Statement of Teaching Philosophy

The **purpose** of preparing a Teaching Philosophy is to clearly and concisely describe your beliefs about teaching, to explain why you believe what you believe about teaching, and to present how you put those beliefs into action in your teaching. A Teaching Philosophy can be prepared whether you are a classroom teacher or a clinical preceptor/teacher. Outlined below are things to consider in preparing your Teaching Philosophy statement. Whether you are primarily a clinical teacher or a classroom teacher or both, the questions that you should ask yourself and reflect on are similar, but just applied to your context.

Writing your Teaching Philosophy is a *reflective* process and is meant to demonstrate how intentional you are about how you teach, as well as how you learn and try to grow in your teaching in the classroom or the clinical context over time through your reflection. It is not simply a description of the courses you teach or how many medical students/residents you work with as a preceptor. It is also not intended to be a simple description of how you teach learners in the clinical or classroom context, but gets at deeper concepts related to *why* you teach the way you teach, your goals for yourself and your learners, and any principles/theories/conceptual frameworks that guide the approaches you take to teaching. It is your opportunity to provide your philosophy related to your approach to things like curriculum and content organization, teaching methods/approaches, learner engagement and motivation, learner feedback, degree of entrustability, and assessment methods, etc. depending on your teaching context (ie. classroom, clinical, or both).

Because the Teaching Philosophy is reflective in nature, it is best to write it in a first person, narrative style. It is best to focus more on personal context and ideas and less so on providing citations and references. Where elements of your philosophy are guided by scholarly practices or underlying theory/principles, these should be mentioned, but focus on the narrative style (ie. no need to provide references). You might consider providing famous quotations if they summarize an element of your philosophy. In this case, citing the author is appropriate.

Content - your Teaching Philosophy can be as short as 1 page, but should not typically go beyond 4 pages, unless there is a specific contextual reason. Some things you may want to consider that can help to make your Teaching Philosophy clear and engaging, include the following (note, that not all of these are required, it is up to you to determine what suits you best)
- Famous quotes, visuals, headings and subheadings, story-telling
- Use accessible language, avoid technical discipline-specific terms. Use language that anyone could read and relate to.
- Define what you think "good clinical/classroom teaching" is and why?

- Describe what you find students struggle with and how do you help them through your clinical/classroom teaching.
- Describe where you have come from in your early clinical/classroom teaching approaches and how has it evolved to where you are now. What influenced your transition?
- Describe approaches you use in the classroom/clinical context and why you use them, and perhaps a brief summary quote from a student about the effectiveness of the approach(es).
- Ensure that your philosophy is consistent throughout (ie. no contradiction of ideas)
- Have a colleague read your philosophy and provide feedback. Make necessary adjustments based on feedback.

Consider these **guiding questions** from the [University of Saskatchewan](#) to help focus your statement: (NOTE: this is a short list, click the link for a complete list of guiding questions)
- What excites you about your discipline?
- How do you motivate students?
- Has your approach to clinical/classroom teaching been guided by a role model? Theories? Educational Principles?
- What kinds of activities take place in your classroom/clinical environment? Why have you chosen these activities?
- What role(s) do students play?
    - Clinical–active, observer, participant, graduated independence, colleague
    - Classroom–observers, actively engaged, peer-teachers, group discussion
- How do you give students feedback?
- How do you adjust to learners at different levels of training (medical student/resident)?
- What have you learned from teaching?

See also this **helpful guide** from the [University of Minnesota](#) on getting started on your Teaching Philosophy.

Consider these "**pitfalls**" to your teaching Philosophy from the [University of Toronto](#):
- Too general: A statement that does not reflect the particular beliefs, experiences, and circumstance of the author.
- A statement that is not reflective: it simply lists teaching techniques or experiences but does not describe how these techniques or experiences have contributed to the author's beliefs about what constitutes effective teaching.
- A statement that dwells too much on negative experiences or circumstances.
- Too clichéd: A statement that expresses a belief in a popular contemporary approach to teaching without establishing how that approach has been integrated into the author's teaching.
- Too oblique: A statement that references a philosophy or belief but never describes it outright.
- Too few examples: A statement that does not include information about how the author knows his or her teaching to be effective.

References:
Centre for Educational Innovation, University of Minnesota. (2018). Getting Started on Your teaching philosophy. Retrieved: https://cei.umn.edu/support-services/tutorials/writing-teaching-philosophy/getting-started-your-teaching-philosophy

Centre for Teaching Support and Innovation, University of Toronto. (2018) Statement of teaching philosophy. Retrieved: http://teaching.utoronto.ca/teaching-support/documenting-teaching/statement-of-teaching-philosophy/

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