

An Assessment of Readiness for Clinical Internship among Allied Health Students

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Abstract—Clinical internship is an essential component of allied health education because it prepares students to apply their knowledge, clinical skills, and professional attitudes in real healthcare settings. Although several studies have examined clinical internship readiness, few have assessed students' readiness across multiple allied health programs within a single institution in the Philippine setting. This study aimed to assess the level of readiness of allied health students for clinical internship in terms of the cognitive, psychomotor, and affective domains. It also aimed to determine the perceived contribution of simulation-based learning and return demonstration activities to their readiness. A quantitative descriptive research design was applied using a structured questionnaire administered to forty (40) final-year allied health students from the Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology programs at the University of Perpetual Help System Manila. Data were analyzed using frequency, percentage, mean, and standard deviation. The results showed that the respondents demonstrated Very High Readiness in the cognitive ($M = 4.25$), psychomotor ($M = 4.26$), and affective ($M = 4.21$) domains. The respondents also strongly agreed that simulation-based learning and return demonstration activities significantly contributed to their readiness for clinical internship ($M = 4.35$). The study shows that allied health students possess a very high level of readiness for clinical internship and that simulation-based learning and return demonstration activities play an important function in enhancing students' knowledge, clinical competence, confidence, and professional attitudes. The findings may serve as a basis for strengthening internship preparation programs and improving simulation-based educational strategies among allied health programs.

Keywords— clinical internship readiness, allied health students, cognitive readiness, psychomotor readiness, affective readiness, simulation-based learning, return demonstration.

I. INTRODUCTION

1.1 Background of the Study

Clinical internship is a critical component of allied health education, as it enables students to transition from classroom instruction to practical clinical experience. During this phase, students are expected to apply what they have learned in school to real patient care situations. For future healthcare professionals, clinical internships cultivate students' professional skills, confidence, and sense of responsibility. It is imperative to be adequately prepared for this phase, as inadequate preparation may detrimentally influence students' academic performance, learning experience, and adaptation to the clinical setting.

For students in allied health programs such as Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology, classroom lectures and laboratory activities alone are not enough to fully prepare them for clinical work. The clinical setting introduces real patients, actual procedures, and collaboration with healthcare teams, which can be challenging for students entering an internship for the first time. While many students feel excited, others may feel anxious or unsure of their abilities. Readiness for clinical internship involves more than academic knowledge—it also includes the ability to perform clinical skills and demonstrate proper attitudes, confidence, communication, and professionalism. Based on Bloom's Taxonomy, readiness can be viewed in three domains: cognitive (knowledge), psychomotor (skills), and affective (attitudes and values). However, studies that assess these domains together across different allied health programs in the Philippine setting remain limited.

This study assesses and describes the perceived readiness of final-year allied health students enrolled in Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology before their clinical internship. It evaluates the baseline preparedness of the student cohort as a single collective group across the cognitive, psychomotor, and affective learning domains. The descriptive profile generated by this research aims to provide educators, curriculum designers, and clinical coordinators with insights into universal strengths and developmental areas in the current student body to support the refinement of pre-internship preparatory strategies.

1.2 Objectives of the Study

The objective of this study is to assess and describe the level of readiness for clinical internship among final-year allied health students at the University of Perpetual Help System Manila, focusing on the cognitive, psychomotor, and affective domains. Specifically, the study intends to achieve the following objectives:

1. Determine the demographic profile of allied health student respondents with respect to:
 - 1.1 Age;
 - 1.2 Sex; and
 - 1.3 Academic program (Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology).

2. Evaluate the perceived level of readiness of allied health students for clinical internship across the three learning domains:
 - 2.1 Cognitive domain (theoretical knowledge and conceptual understanding);
 - 2.2 Psychomotor domain (clinical and technical skills); and
 - 2.3 Affective domain (professional attitudes, values, and emotional preparedness).
3. Ascertain the perceived contribution of simulation-based learning and return demonstration activities to overall clinical internship readiness.
4. Establish the overall level of clinical internship readiness among final-year allied health students based on consolidated findings.
5. Provide data-driven insights and recommendations to support the strengthening of pre-internship preparatory strategies and the enhancement of laboratory and simulation curricula within allied health programs.

1.3 Research Questions

This study sought to answer the following questions:

1. What is the demographic profile of the allied health students in terms of:
 - 1.1 Age
 - 1.2 Sex
 - 1.3 Academic Program
2. What is the perceived level of readiness of allied health students for clinical internship in terms of:
 - 2.1 Cognitive domain
 - 2.2 Psychomotor domain
 - 2.3 Affective domain
3. What is the perceived contribution of simulation and return demonstration activities to students' readiness for clinical internship?
4. What is the overall level of clinical internship readiness among allied health students?

1.4 Theoretical Framework

This study is based on a conceptual framework that characterizes allied health students' preparedness for clinical internships as influenced by learning experiences, perceived self-efficacy, and clinical competence.

1.4.1 Bandura's Self-Efficacy Theory (1977)

Bandura's Self-Efficacy Theory holds that a person's confidence in their ability to perform tasks affects their motivation, actions, and performance. In allied health education, experiences like classroom teaching, lab exercises, simulations, and pre-clinical exposure enhance students' self-efficacy development.

1.4.2 Bloom's Taxonomy Theory (1956)

Bloom's Taxonomy Theory has process variables that include three domains of readiness: cognitive, psychomotor, and affective. Cognitive readiness is students' theoretical knowledge and understanding of clinical concepts. Psychomotor readiness is the ability to perform clinical skills and procedures safely and effectively. Affective readiness

encompasses attitudes, confidence, communication, professionalism, and emotional preparedness. Self-efficacy is critical in this domain, as students' belief in their abilities affects their motivation and confidence in clinical tasks.

1.4.3 Integrated Theoretical Framework

This study conceptualizes clinical internship readiness among allied health students by integrating Bandura's Self-Efficacy Theory and Bloom's Taxonomy of Educational Objectives into a unified developmental model. Bandura's Self-Efficacy Theory asserts that an individual's belief in their capability to execute tasks directly influences motivation, behavioral choices, and performance outcomes. In allied health education, self-efficacy develops progressively through foundational learning experiences, such as structured classroom lectures, high-fidelity simulations, and rigorous return demonstrations. The development of self-efficacy is mapped across the three interconnected domains of Bloom's Taxonomy: the cognitive domain (mastery and application of theoretical medical knowledge), the psychomotor domain (technical precision and muscle memory required for safe clinical skill performance), and the affective domain (cultivation of professional attitudes, emotional resilience, and ethical collaboration). These theories collectively form a continuous cycle in which active pre-clinical learning experiences enhance student self-efficacy. This increased self-efficacy reinforces readiness across cognitive, psychomotor, and affective domains, ultimately determining whether students transition into clinical environments as safe, competent novices or advanced beginners.

Figure 1.1 presents the theoretical framework diagrammatically.

1.5 Conceptual Framework

In this framework, learning experiences are the input variables, including classroom instruction, laboratory activities, simulations, and pre-clinical exposure. These experiences enable students to acquire knowledge, develop clinical skills, and apply concepts through reflection. They are designed to prepare students for clinical internships.

The framework's output variable is the overall level of readiness for the clinical internship, reflecting students' position at the novice or advanced beginner level of clinical competence. This readiness is assessed among allied health students enrolled in Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology before their clinical internship.

The conceptual framework assumes that adequate learning experiences improve students' cognitive, psychomotor, and affective readiness, leading to greater overall preparedness for clinical internship.

The framework is visually represented in Figure 1 below.

1.6 Significance of the Study

This study is significant for various stakeholders in the healthcare sector:

Allied health students

The findings may enhance awareness among allied health students regarding their readiness for clinical internships across

cognitive, psychomotor, and affective domains, thereby enabling identification of areas for improvement prior to clinical exposure.

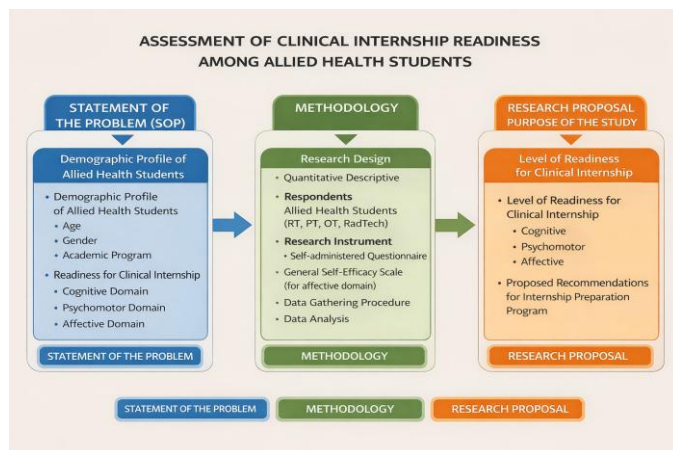


Figure 1.1 Conceptual Framework

Faculty members and educators

The study's findings can inform the enhancement of instructional strategies, laboratory activities, and internship preparation programs to more effectively prepare students for clinical practice.

Clinical supervisors and training institutions

The study's insights into students' readiness levels can inform the provision of targeted guidance and support during clinical internships.

Future Researchers

The findings of this study may be used to inform subsequent investigations concerning clinical readiness and allied health education.

1.7 Scope and Delimitation

This study examined clinical internship readiness, the integration of foundational learning domains, and the effects of pre-clinical training modalities among final-year allied health students at the University of Perpetual Help System Manila. The scope of the study was limited to the following parameters:

1. Institutional Setting: The research was conducted exclusively at the University of Perpetual Help System Manila, a private educational institution.
2. Target Respondents: The participant pool consisted of forty (40) final-year allied health students or graduating interns preparing for clinical rotations only.
3. Academic Programs: The sample included four programs: Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology.
4. Training Interventions: The study evaluated the perceived contributions of simulation-based learning and return demonstration activities to student preparedness.

The study did not include:

- Other Educational Institutions: Public universities or other private colleges and universities offering allied health programs.

- Objective Performance Metrics: Direct observational assessments, clinical skills practical exams, or actual board exam passing rates to measure competence.
- Alternative Stakeholder Perspectives: Feedback, evaluations, or perspectives from clinical instructors, hospital supervisors, or patients regarding student readiness.

II. REVIEW OF RELATED LITERATURE

2.1 Allied Health

Allied health experts make up a sizable portion of the healthcare workforce, and they provide the diagnostic, therapeutic, rehabilitative, and preventive treatments that are crucial to patient care in a variety of healthcare settings. Allied health education prioritizes the cultivation of clinical competence, professional conduct, communication proficiency, and evidence-based practice to equip students for direct patient care roles. Recent research indicates that allied health students must acquire competencies in cognitive, psychomotor, and affective domains to facilitate a successful transition into clinical practice (Smith et al., 2024; Judd et al., 2023).

2.2 Physical Therapy

Physical therapy education equips students to assess, diagnose, and manage movement dysfunctions using therapeutic interventions and rehabilitation programs. Clinical internships play a critical role in developing student competencies by enabling the application of theoretical knowledge in authentic patient-care settings. Mori et al. (2023) found that students participating in structured clinical education exhibit enhanced clinical reasoning, professional competence, and confidence during clinical placements.

2.3 Occupational Therapy

Occupational therapy aims to enable individuals to participate in meaningful daily activities despite physical, cognitive, or psychosocial limitations. Prior to clinical placements, students are required to develop competencies in patient assessment, treatment planning, therapeutic intervention, and client-centered care. Judd et al. (2023) emphasized that students who demonstrate strong communication skills and professional behaviors are more likely to adapt successfully during clinical placements.

2.4 Respiratory Therapy

Respiratory therapy is a specialized allied health profession dedicated to the assessment, treatment, and management of patients with cardiopulmonary disorders. Prior to entering clinical settings, students must demonstrate proficiency in airway management, ventilator operation, oxygen therapy, and patient monitoring. Given that respiratory therapists often work in critical care environments, internship readiness necessitates advanced technical competence and strong decision-making abilities.

Alinier and Hunt (2021) found that respiratory therapy students who participate in extensive simulation-based training exhibit greater confidence in managing respiratory emergencies and performing advanced procedures. Simulation-based

education also enhances both psychomotor competence and clinical judgment.

2.5 Radiologic Technology

Radiologic Technology students receive training in diagnostic imaging procedures with a focus on patient safety and radiation protection. Clinical placements facilitate the development of technical proficiency, patient interaction skills, and compliance with professional standards. Recent studies indicate that structured clinical mentoring and supervised practice offer significant benefits to radiologic technology students.

England et al. (2022) reported that radiologic technology students who participated in simulation-based imaging laboratories demonstrated enhanced positioning accuracy, increased awareness of radiation safety, and greater clinical confidence. These findings indicate that practical training experiences play a substantial role in preparing students for clinical internships.

2.6 Bloom's Taxonomy Domains

Readiness for clinical internship is typically evaluated using the three learning domains outlined in Bloom's Taxonomy: cognitive, affective, and psychomotor. These domains encompass the knowledge, attitudes, and skills essential for students prior to entering clinical practice. Within allied health education, readiness extends beyond academic achievement to include the integration of intellectual understanding, professional values, and technical competence. Recent literature highlights that comprehensive preparation for clinical placement necessitates balanced development across all three domains to promote safe, competent, and patient-centered care (Smith et al., 2024; Judd et al., 2023).

2.6.1 Cognitive Domain

The cognitive domain covers how we gain, understand, and use knowledge. In allied health education, being cognitively ready means mastering theory, clinical reasoning, critical thinking, and making decisions based on evidence. McGowan and McGowan (2022) found that students with strong analytical skills are better at turning theory into effective clinical actions.

Liu et al. (2022) also reported that active learning methods, like case-based learning and blended instruction, help students better understand complex clinical ideas and remember them longer. Smith et al. (2024) found that being cognitively prepared is closely linked to a smooth transition into clinical practice.

2.6.2 Affective Domain

The affective domain encompasses attitudes, values, emotions, professionalism, and interpersonal behaviors. Demonstrating readiness for clinical internships necessitates that students exhibit empathy, responsibility, ethical conduct, and confidence in their interactions with patients and healthcare teams. According to Burgess et al. (2023), constructive feedback enhances students' confidence and facilitates professional development.

Levett-Jones and Lathlean (2022) reported that students who experience a sense of belonging in clinical environments demonstrate greater engagement, motivation, and professional

confidence. These findings indicate that affective readiness is essential for successful clinical adaptation.

2.6.3 Psychomotor Domain

The psychomotor domain encompasses the development and execution of clinical and technical skills. Demonstrating competence in performing procedures safely and accurately is essential for allied health students prior to engaging in patient care activities. Dela Cruz (2021) reported that simulation-based learning significantly improves psychomotor skills and enhances student confidence.

Kim et al. (2021) conducted a meta-analysis and concluded that simulation-based education effectively develops procedural competence across various health professions. Similarly, Almeida and George (2023) found that high-fidelity simulation contributes to long-term skill retention and improved clinical performance.

2.7 Clinical Internship

Clinical internships function as a critical link between classroom instruction and professional practice. Supervised clinical experiences enable students to apply theoretical knowledge, enhance technical skills, and cultivate professional behaviors essential for healthcare environments. McGowan and McGowan (2024) found that clinical placements offer valuable opportunities for experiential learning and significantly improve student competence.

Kaczmarek (2021) emphasized that effective internship programs require clearly defined objectives, robust supervision, and structured mentoring. Supportive clinical environments promote professional development and mitigate student anxiety during the transition to practice.

Reeves et al. (2022) reported that interprofessional clinical experiences improve teamwork, communication, and collaborative competencies among health professions students, thereby contributing to successful internship outcomes.

2.7.1 Clinical Internship Readiness

Clinical internship readiness is defined as the extent to which students possess the requisite knowledge, skills, attitudes, and confidence to function effectively in clinical environments. Recent literature characterizes readiness as a multidimensional construct that encompasses cognitive, psychomotor, and affective competencies (Judd et al., 2023; Smith et al., 2024).

Evidence suggests that readiness develops through a combination of academic preparation, simulation-based training, mentorship, clinical exposure, and structured feedback mechanisms. Students exhibiting higher levels of readiness are more likely to perform competently, adapt to clinical demands, and demonstrate professional behaviors during internship (McGowan & McGowan, 2022).

In the Philippine context, Dela Cruz (2021) observed that research examining internship readiness across multiple allied health programs is limited. Therefore, comprehensive investigations employing integrated frameworks that assess cognitive, psychomotor, and affective domains are warranted.

2.8 Synthesis of the Art

Previous research demonstrates that student readiness is a multidimensional construct that necessitates the integration of foundational theoretical knowledge, practical motor skills, and professional emotional intelligence. The present study extends existing frameworks by providing a comprehensive, descriptive baseline profile of final-year allied health students at the University of Perpetual Help System Manila. Drawing on Bloom's Taxonomy, this research synthesizes data from multiple allied health disciplines to offer a holistic assessment of student readiness, delineating current competencies within the cognitive, psychomotor, and affective domains.

2.9 Gaps Bridged by the Present Study

This study is formulated in response to specific gaps identified in both local and international literature on health sciences education. The research highlights the following critical areas of concern:

1. International Research Focus: While clinical internship readiness has been widely studied globally, most existing research remains confined to individual disciplines or focuses on specific, narrowly defined skill sets.
2. Philippine Context Gap: In the Philippines, comprehensive research evaluating the readiness of allied health students across multiple distinct programs during their transition into clinical environments remains limited.
3. Framework Limitations: Existing local literature seldom assesses student readiness using a multi-domain framework that integrates cognitive, psychomotor, and affective components simultaneously.
4. Focus of the Present Study: This research addresses these academic gaps by examining the perceived clinical readiness of final-year allied health students at the University of Perpetual Help System Manila.
5. Theoretical Guidance: Guided by Bloom's Taxonomy, this study aims to provide comprehensive insights into students' academic (cognitive), technical (psychomotor), and emotional (affective) preparedness for clinical practice.

III. METHODS

3.1 Research Design

A quantitative descriptive research design utilizing a survey method was employed. This approach is particularly appropriate as it enables systematic profiling, calculation, and description of the current student cohort's perceived clinical internship readiness without manipulation of independent variables or statistical comparisons between groups.

3.2 Study Population and Sampling

3.2.1 Study Population

The study population consisted of all fourth year allied health students of University of Perpetual Help System Manila. Eligible participants include:

1. Fourth year student of an allied health program: Respiratory Therapy, Physical Therapy, Occupational Therapy, and Radiologic Technology.

3.2.2 Sampling Technique

Purposive sampling, a non-probability sampling technique, was employed to select participants based on predetermined criteria relevant to the research objectives. This approach was appropriate given the study's focus on assessing the readiness of allied health students prior to their clinical internship.

A total of 40 fourth year allied health students healthcare were selected at University of Perpetual Help System Manila representing a response rate of 100.0%

3.3 Respondents

The study respondents comprised final-year allied health students at the University of Perpetual Help System Manila, Philippines. Data were collected using an online questionnaire titled "Designing, Implementing, and Evaluating a Preclinical Simulation Lab for a Maternity Nursing Course," which assessed readiness across multiple learning domains. Prior to distribution, the study's purpose and detailed instructions were provided to participants to promote accurate and objective responses.

3.4 Research Instrument

3.4.1 Survey Questionnaire

The instrument was adapted from an online questionnaire titled "Designing, Implementing, and Evaluating a Preclinical Simulation Lab for a Maternity Nursing Course," assessing the three domains:

Section A: Cognitive Domain (Theoretical Knowledge) (5 items)

- Core content coverage
- Enhanced conceptual understanding
- Theory-to-practice integration
- Medical procedure reinforcement
- Instrument/protocol knowledge

Section B: Psychomotor Domain (Practical and Technical Skills) (5 items)

- Hands-on skill building
- Technical skill confidence
- Safe practice repetition
- Patient vitals monitoring
- Realistic hospital simulation

Section C: Affective Domain (Attitude and Confidence) (5 items)

- Real-world readiness confidence
- Patient anxiety reduction
- Emotional stress adaptation
- Interprofessional communication
- Professional accountability

Each item was rated using a 5-point Likert Scale:

- 5 = Strongly Agree
- 4 = Agree
- 3 = Neutral
- 2 = Disagree
- 1 = Strongly Disagree

3.4.3 Instrument Validation

The instrument was adapted from a previously validated questionnaire that had undergone content validity and reliability testing named, "Designing, Implementing, and Evaluating a Preclinical Simulation Lab for a Maternity Nursing Course"

The original study established content validity through expert evaluation and demonstrated acceptable reliability through internal consistency testing, with Cronbach's alpha coefficients indicating satisfactory reliability across measured domains. Utilizing a validated and reliable instrument ensured the accuracy, consistency, and credibility of the data collected in this study.

3.5 Data Collection Procedures

1. Administrative Approval: Formal permission was obtained from school administrators and department heads prior to conducting the study.
2. Informed Consent: The study's purpose was explained to eligible students, and their written or digital consent was secured prior to participation.
3. Survey Distribution: The validated questionnaire was distributed in print, accompanied by clear instructions for completion.
4. Voluntary and Anonymous Participation: Participation was entirely voluntary, with participants able to withdraw at any time, and all responses were collected anonymously to maintain strict confidentiality.
5. Collection Timeline: Students were given sufficient time to complete the questionnaire, and all completed forms were collected within a two to three week period.
6. Data Preparation: Responses were compiled, checked for completeness, and organized for statistical analysis in accordance with the study's objectives.

3.6 Data Analysis

3.6.1 Statistical Treatment of Data

The collected data were analyzed using relevant statistical methods to address the research questions of the study.

Frequency and percentage distribution were employed to describe the demographic characteristics of respondents, specifically age, sex, and academic program. Frequency indicates the number of respondents in each category, whereas percentage indicates the proportion of respondents in that category.

The percentage formula is:

$$P = (f / N) \times 100$$

Where:

P = Percentage

f = Frequency

N = Total number of respondents

The mean was calculated to determine the perceived readiness of allied health students for clinical internship across the cognitive, psychomotor, and affective domains. Additionally, the mean was used to evaluate the perceived contribution of simulation and return demonstration activities to students' readiness for clinical internship.

The formula for the mean is:

$$\text{Mean} = \Sigma X / N$$

Where:

Mean = Arithmetic Mean

ΣX = Sum of all responses

N = Total number of respondents

The standard deviation (SD) was employed to assess the variability or dispersion of respondents' responses from the mean. This metric reflects the degree of consistency among participants' responses.

The following scale was used in interpreting the mean scores:

- 4.21 – 5.00: Very High Readiness
- 3.41 – 4.20: High Readiness
- 2.61 – 3.40: Moderate Readiness
- 1.81 – 2.60: Low Readiness
- 1.00 – 1.80: Very Low Readiness

IV. RESULTS AND DISCUSSIONS

A total of 40 eligible participants were invited to participate in the study. Of these, 40 completed the survey, resulting in a response rate of 100.0% (40/40). All completed responses were included in the final analysis, with no exclusions or incomplete datasets.

4.1 Profile of the Respondents in terms of Age

Figure 4.1 presents the pie graph of allied health student respondents by age.

Table 1 presents the demographic profile of allied health student respondents by age.

The data show that the majority of participants are within the 21 to 23 age bracket, comprising 32 individuals or 80.00% of the sample. The remaining 8 respondents, representing 20.00%, are in the 24 to 26 age range. These results indicate that the respondent pool is predominantly composed of young adults who are within the typical age range for graduating tertiary students or seniors in allied health programs. This concentration in the younger age group suggests that most participants followed a traditional academic trajectory, likely transitioning directly from secondary education into their health sciences major without significant career gaps.

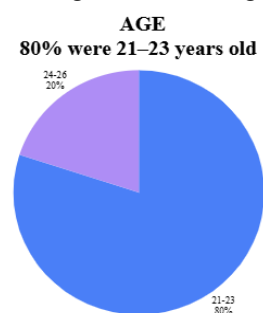


Figure 4.1 Profile of the Respondents in terms of Age (n=40)

TABLE 4.1 Profile of the Respondents in terms of Age (n=40)

Age (years old)	Frequency	Percentage
21–23	32	80
24–26	8	20
Total	40	100%

4.2 Profile of the Respondents in terms of Sex

Figure 4.2 presents the pie graph of allied health student respondents by sex.

Table 4.2 presents the demographic profile of allied health student respondents by sex.

Among the 40 participants, 24 (60%) were male and 16 (40%) were female. Although male respondents constituted the majority, both sexes were sufficiently represented, enabling the study to capture perspectives from both male and female allied health students regarding readiness for clinical internship. These results indicate that readiness for clinical placement is primarily influenced by competencies developed through academic and clinical preparation, rather than by sex.

This finding aligns with Judd et al. (2023), who identified communication competence, teamwork skills, professional conduct, and foundational knowledge as key indicators of readiness among allied health students.

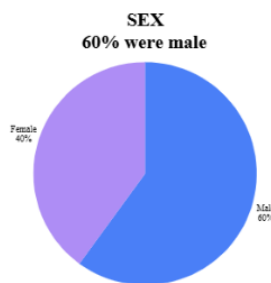


Figure 4.2 Profile of the Respondents in terms of Sex (n=40)

TABLE 4.2 Profile of the Respondents in terms of Sex (n=40)

Sex	Frequency	Percentage
Male	24	60
Female	16	40
Total	40	100%

4.3 Profile of the Respondents in terms of Academic Program

Figure 4.3 presents the pie graph of allied health student respondents by Academic Program.

Table 4.3 presents the demographic profile of allied health student respondents by Academic Program.

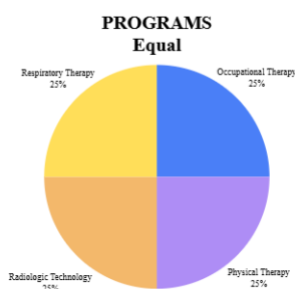


Figure 4.3 Profile of the Respondents in terms of Academic Program (n=40)

TABLE 4.3 Profile of the Respondents in terms of Academic Program (n=40)

Academic Program	Frequency	Percentage
Occupational Therapy	10	25
Physical Therapy	10	25
Radiologic Technology	10	25
Respiratory Therapy	10	25
Total	40	100%

Each program contributed an equal number of participants, with 10 respondents, or 25%, representing Occupational Therapy, Physical Therapy, Radiologic Technology, and Respiratory Therapy. This equal representation ensured balanced participation among the four allied health disciplines

and enabled a comprehensive assessment of readiness across the included programs. The balanced distribution enhances the validity of the findings by allowing readiness to be examined from multiple allied health perspectives.

These results align with the multidimensional framework proposed by Judd et al. (2023), who developed a placement readiness tool for allied health students and emphasized the importance of assessing readiness across cognitive, behavioral, and interpersonal domains.

4.4 Perceived Level of Readiness of Allied Health Students for Clinical Internship in terms of Cognitive Domain

Table 4.4 presents the perceived readiness of allied health students for clinical internship within the cognitive domain.

The data indicate an overall mean score of 4.25 (SD = 0.58), corresponding to a verbal interpretation of Very High Readiness. Statement 1, which addresses the extent to which simulation activities covered essential theoretical concepts for the internship, received the highest mean score (4.35, SD = 0.66), also indicating Very High Readiness. Statements 3 and 4 followed closely, each with a mean score of 4.33. Respondents strongly agreed that the teaching methods used in simulations enhanced their understanding of clinical procedures. However, statement 5, which pertains to students' self-perceived knowledge of specific equipment, procedures, and protocols, received the lowest score within the domain, though it still reflected a positive outlook.

The overall finding of Very High Readiness highlights the importance of structured preparatory coursework in establishing the conceptual foundation for allied health students. High scores in simulation coverage and return demonstrations indicate that the pre-clinical curriculum effectively translates theoretical concepts into practical mental frameworks.

TABLE 4.4 Perceived Level of Readiness of Allied Health Students for Clinical Internship in terms of Cognitive Domain (n=40)

Item	Mean	SD	VI
1. The simulation activities covered critical theoretical content necessary for mastering my courses.	4.35	0.66	Very High Readiness
2. The teaching methods and materials used during simulation were helpful in improving my understanding.	4.23	0.66	Very High Readiness
3. Pre-clinical simulations helped me bridge the gap between classroom lectures and real clinical cases.	4.33	0.69	High Readiness
4. Return demonstrations reinforced my understanding of medical procedures before entering the hospital.	4.33	0.66	Very High Readiness
5. I feel knowledgeable enough about medical instruments and patient protocols to begin my internship.	4.00	0.75	High Readiness
Overall	4.25	0.58	Very High Readiness

4.5 Perceived Level of Readiness of Allied Health Students for Clinical Internship in terms of Psychomotor Domain

Table 4.5 presents the respondents' readiness within the psychomotor domain.

The overall weighted mean of 4.26, with a standard deviation of 0.62, indicates very high readiness. The statement "Return demonstrations allowed me to practice procedures safely and effectively" received the highest mean score of 4.43. This was followed by "Simulation activities helped me develop hands-on clinical skills," with a mean of 4.40. Statements concerning confidence in performing technical skills and the realism of laboratory simulations both received a mean score of 4.10, which is interpreted as high readiness.

Overall, the findings indicate that students perceived themselves as highly capable of performing clinical procedures and technical skills acquired through laboratory and simulation experiences prior to entering actual clinical settings.

TABLE 4.5 Perceived Level of Readiness of Allied Health Students for Clinical Internship in terms of Psychomotor Domain (n=40)

Item	Mean	SD	VI
1. The simulation activities helped me successfully build my hands-on clinical skills.	4.40	0.67	Very High Readiness
2. I can confidently perform the technical skills and procedures learned in the skills laboratory.	4.10	0.74	High Readiness
3. Return demonstrations allowed me to practice tasks until I could perform them safely and effectively.	4.43	0.64	Very High Readiness
4. I am capable of accurately monitoring patient vital signs and using essential equipment in my field.	4.28	0.68	Very High Readiness
5. Laboratory simulations provided a realistic environment that mirrored actual hospital scenarios.	4.10	0.74	High Readiness
Overall	4.26	0.62	Very High Readiness

4.6 Perceived Level of Readiness of Allied Health Students for Clinical Internship in terms of Affective Domain

Table 4.6 presents the perceived readiness of allied health students within the affective domain.

The overall weighted mean was 4.21, with a standard deviation of 0.57, indicating Very High Readiness. The statement, "I understand and am ready to assume responsibility for my professional behavior and learning," received the highest mean score of 4.60. The next highest was "I can communicate and collaborate effectively with healthcare professionals and fellow interns," with a mean of 4.53. The lowest mean score, 3.80, was for the statement, "I feel emotionally prepared to adapt to the demands of the clinical environment," though this still reflected High Readiness.

The results suggest that respondents demonstrate a strong sense of professional responsibility, effective communication skills, and positive attitudes essential for clinical practice. These findings align with McGowan and McGowan (2023), who reported that structured clinical internships enhance self-confidence and promote professional responsibility among healthcare students.

TABLE 4.6 Perceived Level of Readiness of Allied Health Students for Clinical Internship in terms of Affective Domain (n=40)

Item	Mean	SD	VI
1. I am confident that my pre-clinical preparation has equipped me to handle actual clinical situations.	4.08	0.73	High Readiness
2. Simulation training helped decrease my anxiety about working with real patients.	4.03	0.77	High Readiness
3. I feel emotionally prepared to adapt to the high-pressure demands of a hospital setting.	3.80	0.76	High Readiness
4. I can communicate and collaborate effectively with other healthcare professionals and team members.	4.53	0.51	Very High Readiness
5. I fully understand and am ready to take personal responsibility for my learning and professional behavior.	4.60	0.50	Very High Readiness
Overall	4.21	0.57	Very High Readiness

4.7 Perceived Contribution of Simulation and Return Demonstration Activities to Students' Readiness for Clinical Internship

Table 4.7 presents the respondents' perceptions of the impact of simulation and return demonstration activities on their readiness for clinical internship.

The overall weighted mean was 4.35, with a standard deviation of 0.62, corresponding to a Strongly Agree interpretation. The statement "Return demonstrations improved my clinical readiness" received the highest mean score of 4.45, followed by "Simulation-based learning increased my confidence before clinical internship" with a mean of 4.43. The lowest mean score, 4.13, was associated with the statement "Simulation activities helped me improve my decision-making skills," yet this still fell within the Agree category.

These findings suggest that simulation-based learning and return demonstrations significantly contribute to enhancing students' confidence, competence, and preparedness for clinical practice. This conclusion aligns with Dela Cruz (2021), who reported that simulation-based training improves preparedness, technical competence, and confidence among healthcare students.

TABLE 4.7 Perceived Contribution of Simulation and Return Demonstration Activities to Students' Readiness for Clinical Internship (n=40)

Item	Mean	SD	VI
1. Simulation-based learning increased my confidence before the clinical internship.	4.43	0.68	Strongly Agree
2. Return demonstrations improved my clinical readiness.	4.45	0.60	Strongly Agree
3. Simulation activities helped me improve my decision-making skills.	4.13	0.72	Strongly Agree
4. Laboratory activities strengthened my practical competence.	4.38	0.67	Strongly Agree
5. Overall, simulation and return demonstrations significantly contributed to my readiness for clinical internship.	4.36	0.67	Strongly Agree
Overall	4.35	0.62	Strongly Agree

4.8 Overall Level of Clinical Internship Readiness Among Final-Year Allied Health Students

Figure 4.8 presents the bar graph of overall clinical internship readiness levels among final-year allied health students.

Table 4.8 presents the overall clinical internship readiness levels among final-year allied health students.

The results indicate that all domains were rated as demonstrating Very High Readiness. Of the four dimensions assessed, “Simulation and Return Demonstration” achieved the highest mean score (4.35), followed by the Psychomotor Domain (4.26), Cognitive Domain (4.25), and Affective Domain (4.21). The overall mean score demonstrates that respondents exhibit a Very High Level of Readiness for clinical internship. These findings indicate that allied health students are academically, technically, and emotionally prepared to transition from classroom-based learning to clinical environments.

The results align with Smith et al. (2024), who argue that readiness encompasses not only academic knowledge but also technical competence, professional behavior, emotional preparedness, and confidence. These findings indicate that allied health students are academically, technically, and emotionally prepared to transition from classroom-based learning to clinical environments. The results align with Smith et al. (2024), who argue that readiness encompasses not only academic knowledge but also technical competence, professional behavior, emotional preparedness, and confidence.

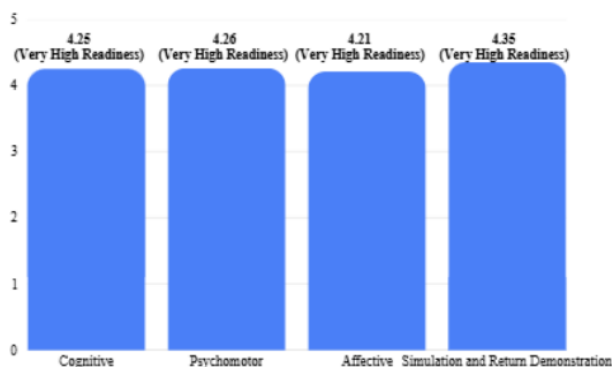


Figure 4.8 Overall Level of Clinical Internship Readiness Among Final-Year Allied Health Students (n=40)

TABLE 4.8 Overall Level of Clinical Internship Readiness Among Final-Year Allied Health Students (n=40)

Domain	Mean	SD	VI
1. Cognitive Domain	4.25	0.58	Very High Readiness
2. Psychomotor Domain	4.26	0.62	Very High Readiness
3. Affective Domain	4.21	0.57	Very High Readiness
4. Simulation and Return Demonstration	4.35	0.62	Very High Readiness
Overall	4.21	0.57	Very High Readiness

V. SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter provides a summary of the findings obtained from data collection, outlines the conclusions drawn from the results, and offers practical recommendations to improve the pre-internship preparatory curriculum for allied health programs at the University of Perpetual Help System Manila.

5.1 Summary of Findings

The primary objective of this study was to evaluate the perceived readiness for clinical internship among final-year allied health students across the cognitive, psychomotor, and affective domains, utilizing Bloom’s Taxonomy and Bandura’s Self-Efficacy Theory as foundational frameworks. Quantitative descriptive analysis of data from forty graduating interns indicated that respondents were predominantly young adults enrolled in Occupational Therapy, Physical Therapy, Radiologic Technology, and Respiratory Therapy programs. The sample included both male and female students, representing the target population of graduating interns preparing for clinical internship.

5.1.1 Cognitive Domain

The respondents demonstrated a very high level of readiness. The results indicate that students possess sufficient theoretical knowledge, clinical reasoning skills, and conceptual understanding required for clinical practice. Learning activities, including simulations and classroom instruction, were identified as contributing positively to their preparedness for internship.

5.1.2 Psychomotor Domain

The students also exhibited a very high level of readiness. The findings suggest that practical learning experiences, especially return demonstrations and skills-based activities, enhanced their technical competence and confidence in performing clinical procedures safely and effectively.

5.1.3 Affective Domain

The students reflected a very high level of readiness. Respondents reported preparedness to demonstrate professionalism, responsibility, teamwork, and ethical behavior in clinical settings. However, some students indicated lower confidence in adapting to emotionally demanding and high-pressure healthcare environments, highlighting an area for further development.

5.1.4 Simulation-based Learning and Return Demonstration Activities

The study reveals it has significantly enhanced students’ preparedness for clinical internship. These educational strategies were perceived as effective in bridging theoretical knowledge and practical application, thereby increasing students’ confidence and competence prior to entering clinical environments.

5.2 Conclusions

Based on the findings of this study, the following conclusions are drawn:

1. Overall Preparedness: Final-year allied health students are prepared for their clinical internships across the cognitive, psychomotor, and affective domains.
2. Key Training Modalities: Simulation-based learning and return demonstrations boost student competence and confidence by bridging theory and practice.
3. Holistic Readiness: Preparedness goes beyond academic grades to include vital skills like communication, adaptability, teamwork, and emotional readiness.
4. Hypothesis Support: The findings support the alternative hypothesis that students possess the necessary knowledge,

technical skills, and professional attitudes for clinical practice.

5.3 Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed:

1. For Administrators: Regularly update the curriculum to keep learning experiences aligned with current clinical and industry standards.
2. For Clinical Instructors: Continue providing strong mentorship and constructive feedback to support students' professional growth.
3. For Students: Participate in workshops, seminars, and training programs to continually enhance clinical knowledge and skills.
4. For the University: Apply these findings to enhance internship preparation programs and uphold high educational standards.
5. For Future Researchers: Conduct similar studies with larger sample sizes across different institutions and disciplines to broaden and validate these findings.

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