



Original Research Article

The teaching competencies of clinical instructors: Basis for in-service training modules

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Sagun Ceryl G.

Centro Escolar University, No. 9
San Miguel St. Mendiola, Manila, ,
Philippines

Author E-mail: cerlygs@gmail.com

Tel: +63917-5755747

A study was conducted to analyze the teaching competencies of Clinical Instructors which served as basis for the proposed in-service training modules. Descriptive research method was used and three sets of questionnaires were administered to the respondents (administrators, clinical instructors and students) in 3 campuses of the chosen university in Manila, Philippines. Data were obtained from clinical instructors and administrators using the purposive sampling technique while random sampling technique was used for students. Ninety-two clinical instructors, three administrators and four hundred and sixty students were the respondents for the study. Results showed that most (46.7%) of the clinical instructors possessed the mandated degree qualification for tertiary teaching. The administrators regarded the clinical instructors' involvement in research needs improvement (mean=3.44). The student respondents evaluated the clinical instructors as highly competent in 4 domains of teaching. Results of the t-test showed no significant difference ($p > 0.05$) between the values given by the administrator-student respondent's analysis on teaching competencies. The highest educational attainment, years of teaching experience and number of in-service trainings have no significant relationship ($p > 0.05$) with teaching competencies. The relationship among teaching competencies, highest educational attainment and professional experience and university/community involvement activities are found to be significant ($p < 0.05$). Clinical instructors are competent in all four domains of teaching competencies thus students consider the years of professional experience as very significant ($p < 0.01$). An in-service training module is recommended to help clinical instructors strengthen and improve their teaching competencies as well as to enhance the present training program of the College of Nursing.

Key words: Assessing, curriculum, diversity of learners, in- service training, learning environment, module, reporting, teaching competencies.

INTRODUCTION

The Nursing Faculty has a historical tradition of teaching students to think like nurses as originally described by Florence Nightingale in 1860:

"If then, every woman must, at some time or other of her life, become a nurse, have charge of somebody's health, how immense and how valuable would be the produce of her

united experience if every woman would think how to nurse".

The ability to think critically, improve clinical systems and decrease errors in clinical judgments is ever the vision of historic and futuristic nursing practice. Nursing education involves adult learners as students. Knowles

(1980; 1984) as cited in Aliakbari et al. (2015) theorized that adult learners are capable decision makers who need to be active participants in the learning process. The adult learning environment reflects a relaxed and informal climate where process activities and collaboration are encouraged and evaluated by the teacher, oneself and peers. Adult learners construct knowledge by linking concepts together in meaningful ways based on former learning and life experiences.

Several studies have identified teaching/learning strategies that facilitate the development of critical thinking in clinical judgments. The teaching/learning strategies are self-directed learning activities, interactive discussion, role playing, problem-based learning, mastery learning, case studies, clinical rounds, reflective logs, and reflective practice groups (Thomas, 2005). The competence of teachers entering the profession is the concern of the society in general, educational institutions in particular. Depending on the education context in which they operate, teachers may experience formal appraisal at various stages of their careers. Although the types of appraisal will vary between locations and systems, the one form of appraisal that is common to most education contexts is the formal evaluation of teachers after a period of provisional employment (Poster and Poster, 2001).

The phenomenon of competence within the teaching workforce is a highly contested and emotive issue. Since the early twentieth century, managers and supervisors have sought to improve productivity through the results of investigative studies of worker competence (Sandberg, 2001). It was assumed that competent teaching facilitated positive student outcomes that, in turn, resulted in an efficient and productive future workforce (Huntly, 2004). The importance of content in mediating the teaching competencies of clinical instructors in nursing is emphasized in this study. In education systems throughout the world, there is a shared desire to identify and replicate quality, effective and "good" teaching. To this end, the large majority of teacher registration organizations and employers of teachers continue the search for an accurate system that recognizes and rewards competent teaching performance. Clinical instructors have the great opportunity to greatly influence their students. They must possess effective teaching characteristics such as professional knowledge, role modeling and clinical competence (Madhavanprabhakaran et al., 2013). The evaluation of Clinical Instructors competence are generally students-based. This study will attempt to describe the competence of clinical instructors based on the students' and nursing education administrators' evaluation to determine possible in-service training module.

METHODS

Subjects of the study

The study used the descriptive method of research and with

the administration of questionnaires to respondents, information needed for the research were generated and obtained. 92 permanent faculty members and regular clinical instructors (CIs) from 3 campuses of the chosen university in Manila were the subjects of the study. Majority of the respondents were of the 26-30 age bracket. Female CIs dominated the overall count of subjects while married status outnumbered their single counterparts by only 1.1%. The Dean and the two Program Heads, from the 2 campuses were also selected to analyze the teaching competencies of the clinical instructors. Using the random sampling technique, a total of 460 students from a total of 1,530 students from the three campuses were also enrolled as respondents to analyze the teaching competencies of the clinical instructors. Informed consent was sought from all respondents.

Instrumentation

The instrument used in this study to generate the desired information was three sets of questionnaire for the administrators, clinical instructors, and their students. Questionnaire for the clinical instructors was close-ended and elicited the demographic characteristics of the subjects which include their age, gender, civil status, highest educational attainment, years of teaching experience, years of professional experience and number of in-service trainings attended. The second survey tool, Clinical Instructor Behavior Inventory (CIBI) is the standard behavioral assessment tool used by the administrators in the chosen nursing school to evaluate clinical instructors. It was based on the National Competency-Based Teacher Standards (NCBTS) developed by the Department of Education (DepEd) (2006) but was modified by the chosen nursing school to include Research and University/Community Involvement in the domains specified in NCBTS. The domains are on learning environment, diversity of learners, curriculum, assessing and reporting, personal and professional growth, research, social regard for learners and university/community involvement.

The CIBI is divided in two parts: part 1 is the teaching competence and part two is the observance of university responsibilities. The survey tool consisted of fifty-one statements measured in the 5-point Likert scale, used to interpret all mean responses that were elicited from the respondents. The third survey tool was the standard behavioral assessment tool answered by nursing students to evaluate and analyze their clinical instructor's teaching competencies. Only four domains namely; learning environment, diversity of learners, curriculum and assessing and reporting were considered. The CIBI consisted of thirty statements also rated in the 5 point Likert scale.

Ethical approval

In order to properly administer the questionnaire, the

Table 1. Profile of the Clinical Instructors (n=97)

Variables	Frequency	Percentage
Highest educational Attainment	4	4.3
Bachelor's Degree	28	30.4
with MA / MS units	43	46.7
MA / MS Degree	17	18.5
With Doctoral Units		
Hospital Experience in Years	42	45.7
0 - 2	29	31.5
3 - 5	6	6.5
6 - 8	10	10.9
9 - 11	3	3.3
12 - 14	1	1.1
15 - 17	1	1.1
18 - 20		
Teaching Experience in Years	38	41.3
0 - 2	33	35.9
3 - 5	9	9.8
6 - 8	6	6.5
9 - 11	0	0.0
12 - 14	1	1.1
15 - 17	2	2.2
18 - 20	3	3.3
21 above		
In-Service Training Attended	14	15.2
0 - 2	26	28.3
3 - 5	14	15.2
6 - 8	14	15.2
9 - 11	2	2.2
12 - 14	4	4.3
15 - 17	1	1.1
18 - 20	17	18.5
21 above		

researcher first asked permission from the Vice President for Academic Affairs of the chosen school of nursing. The researcher personally administered the questionnaire to the student-respondents. The respondents were given a copy of the questionnaire with the assurance that their answers would be kept and treated confidentially. To attain good and critical analysis of the respondents, there was no time limit given to answering the questionnaire. The results of the administrators' analysis and evaluation of the clinical instructors teaching competencies were taken from the Human Resource Department (HRD). Consent to participate in the study was obtained prior to the start of the survey.

Statistical analyses

The data gathered in this study were classified and analyzed using the following measures: Frequency and percentage were used to describe profile of the clinical instructors in terms of age, gender, civil status, highest

educational attainment, professional experience, teaching experience and number of in-service trainings attended. Arithmetic mean was used to determine how competent the clinical instructors are as analyzed by the administrators and students respondents in the following teaching competencies: learning environment, diversity of learners, curriculum, assessing and reporting, personal and professional growth, research, social regard for learners and university/community involvement. Standard deviation was used to measure the dispersion of variation of the responses. T-test was used to determine if there is a significant difference between the administrators' and students' analysis on the teaching competencies of clinical instructors. Chi-square was used to check on the relationship of the teaching competencies with selected personal characteristics of the clinical instructors as assessed by the administrators. All the data gathered were submitted to for data analysis using SPSS version 19.

RESULTS

Many of the subjects (Table 1) of the study possess a master's degree (46.7%) while those with doctoral degrees are 18.5% of the population. 45% (42) of the subjects have 0-2 years of hospital experience. Forty percent or 38 of the subjects have 0 - 2 years of teaching experience. Results showed that majority of the clinical instructors have attended at least, 3 - 5 in-service trainings (28.3%).

A summary of the teaching competencies of the CIs as analyzed by the administrators revealed high competency in all four domains namely: learning environment, diversity of learners, curriculum and assessing and reporting. The overall mean value ranges from 4.73 - 4.85 with verbal interpretation of "always". As regards "observance of university responsibilities as part of the CIs teaching competency, the domain "social regard for learning/learners" also has a verbal interpretation of "always". However, the domain on personal and professional growth and university/community involvement with a mean of 4.49 and 4.45, respectively had a verbal interpretation of "often". Research domain had the lowest mean of all the identified variables in the administrators' analysis of the clinical instructor's competency. The overall mean for this domain is equivalent to 3.44 with a verbal interpretation of "sometimes" (Table 2).

The student respondents analyzed the clinical instructors as highly competent in all four domains namely: learning environment, diversity of learners, curriculum and assessing and reporting. The overall mean for these domain ranges from 4.71 - 4.81 with verbal interpretation of "always" (Table 3).

The two tailed t-test was used to determine whether a significant difference exists between the administrators' and students' analysis on the teaching competencies of the clinical instructors. The t-test showed no significant difference ($p > 0.05$) between the mean and standard

Table 2. Administrators’ Analysis on the Teaching Competencies of the Clinical Instructors

Domain	Mean	SD	Verbal Interpretation
Domain 1: Learning Environment	4.84	0.30	Always
Domain 2: Diversity of Learners	4.77	0.25	Always
Domain 3: Curriculum	4.85	0.17	Always
Domain 4: Assessing and Reporting	4.73	0.29	Always
Domain 5: Personal and Professional Growth	4.49	0.61	Often
Domain 6: Research	3.44	1.13	Sometimes
Domain 7: Social Regard for Learning	4.81	.495	Always
Domain 8: University/Community Involvement	4.45	0.62	Often

Table 3. Students’ Analysis on the Teaching Competencies of the Clinical Instructors

Domain	Mean	SD	Verbal Interpretation
Domain 1: Learning Environment	4.81	0.29	Always
Domain 2: Diversity of Learners	4.71	0.39	Always
Domain 3: Curriculum	4.81	0.32	Always
Domain 4: Assessing and Reporting	4.75	0.37	Always

Table 4. Difference on the Administrators’ and Students’ Analysis on the Teaching Competencies of the Clinical Instructors

Teaching competencies	Administrators analysis		Students analysis		t-value	Significance
	Mean	SD	Mean	SD		
Learning environment	4.84	0.30	4.81	0.29	- 0.689	No significant difference
Diversity of learners	4.77	0.25	4.71	0.39	- 1.242	No significant difference
Curriculum	4.85	0.17	4.81	0.32	- 1.059	No significant difference
Assessing and reporting	4.73	0.29	4.75	0.37	0.408	No significant difference

Table 5. Relationship between the Teaching Competencies and Highest Educational Attainment of the Clinical Instructors

Teaching Competencies	Administrators		Students	
	Chi - square	Significance	Chi-square	Significance
Learning Environment	2.44	p = 0.875 > 0.05	10.94	p = 0.280 > 0.05
Diversity of Learners	5.28	p = 0.152 > 0.05	13.14	p = 0.156 > 0.05
Curriculum	6.68	p = 0.083 > 0.05	8.69	p = 0.466 > 0.05
Assessing and Reporting	0.83	= 0.842 > 0.05	9.38	p = 0.153 > 0.05

deviation values given by the administrator-student respondents on the four domains, namely: learning environment, diversity of learners, curriculum and assessing and reporting (Table 4). It shows that no significant relationship exists between the teaching competencies and highest educational attainment of the clinical instructors based on the evaluation by the administrator- student respondents. Probability ranges from (r = 0.08 - 0.88; p=>0.05) as assessed by the administrators and r= 0.153 - 0.47; p=>0.05 as assessed by the students. Thus, the null hypothesis is accepted. (Table 5).

The relationship between teaching competencies and the teaching experience of the clinical instructors did not vary as analyzed by the administrator - student respondents. In this case, using chi-square, no significant relationship

(p=>0.05) is also obtained. These findings imply that teaching experience does not significantly influence or affect the teaching competencies of clinical instructors. Again, the null hypothesis is accepted (Table 6).

It is worthy to note that from the administrators’ analysis, no significant relationship exists but very significant (p<0.01) and substantial relationship exists between the number of years of professional experience and teaching competencies as evaluated by the students. The student-respondents believed that the professional experience of the clinical instructors contribute more to teaching effectiveness in all the areas viz: learning environment, diversity of learners, curriculum and assessing and reporting (Table 7).

Chi square statistic was used to determine the relationship between teaching competencies and the

Table 6. Relationship between the Teaching Competencies and Teaching Experience of the Clinical Instructors

Teaching Competencies	Administrators		Students	
	Chi - square	Significance	Chi-square	Significance
Learning Environment	4.30	p = 0.977 > 0.05	16.74	p = 0.541 > 0.05
Diversity of Learners	3.82	p = 0.701 > 0.05	9.44	p = 0.949 > 0.05
Curriculum	1.26	p = 0.974 > 0.05	9.13	p = 0.957 > 0.05
Assessing and Reporting	6.47	p = 0.486 > 0.05	8.25	p = 0.765 > 0.05

Table 7. Relationship Between the Teaching Competencies and Professional Experience of the Clinical Instructors

Teaching Competencies	Administrators		Students	
	Chi - square	Significance	Chi-square	Significance
Learning Environment	7.04	p = 0.855 > 0.05	74.88	p = 0.000 < 0.01 **
Diversity of Learners	3.78	p = 0.706 > 0.05	65.68	p = 0.000 < 0.01 **
Curriculum	1.43	p = 0.964 > 0.05	53.56	p = 0.000 < 0.01 **
Assessing and Reporting	1.23	p = 0.976 > 0.05	45.20	p = 0.000 < 0.01 **

**Very Significant @ < 0.01

Table 8. Relationship between the Teaching Competencies and Number of In-service Trainings Attended by the Clinical Instructors

Teaching Competencies	Administrators		Students	
	Chi - square	Significance	Chi-square	Significance
Learning Environment	10.18	p = 0.606 > 0.05	27.00	p = 0.171 > 0.05
Diversity of Learners	8.22	p = 0.313 > 0.05	21.45	p = 0.043 > 0.05 *
Curriculum	5.33	p = 0.620 > 0.05	15.21	p = 0.812 > 0.05
Assessing and Reporting	27.92	p = 0.015 < 0.05 *	17.75	p = 0.218 > 0.05

*Significant @ < 0.05

number of in-service trainings attended by clinical instructors. A non-significant relationship ($p > 0.05$) was observed between learning environment and curriculum as analyzed by the administrator-student respondents. This finding shows that attending in-service trainings does not have a relationship or a direct effect on the teaching competencies of the clinical instructors. Thus the null hypothesis was accepted. (Table 8).

Table 9 shows that high educational attainment had a direct relationship on the teaching competencies of the clinical instructors as analyzed by the administrators on the area of research and university/community involvement. A very significant relationship ($p = 0.003$) was observed between teaching competencies and the years of professional experience as regards to university/community involvement. However, there is no significant relationship between teaching competencies and the years of teaching experience of the clinical instructors in four areas, namely: personal and professional growth, research, social regard for learners and university/community involvement as analyzed by the administrators. It can be deduced also that the number of in-service trainings attended have a significant ($p = 0.030$)

or substantial relationship on the teaching competencies of the clinical instructors as regards the area of university/community involvement.

DISCUSSIONS

The results of the study showed that most of the clinical instructors have the mandated degree qualification for tertiary teaching, as per CMO No. 14 Series 2009. Majority had obtained 0-2 years of professional experience prior to becoming part of the academic institution. Many of the respondents have been in the academia for 0-2 years. This result is supported by the regulations for nursing education under Republic Act 9173 (2002). It is stipulated in this mandate that nursing educators must have at least 1 year of professional experience prior to teaching in the school of nursing. In contrast, nurses who have been practicing the teaching profession for 15 – 17 years revealed the least frequency. The teaching experience of the clinical instructors reveals that many are quite new in the service. This is a clear indication that most of the respondents are classified as young mentors. The respondents (CI's) have

Table 9. Relationship Between the Teaching Competencies and with some Personal Characteristics of the Clinical Instructors as analyzed by the Administrators

Teaching Competencies	Highest Educational Attainment		Professional Experience		Years of Teaching Experience		Number of In-service Trainings Attended	
	Chi - square	Significance	Chi - square	Significance	Chi - square	Significance	Chi - square	Significance
Personal and Professional Growth	10.99	p = 0.088 > 0.05	10.12	p = 0.606 > 0.05	19.47	p = 0.078 > 0.05	12.94	p = 0.366 > 0.05
Research	22.78	p = 0.007 < 0.01**	18.86	p = 0.401 > 0.05	18.86	p = 0.401 > 0.05	22.59	p = 0.313 > 0.05
Social Regard for Learning/Learners	2.29	p = 0.515 > 0.05	1.99	p = 0.921 > 0.05	7.48	p = 0.279 > 0.05	7.20	p = 0.409 > 0.05
University/Community Involvement	11.12	p = 0.011 < 0.05*	19.80	p = 0.003 < 0.01**	6.19	p = 0.402 > 0.05	15.50	p = 0.030 < 0.05*

* Significant @ <0.05
 ** Very Significant

attended 3-5 in-service training which has in turn, enhanced their teaching techniques and competencies. The role of the clinical instructors as nurse educators is critical to the professional practice of nursing and positive patient outcomes and validation of the importance of continuing education which is of utmost importance (ANCC, 2014).

In terms of learning environment, the administrators positively evaluated the teaching competencies of the clinical instructors. They believe that clinical instructors emphasize the standard holistic nature of teaching to their students while the low responses of the administrators are attributed to the attendance of the clinical instructors. As facilitators of learning and development of learners, CIs are expected to give the best service and provide an environment conducive to such learning and growth (Saicebrian, 2009). Although most of the time, clinical instructors are punctual and attend clinical assignments, administrators still aspire that throughout the school year and semester, clinical

instructors do not incur any absences. They perceive that time wasted on every clinical assignment would mean wasting educational resources and opportunity for the nursing students to learn.

The administrators believe that clinical instructors are very determined to give a hand to students to reach their objectives or goals in the area of diversity of learning. It can be noted that specific weaknesses on the competencies of clinical instructors include providing access to appropriate intervention activities such as the learning assistance program for learners – at – risk. Given the evaluation, administrators think that instructors should have rendered extra time to assist those students-at-risk of completely failing a certain subject. On the area of curriculum, clinical instructors relate lessons to the real scenarios which accordingly benefit students’ intellect. The administrators encourage the CIs to be more approachable for them to achieve learning much better. Clinical instructors must be helpful mentors to guide students in clinical issues. The behaviors of clinical instructors perceived by the

students to be helpful to them include: mentoring, professional acceptance, nurturing and modeling (Levy et al., 2009).

The administrators believed that clinical instructors place a high regard on personal and professional growth. This indicates that CIs, as seen by the administrators, consistently demonstrate professionalism in their work. There is a need to strengthen their professional development for continuous improvement as clinical instructors.

The administrators regard the clinical instructors’ involvement in research needs improvement. Clinical instructors participate satisfactorily in promoting instructional improvement, but there is a felt need to improve the clinical instructors’ skills in publishing/ disseminating research outputs. Research in nursing translates evidences that build best teaching and learning practices (NLN, 2016), thus nurse educators should be research oriented and have active participation in research projects, presentations and publications.

As regards “observance of university responsibili-

ties as part of the clinical instructors teaching competency, the administrators analyzed the domain “social regards for learning/learners” as “always”. Their analysis simply implies that clinical instructors practice a high level of effectiveness in their work area. Participation and involvement of faculty members greatly contribute to the enhancement of personal and professional competencies; hence university/community involvement was evaluated as “often”. The clinical instructors need to improve their involvement in university and alumni related activities.

The student respondents analyzed clinical instructors as highly competent in all 4 domains namely: learning environment, diversity of learners, curriculum, assessing and reporting. When students have a positive experience in the practice setting, they are more likely to undergo meaningful learning. A positive experience which enhances student comfort, reduces anxiety and increases the student's self-confidence is more likely to promote the student's ability to apply energy creatively and to achieve learning goals (Henderson, 2010).

The administrator-student respondents perceived that clinical instructors are highly competent in areas of learning environment, diversity of learners, curriculum and assessing and reporting. It is no surprise that the teacher and quality of instruction makes the biggest difference in how students learn. Research on teacher quality identified that the teacher is the single most important variable related to student achievement (Darling-Hammond, 2007).

The highest educational attainment, years of teaching experience and number of in-service trainings attended by the clinical instructors have no significant relationship with their teaching competencies in terms of the 4 domains as assessed by administrators-students respondents. The administrator respondents believed that years of professional experience has no significant relationship with the clinical instructor's teaching competency. This however, is in contrast with the student respondents' assessment that years of professional experience greatly influence the clinical instructor's teaching competencies. They believed that it contributes much to the teaching effectiveness of the CIs in the 4 domains namely; learning environment, diversity of learners, curriculum and assessing and reporting. Since the subjects are clinical instructors, majority of the teaching areas are in the hospital setting (Related Learning Experience –RLE) for broader appreciation and familiarization of basic nursing skills. Hence, what the clinical instructors have learned or acquired from professional experience in the clinical ward rotations will have a direct effect on how they transmit such experience, knowledge and skills to their students.

With regard to items which determine the relationship between teaching competencies and highest educational attainment and professional experience of the clinical instructors as evaluated by the administrators, university/community involved-activities are found to be significant. This implies that the longer the number of years, experience and knowledge gained, the more effective, efficient and competent clinical instructors

become. In addition, there was also a very significant relationship between teaching competencies and highest educational attainment based on the involvement of the clinical instructor in research. This means that involvement in research and university/community activities contributes much to the CI's teaching effectiveness and efficiency.

Research skills help assess performance and improve their competencies by utilizing/employing new approaches and new techniques or methodologies. Stevens (2013) emphasized the integration of best research evidence (Evidence-Based Practice) with clinical expertise and patient values as crucial to quality nursing education and practice. Involvement in university/community activities exposes clinical instructors to different experiences which improve or reinforce their theoretical knowledge. In so doing, acquired knowledge from specific areas is shared with their students.

The number of in-service training attended has a substantial significant relationship with teaching competencies (university/community involvement). The administrators agreed that attending in-service trainings can help improve teaching competencies and help them keep abreast with recent developments in nursing education. However, all the items which evaluated the relationship between teaching competencies and teaching experience of the clinical instructors were found to be insignificant from the point of view of the administrators.

Based on the findings of the study, proposed in-service training modules were made to help strengthen and improve the teaching competencies of clinical instructors as well as to enhance the present training program of the chosen school of nursing. The in-service training modules cover three domains: research, personal and professional growth and diversity of learners which were found to be mostly required by clinical instructors. The prepared in-service training modules are research enhancement, enlistment to professional organizations and learning assistance program. Each module has seven (7) components: definition, objective, content, challenges, module proper, reflection, sample linkages/organizations/form.

In conclusion, clinical instructors are competent in all four domains of teaching competencies, (learning environment, diversity of learners, curriculum and assessing and reporting). Students consider the years of professional experience as very significant to the teaching competencies of the clinical instructors. The highest educational attainment, years of teaching experience and number of in-service trainings attended do not affect the teaching competencies of the clinical instructors in all four domains. Based on the evaluation of the administrators, the research and university/community involvement significantly contributes to the teaching competencies of the clinical instructors. The highest educational attainment and teaching experience do not significantly affect the teaching competencies of the clinical instructors. There is a necessity to develop in-service training modules to enhance

the present in-service training program. It is recommended that clinical instructors must enhance their competence in the three domains specifically research, personal and professional growth and diversity of learners. The in-service training module created based on the findings of the study will be useful in order to achieve these objectives.

Competing interests

The author declare no competing interests

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