

The Work of Teaching, the Practice of Care

By Dr. Rosario Stephanie F. Ornum, RN

Nurse Educator

Faculty, Universities in Metro Manila

Active Member, Philippine Nurses Association (NCR Zones 4 & 5)

Ornum-ornumr@gmail.com



Dr. Rosario Stephanie F. Ornum, RN, has spent more than a decade moving between the realities of clinical care and the responsibilities of the classroom. Her professional life began at a tertiary, specialized government hospital in Quezon City, where years of hands-on experience shaped her understanding of nursing as both a skill and a service. That grounding in clinical practice would later inform the way she teaches, mentors, and supports future nurses.

Teaching became a natural extension of her work. Over the years, she has taught both clinical and theoretical nursing subjects in universities across Metro Manila, adapting to face-to-face and online learning environments with equal care. Her presence in the classroom reflects the same attentiveness she brings to patient care, grounded in clarity, patience, and

respect for the learning process.

She earned her Bachelor of Science in Nursing from United Doctors Medical Center and went on to complete her Master of Science in Nursing, major in Nursing Administration and Management, at Manila Central University. Drawn further into education, she pursued a Doctor of Educational Administration at Pamantasan ng Lungsod ng Maynila, deepening her understanding of academic leadership and institutional development. Her commitment to lifelong learning continued with the completion of her Doctor of Philosophy in Nursing, major in Nursing Administration, at the Philippine Women's University.

Dr. Ornum remains actively engaged in the professional nursing community. She is a member of the Philippine Nurses Association in NCR Zones 4 and 5 and the Renal Nurses Association of the Philippines, Inc. (RENAP), reflecting her sustained involvement in renal nursing as a field of specialization. She is also affiliated with the Philippine Association of Nursing Administrators and Clinical Care Educators (PANACCEA).

Her dedication to teaching has been recognized by multiple universities across the Philippines. In addition to her academic roles, she has contributed to the profession as a co-author of books on Nursing Leadership and Management of Human Resources and Ethics and Policy in Nursing Practice, sharing knowledge shaped by experience rather than abstraction.

Beyond her professional work, service remains central to her life. Dr. Ornum is actively involved with the Help Other People Everywhere (HOPE) Organization and Operation Blessings Foundation

Philippines, Inc., both of which support indigent families and bring care and moments of joy to underserved communities, including homeless children across the country. These efforts reflect her belief that compassion does not stop at institutional boundaries.

At the heart of her work is a simple philosophy: learning should feel human. She continues to advocate for the development of skills, knowledge, attitudes, and teaching practices that make nursing education engaging, meaningful, and grounded in care. For Dr. Ornum, teaching is not merely a profession. It is another way of showing up for others.

Introduction

As teachers continue to teach with care, they will be able to integrate emotional support with instructional practices. The combination of emotional support with instructional practices provides a foundation for creating a positive learning environment, allowing students to concentrate on learning without the barrier of unfulfilled emotional needs. Integrating care with teaching will help to develop a more complete educational experience.

Integration of Teaching and Care

To integrate care and teaching, an educator must balance a student's emotional well-being and academic challenge. Influenced by theorists such as Jean Piaget and Howard Gardner, teachers are encouraged to recognize the importance of providing emotional support for learners' cognitive development. Piaget's focus on developmental stages emphasizes the idea that children learn best when they feel emotionally secure and understood, and Gardner's Multiple Intelligence Theory emphasizes that children learn differently, using different strengths/intelligences. Teachers who respect both students' emotional and intellectual needs will be more successful in creating a productive learning environment (Tahiri, 2024).

Collaborative teaching far exceeds the integration of teaching and care. When educators work collaboratively, they can provide their students with more effective learning supports. Collaborative teaching creates a supportive environment in which teachers can provide both higher academic challenges and more nurturing practices. For example, group projects in nursing facilitate teamwork among students while also allowing each student to express their individual intelligence, further enriching the learning experience.



Integrating care and teaching creates an opportunity to foster resiliency, self-confidence, and social skills and provides the foundation for students' long-term success. Their support will create a lifelong interest in learning and education beyond the classroom. When students feel supported in their efforts to succeed, they build resilience, confidence, and social skills, all of which are necessary for success in life. Supporting care and teaching in an educational environment enhances learning and creates a whole person ready to meet the challenges of the future.

Care Vs Responsibility

I have always understood my work as something that sits between care and responsibility. Nursing taught me how to show up for people in moments that matter, while teaching asked me to translate that care into knowledge, guidance, and trust. Over time, these two roles stopped feeling separate. They became one practice, shaped by the same attention and discipline.

Working in both clinical and academic settings allowed me to see how education directly influences care. What happens in the classroom does not stay there. It carries forward into hospital wards, clinics, and communities. This awareness shaped how I approached teaching. My goal was never to impress students with information, but to prepare them to act with confidence, competence, and compassion when it mattered most.

As my work expanded across universities and learning environments, I became more conscious of the responsibility that comes with shaping future nurses. Every lesson, every assessment, and every conversation carried weight. Teaching, for me, became an act of stewardship. A quiet commitment to standards that protect patients, while remaining mindful of the people learning to carry those standards forward.

This intersection of care and education continues to define my professional identity. It is where my work has found its meaning, and where its impact continues to unfold.

Philosophy and Practice

Over the years, I came to understand that teaching is not about transferring information; it is about shaping judgment. In nursing education, what students remember under pressure matters more than what they memorize for exams. This realization shaped how I approached my work. I focused less on coverage and more on clarity. Less on performance and more on understanding.

My philosophy of teaching rests on the belief that learning should feel safe enough for students to admit what they do not yet know. When learners feel supported rather than intimidated, they are more willing to engage deeply, ask questions, and reflect on their practice. Daumiller and Meyer (2025) conducted a study on advancing feedback research in educational psychology, arguing that feedback should be viewed as co-constructed and dialogic, bringing in cognitive and motivational aspects.

In both clinical and theoretical settings, I learned that consistency matters. Students need to know what is expected of them and why those expectations exist. Clear standards, when explained with care, do not restrict learning. They strengthen it. When expectations are stable and fair, students can focus their energy on growth rather than fear.

The integration of theoretical knowledge with clinical practice is becoming an increasingly important focus in medical education and has been the subject of considerable research into teaching patterns to produce a clinically competent graduate with a solid theoretical background. Recent analytical investigations into teaching styles and methods have shown that neither the traditional lecture-based format nor the separate practical training format alone can meet the demands of today's healthcare learning environments. One systematic review of literature conducted by Shi et al. (2025), which analyzed the relative effectiveness of Case Based Learning (CBL) and flipped classroom teaching versus traditional lecture format, found that educational approaches that favour integration of case-based learning with other methods generate improved levels of student engagement and application of theoretical knowledge to a real-world clinical situation compared with independent lecture methods alone.



Broader reviews have demonstrated the advantages of using blended methods to connect theory with practice through the combined use of case-based and problem-based learning, as well as hybrid online and offline teaching formats in Paediatric Education (Shang et al., 2025). In these approaches, students are exposed to the theory and subsequently apply it in practice within a simulated or real clinical experience environment; the result is improved understanding and the acquisition of practical skills. Additionally, students who receive blended training in their clinical skills are better prepared to practice because they make connections between theory and hands-on clinical experiences that reflect current clinical practice demands.

The role of digital technology in connecting theory and practice is another current focus of clinical education research. In a study on the teaching of physical examinations, the use of digital tools (e.g., mobile health assessment apps, virtual simulations) coexisted with hands-on clinical experience, enabling students to practice clinical skills while reinforcing theoretical knowledge. An additional note is that the perceived benefits and potential of digital technologies vary by individual educator; therefore, they need to be intentionally integrated into the clinical education experience rather than simply added.

Research into the need to include explicit clinical reasoning in both the teaching of theory and the teaching of practice, and into assessment of clinical reasoning, illustrates unmet educational needs. A mixed-methods international study found that, despite its significance in clinical practice, the teaching of clinical reasoning is rarely adequately addressed when theory and practice are taught independently, and that explicitly embedding reasoning tasks throughout the curriculum would better facilitate learners' development.

Integrating teaching models is important in collaborative practices among instructors, not only within the context of the design of a curriculum, but also as potential collaborators in the development of curricular materials, assisting learners in relating the relevance of foundational theories to an applied clinical environment, and enhancing both critical thinking skills and problem-solving skills through collaboration. The coalescence and integration of theoretical and clinical experiences, as found in the



integrated teaching model, create an environment in which the two areas are not viewed as separate phases of education but as mutually reinforcing processes.

I also believe that teaching must remain connected to real practice. Nursing education loses its meaning when it becomes detached from the realities of care. Drawing on my clinical experience, I continually reminded students that what they learn in the classroom carries over into real life. This alignment between education and practice allows learning to feel purposeful rather than abstract. Teaching, for me, is a balance between structure and care. It requires holding standards firmly while remaining attentive to individual needs.

Service, Humanitarian Work, and Advocacy

I never thought of service as something separate from my work. It was simply there, woven into how I understood care. Nursing taught me that responsibility does not end when the shift ends, and teaching reminded me that learning matters only if it leads to something beyond the classroom. Being involved in humanitarian work made this even clearer to me. Spending time with families who had very little, and with children who carried more than they should have, changed the way I thought about education. In those moments, knowledge felt secondary to presence. What mattered was showing up, listening, and responding with what was needed, even if it was small.

These experiences stay with me when I teach. They remind me that nursing education cannot be detached from real lives. When students understand that their learning connects to people they may never meet, something shifts. I have come to realize that service and education come hand in hand. Responsibility deepens. Purpose becomes clearer.

Service continues to shape how I see my role. It keeps my work grounded and honest. It reminds me that education, compassion, and care are not separate paths, but one practice, lived in different ways.



My Reflections

With time, I have learned to sit more comfortably with uncertainty. Early in my career, I believed that doing things well meant having clear answers, well-defined systems, and outcomes I could predict. Years of work taught me otherwise. Much of what matters unfolds slowly and imperfectly. Reflection, I have learned, is not about correcting everything, but about understanding why choices were made and how they affected the people involved.

Responsibility does not end when a decision is made. It continues in how others live that decision. A policy may appear sound on paper, but its true weight is felt in the classroom, in practice, and in daily work. I often ask myself whether my actions made the work clearer or heavier for those who followed. Whether they created confidence or quiet confusion. There were moments when holding standards felt lonely. Moments when it would have been easier to soften expectations or avoid difficult conversations. In those times, reflection grounded me, because I know damn well the road that led me to who I am now was narrow and demanding. It reminded me that consistency is not unkind, and that fairness often requires patience and hard work rather than approval. At the same time, reflection taught me when to pause, when to listen, and when to accept that systems must adjust to real human needs.

As I look ahead, my sense of direction feels steadier than it once did. I no longer feel the need to rush toward what comes next. Moving forward means continuing to learn, not because I lack experience, but because experience alone is never enough. There are times, I admit, when I felt lost, and I did not know what to do. But to get to where I am now, I have learned that I learn more by doing. Each new group of students asks something different of me. They require attention, adjustment, and care. That keeps my work honest.

What stays with me most are the small confirmations. A student who approaches learning with confidence instead of fear. A nurse who feels prepared rather than overwhelmed. A colleague who trusts that expectations are clear and fair. These moments are quiet, but they carry



weight. They tell me that holding standards and holding people can exist together.

Moving forward, I remain committed to teaching that respects both structure and humanity, to learning that invites rather than intimidates, and to care that extends beyond formal roles. I continue this work not with urgency, but with intention. Showing up, listening closely, and staying with the responsibilities that matter.

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