ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

ALLIED SCHOOL OF HEALTH SCIENCE

DEPARTMENT OFNURSING AND MIDWIFERY

ASSESSMENT OF FACTORS AFFECTING CLINICAL PRACTICE COMPETENCY OF UNDERGRADUATE HEALTH SCIENCE STUDENTS IN HAWASSA UNIVERSITY, SOUTH, ETHIOPIA

BY

REKIKU FIKRE (Bsc)

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY SCHOOL OF GRADUATE STUDIES, DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF SCIENCE IN MATERNITY AND REPRODUCTIVE HEALTH NURSING.

JUNE, 2015

ADDISABABA

ETHIOPIA

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This thesis by Rekiku Fikre is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of Masters of Science in Maternity and Reproductive Health.

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ADVISOR: ATO BREHANIE G/KIDANE (ASISTANCE PROFFOSER).

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First, I would like to express my gratitude to my Lord- Jesus Christ who carries all my burdens and shepherded me healthy. My sincere gratitude goes to my research advisor assistant Professor Brihane G/kidan for his relentless support and valuable advice in this thesis from the inception to the final. I also extend my gratitude to Addis Ababa University, Allied school of health science, and Department of nursing and midwifery for its financial support in the accomplishment of this study. And next, I would like to thank all data collectors, supervisors and study participants whose contribution was vital to go through the data collection work. My heartily gratitude also goes to my wife, families and friends whose daily moral support gave me the strength to keep going throughout the work.

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ACRONYMS AND ABBREVATION

ANA----------American nursing association

BSc N/Mw----------Bachelor of degree in nursing/midwifery

DOPS----------Direct observation practical simulation

E.C----------Ethiopians calendar

FGDS----------Focuse group discussion

G.C----------Gregorian calendar

MOH----------Minster of health

MDGs----------Millennium development goals

SANC----------South Africa nursing council

SNNPRS----------South nation and nationality people regional states

OSCE ----------objective structured clinical examination

OSPE ---------- objectively structured practical examination

TVET----------Technical and vocational educational training

WHO ---World health organization

ABSTRACT

Background: Clinical practice experiences are critically important to achieve the maximum level of clinical competence after receiving adequate theoretical and practical instructions. However graduates have problems in doing some easy duties .Most new bachelor graduates have adequate theoretical knowledge but lack competence in the clinical environment.

The objective of this study was to assess factors affecting clinical practice competence of undergraduate health science student in Hawassa University, medical and health Science College.

Methods: Institutional based Cross-sectional study was carried among 345 Bsc nursing, midwifery and health officer student and FGDs were carried among four groups. Simple random sampling was applied to select study subject. Descriptive analysis was employed to describe the percentages and number distributions of the respondents for socio-demographic characteristics. Bivariate analysis was used to see the association of independent with the dependent variable. Crude and adjusted odds ratios together with the corresponding 95% confidence intervals computed. A P-value ≤ 0.05 considered statistically significant in this study. Data was collected by using a self-administered questionnaire for quantitative and unstructured questioner for focused group discussions. Both quantitative and qualitative methods were triangulated and Data was collected from April, 2015 to July, 2015.

RESULT: In this survey the prevalence of clinical practice competency was found to be25.2%. In this study, student with clinical instructor support had more ability to clinical practice competency by 2 times (AOR=2.064, 95%CI 1.042, 3.694) than students who hadn't got clinical instructor support during clinical practice and students with clinical practice assessment checklist more likely ability to clinical practice competency by 4 times (AOR=4.058, 95% CI 1.238, 12.65) than students who hadn't got clinical assessment checklist during clinical practice.

CONCLUSION AND RECOMMENDATIONS: Clinical practice competency was 25.2% among students who have clinical instructor support, conduciveness of clinical placement; clinical assessment checklist as well integrated learning methods.

So improving supervision of clinical instructor and designing appropriate clinical practice protocol has important to enhance clinical practice competency of student in Hawassa medical and health Science College.

CAHPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

Clinical practice is the means by which student learn to apply the theory facilitating integration of theoretical knowledge and practical skills in the clinical setting which becomes the art and science of the profession. This correlation of theory and practice, and the building of meaningful experience, take place during clinical practice in the health care services (1).

Learning in the clinical practice is an important component of health sciences education considering that health sciences education is practice-based profession. The quality of nurse education depends largely on the quality of the clinical experience that student nurses receive in the clinical environment (2).

Furthermore, clinical practice is the most important component of health professional education. One of the criteria for effective learning in clinical practice is clinical competence. Competencies are the skills, abilities, knowledge, behaviors and attitudes that are instrumental in the delivery of desired results and, consequently of job performance. Competencies "add further definition to any job by their focus on how work is done and what work is done" (3). It has been cited as the ultimate goal of health professional education. It includes skills of utilizing knowledge and information, communication and interpersonal skills, problem-solving and technical skills. At the heart of each and every health system, the clinical skill is central to advancing health care system (4, 8).

Practice lie at hearth of learning in nursing professional which aims to develop and enhance professional experiences. During the practice period, the nursing students must prepare their physical and mental readiness and adapt themselves to the staffs and new environment.

(6, 20).

It is through experience in the clinical setting that student acquires the knowledge, skills, and values essential to professional practice and become socialized into the profession. Clinical experiences are critically important to determine that graduates can become competent professional practitioners after completing their education (7).

Around the world, the rapidly shifting of balance in availability and demands of competent health care workforce, the number of competent health professionals must be expanded to meet these new complexities.

The challenges confronting in today‟s rapidly changing health care environments have highlighted the necessity for graduating students to be competent. This necessity has in turn highlighted the increasing significance of the nature and quality of student clinical learning experience (8, 14).

Improving the productivity and performance of health care workers in order to enhance efficiency in health interventions, is a major challenge for African countries. Human resources for health (clinical and non-clinical) staff are paramount as staff is the most important asset of health systems. Performance of health care organizations depends on the knowledge, skills and motivation of individual employees. Employers should provide working conditions which support the performance of employees (15)

Currently there is great concern from Ethiopian government and the public sector over poor quality of skills of health professionals‟. Besides this low client satisfaction was reported in many health facilities and inadequate skill among health professionals was considered as a major factor (19).

At the end of undergraduate period, students are expected to achieve the maximum level of clinical practice competence after receiving necessary and adequate theoretical and practical instructions. However graduates have problems in doing some easy duties.

STATEMENT OF THE PROBLEM

Clinical practice competency acquisition takes place in a dynamic social complex environment where patient care is provided as students learn. (20).

Students‟ performance in a clinical learning environment may have profound impact on their learning whether positively or negatively associated with, skill of educator, staff-student interaction, clear assessment guideline, Effective mentoring and constructive feedback will also influence learning.

Nonetheless, poor relationships with clinical staff, lack of support from educators and lack of challenging learning opportunities are some of the negative experiences that may affect students‟ learning (21).

A global report into health education sees “educational institutions as crucial to transform health care systems” (22).However, in many countries there is a lack of capacity in training institutions, budget support and infrastructure. Therefore countries vary in their response to increase competent health worker shortages.

Some countries like south Sudan focus exclusively on increasing the numbers of competent health workers through pre-service training, while this is part of the response, it is important to recognize that improving the skills of existing staff would more quickly boost productivity and quality of care.(23).

Assessment assists the instructor to improve quality of learning as it identifies training deficiency, provides feedback, monitors progress, determines whether the learning outcome is met; decides whether the student should progress to the next higher of learning(25).

Relationship between the student and the clinical instructor is categorized into interpersonal domain.

The characteristics of clinical education that might influence satisfaction are categorized as an organizational domain, which are included number of teachers, patients, educational

methods, and the practical skills that the students learn. There are few studies that evaluate the effect of different factors in these three domains clearly, but some of these factors were evaluated unclassifiable in several different studies (26).

In Ethiopia, government is the main health care service provider. The health care system of Ethiopia is facing a serious shortage of skillful health workforce. While a number of strategies have been developed to improve the quality of health care delivery system. Competency assessment tools were applied in TVET, diploma program in order to assure the quality of the service (29).

So, when students start clinical practice, during which they gain experience and skills by taking part in the provision of patient care and management, they encounter different problems that can affect their clinical competency such as, supervisors‟ knowledge and skills, clinical environment, assessment methods, staff-student interaction, encouragement of problem-solving approach, critical reflection on practice may affect their study approaches (30).

Therefore, the purpose of this study is to asses‟ factors affecting clinical practice competency of undergraduate health science student of Hawassa University, SNNPR.

SIGNIFICANCE OF THE STUDY

Clinical practice competency achievement could be highly influenced by different factors that can lead to Poor quality of health care system. Insufficient health personnel, in terms of numbers and performance level, are regarded as a major constraint in achieving the MDGs for reducing poverty and diseases in many African countries including Ethiopia. The health care system of Ethiopia is facing a serious shortage of skillful health workforce. When students start clinical practice, during which they gain experience and skills by taking part in the provision of patient care and management, they encounter different factors which can hinder their clinical competency.

Most new bachelor graduates have adequate theoretical knowledge but lack competence in the clinical environment. These problems are manageable if health care system can properly implement and apply quality of education both on theory and practice. There is no published research, which assessed factors affecting clinical practice competency and predictors of clinical competency in Hawassa University, medical and health Science College. This study was identifying factors affecting clinical practice competency of undergraduate health science student in Hawassa University.

The results of the study will be uses for designing appropriate clinical practice implementation guideline for nursing, midwifery and health officer education and also used for base line information to design appropriate intervention Strategies for the factors that can influence clinical practice competency of students while conducting clinical practice competency.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 CLINICAL PRACTICE COMPETENCY

Competency has a key role in the assurance of quality professionals in health care system and it has importance to the input of qualified, productive and skilled professionals.

According to Americans nursing association nursing competence is according to level of expertise, responsibility and domains of practice as evidenced by behavior based on beliefs, attitudes and knowledge matched to and in the context of a set of expected outcomes as denied by nursing scope of practice, policy, Code of Ethics, standards, guidelines and benchmarks that assure safe performance of professional activities (31).

The Australian Nursing and Midwifery Council define competence as “the combination of skills, knowledge, attitudes, values and abilities that add force to effective and superior performance in a profession and context of practice” (32).

Competency is often used to describe the knowledge to be able perform at a particular task. It includes the understanding of knowledge, clinical, technical, and communication skills, and the ability to problem solve through the use of clinical judgment (Norman).

According to Black and Wolf Competence is the ability to perform in effective ways on different occasions including in differing and unexpected situations.

According to Miller Competence is equating to performance, which is the ability to perform nursing tasks, and is as a‟ psychological construct. „That is, the ability to effectively integrate cognitive, affective and psychomotor skills when delivering nursing care.

2.2 Clinical instructors' on clinical practice

Clinical instructor is qualified academic or skilled practitioner who teaches, supervise and assesses student in hospital and community setting Study finding shows in United Kingdom indicated that the knowledge and skills of student nurses need to carry out their clinical roles must not be underestimated (33).Clinical support has been highlighted as an area where improvements can be made. This support is crucial and a critical factor in students‟ wellbeing and those positive experiences for students are more likely to be related to their actual clinical experience and how valued and supported they felt rather than the physical aspects of a placement.

On the other hand Study in Saudi Arabia indicated that learning strategies of clinical practice were strongly influenced by supervision (34). Students appreciated effective workplace supervision, and indicated that it had a positive impact on their study strategies. Constructive supervision helped students to integrate clinical knowledge into clinical practice, summarize patients‟ histories and solve patients‟ problems.

Study made on Cyprus stated Supervisors who showed a flexible attitude towards students and their knowledge stimulated students to use a focused study strategy and a deeper approach to learning (35).The availability of experienced and motivated supervisors, who support direct patients‟ encounter made students more interested in critically analyzing patients‟ clinical conditions, read about them and utilizes this work to formulate management plans.

Study in South Africa indicated that there are aspects which impact negatively on student nurses‟ clinical learning experiences, such as lack of teaching and learning support, lack of opportunities for learning, poor theory-practice integration, and poor interpersonal relationships between the students, college tutors and ward staff the lived experiences of student nurses during clinical practice (36).

2.3 CLINCAL PRACTICE ENVIROMENT

Quality placements provide students with opportunities for skill development, socialization into the profession, and a bridge between academic and workplace learning. It follows that clinical placements have been identified by students and health professionals alike as the most influential learning experience in a student‟s journey to becoming a competent health professional (9).

Despite consensus about the importance of the clinical learning experience, issues about the quality of the placement process persist. Chun-Heung and French examined the quality of clinical education in regards to the clinical environment in Hong Kong (37).

Chun-Heung and French were concerned with the quality of education in the practice setting. They found that students‟ learning goals were not clearly set out and most of the time students had to rely on their own initiative to develop nursing skills in the clinical setting and also indicated that the students‟ clinical practice experience was not an educational experience because the students did not have a supportive clinical environment.

Study made in Norway indicates that there was no significant difference overall perception of the learning environment as measured by scores on the total scale among student (38). Students assigned to mental health care had significantly higher scores than students in nursing homes on the subscale individualization. There were no significant differences between students on the other subscales.

Study in Australia takes place indicated that the selection of a rural placement is more likely to occur when students feel competent, confident and organized about their clinical experience (39). In addition, the rural students, regardless of time reported greater confidence, competence and organizational skills.

2.4 ASSESEMENT METHODS

Assessment is a measure of student learning and achievement within certain period including clinical examination, clinical performance evaluation, nursing care report, and case presentation (25). Study which was conducted in Iran states Satisfaction mean scores of midwifery students with DOPS and current methods were 76.7 ± 12.9 and 62.6 ± 14.7 respectively (34). DOPS students' satisfactions mean score was significantly higher than the score obtained in current method. The most satisfactory domains in the current method were "consistence with learning objectives" (71.2 ± 14.9) and "objectiveness" in DOPS (87.9 ± 15.0) (40).

A study which was conducted to explore the assessors‟ preparation for the assessment of nursing students by Neary in United Kingdom presented important insights about the preparation of assessors for students‟ assessment(41).One major finding was the lack of assessors‟ preparation for continuous assessment and its impact on students‟ assessment.

Personal characteristics may still influence the assessment process. By nature, assessment is a human and uncertain process. Consequently, it might involve personal or individual judgments during the process. Ramseden made study to offer a range of descriptions and interpretations of mentors ‚experiences and understanding of factors that may influence assessment of student in practice placements(42). Observation and feedback were the most commonly reported approaches for assessing students‟ performance.

However, they are noted in this study to be subjective. The findings therefore suggest that assessment using these approaches need to be continuous. This is to ensure that students attaining acceptable level of competence, which is usually inferred from performance.

Study which was done in Ethiopian indicated that it was possible to assess clinical performance of students using OSPE demonstrated its feasibility (43).Instructors and student‟s attitude towards OSPE was highly positive. 77.8% stated OSPE was well organized

and 88.9% indicated that the competencies assessed were relevant. In addition, 94.4% suggested OSPE be included as a formative and summative clinical assessment tool.

2.5 student-staff interaction

Students remarked that they learned best with nurses who demonstrated a caring attitude and a willingness to teach, and who treated them as if they were part of the team (44). Because the majority of earlier studies focused on the student perception, Birx and Baldwin conducted a study to evaluate the clinical setting from the perspective of both the students and the staff in an effort to enhance the relationship between the students and the clinical staff and instructors. (45).Their findings indicated that both groups of nurses found students to be contributors to patient care and to the staff‟s personal and professional satisfaction. Yet, a later replication of the study revealed that nurses have ambivalent feelings about students in clinical settings. Nurses do not always perceive their relationship with students in a positive manner.

In addition, the nurses‟ length of service was found to contribute to their perceptions of students‟ contributions. Researchers compared the perceptions of students by nurses with more than 10 years of experience with those of nurses with less than 10 years of experience and found that nurses with less than 10 years of experience rated students‟ contributions higher than nurses with more than 10 years of experience(46).Because the relationship between clinical staff nurses and students directly affects the quality of the learning experience for the students, the nurses‟ perceptions about students are important to assess.

ONCEPTUAL FRAMEWORK

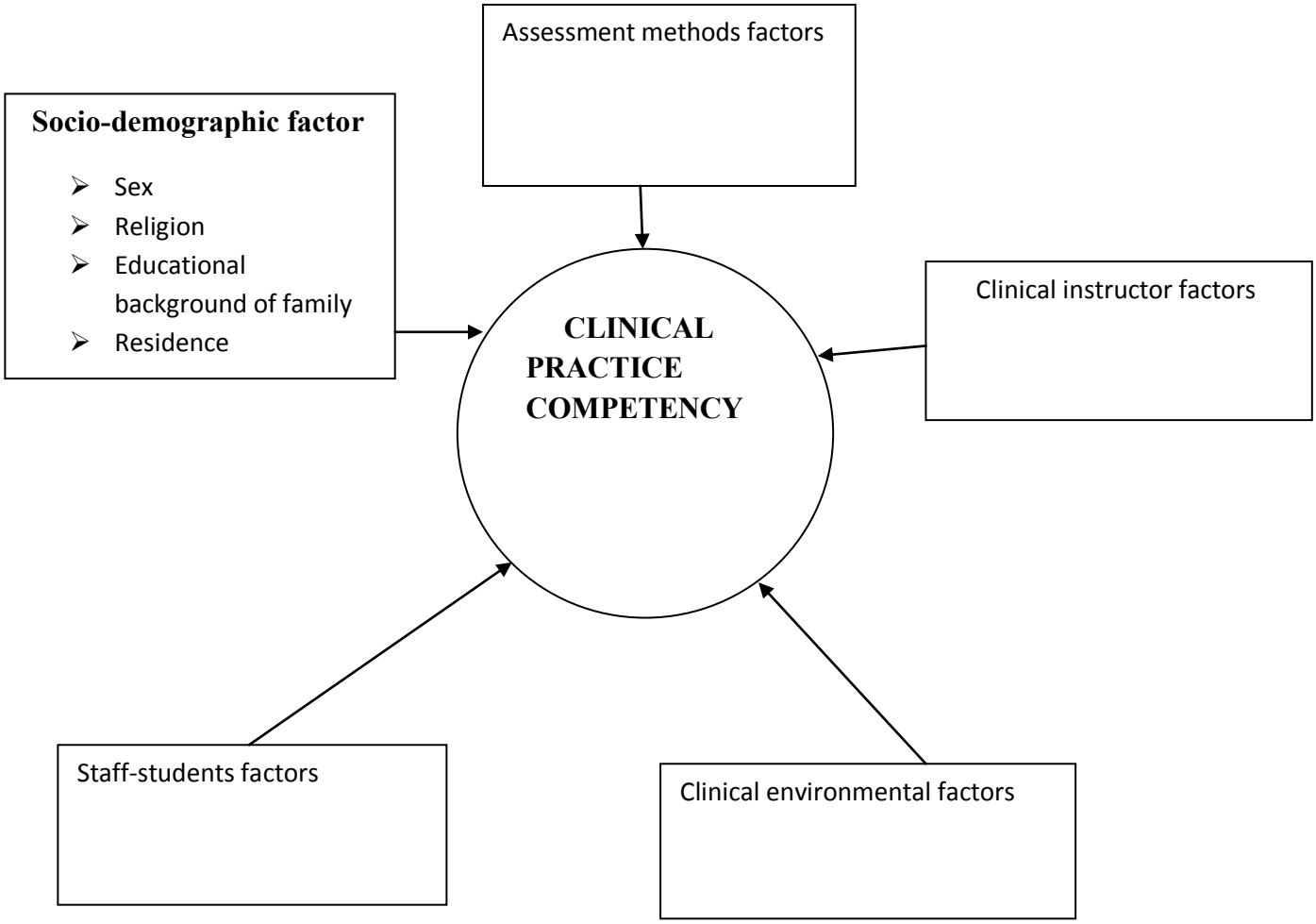


Fig1. Conceptual framework for factors affecting clinical practice competency and its outcome of medical and health Science College of Hawassa University, 2015.

CHAPTHER THREE

3. OBJECTIVE OF THE STUDY

3.1 General objective

The general objective of this study is to assess factors that affect clinical practice competency of undergraduate health science student of Hawassa University, SNNPRS from March-June 2015.

3.2 Specific objectives

The specific objectives of the study are to:

1. To assess the prevalence of clinical practice competency of undergraduate health science students among Hawassa university SNNPR.

2. To identify factors affecting clinical practice competency of undergraduate health science students among Hawassa University SNNPR

CHAPTER FOUR

MATERIAL AND METHODS

4.1. Study Area and period

Hawassa University, previously known as Debub University, was established in April 2000 by merging three colleges, namely Hawassa College of Agriculture, Wondo Genet College of Forestry and Natural Resources, and Dilla College of Teachers Education and Health Sciences. Hawassa city lies 275 Km South of Addis Ababa the capital city of Ethiopia. The altitude of Hawassa is 1665m above sea level; now it is the capital city of the South Nation and Nationalities Peoples Region (SNNPR). It has a population of more than150, 000, from more than 50 different ethnic groups.

The University is the largest and most comprehensive University in the Southern Nations Nationalities and People's Regional state (SNNPRs) and in the southern part of the country. It had now increased to 64 first degree programs, 43 second degree programs, and 4 PhD programs and has more than 38,000 alumni.

In the medical and health Science College there are 1712 regular and extension students and around 400 academic and administrative staff at different academic levels, ranging from professors, assistant professors and lecturers to graduate assistants. This study was conducted from March –April 2015G.C.

4.2. Study Design

Institutional based cross-sectional study design was used to collect the quantitative data to assess factors affecting the clinical practice competency of undergraduate health science student in Hawassa University.

4.3. Source Population

All students study in medical and health Science College of Hawassa University during study period.

4.4. Study Population

All randomly selected Bsc nurses, Bsc midwifes and health officers studying in nursing, midwifery and public health officer department of Hawassa University medical and health science collage who fulfill the inclusion criteria during the study period.

4.5. Inclusive and Exclusive Criteria

4.5.1. Inclusive

- All Bsc nurses and midwifes above 1st year, public health officers above 2nd year and those who attained their study under regular degree program and willing to participate in the study.

4.5.2. Exclusive Criteria

- 1st year Bsc nurses and midwifery and 1st and 2nd year health officer Students
- Bsc Nursing, midwifery and public health officers who are attending their studies under extension and distance.

4.6. Sample Size Determination

Sample size was computed based on the formula for single population proportion and the overall minimum sample size was determined using single population.

Proportion calculation formula:

$$n = \frac{z^2\alpha/2\ p\ (1-p)}{d^2}$$

Where n= minimum sample size required for the study

- ❖ Zα/2 = 1.96, standardized normal distribution curve value for the 95% confidence Interval
- ❖ p=0.5 (in the absence of a similar previous study and to achieve the maximum possible sample size, the following assumption.
- ❖ d= 0.05 degree of margin of error
- ❖ n= the number of students to be interviewed i.e. sample size of the study

- But the total population is less than 10,000 we use correction formula
- n= no/1+no/N,

  no=384 and N=1712 so it equals to= 314

  ❖Adding 10% contingency of non-response rate 31 to the value 314, **a total of <u>345</u> were participated.**

4.7. Sampling Procedure

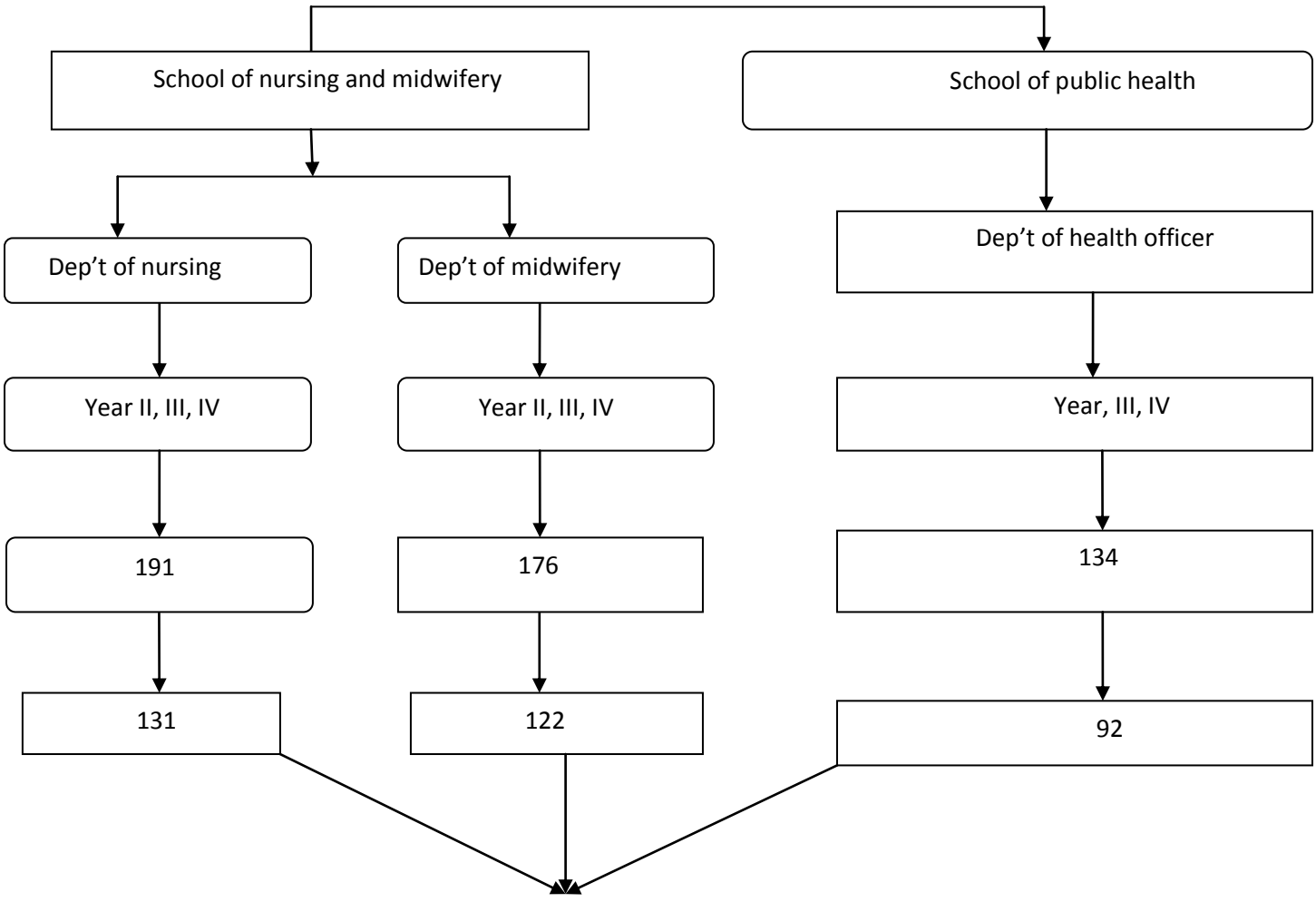
The study was conducted in Hawassa university health Science College. In the first step out of all schools two schools were selected randomly using lottery method, which were school of nursing, midwifery and school of public health. All departments within the selected school were included in the actual study.

Then, the total sample size was allocated to each department by proportion to the number students per department.

$n_i = (Ni/Nt)*n$ where n_i = number of sample from each department, Ni = total number of students in the department Nt = total number of students in the three selected department and n = total sample size.

Finally, from each respective department, participant students who were included in the actual study were selected by simple random sampling method.

Figure 2.sampling procedure for selection of the study participant in the study.



N = 345

4.8. Method of Data Collection

The quantitative data was collected by self administered questionnaire prepared in English. Questioners is partially adapted from (21, 35, 37).The questioner contains three parts and 29 close ended items in four sub-scale which is clinical instructor factor 14 items, clinical environment 6 items ,assessment methods 6 items and staff-student interaction 3 items. The sub-scale score ranges from 29-145. The data collection was supervised by the principal investigator from March-April/2015. Before the actual Data collection, 4 data collectors were obtained one day training about the aim of the study and the Content of the instrument. Therefore, the data collectors were familiar about each question. It was also considered as a mechanism of minimizing bias during the process of data collection. Questionnaires were filled by midwifes, nurses and health officer in their study area. Qualitative questionnaire includes six questions about factors affecting clinical practice competency were also made and four groups, each groups contain eight members, filled the questionnaire

4.9. Variables

- **Dependent variable:** clinical practice competency
- **Independent variables:**
  - Age
  - Religion
  - Educational status of family
  - Residence
  - Clinical instructor factors
  - Assessment methods factors
  - Clinical practice factors
  - Staff-student factors

4.10. Operational Definition

1. **Clinical practice:** is the means by which student learn to apply theoretical knowledge and practical skills in the clinical setting.
2. **Clinical practice competency**: Are those students who scored 4 /5and 5/5 to all the clinical practice assessment questions.
3. **Clinical practice incompetency:** Are those students who are scored ≤ 3/5 to the clinical practice assessment questions.
4. **Conducive Clinical practice environment**: is hospital, health center or community on which the wards, the staff and the cases were incorporate to conducive environmental factors (21).
5. **Clinical instructor:** qualified medical academic or skilled practitioner who teaches, supervise and assesses student in hospital and community setting (33).
6. **Assessment methods:** is a measure of student learning and achievement within certain period including clinical examination, clinical performance evaluation, nursing care report, and case presentation (25).

4.11. Data Quality Assurance

The questionnaires were pre-tested to avoid any confusion during actual data collection period. The principal investigator was pre-tested 5 % of nursing, midwifery and health officer response which was n Dilla University one week prior to the actual data collection period. This is helpful for the investigator to screen out vague questions and modify some of the question item as soon as possible.

During data collection, both principal investigator and facilitator themselves were be checked data for its completeness and missing information at each point. Further more data were checked during entry into the computer before analysis.

4.12. Data Analysis

After data collection, questionnaire checked for completeness and consistency. The data template format prepared and entered in to Epi Data version 3.1.Then data Exported and analyzed using SPSS version 20. Descriptive analysis was employed to describe the percentages and number distributions of the respondents for socio-demographic characteristics. Bivariate analysis was used to see the association of independent with the dependent variable. Crude and adjusted odds ratios together with the corresponding 95% confidence intervals computed. A P-value ≤ 0.05 considered statistically significant in this study.

Finally, efforts were made to assess whether the necessary assumptions for the application of multivariable logistic regression fulfilled. Independent variables with p value of < 0.25 were candidates for binary logistic regressions. Among the selected candidates, independent variables with a P-value < 0.05 entered in the final model. Having a dependent variable classified into dummy, a binary logistic regression model fitted to identify predictors of clinical practice competency among respondents. For qualitative data FGDs was used and ideas that affect repeatedly were summarized and analyzed in the form of themes.

4.13. Ethical Consideration

Paper of approval and letter of permission was obtained before the beginning of data collection from departmental review board of Nursing and Midwifery, College of Allied Health Science, Addis Ababa University. Permission letter were provided to selected collages for proceeding data collection. After that participants oriented about the purpose and procedure of data collection, and that confidentiality and privacy ensured. It is also cleared that participation fully based on the willingness of participants using written consent.

4.14. Dissemination of Result

The study results will disseminate through, AAU nursing library, and collage included in the study, international journals, Ethiopian midwife and Nursing Association, public health association and Ministry of Health.

CHAPTER FIVE

5. RESULTS

5.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS

A total of 345 students were participated in the study giving a response rate of 100%. Out of 345 respondents for sex distribution, 144(41.7%) were females and 201(58.3%) were males. Ten (2.9%) of the respondents were in the age range of between 15-19 years, 320(92.8%) were in 20-24 years and 15(4.3%) were in 25-29 years with the mean age was 21.86 with SD±1.503 (Figure.3).

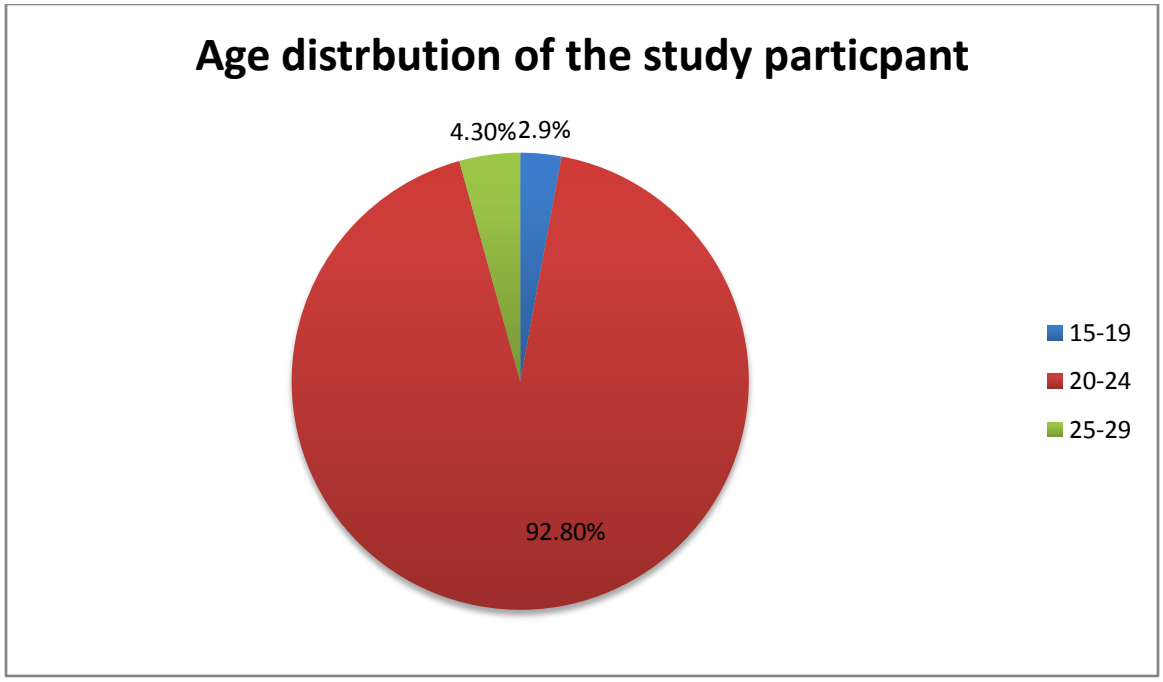


Figure3. Age distribution of the study participant

Majority of the participants 234(67.8%) were orthodox Christian in religion while 22% and 3.7% of the respondents were protestant Christian and Muslim respectively and the remaining were

others. Regarding marital status 312(90.4%) of the respondents were single and 33(9.6%) were married.

Regarding year of study, 63(18.3%) of participants were years two, 169 (40.3%) of respondents were years three and 143 (41.4%) were year four student. Ethnicity of study participant 149(43.2%) of the study population was Amhara, 111(32.2%) Oromo, 35(10.1%) Tigray, 21 (6.1%) were Sidama by ethnicity and 29(8.4%) were other. Regarding educational status, 93(27%) of respondents family were illiterates, 167 (39.7) of family were certificate, 115 (33.3%) of family were diploma and above. About 339(98.3%) of study participant were not use any substance, where as six (1.7%) of the respondent use substance (Table1).

Table 1: Socio-demographic characteristics of the students, Hawassa, 2015.

Characteristic	Frequency	Percentage %
Sex		
Female	144	41.7
Male	201	58.3
Total	**345**	**100**
Age		
15-19	10	2.9
20-24	320	92.8
25-29	15	4.3
Total	**345**	**100**
Marital status		
Single	312	90.4
Married	33	9.6
Total	**345**	**100**
Religion		
Orthodox	234	67.8
Protestant	76	22
Other	35	10.1
Total	**345**	**100**
Ethnicity		

Amhara	149	43.2
Oromiya	111	32.2
Tigray	35	10.1
sidama	21	6.1
others	29	8.4
Total	**345**	**100**
Year of study		
2nd year	63	18.3
3rd year	169	40.3
4th year	143	41.4
Total	**345**	**100**
Education level of family		
Illiterate	93	27
Certificate	137	39.7
Higher education	115	33.3
Total		**100**
Residence		
Dormitory	304	88.1
Rental	23	6.7
Other	18	5.2
Total	**345**	**100**
Substance use		
Yes	6	1.7
No	339	98.3
Total	**345**	**100**
Department		
Nursing	121	35.1
Midwifery	98	28.4
Health officer	126	36.5
Total	**345**	**100**

5.2 PREVALENCE OF CLINICAL PRACTICE COMPETENCY OF STUDY PARTICIPANT

In this study, the prevalence of clinical practice competency of study participant was 25.2%. Among second year students, 14 (22.2%) were competent over clinical practice and 49 (77.8%) were not competent over clinical practice. Whereas from third year students 35 (25.1%) were clinically competent and 104 (74.8%) were not competent over clinical practice.

About fourth year students 39 (27.2%) were competent clinically, 104 (72.7%) were not competent over clinical practice. off 345 participant 116 (33.6%) were nurse student, from those students 27 (23.2%) were competent clinically and 89 (76.7%) were not competent over clinical practice. There was 114 midwifery students who participate in the study and 26 (22.8%) were competent and 88 (77.1%) were not competent over clinical practice. 115 health officer were involved and 34 (29.5%) were competent and 81 (70.4%) were not competent over clinical practice (figure 4&5).

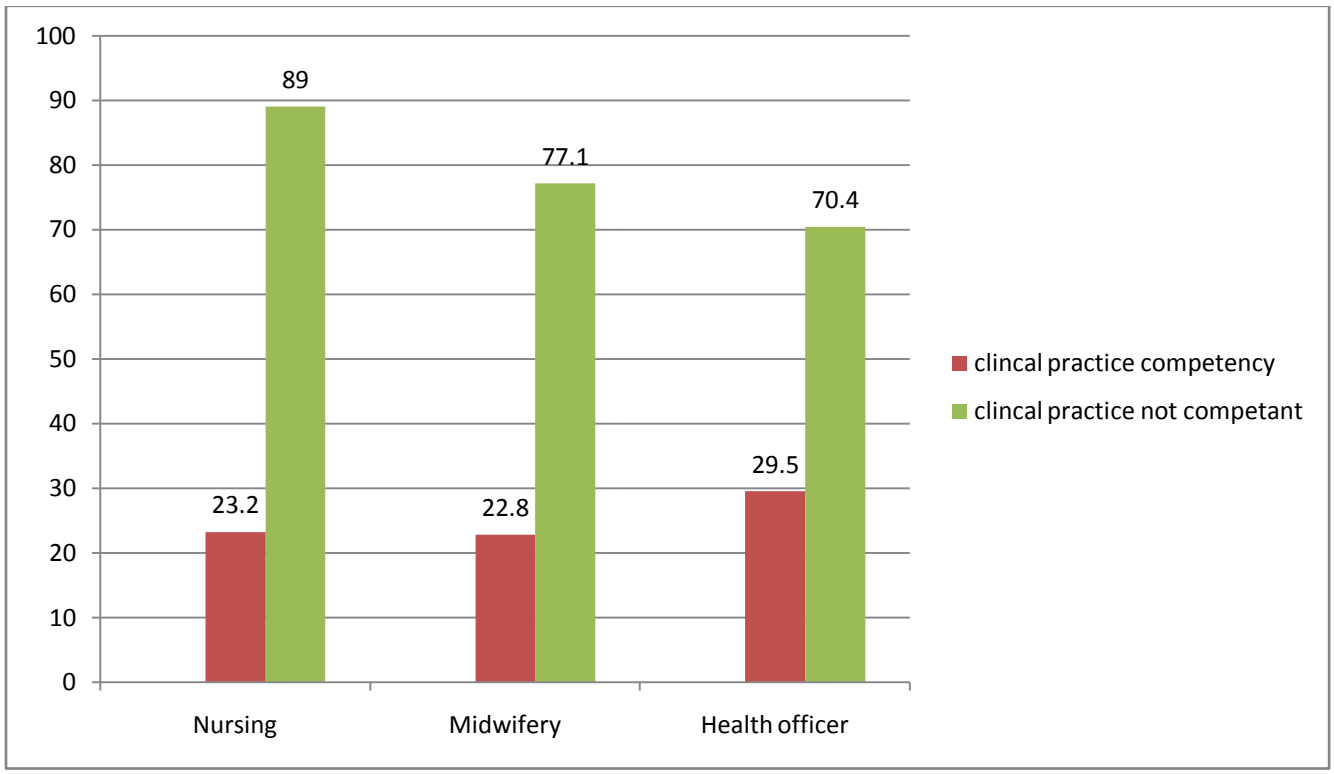


Fig.4. proportion of clinical practice competency of study participant by department.

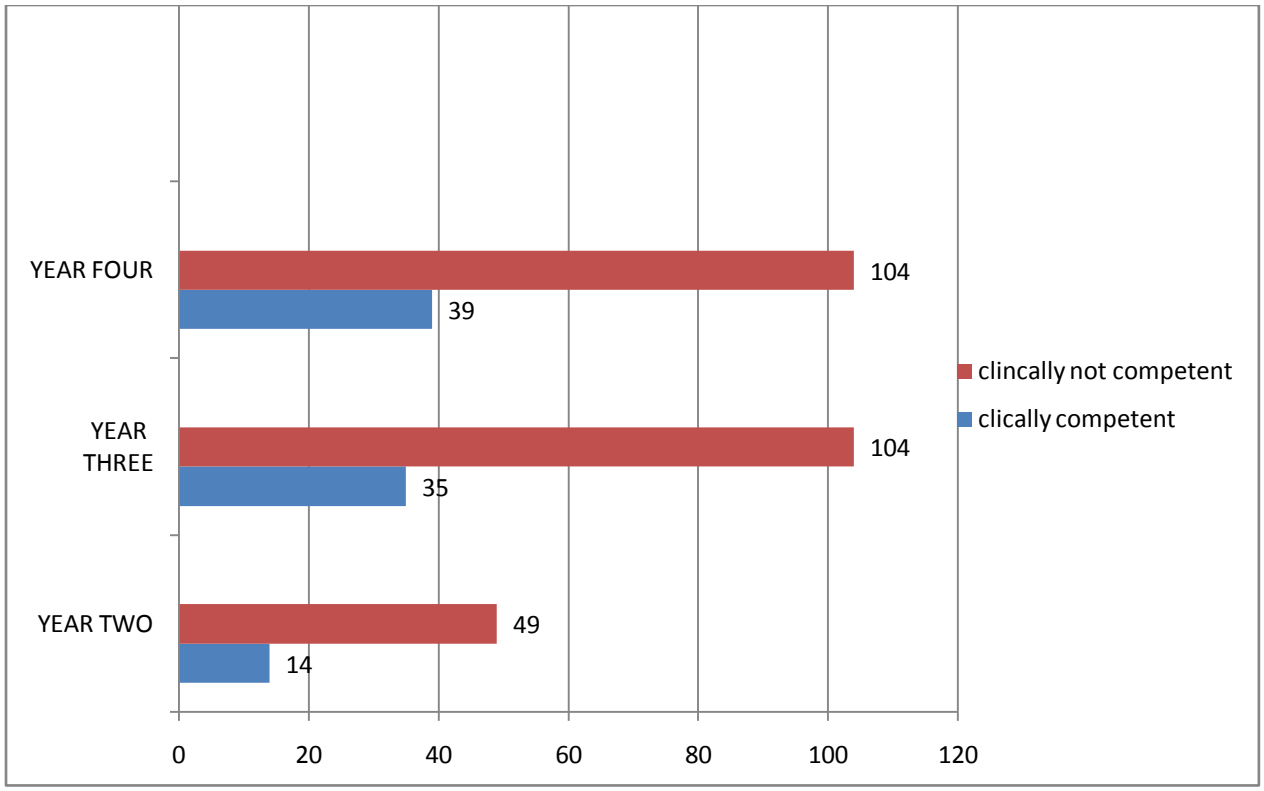


Fig 5. Proportion of clinical practice competency by year of study.

5.3 CLINICAL INSTRUCTOR CHARACTERSTICS

Among 345 participant majority of the respondent, 275(71%) was disagreed and 70(29%) agreed about uses of different learning methods by instructor during clinical practice. Regarding the influence of instructor support on clinical practice, 165 (45%) disagreed and 190(55%) were agreed. Majority of the respondent 292(84.6%) were disagreed and 53(15%) agreed on provision of constructive feedback during clinical practice. Instructors skill demonstration and problem solving during clinical practice most of the respondent 289(83.8%) were disagreed, and 56(16.2%) agreed.

Regarding instructor facilitate inter-professional relationship during clinical practice, 288(83.3%) disagreed and 57(16.7%) were agreed. Related to instructor supervision while student conduct procedure during clinical practice, most of the respondent 287(83.2%) were disagreed and 58(16.8%) were agreed (Table 2).

Table2. Clinical instructor characteristics of study participant in medical and health science collage of Hawassa University Hawassa, Ethiopia, 2015.

Clinical instructor factor		Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No**	**%**	**No.**	**%**
1	Provide logbook	3	0.9	42	12.2	52	15.1	153	44.3	95	27.5
2	Orient objective of clinical practice	24	7	46	13.3	57	16.5	153	44.3	65	18.8
3	Instructor spent enough time on clinical site	7	2	40	11.6	66	19.1	149	43.2	83	24.1
4	Instructor use continuous follow up during practice	9	2.6	44	12.8	75	21.7	138	40	79	22.9
5	Instructor use d/t learning methods	6	1.7	64	18.6	71	20.6	125	36.2	79	22.9
6	Instructor integrate theory in treatment plan	14	4.1	43	12.5	65	18.5	151	43.8	72	20.9
7	Instructor demonstrate skill during practice	11	3.2	45	13	61	17.7	149	43.2	79	22.9
8	Instructor facilitate inter-professional relationship	9	2.6	48	13.9	74	21.4	132	38.3	82	23.8
9	Instructor maintain professional relationship with student	12	3.5	42	12.2	73	21.2	156	45.2	62	18
10	Instructor follow while student conduct procedure	10	2.9	48	13.9	57	16.5	156	45.2	74	21.4
11	Instructor show clinical procedure	10	2.9	46	13.3	45	13	170	49.3	74	21.4
12	Instructor provides constructive feedback	6	1.7	47	13.6	90	26.1	118	34.2	84	24.3
13	Feedback by instructor influence clinical practice	20	5.8	209	60.6	38	11	43	12.5	35	10.1
14	Instructor support influence clinical practice	37	10.7	153	44.3	52	15.1	70	20.3	33	9.6

5.3 CLINCAL PRACTICE ENVIRONMENT CHARACTRICTICS

Regarding clinical placement conduciveness for clinical practice, majority of the respondent 246(71.4%) disagreed and 99(28.6%) were agreed. Related to clinical placement meets the objective of clinical practice, among the respondent 296(83.9%) were disagreed and 48(13.9%) 54(16.1%) agreed (table3).

Table3. Clinical practice environmental characteristics of study participant in medical and health science collage of Hawassa University Hawassa, Ethiopia, 2015.

	Clinical practice environmental factor	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		No.	**%**	**No.**	**%**	**No.**	**%**	**No**	**%**	**No.**	**%**
1	Clinical practice environment are conducive	14	4.1	85	24.6	91	26.4	98	28.4	57	16.5
2	Clinical practice environment has sufficient cases	20	5.8	76	22	69	20	111	32.2	69	20
3	Clinical practice environment has sufficient material	16	4.6	87	25.2	77	22.3	108	31.3	57	16.5
4	Clinical practice environment has meet objectives of Clinical practice	13	3.8	41	11.9	84	24.3	159	46.1	48	13.9
5	Clinical practice environment has sufficient ward	23	6.7	95	27.5	78	22.6	99	28.7	50	14.5
6	Competency influenced by clinical practice environment	111	32.2	164	47.5	29	8.4	34	9.9	7	2

5.4 ASSESSMENT METHODS CHARACTRISTICS

Regarding instructor uses continuous assessment during clinical practice, 283(82.1%) were disagreed and 62(17.9%) agreed. Related with uses of clinical practice cheek list to assess student performance during clinical practice, 319 (32.5%) disagreed and 26(7.5%) agreed on (table 4).

Table4. Assessment method characteristics of study participant in medical and health science collage of Hawassa University Hawassa, Ethiopia, 2015.

	Assessment factor	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		N o.	**%**	**N o.**	**%**	**N o.**	**%**	**N o**	**%**	**N o.**	**%**
1	Instructor orient about assessment methods	23	6.7	63	18.3	75	21.7	152	44.1	32	9.3
2	Influence of assessment methods on clinical Practice	31	9	159	46.1	75	21.7	70	20.3	10	2.9
3	Instructor use continuous assessment	17	4.9	45	13	55	15.9	155	44.9	73	21.2
4	Instructor made difference in assessment	9	2.6	98	28.4	83	24.1	106	30.7	93	14.2
5	Assessment methods address three learning methods	5	1.4	29	8.4	46	13.3	151	43.8	141	33
6	Instructor use checklist	4	1.2	22	6.4	34	9.9	112	32.5	173	58.1

5.5 STAFF-STUDENT INTERACTION CHARACTRISTICS

Regarding staffs allows students to perform tasks during clinical practice, about majority of the respondent 245(71.1%) disagreed and 100(28.9%) were agreed on it. Among the respondent, 221(64.1%) disagreed, and 124(35.9%) were agreed on staff encourage student during clinical practice (table 5).

Table5. Staff-student interaction characteristics of study participant in medical and health science collage of Hawassa University Hawassa, Ethiopia, 2015.

	Staff-student factor	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		N o.	**%**	**N o.**	**%**	**N o.**	**%**	**N o**	**%**	**N o.**	**%**
1	Staff allow student to perform task during clinical practice	8	2.3	92	26.7	48	13.9	88	25.5	109	31.6
2	Staff encourage during clinical practice	16	4.6	108	31.3	43	12.5	87	25.2	91	26.4
3	Staff monitor during clinical practice	16	4.6	76	22	51	14.8	113	32.8	89	25.8

5.6 FACTORS ASSOCIATED WITH CLINICAL PRACTICE COMPETENCY

Bivariate analyses revealed that nine out of the twenty-nine variables showed a significant association with clinical practice competency at a 5% level of significance. For further analysis, all independent variable which fulfilled the minimum requirement for multivariable logistic regression (had significant association at a $p < 0.25$) were entered. Nine independent variables that were not fulfilled the minimum requirement excluded from further analysis of multivariable logistic regression. This study revealed that Clinical practice competency of students was affected by clinical instructor factors. Clinical practice competency had statistically significant difference between students who have clinical instructor support and those who didn't have support from clinical instructor. Student with clinical instructor support had 2 times most likely clinical practice competency with adjusted odd ratio (1.042, 3.694) and 95% CI (0.362, 1.988) than student which didn't have clinical instructor support. This study also revealed that Clinical practice competency of students was affected by assessment methods factors.

While students with clinical practice assessment checklist had 4 times higher clinical practice competency with adjusted odd ratio (1.238, 12.65) and 95% CI (0.222, 1.168) than student which had no clinical assessment checklist during clinical practice.

Integration of learning domain had statistically significant effect on clinical practice competency of students in Hawassa University medical and health Science College. Student with integrations of learning domain had 3 times most likely clinical practice competency with adjusted odd ratio (1.048, 1.742) and 95% CI (0.934, 7.984) than student who haven‟t integrate learning domain.

Among clinical practice environment factors include in the study, conducive clinical practical environment had statistically significant effect on clinical practice competency by 2 times of students in Hawassa University medical and health Science College.

Student with conducive clinical practice environment were 2 times most likely clinical practice competent with odd ratio (1.908, 3.126) and 95% CI (0.412, 1.168) than student who haven‟t get conducive clinical practice environment.

Predictor variables that were independently associated with clinical practice competency were assessed by using multiple logistic regression analysis and the results were presented in (table 6).

Table 6: Results of bivariate and multivariate analysis for assessment of factors affecting clinical practice competency in medical and health science collage of Hawassa University Hawassa, Ethiopia, 2015.

Variable	**Clinical practice competency**	**COR (95% CI)**	**AOR, 95% CI**
Support of clinical instructor		1.598(0.362, 1.988)	2.062(1.042,3.694)*
YES	190 (55%)	1.00	1.00
NO	155(44.9%)		
Conducive clinical Placement		1.694(0.412, 1.168)	2.685(1.908,3.126)**
YES	99(28.6%)		1.00
NO	246(71.3%)	1.00	
Assessment Checklist		1.509(0.222, 1.168)	4.05(1.238,12.65)**
YES	26(7%)		1.00
NO	319(92.4%)	1.00	
Integration of Learning domain		2.730(0.934, 7.984)	3.09(1.048,1.742)***
YES	34(9.8%)		1.00
NO	311(90.1%)	1.00	

P<0.05*, P<0.01**, P<0.001***

CHAPTHER SIX

DISCUSSION

For a country with national policy aimed at strengthen quality of health care like Ethiopia, it is fundamental to investigate potential factors influencing clinical practice competency. Institutional based cross-sectional study was made to assess factors affecting clinical practice competency of undergraduate health science student in medical and health science collage of Hawassa University Hawassa, south region. This study gives important findings regarding factors about clinical practice competency of students and possible improvement measures that could be implemented in an effort to enhance clinical practice competency of student.

The magnitude of clinical practice competency in this study was, 25.2% and this finding is not consistent with the approach where Ethiopia governments want to achieve competent professionals in term quality and number. This might be due to in quality of clinical practice being provided and other socio-economic status of study participants. This study identified several associated factors such as clinical instructor support, the integration of learning domain; clinical practice placement and assessment checklist were associated with clinical practice competency.

In this study, clinical instructor support most likely had ability to clinical practice competency by 2 times (AOR=2.064, 95%CI 1.042, 3.694) than student who haven‟t got clinical instructor support, students with integration of learning domain had higher ability to clinical practice competency by 3 times (AOR=3.09, 95% CI 1.048, 1.742) than student who haven‟t got integrated learning domain, students with conducive clinical practice placement most likely had ability to clinical practice competency by 2 times (AOR=2.685, 95% CI 1.908, 3.126) than student who haven‟t got conducive practice environment.

And students with clinical practice assessment checklist most likely had ability to clinical practice competency by 4 times (AOR=4.058, 95% CI 1.238, 12.65) than student who haven‟t got clinical practice assessment checklist during clinical practice.

Student with Clinical Instructor support most likely had clinical competency by 2 times (AOR=2.064, 95%CI 1.042, 3.694) than those student who haven‟t got any clinical instructor support. Study done in England stated that Clinical support has been highlighted as an area where improvements can be made. This support is crucial and a critical factor in students‟ wellbeing and those positive experiences for students are more likely to be related to their actual clinical experience and how valued and supported they felt rather than the physical aspects of a placemen (30).

On the other hand Study in Saudi Arabia indicated that learning strategies of clinical practice were strongly influenced by supervision. Students appreciated effective workplace supervision, and indicated that it had a positive impact on their study strategies. Constructive supervision helped students to integrate clinical knowledge into clinical practice, summarize patients‟ histories and solve patients‟ problems (31).

Study made on Cyprus stated Supervisors who showed a flexible attitude towards students and their knowledge stimulated students to use a focused study strategy and a deeper approach to learning .The availability of experienced and motivated supervisors, who support direct patients‟ encounter made students more interested in critically analyzing patients‟ clinical conditions, read about them and utilizes this work to formulate management plans (32).

Study in South Africa indicated that there are aspects which impact negatively on student nurses‟ clinical learning experiences, such as lack of teaching and learning support, lack of opportunities for learning, poor theory-practice integration, and poor interpersonal relationships between the

students, college tutors and ward staff the lived experiences of student nurses during clinical practice (33).

This result where consistence with findings with qualitative it stated that ,"majority of the students believed that availability of clinical supervisor is useless, our supervisor doesn't add any value for our clinical practice competency rather than checking our presence in practice site. Expressed that clinical supervisor in general have less ability to interact with staffs and they lack confidence to do certain procedure in front of the staff and students".

In the current study students with integration of learning domain by clinical instructor enhanced clinical practice competency by 3 times (AOR=3.09, 95% CI 1.048, 1.742) than those who haven't integrate learning domain. The relation between integration of the learning domain and clinical practice competency may be due to when results in a lack of integration which affect the flow of competency development so that it influence clinical practice development.

In this study students with conducive clinical practice placement most likely had increase clinical practice competency by 2 times (AOR=2.685, 95% CI 0.908, 3.126) than student without conducive clinical practice placement. Study done by Chun-Heung and French were concerned with the quality of education in the practice setting. They found that students' learning goals were not clearly set out and most of the time students had to rely on their own initiative to develop nursing skills in the clinical setting and also indicated that the students' clinical practice experience was not an educational experience because the students did not have a supportive clinical environment(34).

Study in Australia takes place indicated that the selection of a rural placement is more likely to occur when students feel competent, confident and organized about their clinical experience.

In addition, the rural students, regardless of time reported greater confidence, competence and organizational skills (36).

In this study use of clinical practice assessment checklist by clinical instructor had most likely clinical practice competency by 4 times (AOR=4.058, 95% CI 1.238, 12.65) than those student who haven‟t got clinical practice assessment checklist. A study which was conducted in United Kingdom indicated that lack of assessors‟ preparation for continuous assessment has its impact on students‟ assessment (38).

Study made in Norway to offer a range of descriptions and interpretations of mentors „experiences and understanding of factors that may influence assessment of student nurses in practice placements. Observation and feedback were the most commonly reported approaches for assessing students„ performance. However, they are noted in this study to be subjective. The findings therefore suggest that assessment using these approaches need to continuous. This is to ensure that students attaining acceptable level of competence, which is usually inferred from performance (39).

Study which is made in Ethiopia identified Instructors and student‟s attitude towards objectively structured practical examination was highly positive. 77.8% stated OSPE was well organized and 88.9% indicated that the competencies assessed were relevant. In addition, 94.4% suggested objectively structured practical examination be included as a formative and summative clinical assessment tool.

This result were consistence with findings from qualitative it stated “if you have good theoretical knowledge you will score better instead of your clinical skill which is totally unfair and additionally we read more theory than exercising clinical practice plus stated they try to be active participant during group presentation to score high mark so this trends completely affect our clinical practice competency”.

Sex, residence, religion and age groups did not show statistically significant associations with clinical practice competency.

STRENGTH OF THE STUDY

In this study, at the design stage and before the implementation of the study well defined inclusion and exclusion criteria were made, data collectors were trained, questionnaires were tested and necessary corrections made, and all of the questions of the quantitative study were closed ended. The field activities of the data collectors and the supervisors were closely observed; the data was entered, and cleaned thoroughly by the principal investigator.

A high response rate of 100% gained from the participants of the study. The study subjects were selected using random sampling techniques, which helps to avoid selection bias. Qualitative data, the focus group discussions, gave important supplements to elaborate some findings from the quantitative data. Full information was given about the objective of the study and agreement was obtained.

Using logistic regression to control the possible confounding factors in order to assess the relative effect of independent variables could as well he stated as an additional strength. No similar study done so far in the study area and it provides supplement for those need to do similar research and the study is new in its kind there is lack of adequate literatures in our country.

LIMITATIONS OF THE STUDY

When study was conducted there is a time constraint and too little literature was available. Additionally there is shortage of recently conducted studies as well while Study was carried in single institution, so difficult to generalize the result as well their recall bias.

CONCLUSIONS AND RECUMENDATION

CONCLUSIONS

The Objective of this study was to assess factors that affect clinical practice competency of undergraduate health science student of Hawassa University; SNNPRS. The prevalence of clinical practice competency from study participant was 25.2 %. In this study, students with clinical instructor support most likely ability to clinical practice competency by 2 times (AOR=2.064, 95%CI 1.042, 3.694) than student who haven‟t got clinical instructor support, student with integration of learning domain had increase ability to clinical practice competency by 3 times (AOR=3.09, 95% CI 1.048, 1.742) than student who haven‟t got integrated learning domain, student with conducive clinical practice placement most likely ability to clinical practice competency by 2 times (AOR=2.685, 95% CI 1.908, 3.126) than student who haven‟t got conducive practice environment and student with clinical practice assessment checklist had enhanced ability to clinical practice competency by 4 times (AOR=4.058, 95% CI 1.238, 12.65) than student who haven‟t got clinical practice assessment checklist during clinical practice.

Several shortfalls in clinical practice competency have been identified by this study in Medical and health Science College of Hawassa University. This study showed there is difference in clinical practice competency of student under the same institution irrespective of year of study and department. The findings of this study revealed that Clinical instructor support, clinical site placement, assessment checklist and integration of learning domain to be influence the clinical practice competency. In the study area, students, irrespective of their socio-demographic differences, were tending towards clinical practice competency. Therefore the actual trend of clinical practice competency is diminishing.

RECOMMENDATIONS: Based on the finding of this study the following recommendations were forwarded:

To Medical and Health Science College of Hawassa university

- The school should strength clinical coordination office to overcome the gaps
- The school must engage in control of their clinical instructor
- The school also give much infuses to quality of education by monitoring the flow of course and practical session.
- The school must assign those clinical instructors who have clinical experience.
- The school must Strength the demonstration room.
- The school must assign those clinical instructors who have clinical experience.
- The school should also develop assessment checklist during clinical practice.
- Before attaching the student to clinical places school must monitor the conduciveness of the clinical site.

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ANNEX 1: CONSENT FORM

Addis Ababa University

College of Health Science

Allied School of Health Sciences

Department of Nursing and Midwifery

This questionnaire is prepared to assess the factors affecting clinical practice competency of undergraduate health science students in Hawassa university health Science College. The assessment is made for the partial fulfillment of Masters Degree in maternity and reproductive health Nursing. The results of the study will be used as for designing appropriate clinical practice implementation guideline for both nursing and midwifery as well for public health education and also used for base line information to design appropriate intervention Strategies for the factors that can influence students while conducting clinical practice competency. The questionnaire contains both closed and open ended questions and will be provided in self Administered form and FGDS.

You are therefore kindly requested to provide genuine answers to the questions. The information you provide is confidential and is used only for the purpose of this study. If you have any question, don,t hesitate to ask the data collector. Your cooperation and participation until the completion of the questionnaire and discussion is very necessary for the successful completion of the assessment. We therefore ask your genuine willingness.

However, you have the right to turn down if you are not voluntary to participate, fill No below. If you are voluntary fill yes.

YES ☐ NO ☐

Thank you in advance for your cooperation

Data collectors sign: _____

Investigator name: _____

Investigator tells. No: _____

ANNEX II: SOCIO-DEMOGRAPHIC DATA

101. Sex: A. female B. male

102. What is your age in years? ----------

103. What is your religion affiliation?

A. Orthodox Christian

B. Protestant

C. Muslim

D. Catholic

E. Others (specify) ___

104. Marital status;

A. Single B. Married C. Widowed D. Divorced

105. What is your ethnicity?

A. Oromo

B. Amhara

C. Tigray

D .Sidama

E. Other specify---

106. Educational background of your family?

A. illiterate B. writes and read C. certificate D. Higher education

107. What department are you?

A. nursing

B. midwifery

C. health officer

108. How long have you been in your field of study?

A.2 year B.3 year C.4 year D.5 year E.6 year

109. Where do you live during study period?

A. Dormitory B. Rental home C. Other

110. Do you use any substance abuse?

A.YES B.NO

111. If, your answer is YES for Q10, which substance do you use?

A. chat B. cigarette C. alcohol D. hashish E.Other

ANNEX III: CLINCAL PRACTICE FACTOR ASSESEMENT QUESTIONER

Instruction I. circle the following questions based on the following grade.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

301	My instructor provides me Clinical practice logbook for topics related with practice?	1	2	3	4	5
302	My instructor orients me about objectives of the clinical practice before the attachment?	1	2	3	4	5
303	My instructor spent enough time with me for mentoring during clinical practice?	1	2	3	4	5
304	My Instructor uses continuous follow up during clinical practice?	1	2	3	4	5
305	My instructor uses different learning methods in clinical practice?	1	2	3	4	5
306	My instructor integrates theory in the treatment planning process based on the needs of the client?	1	2	3	4	5
307	My instructor demonstrates skills in cases and problem solving?	1	2	3	4	5
308	My instructor facilitates inter-professional relationships.	1	2	3	4	5
309	My instructor maintains a professional relationship with me?	1	2	3	4	5
310	My Instructor follows me while i conduct a procedure?	1	2	3	4	5
311	My instructor shows me clinical procedure during clinical practice?	1	2	3	4	5
312	My instructor provides me constructive feedback during clinical practice?	1	2	3	4	5
313	Does the feedback given by instructor influence my clinical practice?	1	2	3	4	5
314	Support from my instructor has influence on clinical practice?	1	2	3	4	5
315	My clinical placement has conducive for clinical practice?	1	2	3	4	5
316	My place of attachment during clinical practice has sufficient cases?	1	2	3	4	5
317	My clinical environment has sufficient materials to conduct the practice?	1	2	3	4	5
318	My clinical placement has meat objectives of clinical practice?	1	2	3	4	5

319	My clinical placement has sufficient wards for clinical practice?	1	2	3	4	5
320	My clinical practice competency influenced by clinical placement?	1	2	3	4	5
321	My instructor orients me about assessment methods during clinical practice?	1	2	3	4	5
322	Does your assessment method influence your clinical practice?	1	2	3	4	5
323	Does your assessment method influence your clinical practice?	1	2	3	4	5
324	My instructor uses continuous assessment methods in clinical practice?	1	2	3	4	5
325	My instructor makes different in assessment during clinical practice?	1	2	3	4	5
326	Assessment methods during practice address the three learning domain?	1	2	3	4	5
327	My instructor uses checklist to assess my performance during clinical practice?	1	2	3	4	5
328	Does the staff allow me to perform some tasks during clinical practice?	1	2	3	4	5
329	Does the staff encourage me during clinical practice?	1	2	3	4	5
330	Does the staff monitor me during clinical practice?	1	2	3	4	5

ANNEX IV. CLINICAL PRACTICE COMPETENCY ASSESMENT QUESTIONER

Score the following activities according to the frequency of your performance 1/ Not at all 2/ not really 3/Undecided 4/ somewhat 5/ very much

S.No	Activities	1	2	3	4	5
401	Ability to apply theories to clinical practice					
402	Ability to maintain patient dignity, privacy and confidentiality					
403	Ability to practice principles of health and safety, including moving and handling, infection control; essential first aid and emergency first aid and emergency procedures					
404	Ability to safely administer medicine and other therapies					
405	Ability to consider emotional, physical, and personal care, including meeting the need for comfort, nutrition, personal hygiene and enabling the person to maintain the activities necessary for daily life					
406	Respond to patient needs by planning, delivering and evaluating appropriate and individualized programs of care working in partnership with the patient, their care givers, family and other health workers.					

IV. QUALITATIVE QUESTIONES FOR FGDS.

1. What do you understand by mean clinical practice competency?
2. Can you please describe the influence of the clinical placements in your clinical practice competency?
3. What do you think of your clinical supervision? What about your supervisors? How did this affect your clinical competency?
4. What do you think of your assessment? What do you think of its fairness? So how do you prepare yourself for these assessment activities?
5. Can you explain how staff-student interactions affect your clinical practice competency? How can you suggest to improving this?

6. What is the main reason for poor achievement of clinical practice competency? So how do you recommend improving this?

DECLARATION

I, the undersigned, declared that this thesis is my original work and has not been presented for a degree in this or any other university, and all source materials used for the thesis have been fully acknowledged.

Name of the student: Rekiku Fikre Abebe

Signature: _____

Place: Addis Ababa

Date of submission: _____

This thesis has been submitted for examination with my approval as university advisor.

Advisor Name: Brihane G/kidan (BSc, MSc, assistance professor)

Signature _____

Date _____