

Teaching Performance of Clinical Instructors in Related Learning Experience (RLE): A Basis for Enhancing Teaching Strategies

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ABSTRACT

This study assessed the teaching performance of clinical instructors in the Related Learning Experience (RLE) at Our Lady of the Pillar College-Cauayan, Inc. during the academic year 2025-2026 as basis for enhancing teaching strategies. Using a descriptive research design, the study involved 643 respondents composed of 622 nursing students, 14 clinical instructors, six coordinators, and the dean. Data were gathered through an adopted Clinical Instructors' Performance Evaluation Tool with a reliability coefficient of 0.980 and were analyzed using frequency, percentage, weighted mean, and analysis of variance. Findings showed that clinical instructors were assessed highly across execution of clinical supervision, management of activities, organization, teaching skills and methodology,

assessment, and deportment and bearing, all interpreted as Strongly Agree. Deportment and bearing obtained the highest domain mean, indicating strong professionalism, accountability, and role modeling, while management and organization-related indicators revealed areas for strengthening. Significant differences in student assessments were found according to year level and number of hospital affiliations, while hospital work shift did not yield a significant difference. The assessments of students, clinical instructors, coordinators, and the dean also did not differ significantly, suggesting consistency among stakeholder evaluations. The study concludes that clinical instructors demonstrate commendable teaching effectiveness in RLE; however, structured feedback, clearer evaluation tools, consistent clinical conferences, and more engaging teaching strategies are recommended to further improve clinical instruction and strengthen nursing students' competency development.

Keywords: *clinical instructors, clinical supervision, nursing education, related learning experience, teaching performance, teaching strategies*

INTRODUCTION

Clinical education is a central component of nursing education because it enables students to apply theoretical knowledge, acquire psychomotor skills, develop confidence, and form their professional identity in real clinical environments. In the Related Learning Experience (RLE), clinical instructors guide student nurses in hospitals and other health-related settings where supervision, feedback, modeling, and structured learning activities directly influence the quality of student learning. Because clinical instructors connect classroom instruction with actual patient care, their teaching performance becomes a key determinant of competency development and professional readiness.

This study is anchored on Bandura's Social Learning Theory, which explains that learning occurs through observation, imitation, modeling, and reinforcement. In the RLE setting, nursing students learn not only from

verbal instruction but also from how clinical instructors demonstrate professional conduct, organize activities, respond to patient-care situations, communicate expectations, and provide feedback. Effective clinical instructors therefore function as role models whose behaviors shape learners' confidence, ethical orientation, and clinical decision-making.

Recent literature emphasizes that effective clinical instruction involves more than technical competence. It requires structured supervision, student-centered teaching strategies, supportive communication, constructive feedback, mentorship, fair assessment, and professional deportment. Student perceptions are important indicators of instructional quality, but RLE teaching performance should also be evaluated from the viewpoints of instructors, coordinators, and administrators because these stakeholders represent professional standards and institutional expectations.

At Our Lady of the Pillar College-Cauayan, Inc., clinical instructors supervise students across varied hospital affiliations and work schedules. These responsibilities require them to balance clinical guidance, activity management, student evaluation, professional role modeling, and institutional coordination. Although instructor evaluations have been conducted, the need remains for a comprehensive, multi-stakeholder assessment that integrates student, instructor, coordinator, and dean perspectives. This study addressed that need by assessing the teaching performance of clinical instructors in RLE and using the findings as basis for enhancing teaching strategies.

Literature Review

Clinical Teaching and Social Learning in Nursing Education

Clinical learning environments support the development of confidence, critical thinking, and professional identity when students observe competent role models and participate in guided practice (Bandura, 1977; Rani, 2025). In RLE, clinical instructors influence student learning through direct supervision, modeling of professional behavior, reinforcement of standards, and integration of theory into practice. Studies have shown that supportive clinical teachers improve student engagement and readiness by combining professional expertise with effective interpersonal communication (Asadi et al., 2023; Mukan et al., 2020).

Mentorship, Feedback, and Student-Centered Strategies

Mentorship is consistently identified as a vital dimension of clinical nursing education because it reduces anxiety, strengthens confidence, and supports professional growth (Yumul et al., 2024). Constructive feedback is equally important because it helps students recognize strengths, correct learning gaps, and improve clinical performance. Learner-centered strategies, case-based learning, simulation, clinical conferences, and reflective activities have been found to strengthen critical thinking and decision-making by allowing students to process authentic clinical experiences (Cant & Cooper, 2017; Li et al., 2019; Wong et al., 2021).

Teaching Performance and Multi-Stakeholder Evaluation

Teaching performance in clinical education is multidimensional. It includes supervision, organization, activity management, teaching methodology, assessment, and deportment. Philippine and international studies emphasize that instructor professionalism, communication, feedback, and clear organization shape students' perceptions of effective teaching (Dayon & Dagoc, 2025; Emock, 2020; Habibon & Jalilul, 2025; Lo, 2024). Stakeholder-based quality frameworks further suggest that evaluations should combine learner, faculty, and administrative perspectives to provide a holistic basis for institutional improvement (Maniago et al., 2020).

Research Gap

Existing studies affirm the importance of clinical instructors in nursing education, yet many evaluations rely primarily on student ratings. Fewer studies integrate the perspectives of students, clinical instructors, coordinators, and the dean within a single institutional assessment. This study contributes to this gap by using a multi-stakeholder approach to determine the teaching performance of clinical instructors in RLE and to identify teaching strategies that can further strengthen clinical supervision.

METHODS

Research Design

The study employed a descriptive research design. This design was appropriate because the study aimed to systematically describe the teaching performance of clinical instructors in RLE as assessed by students, clinical instructors, coordinators, and the dean.

Research Locale

The study was conducted at the College of Nursing of Our Lady of the Pillar College-Cauayan, Inc., located in Cauayan City, Isabela, during the academic year 2025-2026. The locale was appropriate because the institution offers the Bachelor of Science in Nursing program and implements RLE duties in affiliated hospitals where clinical teaching is directly experienced.

Participants and Sampling Technique

The respondents consisted of 643 participants: 622 Bachelor of Science in Nursing students from Levels II to IV, 14 clinical instructors, six coordinators, and the dean. Total enumeration was used to include all eligible respondents involved in RLE, thereby minimizing sampling bias and ensuring that key stakeholder perspectives were represented.

Research Instrument

The study used an adopted Clinical Instructors' Performance Evaluation Tool. The questionnaire contained 38 items across six domains: execution of clinical supervision, organization, management of activities, teaching skills and methodology, assessment, and deportment and bearing. Responses were rated using a four-point Likert scale from Strongly Disagree to Strongly Agree. The instrument reported a reliability coefficient of 0.980 and demonstrated strong construct validity, with items correlating above 0.40 with their respective domains.

Data Gathering Procedure

After securing the necessary institutional permission, the researchers administered the questionnaire to the respondents. The gathered responses were encoded, tabulated, and analyzed according to the objectives of the study. The process enabled the researchers to compare teaching-performance assessments across respondent groups and selected profile variables.

Data Analysis

Frequency and percentage were used to describe respondent profiles. Weighted mean was used to determine the teaching performance of clinical instructors across the six domains. Analysis of variance was used to test significant differences in student assessments when grouped according to selected profile variables and to test differences among the assessments of students, clinical instructors, coordinators, and the dean.

Ethical Consideration

The researchers observed ethical procedures by obtaining permission to conduct the study, ensuring voluntary participation, and treating respondent information with confidentiality. The study used aggregated results to protect respondent privacy and to ensure that the evaluation focused on institutional improvement rather than personal judgment.

RESULTS AND DISCUSSION

The findings are presented according to respondent profile, teaching-performance domains, significant differences, and proposed teaching strategies. To make the journal article concise, the detailed thesis tables were consolidated into compact publication-ready tables while preserving the reported values and interpretations.

Table 1. *Respondent Profile and RLE Assignment Summary*

Group/Variable	Category	Frequency/Mean	Percent/Interpretation
Student respondents	Second Year	267	42.9%
Student respondents	Third Year	227	36.5%
Student respondents	Fourth Year	128	20.6%
Student hospital work shift	AM	50	8.0%
Student hospital work shift	PM	34	5.5%
Student hospital work shift	AM/PM	538	86.5%
Faculty/administrator respondents	Clinical Instructors	14	66.7% of 21
Faculty/administrator respondents	Coordinators	6	28.6% of 21
Faculty/administrator respondents	Dean	1	4.8% of 21
Faculty/administrator age	31-40 years	12	57.1%
Faculty/administrator sex	Female	15	71.4%
Faculty/administrator years of service	1-5 years	16	76.2%

Table 1 shows that most student respondents were second-year nursing students, followed by third-year and fourth-year students. Most students experienced AM/PM clinical work shifts, suggesting exposure to varied hospital routines. Among faculty and administrative respondents, clinical instructors composed the majority, while most were female, aged 31-40 years, and had one to five years of service. These profile patterns indicate that the RLE program involved a large student population and a relatively young clinical-teaching workforce.

Table 2. *Summary of Teaching Performance Across Six Domains*

Domain	Students	Clinical Instructors	Coordinators/Dean	Average Category Mean	Verbal Description
Execution of Clinical Supervision	3.73	3.54	3.68	3.73	Strongly Agree
Organization	3.72	3.60	3.61	3.71	Strongly Agree
Management of Activities	3.70	3.67	3.54	3.70	Strongly Agree
Teaching Skills and Methodology	3.73	3.60	3.57	3.72	Strongly Agree
Assessment	3.71	3.66	3.57	3.71	Strongly Agree
Department and Bearing	3.79	3.68	3.63	3.78	Strongly Agree

The clinical instructors obtained consistently high ratings across all six teaching-performance domains. Department and bearing received the highest average category mean (3.78), indicating that respondents strongly recognized instructors' professionalism, accountability, proper demeanor, and role-modeling qualities. This

finding is consistent with the view that professional modeling is essential in clinical education because students observe and internalize instructor behaviors. Management of activities obtained the lowest average category mean in the detailed summary table (3.70), while organization and assessment also appeared as priority areas for strengthening. These results indicate that the instructors were effective overall, but improvements in structured activity management, evaluation clarity, and monitoring systems remain important.

Table 3. *Highest- and Lowest-Rated Indicators by Teaching-Performance Domain*

Domain	Highest-Rated Indicator	Mean	Lowest-Rated Indicator	Mean
Clinical Supervision	Helps students learn and take responsibility for their own learning	3.80	Provides adequate feedback on clinical performance	3.66
Management of Activities	Monitors students' attendance	3.80	Conducts pre- and post-clinical conferences	3.62
Organization	Guides students in integrating knowledge into practice	3.78	Provides copies of appropriate performance evaluation tools	3.54
Teaching Skills and Methodology	Involves students in ward activities that develop decision-making and critical thinking	3.76	Motivates students	3.69
Assessment	Assigns students to different learning opportunities	3.76	Checks requirements regularly	3.66
Department and Bearing	Maintains professional knowledge and competence	3.82	Modulates voice appropriately	3.74

Table 3 identifies the strongest and weakest indicators within each domain. Clinical instructors were particularly strong in promoting learner responsibility, monitoring attendance, integrating knowledge into practice, providing varied learning opportunities, and maintaining professional competence. However, lower indicators point to actionable concerns: feedback delivery, clinical conferences, distribution of evaluation tools, motivational strategies, requirement monitoring, and communication style. These findings support the need for structured teaching strategies that focus not only on supervision but also on consistent feedback and student engagement.

Table 4. *Tests of Difference in Teaching-Performance Assessments*

Comparison / Profile Variable	Statistic / Key Result	p-value	Decision	Interpretation
Students grouped by year level	F = 20.5	.000	Reject Ho	Significant
Post hoc: Second Year vs. Third Year	Mean difference = -0.20	.000	Significant	Third-year students rated instructors higher
Post hoc: Second Year vs. Fourth Year	Mean difference = -0.07	.136	Not significant	No significant difference
Post hoc: Third Year vs. Fourth Year	Mean difference = 0.13	.000	Significant	Third-year students rated instructors higher
Students grouped by number of hospital affiliations	F = 3.70	.012	Reject Ho	Significant
Post hoc: 3-4 vs. 7-8 affiliations	Mean difference = 0.11	.011	Significant	Moderate affiliation exposure rated higher
Students grouped by hospital work shift	F = 0.25	.781	Accept Ho	Not significant
Students, instructors, coordinators, and dean	F = 1.22	.295	Accept Ho	Not significant

Table 4 shows that student assessments differed significantly according to year level and number of hospital affiliations. Third-year students gave higher ratings than second- and fourth-year students, suggesting that students in the middle stage of clinical training may perceive instructor guidance as especially helpful. Students with three to four hospital affiliations also rated instructors more favorably than those with seven to eight affiliations, possibly because broader hospital exposure allows students to compare clinical teaching practices more critically. In contrast, hospital work shift did not significantly affect ratings, and the assessments of students, instructors, coordinators, and the dean did not differ significantly. This indicates broad agreement among stakeholder groups regarding the overall quality of clinical teaching.

Table 5. Proposed Teaching Strategies for Enhancing RLE Instruction

Priority Area	Basis from Findings	Proposed Strategy	Expected Outcome
Feedback delivery	Lowest indicator in clinical supervision was adequate feedback (M = 3.66).	Use structured, timely, and competency-based feedback after procedures and ward activities.	Students receive clearer guidance for improving clinical performance.
Clinical conferences	Pre- and post-clinical conferences obtained the lowest rating in activity management (M = 3.62).	Standardize brief pre-duty goal setting and post-duty reflective conferences.	Clinical experiences become more reflective and theory-linked.
Evaluation transparency	Providing copies of performance evaluation tools received the lowest organization rating (M = 3.54).	Distribute evaluation rubrics and expectations before each RLE rotation.	Students understand standards, requirements, and performance benchmarks.
Student motivation	Motivating students received the lowest teaching-methodology rating (M = 3.69).	Use case-based learning, simulation, peer sharing, and positive reinforcement.	Student engagement, confidence, and active participation improve.
Requirement monitoring	Checking requirements regularly was the lowest assessment indicator (M = 3.66).	Adopt a checklist-based monitoring system for requirements and clinical outputs.	Assessment becomes more consistent, documented, and transparent.
Faculty development	Most instructors had 1-5 years of service, indicating a need for continuous support.	Conduct mentoring, coaching, and training on supervision, feedback, and evaluation.	Clinical instructors sustain effective and standardized teaching practices.

The proposed teaching strategies respond directly to the areas with relatively lower ratings. They are intended to preserve the instructors' strengths in professionalism and supervision while improving feedback, organization, conference facilitation, student motivation, and assessment consistency. These strategies also align with Bandura's Social Learning Theory because structured modeling, guided practice, and reinforcement strengthen students' learning in clinical settings.

CONCLUSION

The study concludes that clinical instructors at Our Lady of the Pillar College-Cauayan, Inc. demonstrate commendable teaching performance in the Related Learning Experience. Across all six domains, respondents strongly agreed that clinical instructors effectively supervised students, managed learning activities, organized clinical learning, applied teaching strategies, assessed performance, and modeled professional deportment. Their strongest performance was observed in deportment and bearing, showing that professionalism, accountability, and role modeling are major strengths of the RLE program. However, the findings also indicate that feedback delivery,

structured pre- and post-clinical conferences, evaluation-tool transparency, requirement monitoring, and motivational strategies require further enhancement. Significant differences by year level and number of hospital affiliations suggest that students' stage of clinical exposure influences their perceptions, while the absence of significant differences among stakeholder groups confirms a generally consistent assessment of instructor performance. Overall, the study contributes evidence for improving clinical instruction and strengthening competency-based nursing education.

Recommendations

1. Clinical instructors should strengthen feedback practices by giving timely, specific, and competency-based feedback after clinical tasks, procedures, and ward activities.
2. The College of Nursing should standardize pre- and post-clinical conferences so that students can clarify objectives before duty and reflect on learning experiences after clinical exposure.
3. Coordinators and administrators should ensure that performance evaluation tools, rubrics, requirements, and expectations are clearly explained and provided to students at the beginning of each RLE rotation.
4. Clinical instructors may integrate student-centered strategies such as case-based learning, simulation, reflective questioning, peer mentoring, and guided bedside teaching to sustain student motivation and critical thinking.
5. The institution should provide continuous faculty development for clinical instructors, especially in feedback delivery, learner-centered facilitation, clinical assessment, documentation, and professional mentoring.
6. Future researchers may conduct qualitative or mixed-method studies to explore the lived experiences of nursing students and clinical instructors in RLE, or expand the study to other nursing schools and affiliated hospitals to improve generalizability.

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