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Teaching Philosophy Statement

Teaching is fundamentally an act of translation: transforming complex biomedical science into meaningful understanding that empowers learners to think critically, practice confidently, and adapt expertly in evolving clinical environments. My teaching philosophy is grounded in the belief that genuine comprehension of detailed pathophysiology is the essential foundation for clinical reasoning. When learners understand the "why" behind disease processes and therapeutic decisions, memorization becomes unnecessary, and knowledge becomes transferable across any clinical context.

I view learning as a dynamic process that must be continually reinforced, tested, and refined at the bedside. My teaching philosophy aligns closely with George Mason University's emphasis on effective instruction, student engagement, assessment of learning outcomes, and continuous improvement. Nursing education carries a moral obligation: we are preparing students for moments where decisiveness, pattern recognition, and calm under pressure directly influence patient survival. My goal is not simply for students to pass examinations or licensure, but to enter professional practice with confidence, sound clinical judgment, and the ability to act decisively in high-stakes situations.

Teaching as Conceptual Mastery, Not Memorization

At the core of my approach is the conviction that pathophysiology is not a body of facts to memorize but a conceptual system to understand deeply. I emphasize mechanistic reasoning: how cellular injury becomes organ dysfunction, how compensatory physiology creates symptoms, and how pharmacologic interventions interact dynamically with disease processes. This framework gives students a durable cognitive foundation that can be applied to both routine care and high-acuity presentations.

Scholarly Teaching and Educational Leadership

My teaching philosophy is also informed by scholarship in learning science. I earned my Doctor of Nursing Practice degree from George Mason University in 2023, with a dissertation focused on Case-Based Learning (CBL) as a pedagogical strategy for clinical mastery. This work affirmed my long-standing belief that learners best develop reasoning skills when education is structured around authentic patient narratives rather than isolated content delivery. I used a multi-factor approach to evaluate efficacy of Case-Based Learning, including student surveys and post-evaluations, as well as the comparison of HESI scores of students who were taught prior years with solely Lecture-Based Learning

(LBL). The results were clear: Students self-report an increase in knowledge transfer, critical thinking skills, self-confidence, and satisfaction in learning.

The Necessity of Clinically Active Educators

My teaching is grounded in active clinical practice. One of my strongest professional commitments is the belief that those teaching pathophysiology and pharmacology must remain clinically active. Contrary to mainstream academic norms, I maintain that continued practice, ideally full time, and at minimum part time, is essential for instructors in these disciplines. Remaining embedded in critical care keeps educators current with evolving evidence, ongoing clinical trials, and rapidly changing standards of practice. It prevents students from learning outdated approaches justified only by tradition: “what we always did” or “what we used to do.” In this way, clinical engagement is not simply professional experience, but an ethical responsibility in healthcare education.