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Nursing Students' Expectations of their Clinical Instructors: Practical Implications in Nursing Education

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Abstract: Nursing students learn under the responsibility of clinical instructors during their related learning experience (RLE). Generally, nursing students regard their clinical instructors as pivotal sources of foundational knowledge, skills, and values to develop themselves into competent and compassionate nurses. It is usual for them to leverage their expectations of their clinical instructors. The study aimed to uncover and learn from the nursing students' expectations of their clinical instructors in terms of inductive codes such as teaching strategies, assessment of student learning outcomes, monitoring and evaluating learning progress, recognizing student efforts, professional mastery, and descriptions of ideal clinical instructors. This descriptive qualitative study employed thematic analysis to structured interview transcripts from conveniently sampled nursing students in a private university in the Philippines. During their RLE, the nursing students viewed that i.) clinical instructors utilize various teaching strategies; ii.) variety of assessment techniques are used revealing innate teacher values and some students' undesirable feelings towards their clinical instructors; iii.) limited techniques in monitoring and evaluating students' progress are employed; iv.) students have feelings of being denied of recognition; v.) teacher-student likeness, and some unwanted perceptions on professional mastery are essential; and vi.) caring attributes, cognitive, and clinical competence make up the ideal clinical instructors. The quality of nursing students is as good as the quality of their clinical instructors. Their clinical instructors primarily influence their level of confidence during the RLE. Findings suggest that clinical instructors need to rethink about their practices in ensuring quality instruction and supervision during RLE.

Keywords: *Nursing; nursing education; nursing students; clinical instructors; related learning experience.*

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1. Introduction

Improvements in nursing education are necessary, and these can be facilitated using an honest feedback mechanism from nursing students who are at the core of the teaching and learning cycle. When taken into account, there is a high chance that progresses of the many facets of quality instruction are ensured, which are influential to the development and enhancement of the knowledge, skills, and attitude of nursing students as they are being prepared for the real world of nursing practice. Through open feedback, clinical instructors may reimagine their ways of enriching quality in nursing education.

The Related Learning Experience (RLE) is a component of the nursing curriculum focused on the development of the nursing competencies of students as future nurses. In RLE, nursing students are exposed in various clinical and community settings under the supervision of clinical instructors. In the Philippines, at least three years of clinical experience as a nurse, preferably with a specialized area of practice, and a master's degree in nursing are required to become clinical instructors.

Considering the intricacies and responsibilities, clinical instructors are being equipped with vital clinical supervision competencies to fortify their teaching strategies during RLE. At the end of each RLE, the clinical instructors are evaluated to determine their strengths and areas for improvements. In this regard, this study attempted to describe the expectations of nursing students about their clinical instructors with recommendations to improve the clinical instructors' competencies in supervising nursing students during RLE, and to advance nursing education in general.

2. Literature Review

Soliciting feedback is an integral part of evaluating clinical experiences (Lloyd-Penza et al., 2019) Comprehending the feedback of nursing students about their clinical instructors is vital for developments to take place.

The roles of clinical instructors are vital in honing competent and compassionate nurses. In supervising nursing students in the clinical settings during their related learning experience (RLE), clinical instructors need to be equipped in facilitating quality learning. Several studies focused on this aspect of improvements. McPherson and Candela (2019) discovered that clinical faculty indicated several areas for development, including clear expectations of the role, better communication, training and orientation, and support.

When clinical instructors are prepared and supported, they can improve their strategies and methods in handling nursing students in RLE, including their assessments for and of learning. In terms of assessing, monitoring, and evaluating learning in nursing students, clinical instructors need to become more equipped. Arguably, clinical instructors are not like licensed teachers who have been equipped with education courses to be ready in teaching.

On one hand, a study found out that education courses can improve teaching ability, reinforce teaching control, and promote the quality of clinical teaching (Liu et al., 2019). This kind of learning opportunity can sharpen clinical instructors in the way they operate learning in RLE. This is an excellent example of continuing education. Continuing education may be delivered with a variety of programs, activities, and technologies (Shinners & Graebe, 2020) such as education courses to enhance teaching ability among clinical instructors. George et al. (2020) also pointed out that nurse educators can use strategies such as use of caring, competent clinical instructors, self-reflection, peer-support, and debriefing to enhance students' clinical learning experiences.

Nursing faculty members play a pivotal role in the achievement of nursing students' learning outcomes (Labrague et al., 2019). Supervised clinical practice influences the students' clinical learning (Kaphagawani & Useh, 2018). Clinical education is of high importance (Dinmohammadi et al., 2016).

True enough, educating the future nurse is a daunting task for nurse educators (Lopez, 2015) but it takes open feedback mechanisms to keep improvements for both the nursing students and their clinical instructors. This study is grounded on the theory of constructivism.

3. Methodology

2.1 Research Design

The descriptive qualitative research design was used in this study. Polit and Beck (2009) emphasized that a descriptive-qualitative design presents comprehensive summaries of phenomena.

2.2. Participants

The participants of the study involved twelve nursing students from different year levels identified through convenience sampling. Table 1 presents the demographic traits of the participants.

Table 1. Demographic profile of the participants

Participant (P)	Age	Gender	Year Level
1	21	Female	Fourth year
2	21	Female	Fourth year
3	23	Female	Fourth year
4	20	Preferred not to mention	Fourth year
5	22	Female	Fourth year
6	21	Female	Fourth year
7	35	Female	Fourth year
8	28	Female	Third year
9	46	Female	Fourth year
10	28	Male	Fourth year
11	21	Female	Fourth year
12	19	Female	Third year
13	19	Female	Second year
14	42	Male	Third year
15	20	Male	Second year
16	21	Male	Third year

2.3 Data collection

A structured interview embedded in Google form was used to collect data from the participants. The structured interview protocol or guide contained guide questions revolving around priori codes.

The priori codes, also known as inductive codes, include the teaching strategies, student assessment of learning outcomes, monitoring and evaluating their progress of learning, recognizing student efforts, and professional mastery (e.g., competencies) in the assigned RLE supervision of clinical instructors. The interview protocol also contains questions seeking the students' views about their idea of clinical instructors.

The researcher interviewed voluntary nursing students through the platform of choice. The nursing students completed a written informed consent to ensure their voluntary participation. Moreover, the nursing students were oriented that they have the freedom to withdraw anytime should relevant factors such as time and availability constrain them to participate. Strict observance of confidentiality and anonymity was ensured.

2.4 Data analysis

In the study, the thematic analysis based on Braun and Clarke (2006) was used to analyze the data transcripts. Thematic analysis is a method for identifying, analyzing, and reporting patterns within data (Braun and Clarke, 2006). It minimally organizes and describes the data set in rich detail (Braun and Clarke, 2006).

The phases, according to Braun and Clarke (2006), include familiarization of data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

The researcher did the transcription, data treatment, and thematic analysis.

2.5 Trustworthiness

Trustworthiness is an essential component in the treatment of qualitative data. In this study, the researcher is guided by the criteria set by Guba and Lincoln (1989), as cited by Maher et al. (2018), which include credibility, transferability, dependability, and confirmability.

2.6 Ethical considerations

The researcher collected the informed consent from each of the participants using the World Health Organization (WHO) template. The participant numbers (i.e., 1 to 16) were used to anonymize the actual names of the study participants. Post-implementation approval from the Ethics Review Committee was granted to conduct the study.

3. Results

Table 2. The views of the nursing students' towards their clinical instructors in terms of their teaching strategies during RLE

Theme	Categories
Teaching strategies	Eclectic teaching strategies
	Outcomes-based education
	Areas of improvements
	Affective responses
	Teacher values

The participants revealed that clinical instructors have various teaching strategies. The clinical instructors have varying strategies in teaching

nursing students during RLE. These, according to some participants, match their learning styles.

The teaching strategies of the clinical instructors also provide a precise application of the philosophy of outcomes-based education as a newly adopted curricular framework. In this regard, the participants highlighted that their clinical instructors employed guided and independent skills demonstration. The clinical instructors, as perceived by the participants, taught them thoroughly based on their experiences in the clinical settings.

> *Clinical instructors have different teaching strategies. I am a visual learner, and I think that return demonstrations of procedures are one of the most effective. (P3)*
>
> *Every clinical instructor has his or her ways of teaching us. Most suit our learning styles as students. Personally, what I love most is the good balance between guided and independent demonstrations of skills during RLE. It makes me feel that I am not left alone in case I do not know what to do because thy (clinical instructors) guide us. At the same time, there is independence like allowing us to do what is right. (P6)*

Some areas of improvement, however, have been identified, and these included the need to tackle skills highlights, nurse licensure examination (NLE) essentials, supplemental lessons, oral revalida, and case presentation.

> *I think they (clinical instructors) need to tackle more the critical highlights of every skill. Such is needed in the board examination. They (clinical instructors) also need to supplement the lessons from the class discussions prior to RLE. They (clinical instructors) also need to emphasize RLE activities like oral revalida, case presentation, and return demonstration. (P1)*

One participant even cited that the clinical instructors should engage nursing students who show slow progress in learning particular skills. On a positive note, the clinical instructors were considerate, understanding, patient, trusting and faithful, creative, and with integrity. Generally, the participants felt positively towards their clinical instructors in the ways they were taught during RLE.

> *They guide and teach us as much as what clinical instructors would do. I am amazed at their patience and knowledge. They are honest when it comes to correcting our errors or mistakes. They give us positive comments and correct us soonest so that next time we will be more prepared. (P11)*

Table 3. The views of the nursing students' towards their clinical instructors in terms of their student assessment of learning outcomes during RLE

Theme	Categories
Student assessment *for* and *of* learning	Variety of methods
	Teacher values
	Students undesirable feelings towards student assessment of learning

The results show that the participants viewed that their clinical instructors use variety of methods in assessing their learning. They also emphasized positive responses to academic advising per year level.

It is nice that we (nursing students) have time to talk with our advisers (per year level). Through it, they can hear and assess our needs. (P1)

The participants revealed that the clinical instructors used the RLE evaluation tools, and they are being assessed based on their clinical performances. The use of rubrics was also noted. The clinical instructors also employed reflection papers. The participants felt that their clinical instructors are unbiased, accurate, fair, and just, considerate, and honest when they assessed their learning.

They assess our performance using RLE evaluation tools every after rotation. (P6)

Since they (clinical instructors) are using rubrics, there is fairness in being assessed, especially when they get to explain how we (nursing students) arrived at a particular grade. (P13)

They (clinical instructors) are honest and considerate about their assessments of our RLE performance. (P11)

However, the participants have some undesirable feelings towards their clinical instructors' methods of students' assessment of learning. Some cited that some clinical instructors should talk to them privately when being confronted because of errors or mistakes. Some of them were playing favorites, and some did not notice students who worked silently but were also doing well during RLE.

Not accurate. It is biased, and we are graded, at times, according to "favorites". (P2)

If you are the kind of student who is quiet during RLE, most likely, you will not be noticed even how good you are. (P6)

They (clinical instructors) should talk to students privately if a problem is being encountered on how they assess students. (P4)

Table 4. The views of the nursing students' towards their clinical instructors in terms of their monitoring and evaluating their progress of learning during RLE

Theme	Categories
Monitoring and evaluation of student learning progress	Limited techniques Mixed feelings towards monitoring and evaluation

The participants revealed that their clinical instructors have limited techniques in monitoring and evaluating the nursing students' learning progress in RLE. Most of the time, clinical instructors used critiques, RLE evaluation tools, and the dynamic learning processes. On one hand, the participants developed mixed feelings towards the techniques in monitoring and evaluating their learning progress. Positively, they cited that their clinical instructors were transparent, fair, and that they have balanced positive and negative feedback, hands-on, spent time to assess, reasonable, and unquestionable. On the negative side, the participants felt that some of the clinical instructors should rationalize RLE examinations. Secondly, some of them needed to help students to reflect and to become more motivated. Thirdly, they have to be monitor and evaluate the nursing students more professionally. Fourthly, some of the clinical instructors should ask questions after and not during any procedures being demonstrated. Fifthly, some of the clinical instructors were not focused on monitoring the nursing students during RLE, and they reported that they did not know whether they are graded accurately or not.

> *All (clinical instructors) have their standards, but they are transparent, knowledgeable, and fair. (P10)*
>
> *I feel like it is a good idea when teachers help students reflect and motivate students to achieve our full potential by monitoring and evaluating our learning progress during RLE. The clinical instructors are "hands-on". They spend time per student to assess learning during RLE. (P16)*
>
> *Some are really into monitoring, but to be honest, some are doing other stuff during RLE. Nonetheless, most of them have good ways of monitoring our progress because they focus on what is needed to be evaluated. (P13)*

Table 5. The views of the nursing students' towards their clinical instructors in terms of recognizing student efforts during RLE

Theme	Categories
Recognizing students' efforts	Feelings of being denied Perceived need

The participants cited that students' efforts were, at times, denied. In this regard, they also highlighted that nursing students should be presenting papers in conferences, be involved in grand case presentations to motivate and inspire younger year levels.

> *Sometimes, we are drained with lots of work, so I guess it is important if those works will be recognized… I also suggest that we create more programs that will highlight the skills of the students, such as grand case presentation, where all nursing students will attend alongside panelists and our Dean, to encourage us and the lower year levels and to promote interactive learning. I think this will be helpful. (P1).*
>
> *Sadly, they rarely do this (recognition). Often, it is either the doctors or staff nurses who recognize us. Then they refer this to the clinical instructor. I wish to have a one-on-one talk regarding the performance of students in RLE for the students to enhance their skills and also to recognize them properly. (P6)*
>
> *As a student, after RLE, I look forward to their comments after they have signed and computed our grades. They give their comments with regard to our performance in RLE to show that they appreciated our efforts. (P11)*
>
> *Most clinical instructors do not focus on students' efforts and dedication to learn and improve their skills in the areas most of the time…and they should help those students who lack skills instead... (P12)*

Table 6. The views of the nursing students' towards their clinical instructors in terms of their professional mastery (e.g., competencies) of their assigned RLE supervision

Theme	Categories
Clinical instructors' professional identity	Teacher-student likeness Ineffectiveness Professionalism False competency

In terms of professional mastery of the clinical instructors in their assigned RLE areas, the participants emphasized that there was clinical

instructor-student likeness and professionalism. However, a need for more effectiveness of some of the clinical instructors was also revealed.

> *Most of them are assigned to the area of their mastery, which I think is excellent, and it shows that they are competent enough. As a student, we have a feeling when they do not know what they are doing. Somehow, it affects student performance and confidence in the area. A competent clinical instructor is equivalent to a competent student… (P6)*
>
> *None of mankind is perfect, and of course, they might show lacking part… (P8)*
>
> *I like it better when clinical instructors are honest when they forget about something in the procedures and believe that they are not perfect. When it comes to mastery, they make it to the point that when we have questions, they answer us on point. (P13)*
>
> *Some of our clinical instructors do not have the mastery of particular topics or subjects. (P3)*

Table 7. The views of the nursing students' about their clinical instructors in terms of their "ideal" clinical instructors

Theme	Categories
Ideal clinical instructors	Caring teacher Cognitively competent Clinically skilled

Generally, the participants described their ideal clinical instructor in three themes, namely, as a "caring teacher", "cognitively competent", and "clinically skilled".

> *Our clinical instructors are like our second parents, so I consider them as my role models. They taught us a lot of knowledge and life lessons, which help me become the better version of myself and lessons that I will treasure forever. (P5)*
>
> *…everyday, they (clinical instructors) made me realize that being a nurse is hard and fulfilling at the same time. We (students) must have a heart to help others. One of them (clinical instructors) says that "in nursing, competence without compassion is brutal while compassion without competence is irresponsibility". Every single day, I am reminded that I have to be a nurse who is both competent and compassionate. I know that I will bring this mantra for the rest of my life and career. (P6)*

4. Limits and Discussions

The instructor's teaching performance is an important factor contributing to the quality of clinical education (Valiee et al., 2016). This study explored the views of nursing students about their clinical instructors using a priori codes, namely, teaching strategies, student assessment of learning, monitoring and evaluation of student learning progress, recognizing students' efforts, professional mastery, description of nursing students about an ideal clinical instructor. Collecting feedback provides guidelines for changing educational practices (Lloyd-Penza et al., 2019). Implementing changes based on the feedback, according to Lloyd-Penza et al. (2019), strengthens partnerships, supports student learning needs and improve student experiences. Pedagogical practices of mentors should be enhanced to improve future nurses' learning (Pramila-Savukoski et al., 2019).

In the current study, the teaching strategies of the clinical instructors have been noted eclectic. Clinical instructors utilize several teaching strategies to be able to deliver instruction. Such eclecticism may fit student learning styles and facilities. However, it may also be viewed as a manifestation of a dire need to foster consistency or uniformity in strategies and approaches to ensure that learning could take place during RLE. The adoption of characteristics and teaching techniques of competent clinical instructors is essential to help create improvements in the clinical experience of nursing students (Niederriter et al., 2017). This is also crucial because of the adoption of the Commission on Higher Education (CHED) Memorandum no. 15, series 2017 in the Philippines, seeking for clinical instructors who have at least three years of clinical experience in a field of specialization. In this regard, the challenge to work in the clinical area as clinical instructors may become challenging at first, albeit their competencies can not be underestimated. Novice clinical instructors may benefit from training and workshops to aid them in honing their competencies in teaching in the RLE. Exposure to multiple teaching methods, simulated teaching encounters, and group debriefing may benefit novice clinical instructors (Jarosinski et al. (2020). In the advent of COVID-19, however, where it is disrupted, and deferred clinical exposures, the use of simulations may be an alternative means to ensure learning despite the pandemic. Because RLE is deferred for a moment, institutes of nursing can not just ignore future outbreaks of similar diseases or other diseases. For instance, Curl et al. (2016) evaluated the effectiveness of using high-fidelity simulations in obstetrics, pediatrics, critical care, and mental health nursing. Curl et al.

(2016) found out that by combining simulations with traditional clinical experiences, significantly higher scores on the pre-graduation exit exam were achieved than having traditional clinical experiences alone. However, high-fidelity simulations may be a little bit costly; hence collective decision making with due respect to budget allocation, among others, is necessary. Other than this, simulations require training for instructors to maximize its use for student learning. On the other hand, alongside this possible intervention to aid student learning in RLE are evidence-based teaching strategies that are cost-effective.

In the current study, student learning assessment also varies between and among the clinical instructors. The participants reported both desirable and undesirable feelings at how they are being assessed in the RLE. While most of the clinical instructors are fair and just, considerate, and patient, some participants noted some inaccuracies hence the need to revisit practices in student learning assessment as an essential component of the clinical instructorship. Immonen et al. (2019) identified the best current evidence on the assessment of nursing students' competence in clinical practice. According to them, the development of more consistent and systematic approaches in assessment with high reliability and validity is much desired and needed (Immonen at al., 2019). Provisions to have clear assessment criteria, nurse educators' support, reinforcement about assessment, enhanced feedback practices, and opportunities for reflection among students (Immonen et al., 2019) are crucial. While the clinical instructors in the current study have been viewed to use a variety of methods of student assessment, one significant result is related to how students are fascinated by the value of the reflective journal. The use of reflection can help students discern about their actions and practice (Bagheri et al., 2019). In the report of Bagheri et al. (2019), the conscious comparison of actions, confrontation with influential realities, emotional and moral involvement in inpatient care, and demanding accountability are specific reflection triggers. Generally, effective teaching in baccalaureate nursing education considers use of reflection as an important component (Bagheri at al., 2019).

Concerning the monitoring and evaluation of student learning progress, the participants of the current study cited that their clinical instructors have limited techniques. This perception, however, may be refuted, but the participants who have mixed feelings towards this area and citing this to be a concern should not be neglected. Accurate monitoring and evaluation practices can accelerate learning progress when ensured. In their study, Kaphagawani and Useh (2019) found out that students received

inadequate clinical supervision so they have recommended that clear policies regarding clinical supervision as well as structures and well-monitored process must be ensured.

Additionally, clinical supervision reduces the widening gap between the theory and practice in nursing (Kaphagawani & Useh, 2019). Clinical supervision also enhances teamwork, and promotes personal and professional development, as well as patient safety (Kaphagawani & Useh, 2019). Proper clinical supervision ensures good monitoring and evaluation practices for student learning. In the study of Shahoei et al. (2019), prevention, action, and are essential for patient safety and error management; hence, their inclusion in the nursing curriculum and nursing education are necessary. Likewise, attending to students' personal problems is also cited as an enabler of the teaching-learning process (Valiee et al., 2016).

Recognizing student efforts is commonly missed out by clinical instructors, according to the current study. When nursing students feel that they are recognized, they appear to have a more increased level of academic motivation. Motivation is a crucial factor for academic growth and success and is regarded as a pre-requisite in the process of teaching-learning (Ghorbanzadeh et al., 2018). Saeedi and Parvizy (2019) cited that the strategies to promote academic motivation of nursing students include strategies pertinent to professors such as empowering and motivating to improve the quality of teaching as well as strategies pertinent to students such as creating a positive attitude toward nursing, empowering, and encouraging academic achievement. They also highlighted strategies pertinent to clinical education, such as improvement of the quality of clinical training and optimization of the academic and clinical relationships, and strategies pertinent to faculty such as providing extracurricular activities, proper curriculum programming, and educational and welfare facilities (Saeedi & Parvizy, 2019). Moreover, clinical instructors need to adopt a respectful approaches to improve students' motivation for learning (Valiee et al., 2016). It is also vital for clinical instructors to teach the students about independence and self-confidence promoting strategies (Valiee et al., 2016).

With regard to clinical instructors' professional identity, the participants appeared to have a teacher-student likeness, which means that to a nursing student, they are as good as their clinical instructors. Clinical instructors are influential in the development of professional identity of the future nurses. Instilling values of professional identity, integrity and honesty may not only affect perceptions of their nursing roles but may also affect their capacity to develop a stable and satisfied nursing workforce in the

future (Wu et al., 2020). In this regard, professionalism is also safeguarded. However, ineffectiveness and "false competency" of some clinical instructors were revealed in the current study. These two must be addressed as they can be influential to the self-esteem of the nursing students during RLE. Ineffectiveness may be resolved through a constant collection of feedback from students as regards clinical instructors' positive and areas of improvement. While the category of "false competency" was uncovered in this study, it is essential for clinical instructors to revisit their competencies should there be needed enhancements. Losing the confidence of the nursing students in spite of earning several degrees as clinical instructors are tantamount to losing professional identity and trust.

The professional partnership between nursing students and clinical instructors is paramount. Students expect clinical faculty to collaborate with them (Ludin & Fathullah, 2016). Niederriter, Eyth and Thoman (2017) found that nursing students gained more knowledge, critical thinking, and confidence with instructors whose characteristics are founded on trusting relationship, experience or knowledge, and clinical instructors who embody the characteristics of coaches and role models.

The participants of the current study revealed their descriptions of ideal clinical instructors as caring, cognitively competent, and clinically skilled. With regard to competence, Ludin & Fathulla (2016) cited that teachers' competence is considered most significant influential factor in student learning. They also found out that the least influential is the teachers' personality.

When nursing students perceived their clinical instructors as very competent, they also level up their performance and expectations in the RLE. Labrague et al. (2019) highlighted over the personality traits, nursing students value their faculty's competence and interpersonal skills. Labrague et al. (2019) suggested that professional competence and interpersonal skills are the areas that nursing faculty must strive to improve as they are influential in quality nursing education

The challenges of the clinical instructors as explored are multiple. Bazrafkan and Kalyani (2018) explored nursing student experiences in clinical education and found out several categories that imply great concern for clinical education such as theory and practice disruption, shaky communications, inadequate planning, perceived tension, and personal and professional development. Sadeghi et al., (2019) found out that autocracy, low learning competence, and self-confidence weakness are determined inhibitory characteristics of clinical instructors in the process of developing clinical competence in nursing students. In the same vein, Jamshidi et al.

(2016) also pointed out that ineffective communications, inadequate readiness, and emotional reactions are the challenges affect nursing students' learning.

Students in the clinical area experience anxiety and stress, too. Wang et al. (2019) reported that fear of making mistakes, being observed by instructors, and initial clinical experience on a unit are anxiety-producing situations in the clinical area. Nursing educators need to recognize anxiety-producing practicum situations and develop anxiety management interventions to ensure optimal learning (Wang et al., 2019).

Despite the stress levels, nursing students use a variety of coping mechanisms. Common coping strategies of nursing students include problem-solving (Labrague et al., 2016). Labrague et al. (2017) also suggested stress management counseling, counseling programs, establishing peer and family support systems, and formulating hospital policies that will support nursing may be useful.

5. Conclusions

With the results of this study, the question is *Quid ergo?* (What now?). The quality of nursing students is as good as the quality of their clinical instructors. Their clinical instructors primarily influence their level of confidence during the RLE. Findings suggest that clinical instructors need to rethink about the inductive codes explored in the study. Deep self-reflection is necessary to clinical instructors.

More improved teaching strategies, assessment, monitoring, and evaluating learning progress, recognizing student efforts, and professional mastery of clinical instructors, could mirror a more enhanced clinical supervision of nursing students during RLE. Considering the imageries of their ideal clinical instructor as a caring teacher, cognitively competent, and clinically skilled, clinical instructors could forge better learning facilitation and partnership with nursing students under their supervision.

Corpora of evidence-based teaching strategies and student learning assessment to guide clinical instructors in supervising nursing students are essential. Regular seminar workshops of best practices and updates in monitoring and evaluating student learning progress in RLE are necessary.

Consistent recognition efforts to performing students and engaging those who are slowly progressing in the RLE can increase student motivation to learn. Collecting student feedback regularly and acting on them accordingly benefit both clinical instructors and nursing students.

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