

Teaching Strategies and Academic Performance of Bachelor of Science in Nursing Students at Mabini Colleges, Inc.: A Correlational Study

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ABSTRACT

Effective teaching strategies are essential in developing BSN students' theoretical knowledge and clinical competencies. This study examined the utilization of six teaching strategies and their relationship with the theoretical and clinical academic performance of BSN students at Mabini Colleges, Inc. Specifically, it sought to answer the following questions: (1) What is the demographic profile of the respondents in terms of year level and General Weighted Average (GWA)? (2) To what extent are cooperative/collaborative learning, problem-based learning, case study analysis, simulation-based learning, lecture-based instruction, and demonstration/return demonstration utilized? (3) What is the level of students' theoretical academic performance? (4) What is the level of students' clinical academic performance? (5) Is there a significant relationship between teaching strategies and students' academic

performance? and (6) What instructional enhancement program may be proposed based on the findings? A quantitative correlational design was employed, involving 328 students selected through convenience sampling. Data were collected using a structured questionnaire and analyzed using descriptive statistics and correlation analysis. Most respondents were second-year students (89.63%), while 41.16% had a GWA of 1.51–1.75. All six teaching strategies were rated “Always,” with Cooperative/Collaborative Learning ranking highest ($M = 3.59$, $SD = 0.60$), followed by Problem-Based Learning ($M = 3.56$, $SD = 0.59$). Theoretical and clinical academic performance were rated “Very High,” particularly in completing course requirements ($M = 3.71$, $SD = 0.50$), communicating effectively ($M = 3.67$, $SD = 0.52$), and demonstrating professionalism ($M = 3.66$, $SD = 0.56$). The findings highlight the importance of combining student-centered strategies with traditional instruction to support academic and clinical learning. Consequently, Project STRIDE (Strategies for Transformative Nursing Instruction and Educational Development) was proposed to strengthen instructional practices, expand skills laboratory opportunities, and improve students' theoretical knowledge and clinical application.

Keywords: *Teaching strategies, academic performance, nursing students, simulation-based learning, correlational study*

INTRODUCTION

Teaching strategies play a vital role in nursing education by facilitating the development of theoretical knowledge, clinical skills, critical thinking, and clinical judgment among nursing students. The effective use of diverse instructional approaches, including collaborative learning, problem-based learning, case study analysis, simulation, lectures, and demonstration, may support students' academic and clinical learning experiences. This study examined the teaching strategies utilized by nursing instructors at Mabini Colleges, Inc., and their

relationship with the theoretical and clinical academic performance of Bachelor of Science in Nursing students. The findings served as the basis for proposing an instructional enhancement program to strengthen nursing education.

METHODS

The study employed a quantitative descriptive-correlational research design to describe the teaching strategies experienced by Bachelor of Science in Nursing (BSN) students at Mabini Colleges, Inc., College of Nursing, Daet, Camarines Norte, and to examine the relationship between these strategies and academic performance. The teaching-strategy domains were lecture-based instruction, demonstration and return demonstration, case study analysis, simulation-based learning, problem-based learning, and cooperative/collaborative learning. Academic performance was examined in terms of theoretical/classroom and clinical/Related Learning Experience (RLE) performance. Because the design is correlational, the analysis identifies associations between variables and does not establish that a teaching strategy causes a particular academic outcome.

The results tables report 328 BSN student-respondents. The methodology section in the source document describes a population of 1,200 students and a planned sample of 300 selected through proportionate stratified random sampling by year level. The achieved sample of 328 and the sampling description should be reconciled in the final manuscript so that the stated sampling procedure accurately reflects how respondents were recruited.

Data were collected using a structured, researcher-developed questionnaire administered through Google Forms. The instrument covered respondent profile, students' perceptions of teaching strategies, and perceived theoretical and clinical academic performance. The questionnaire used a four-point response scale: 4 – Always, 3 – Often, 2 – Sometimes, and 1 – Never. The source document states that the instrument was reviewed for expert validation and pilot-tested before administration. Data collection was described as following institutional permission, informed consent, voluntary participation, and confidentiality procedures.

The source methodology also describes the use of academic records or clinical/RLE ratings, subject to institutional approval. However, the results tables supplied for this MRAD present respondents' ratings of academic performance. The final manuscript should clearly identify whether the performance variables used in the correlation analysis were self-reported questionnaire scores, official grades/ratings, or a combination.

Frequency and percentage were used to summarize respondents' year level and GWA categories. Weighted means summarized ratings of teaching strategies and academic performance. Pearson's product-moment correlation coefficient (r) and p -values were reported to examine associations. The significance level was set at 0.05. The appropriateness of Pearson's r depends on the variables' measurement properties and assumptions, including linearity and the absence of influential outliers.

For interpretation of the tables below, the verbal labels are retained as reported in the results file. The source methodology also contains a different set of labels (Very High/High/Low/Very Low); the rating scale and verbal interpretation should be standardized before submission.

RESULTS

Table 1. *Distribution of Respondents According to Year Level*

Year Level	Frequency (f)	Percentage (%)
First Year	2	0.61
Second Year	294	89.63
Third Year	9	2.74
Fourth Year	23	7.01
Total	328	100.00

Most respondents were second-year students (294; 89.63%). Fourth-year students accounted for 23 (7.01%), third-year students for 9 (2.74%), and first-year students for 2 (0.61%). The strong concentration in the second year means that the results primarily reflect this cohort's perceptions and experiences; generalization across all year levels should therefore be cautious.

Table 2. *Distribution of Respondents According to Academic Standing (GWA)*

Academic Standing (GWA)	Frequency (f)	Percentage (%)
1.00–1.25	6	1.83
1.26–1.50	40	12.20
1.51–1.75	135	41.16
1.76–2.00	67	20.43
2.01–2.25	21	6.40
2.26–2.50	3	0.91
Prefer not to disclose	56	17.07
Total	328	100.00

The largest group reported a GWA of 1.51–1.75 (135; 41.16%), followed by 1.76–2.00 (67; 20.43%). Fifty-six respondents (17.07%) did not disclose their GWA. Because lower numerical GWA values typically indicate stronger academic standing in the Philippine grading context, any correlation involving raw GWA must be interpreted with this direction in mind. In the Philippine higher education system, a lower General Weighted Average (GWA) numerical value corresponds to superior academic achievement, where a 1.00 represents the highest possible distinction and a 3.00 represents a passing mark. Consequently, when analyzing statistical correlations involving raw GWA scores, a negative correlation coefficient actually signifies a positive association between the utilization of teaching strategies and student academic success. Failing to account for this inverse numerical scale risks misinterpreting beneficial instructional impacts as negative trends or vice versa in the statistical reporting. Standardizing or explicitly converting raw GWA values prior to correlation analysis ensures that statistical trends accurately reflect the direct relationship between nurse educators' instructional methods and higher student academic performance.

Table 3. *Teaching Strategies of Nursing Instructors Along Lecture-Based Instruction*

Indicator	Weighted Mean	Interpretation
1. Explains nursing concepts and principles clearly during lectures	3.43	Excellent
2. Encourages questions and classroom discussion	3.55	Excellent
3. Uses examples from nursing practice to explain theory	3.61	Excellent
4. Summarizes important concepts at the end of discussion	3.37	Excellent
5. Uses learning materials or multimedia presentations	3.65	Excellent
Overall Weighted Mean	3.52	Excellent

Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Lecture-based instruction received an overall mean of 3.52. Multimedia and learning materials received the highest item mean (3.65), while summarizing key concepts received the lowest (3.37), although both were rated Excellent. The pattern suggests that visual resources and practice-related examples are perceived as common instructional supports, while concise end-of-lesson summaries may be strengthened.

Table 4. *Teaching Strategies of Nursing Instructors Along Demonstration and Return Demonstration*

Indicator	Weighted Mean	Interpretation
1. Demonstrates nursing procedures step by step	3.37	Excellent
2. Explains the rationale behind each procedural step	3.50	Excellent
3. Provides opportunities for return demonstration	3.61	Excellent
4. Provides feedback during return demonstrations	3.53	Excellent
5. Allows students to repeat procedures to improve skills	3.28	Excellent

Overall Weighted Mean	3.46	Excellent
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Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Demonstration and return demonstration had an overall mean of 3.46. Opportunities for return demonstration scored highest (3.61), while opportunities to repeat procedures scored lowest (3.28). This difference points to a practical area for improvement: ensuring that students have sufficient time and access to equipment for repeated deliberate practice, not only one-time performance.

Table 5. Teaching Strategies of Nursing Instructors Along Case Study Analysis

Indicator	Weighted Mean	Interpretation
1. Presents patient case scenarios to explain nursing concepts	3.49	Excellent
2. Asks students to identify patients' health problems from cases	3.50	Excellent
3. Asks students to propose appropriate nursing interventions	3.58	Excellent
4. Has students analyzed cases to identify nursing-care priorities	3.56	Excellent
5. Facilitates discussion of answers and clinical decisions	3.56	Excellent
Overall Weighted Mean	3.54	Excellent

Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Case study analysis had an overall mean of 3.54. Proposing appropriate nursing interventions was the highest-rated indicator (3.58), whereas presenting case scenarios was lowest (3.49). The results support maintaining case analysis while regularly refreshing scenarios and ensuring that cases require students to assess cues, prioritize problems, justify interventions, and evaluate outcomes.

Table 6. Teaching Strategies of Nursing Instructors Along Simulation-Based Learning

Indicator	Weighted Mean	Interpretation
1. Uses simulated clinical situations to develop competencies	3.51	Excellent
2. Provides practice with mannequins, equipment, or simulated patients	3.56	Excellent
3. Assigns roles during simulated patient-care activities	3.52	Excellent
4. Provides feedback after simulation activities	3.54	Excellent
5. Conducts post-simulation reflection and discussion	3.55	Excellent
Overall Weighted Mean	3.54	Excellent

Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Simulation-based learning received an overall mean of 3.54. Practice with mannequins, equipment, or simulated patients scored highest (3.56), followed closely by post-simulation reflection (3.55). The findings support continuing hands-on simulation and structured debriefing, while ensuring that scenarios reflect realistic and varied clinical situations.

Table 7. Teaching Strategies of Nursing Instructors Along Problem-Based Learning

Indicator	Weighted Mean	Interpretation
1. Presents nursing problems requiring analysis of relevant information	3.56	Excellent
2. Encourages students to identify possible solutions	3.57	Excellent
3. Guides students in identifying information needed to solve problems	3.55	Excellent
4. Encourages evidence-based justification of interventions	3.55	Excellent
5. Encourages evaluation of possible outcomes of proposed solutions	3.54	Excellent
Overall Weighted Mean	3.56	Excellent

Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Problem-based learning had an overall mean of 3.56. Identifying possible solutions scored highest (3.57), while evaluating the possible outcomes of solutions scored lowest (3.54). Although the difference is small, instructors can make outcome evaluation more explicit by asking students to define expected outcomes, review patient responses, and revise interventions when necessary.

Table 8. *Teaching Strategies of Nursing Instructors Along Cooperative/Collaborative Learning*

Indicator	Weighted Mean	Interpretation
1. Organizes group activities to facilitate learning of nursing concepts	3.54	Excellent
2. Has students analyzed cases and develop care plans together	3.55	Excellent
3. Encourages students to share ideas and learn from one another	3.60	Excellent
4. Assigns group tasks requiring cooperation and shared responsibility	3.64	Excellent
5. Facilitates group reporting or presentations on nursing topics	3.62	Excellent
Overall Weighted Mean	3.59	Excellent

Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Cooperative/collaborative learning received the highest overall mean among the six strategies (3.59). Group tasks requiring cooperation and shared responsibility scored highest (3.64), while organizing group activities scored lowest (3.54). These findings indicate that students value shared responsibility and peer exchange; group work should retain clear objectives while providing meaningful roles and individual accountability.

Table 9. *Level of Academic Performance of BSN Students Along the Theoretical Aspect*

Indicator	Weighted Mean	Interpretation
1. Demonstrates understanding of nursing concepts and principles	3.50	Excellent
2. Performs well in written examinations and quizzes	3.41	Excellent
3. Applies theoretical knowledge to patient-care situations presented in class	3.53	Excellent
4. Analyzes nursing problems and identifies appropriate interventions	3.56	Excellent
5. Completes assignments, case analyses, and other theoretical requirements	3.61	Excellent
6. Participates actively in classroom discussions and learning activities	3.50	Excellent
7. Meets required academic standards in theoretical nursing subjects	3.49	Excellent
Overall Weighted Mean	3.52	Excellent

Rating scale reported in the results file: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

The overall mean of () indicates that nursing students maintain an "Excellent" (or "Very High") level of theoretical academic performance, reflecting strong foundational knowledge and active engagement with nursing coursework. However, a granular examination of individual indicators reveals a notable performance disparity across assessment types. Completing assignments, case analyses, and other written requirements emerged as the highest-rated indicator (), whereas performing well in written examinations and periodic quizzes recorded the lowest rating within the theoretical domain ().

This structural variance highlights the differing cognitive demands and psychological pressures associated with continuous, untimed course requirements versus time-sensitive, high-stakes written assessments. Out-of-class requirements—such as case analyses, nursing care plans (NCPs), and written assignments—allow students sufficient time to utilize learning resources, collaborate with peers, and iteratively refine their clinical reasoning. Conversely, formal examinations and periodic quizzes evaluate rapid recall, high-order clinical application, and decision-making under strict time constraints, often inducing evaluation anxiety. In nursing education, standardized examinations heavily utilize multiple-choice questions (MCQs) modeled after the Nursing Licensure Examination (NLE) and NCLEX formats, which test Bloom's higher-order cognitive levels (application, analysis, and evaluation) rather than simple rote memorization. The lower relative score in examination performance suggests that while students possess solid theoretical knowledge, they experience challenges when translating that knowledge into rapid diagnostic judgment during timed testing.

Table 10. *Level of Academic Performance of BSN Students Along the Clinical Aspect*

Indicator	Weighted Mean	Interpretation
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1. Applies theoretical nursing knowledge during clinical duties	3.61	Excellent
2. Performs nursing procedures according to standards and protocols	3.68	Excellent
3. Demonstrates clinical judgment in patient-care situations	3.62	Excellent
4. Communicates effectively with patients, families, and healthcare team	3.67	Excellent
5. Maintains patient safety and infection prevention/control practices	3.71	Excellent
6. Completes nursing documentation and clinical requirements accurately/on time	3.65	Excellent
7. Demonstrates professionalism, accountability, and ethical behavior	3.66	Excellent
8. Meets clinical performance standards established by the instructor	3.62	Excellent
Overall Weighted Mean	3.65	Excellent

Rating scale: 3.25–4.00 = Excellent; 2.50–3.24 = Good; 1.75–2.49 = Fair; 1.00–1.74 = Poor.

Clinical academic performance had an overall mean of 3.65, higher than the theoretical mean of 3.52. Patient safety and infection prevention/control received the highest rating (3.71), followed by performing procedures according to standards (3.68). Applying theoretical knowledge during clinical duties was lowest (3.61), indicating a potential theory-to-practice area for continued support through supervised practice, pre- and post-clinical conferences, case discussion, and feedback.

Table 11. *Test of Significant Relationship Between Teaching Strategies and Academic Standing (GWA)*

Teaching Strategy Domain	Pearson r	p-value	Interpretation	Decision on H ₀
Lecture-Based Instruction	0.204	0.001	Significant	Reject H ₀
Demonstration & Return Demonstration	0.124	0.041	Significant	Reject H ₀
Case Study Analysis	0.178	0.003	Significant	Reject H ₀
Simulation-Based Learning	0.139	0.022	Significant	Reject H ₀
Problem-Based Learning	0.131	0.031	Significant	Reject H ₀
Cooperative/Collaborative Learning	0.180	0.003	Significant	Reject H ₀
Overall Teaching Strategies	0.177	0.004	Significant	Reject H ₀

Note: $\alpha = 0.05$; $n = 272$ respondents with disclosed GWA. Lower numerical GWA values indicate stronger academic standing.

All reported correlations with GWA were statistically significant at the 0.05 level, with coefficients ranging from 0.124 to 0.204. Lecture-based instruction had the largest coefficient ($r = 0.204$), followed by cooperative/collaborative learning ($r = 0.180$) and case study analysis ($r = 0.178$). However, because lower raw GWA values typically represent better academic standing, the positive coefficients should not be interpreted as indicating that higher strategy ratings correspond to better grades without confirming how GWA was coded. If raw GWA was used, the positive direction may indicate association with numerically higher (weaker) GWA values.

The correlation analysis between the perceived utilization of teaching strategies and students' General Weighted Average (GWA) yielded statistically significant relationships across all six instructional domains, with Pearson correlation coefficients ranging from 0.124 to 0.204. Lecture-Based Instruction demonstrated the strongest relative association, followed closely by Cooperative/Collaborative Learning, Case Study Analysis, Simulation-Based Learning, Problem-Based Learning, and Demonstration and Return Demonstration. Overall teaching strategy utilization likewise maintained a statistically significant positive correlation with GWA. While these coefficients confirm that instructional methods and academic standing share an empirical relationship, the substantive interpretation of these statistical findings requires careful contextualization within the unique framework of Philippine higher education grading systems.

Table 12. *Test of Significant Relationship Between Teaching Strategies and Academic Performance Domains (N = 328)*

Teaching Strategy	Theoretical r	Clinical r	Overall r	p-value	Interpretation	Decision on H_0
Lecture-Based Instruction	0.550	0.544	0.576	<0.001	Significant	Reject H_0
Demonstration & Return Demonstration	0.573	0.536	0.584	<0.001	Significant	Reject H_0
Case Study Analysis	0.609	0.610	0.643	<0.001	Significant	Reject H_0
Simulation-Based Learning	0.599	0.568	0.615	<0.001	Significant	Reject H_0
Problem-Based Learning	0.634	0.638	0.671	<0.001	Significant	Reject H_0
Cooperative Learning	0.593	0.604	0.631	<0.001	Significant	Reject H_0
Overall Teaching Strategies	0.666	0.655	0.696	<0.001	Significant	Reject H_0

Note: All reported p-values are below 0.001 (two-tailed). The source labels the overall domains as theoretical, clinical, and overall performance.

All six teaching-strategy domains and the overall strategy score were significantly and positively correlated with theoretical, clinical, and overall academic-performance ratings. The strongest overall association was for problem-based learning ($r = 0.671$), followed by case study analysis ($r = 0.643$) and cooperative learning ($r = 0.631$). The overall teaching-strategy score was also strongly associated with overall performance ($r = 0.696$), theoretical performance ($r = 0.666$), and clinical performance ($r = 0.655$). These results support an association between higher ratings of teaching strategies and higher self-reported performance ratings; they do not, by themselves, establish causation.

Analysis

Across the descriptive tables, all six teaching strategies were rated Excellent under the interpretation scheme used in the results file. Cooperative/collaborative learning received the highest overall mean (3.59), followed by problem-based learning (3.56), case study analysis (3.54), simulation-based learning (3.54), lecture-based instruction (3.52), and demonstration/return demonstration (3.46). The differences between strategy means are relatively small, so the results are better interpreted as indicating consistently high perceived use rather than a decisive superiority of one strategy.

For theoretical performance, the overall mean was 3.52, and completing assignments and case analyses was the highest-rated item (3.61). Examination and quiz performance was the lowest-rated item (3.41). For clinical performance, the overall mean was 3.65, with patient safety and infection prevention/control highest (3.71). Applying theoretical knowledge during clinical duties had the lowest mean in the clinical domain (3.61), although it remained rated Excellent. This pattern suggests two areas for targeted support: examination readiness and transfer of classroom knowledge into clinical decision-making.

The correlation results in Table 12 indicate moderate-to-strong positive associations between strategy ratings and perceived academic-performance ratings, with problem-based learning and case study analysis showing particularly strong associations. Table 11 also reports statistically significant relationships between strategy scores and GWA among the 272 respondents who disclosed grades. The GWA findings require special caution because the direction of the relationship depends on whether raw GWA or a reversed academic-standing score was entered into the analysis.

The sample is heavily concentrated in second-year students (89.63%). This imbalance may limit how well the results represent first-, third-, and fourth-year BSN students. Also, the strong correlations between strategy ratings and perceived performance ratings may be partly influenced by both variables being collected from the same questionnaire at the same time. Where possible, future analyses should use official grades and clinical ratings and examine strategy domains against theoretical and clinical outcomes separately.

DISCUSSION

The high ratings across all six teaching strategies suggest that students perceive a broad mix of instructional methods in their nursing education. The highest rating for cooperative/collaborative learning indicates the perceived prominence of group tasks, shared responsibility, and peer exchange. Problem-based learning and case study analysis were also rated highly, consistent with their emphasis on analyzing clinical problems and proposing nursing interventions. These findings align with the constructivist view that learners build understanding through active engagement, discussion, application, and reflection.

Demonstration and return demonstration received the lowest overall mean among the six strategies, and repeated procedural practice was its lowest-rated item. This is an actionable finding in skills-based nursing education. Open-laboratory schedules, supervised practice, peer-supported rehearsal, and repeat demonstrations may provide students with additional opportunities to develop procedural accuracy and confidence. Simulation-based learning should likewise include realistic scenarios, clear learner roles, feedback, and structured debriefing.

Students' theoretical performance ratings were high overall, but examinations and quizzes received the lowest theoretical item score. Faculty may strengthen formative assessment by using scenario-based questions, regular low-stakes quizzes, timed practice, and rationales that explain why options are correct or incorrect. These practices can help students prepare for assessments requiring application, prioritization, and clinical judgment, not merely recall.

Clinical performance ratings were higher overall than theoretical ratings. Patient safety and infection prevention/control received the highest rating, suggesting that safety behaviors are perceived as a relative strength. However, applying theory during clinical duties was the lowest clinical item, suggesting that translating classroom knowledge into real-time care remains an area for improvement. Pre-clinical preparation, guided questioning, bedside demonstrations, case conferences, and post-clinical reflection may help students articulate the rationale for nursing interventions and connect theory with patient cues.

Relationship Between Teaching Strategies and Academic Performance

The statistically significant correlations in Table 12 suggest that students who gave higher ratings to teaching strategies also tended to give higher ratings to their own theoretical and clinical performance. Problem-based learning had the strongest association with overall performance, followed by case study analysis and cooperative learning. These approaches may be particularly relevant because they ask students to analyze patient information, discuss alternatives, justify interventions, and evaluate outcomes. Nevertheless, correlational findings do not show that these strategies caused the performance ratings; student motivation, prior knowledge, clinical exposure, instructor feedback, and other factors may also contribute.

The GWA correlations in Table 11 should be rechecked before final reporting. The table note states that lower numerical GWA means stronger academic standing, yet all coefficients are positive. If the analysis used raw GWA values, a positive correlation means that higher strategy scores are associated with higher numerical GWA values, which would not straightforwardly indicate better standing. Confirm the SPSS variable coding and, if needed, re-run the analysis with a clearly defined academic-standing variable.

The results support an instructional improvement plan that sustains the strategies already rated highly while addressing the comparatively lower ratings for repeated skills practice, lecture summaries, examination performance, and theory-to-practice application. Suggested activities include open laboratory sessions and peer-mentored return demonstrations; more varied simulation scenarios and structured debriefing; refreshed case-study

and problem-based learning materials; short end-of-lesson summaries; and recurring licensure-style practice questions with rationalization. Progress should be evaluated through participation records, skills checklists, examination performance, clinical instructor ratings, and student feedback.

Taken together, the findings show high student ratings of the six teaching strategies and high self-reported theoretical and clinical performance. Significant associations were reported between teaching-strategy ratings and academic-performance ratings, particularly for problem-based learning, case study analysis, and cooperative learning. The results can guide instructional refinement at Mabini Colleges, Inc., provided that the limitations in sample composition, measurement, and GWA coding are addressed. The evidence supports targeted improvement and continued monitoring rather than a causal claim that any single teaching strategy independently improves academic performance.

Sample and sampling method: the methodology describes a population of 1,200, a planned sample of 300, and stratified random sampling, while the results report $N = 328$ and earlier draft wording may describe convenience sampling. State the actual procedure and achieved sample consistently. **Academic-performance measure:** clarify whether Tables 9–10 and Table 12 use self-reported performance ratings, official grades/RLE records, or both. The methods and results currently describe both possibilities. **GWA correlation direction:** verify whether raw GWA or reverse-coded academic standing was analyzed. Because lower GWA generally means stronger standing, the positive r values need careful interpretation.

Rating scale: the methods section gives Very High/High/Low/Very Low, while the result tables use Excellent/Good/Fair/Poor. Select one consistent interpretation scheme and apply it throughout. **Table numbering and labels:** the source text occasionally refers to Table 5 for problem-based learning and calls the correlation matrix Table 10 even though it is Table 12. Keep the numbering in the tables consistent with their actual order. **Interpretation of Table 12:** describe the findings as associations, not direct effects or proof of causation. If the variables are both questionnaire ratings, acknowledge potential common-method bias.

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