as a factor that enhances the quality and safety of health care services provided to clients. In the maternity care setting, teamwork skills are an integral component of daily professional activities and influence workplace culture, staff retention among midwives, and the overall safety and effectiveness of patient care. Conversely, inadequate teamwork has been linked to an increase in clinical errors, workplace bullying, and higher staff turnover rates (Hastie & Barclay, 2021).

Competent supervisors are characterized by high self-efficacy and mastery of the supervisory role, as well as the ability to strengthen students' self-confidence and independence in practice (Zwedberg et al., 2020). Possesses leadership qualities, good listening and communication skills, effective conflict management, the ability to assess based on ethics and standards, critical thinking skills, and the ability to engage in self-reflection (Gray & Downer, 2021). Possesses the ability to function as a mediator, a strong commitment to the profession, evidence-based clinical practice, effective decision-making capacity, and the ability to serve as a professional role model. Additional qualities include advocacy, visionary thinking, resilience, empathy, and compassion. These characteristics align with several leadership approaches, including compassionate leadership, transformational leadership, servant leadership, authentic leadership, and situational leadership (Pezaro et al., 2024). Other studies also emphasize that effective mentors demonstrate leadership skills, strong listening and communication skills, the ability to manage conflict constructively, ethical and standards-based assessment practices, critical thinking skills, and the capacity for reflective self-evaluation (Abubakar et al., 2022).

Midwifery students conceptualize role models based on various examples that represent the "ideal midwife" for them and guide their education. Positive role models significantly influence students' learning experiences and the formation of their professional identity, promote woman-centered care, and have a significant impact on students' confidence. Students emphasize that they learn not only by doing, but also by observing key aspects of their role models. Therefore, role models contribute to the development of students' skills, professional values, behavioral patterns, and identity as future midwives. During their education, students gradually build their own conceptual image of the "ideal" midwife based on characteristics they admire and wish to emulate (Nieuwenhuijze et al., 2020). Therefore, mentors must remain aware that they serve as real-life examples for students and must demonstrate professional behavior consistent with what they teach. Students often remember actions more strongly than verbal instructions. Professionalism in this context includes respectful interactions among colleagues, healthcare staff, members of the

multidisciplinary team, and patients. The way instructors interact with others shapes students' understanding of professional behavior (Abubakar et al., 2022).

The concept of mentoring is designed to strengthen mentors' self-confidence and competence while enhancing their clinical practice skills, particularly when working with students and newly graduated midwives or nurses. Mentoring also serves as a professional development mechanism that helps healthcare staff adapt to new responsibilities and work environments. Through this process, mentors are expected to become more independent, confident, and competent practitioners in providing high-quality midwifery care consistent with professional standards and organizational expectations (Nsemo et al., 2022). Being an effective mentor begins with a clear understanding of the role of mentoring, the dynamics of the learning process, and strategies for addressing the diverse learning needs of students. Building a supportive mentoring relationship is essential for creating a safe learning environment and fostering trust between the mentor and the student. Furthermore, mentors must acknowledge and value students' contributions to the educational process (Abubakar et al., 2022). Midwives must possess strong communication skills. Communication plays a fundamental role in midwifery practice, particularly in counseling interactions. Effective communication requires not only knowledge but also cultural awareness and the appropriate choice of language. A patient-centered communication approach is considered the most effective strategy. Through this approach, midwives act as advocates who help women make informed decisions by providing relevant information while building a mutually respectful and constructive relationship. Midwives who adopt this communication style demonstrate empathy, authenticity, and a non-judgmental attitude toward patients, treating them as partners in care. They provide encouragement, support, and empowerment, thereby creating an environment where patients feel safe and comfortable (Skubic et al., 2025). Midwifery students exhibit positive attitudes and have the opportunity to practice when placed in highly conducive clinical learning environments with supportive and skilled clinical instructors. However, students also display negative attitudes and face challenges in their work due to a lack of attention given to their clinical learning. Therefore, before clinical learning begins, students are advised to practice thoroughly in the skills laboratory (Abraha et al., 2023).

Recommendation: When the clinical rotation period is considered sufficient but students are exposed to only a limited number of real clinical cases, the implementation of Case-Based Learning (CBL) serves as an alternative teaching strategy. CBL represents an educational approach designed to integrate theoretical understanding with clinical application through student engagement in real-world case scenarios. Through this approach, students are encouraged to apply theory, clinical pathways, and evidence-based practice to the unique situations, conditions, and characteristics of patients and the healthcare setting. In practice, CBL places students at the center of the learning process, organizing them into small groups that collaboratively analyze and solve clinical cases. Faculty members or clinical instructors primarily function as facilitators guiding the discussion process. The active involvement of both students and facilitators strengthens the acquisition of knowledge and practical competencies because the cases emphasize the application of theoretical concepts (Varma et al., 2025; Yao et al., 2024). In addition, other strategies may include expanding networks related to clinical placement sites, rotating students across various healthcare facilities, and incorporating technological innovations into the learning system to address the limited availability and diversity of clinical cases.

CONCLUSION

Overall, the average satisfaction level of both undergraduate and professional students across all clinical practice settings related to clinical learning reached a score of 4.10 on a five-point scale. The highest satisfaction score (4.38) was related to the communication skills demonstrated by the preceptors, while the lowest score (3.42) was related to the limited availability of rare or interesting clinical cases. Preceptors serve as important role models for students during clinical education. Positive preceptors who emphasize woman-centered care can significantly increase students' self-confidence. Supervisors also contribute to the development of students' professional skills, attitudes, behavioral patterns, and identity as midwives. Additionally, the duration of clinical learning experiences must be carefully considered. Clinical placements that are too short may prevent students from encountering diverse and meaningful midwifery cases, thereby limiting learning opportunities and hindering students' ability to adapt effectively to supervisors and the clinical environment.

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AUTHOR CONTRIBUTIONS

NNZ contributed to the conceptualization of the study, the investigative process, the preparation of the original manuscript draft, formal data analysis, and data curation. SI was responsible for the methodological design, data analysis, and manuscript review and editing. EH contributed to data curation, data analysis, and manuscript review and editing.

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