Dr. Sunita Iyer ND, LM

Teaching Philosophy: Pedagogy Led by Scholarship

18208 66th Ave NE, Suite 201, Kenmore, WA 98028 | 206.819.1186 | sunitai@uw.edu

Dear Colleagues & Committee Members:

The intent of this letter is to highlight the ways in which I am committed to my development as a multi-dimensional educator, alongside being a seasoned clinician in the fields of perinatal & family mental and behavioral health, social justice and public health, healthcare leadership, and health promotion. My three primary areas of pedagogical & teaching development are oriented toward broadening our body of healthcare knowledge in my areas of specialization, and effectively teaching students of midwifery, nursing, public health, and allied health professions, such that their approach to mental and behavioral health can engender partnership and be transformative for families.

Pedagogical Development

Connected Teaching to Teach Connection

How can we develop trust and connection to cultivate patient self-awareness, more balanced mental health, and growth mindset while accounting for their social dimensions of health? How can connected care be available to *all* patients, not just the populations who are most highly resourced? How can we create 'shorthands' or ways for our students to be creative and capable in establishing connection and allowing for health education, promotion, and transformation, particularly in the arena of mental & behavioral health? How can we leverage our teaching and platform to this end?

As I discuss Social Dimensions of Health, Research Literacy & Translational Practice, or Health Policy & Civic Engagement, what strikes me is that the level of empathy and connection that I can 'teach' in the classroom is worlds away from what I am able to exemplify and model in the clinical setting. And yet, I feel a sincere responsibility to midwifery and other healthcare students that I am granted the ability to influence in my classroom to understand how important trust and connection are to health education, health promotion, health behavior changes, and mental & behavioral health. We may also need to understand how important the story and storytelling is, alongside our dimensions of health, to effect change.

To that end, the goal of my pedagogical progression is to find ways to incorporate story, storytelling, and building connection and trust into the classroom. As a clinician educator, I weave stories into and create a climate of trust in my classroom every day to connect PowerPoint slides to real people. However, in this approach, *I* am centered, not the students. The mode of engagement that I am learning about and adapting involves 1) A flipped classroom being student-centered, 2) Technologic implementation that allows for multiple ways to elicit and share stories, 3) Visual, audio, written, and other expressions (VLPA-style) to demonstrate the blending of clinical and didactic learning. Thus, the subject of my inquiry and application is to utilize our numerous resources to reconstruct courses that I have already taught and aspire to teach again, develop a plan for appropriate evaluation of this method of teaching, and to demonstrate whether this mode of engagement truly achieves the aim of cultivating more deeply connected and empathetic midwifery and allied-health students and professionals whose work is transformational.

Writing Pedagogy

As we embrace and move quickly toward highly technologized teaching and learning, one component that I am deeply committed to retaining is: writing. In our classrooms it has long been a practice to reward more

'extroverted' learners; the students who rapidly incorporate posted materials and can respond confidently in class often set the tone and tempo for any course. What I am investigating and actively engaged in learning is how the role of writing in our courses can give voice to students and thought processes that are not often showcased in our setting, even with dedicated instruction, as we (as instructors) are often also people who thrive in the 'extroverted' setting.

We have a unique challenge at UWB in the School of Nursing & Health Studies in that our student population is incredibly diverse. We have many students who are foreign-born, students who are learning in our classrooms in a language that may be their second or third language, students who are managing several jobs and school, or students who selected our campus for the smaller, more intimate learning environment. In all these cases, utilizing writing effectively in and out of the classroom can provide a more personalized opportunity for learning *for all students*. As such, my inquiry into writing education has involved researching best practices, eliminating practices that promote inequity in learning and outcomes (i.e. redlining), refocusing the writing assessment upon the thought process rather than formalities, utilizing short, low-stakes writing samples in the classroom to gain confidence with moving ideas to paper, and providing guidance and reassurance that students' contributions are valuable.

In the Spring of 2019 I had the opportunity in a Scholarship Meeting to share the questions that I am addressing in terms of how to teach writing effectively, what I am investigating and integrating already, and ways that we can keep this aspect of learning relevant and centered on knowledge integration. As a result of this presentation to faculty, I was requested to co-create an online Writing Resources module that would serve to provide instruction, guidance, and confidence in writing *primarily for Nursing students*. Based on this work, our proposal to speak at the Lilly Conference for Evidence-Based Teaching & Learning in Austin, TX in January 2020 was accepted. These developments only confirm that creating resources for students and educators alike to retain writing and written communication skills in the education of healthcare providers and advocates is critical, and that my commitment to this line of inquiry and development of tools is equally critical.

Leadership

As with 'extroverted' learning, leadership can come easily to some students. Very often it is the same skill set of efficient and poised verbal communication, alongside discipline and accountability, that we see mirrored in our strong students and leaders. Yet, many of our students could lead in more subtle ways and it is part of my commitment as an educator to provide mentorship to our students such that they can recognize and develop their leadership style. In addition to my role as an educator, *I serve and have served in numerous leadership positions pertaining to healthcare, public health, and health policy*. In these roles, I have actively sought mentorship, critique, and edification on how to broaden my definitions and implementation of leadership.

As an element of my teaching, I have an ongoing reading list and mentors that focus upon understanding leadership styles, how leadership differs in healthcare settings, legislative nuances of leadership, the concepts of matriarchal or patriarchal leadership, collective decision making, centralized decision making, and ultimately how to integrate new styles and techniques both when things are working and when they are not. This inquiry is directed by my own desire to diversify and improve my leadership, but most importantly this inquiry is fundamentally oriented toward *handing down leadership skill sets* to newer midwives, healthcare providers, and public health advocates. In order to fulfill our school mission, simply teaching leadership isn't enough; it must be grown and tended to, for the express purpose of cultivating future healthcare leaders.