

My Learning Philosophy:

Liberty Cowden, Professor and Caring Learning Facilitator of Cardiac Sonography

EDLD 5313 – Creating Significant Learning Environments

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Introduction: Learning as a Transformative, Relational, and Constructive Process

My learning philosophy begins with a simple but foundational belief: learning is an active, relational, reflective, and transformative process that emerges through meaningful engagement, authentic practice, and purposeful feedback. Learning is not the passive absorption of information, and teaching is not merely the transmission of content. Instead, learning is a dynamic interaction among the learner, the environment, the task, the facilitator, and the learning community.

This philosophy aligns with Harapnuik's view that educators should see themselves first as learning facilitators rather than simply as teachers. From this perspective, the educator's primary responsibility is not to control every aspect of instruction but to create significant learning environments in which learners are empowered to take ownership of their growth, exercise agency, and develop the capacity to learn how to learn (Harapnuik, n.d.-a). This idea is especially meaningful in my role as a cardiac sonography professor. Cardiac sonography students must develop psychomotor skill, clinical reasoning, diagnostic pattern recognition, communication, professionalism, and confidence under pressure. These abilities cannot be developed through lecture alone. Students must observe, practice, question, receive feedback, reflect, revise, and try again.

My current innovation plan, CRUX, reflects this philosophy. CRUX is designed to support a blended cardiac sonography learning environment by providing structured pre-lab modeling, guided digital resources, and opportunities for students to prepare more intentionally before hands-on scanning. However, CRUX is not meant to replace authentic lab experience or clinical learning. Rather, it is intended to strengthen students' readiness

for those experiences by helping them build foundational understanding, reduce cognitive overload, revisit difficult concepts, and engage more confidently in lab-based practice.

In this learning philosophy, I describe my beliefs about learning, the relationship between teaching and learning, myself as a learner, the difference between a learning philosophy and a teaching philosophy, and the theoretical foundations that shape my practice. I also explain how these beliefs influence my innovation plan and my role as a change agent within my program.

Beliefs About Learning in General

Learning Is Constructive and Experiential

I believe learners construct understanding through active engagement with ideas, tools, people, and experiences. This belief is grounded in constructivist and experiential learning traditions. Dewey's *The School and Society* argues that education should be connected to life and that students learn best through collaborative, hands-on experiences rather than through passive absorption of disconnected facts (Dewey, 1899/2017). Dewey's view is highly applicable to cardiac sonography education because sonography is not learned only by reading about anatomy, physics, or pathology. Students learn by applying those concepts while scanning, interpreting images, troubleshooting artifacts, and reflecting on the quality of their decisions.

For example, a student may understand mitral valve anatomy in theory but still struggle to obtain an appropriate parasternal long-axis view or recognize how transducer angle affects the image. Real learning occurs when the student connects conceptual

knowledge to physical movement, image interpretation, and clinical judgment. In this sense, cardiac sonography requires students to construct knowledge through repeated cycles of experience and reflection.

Piaget's constructivist theory also informs my belief that learners build new understanding by connecting new information to existing mental frameworks. Contemporary analysis of Piaget's theory emphasizes the importance of cognitive structuring and developmental readiness in learning (Nkosi et al., 2026). In my context, students need opportunities to build schemas before being expected to perform complex scanning tasks independently. CRUX supports this process by helping students preview scanning protocols, anatomical relationships, and image expectations before entering the lab. This pre-lab exposure gives students a mental structure they can build upon during hands-on practice.

Learning Is Social and Collaborative

Although learning involves individual cognitive construction, it is also deeply social. Vygotsky's sociocultural theory emphasizes that learning is mediated through interaction with others, particularly through scaffolding and support within the learner's zone of proximal development (Nkosi et al., 2026). This theory strongly influences my approach to cardiac sonography education because students often learn best when they are supported by instructors, clinical preceptors, and peers who can model expert thinking and provide timely feedback.

In the sonography lab, learning happens through dialogue: students ask questions, compare images, troubleshoot positioning, observe peer technique, and explain their reasoning. A student may not yet be able to independently optimize an apical four-chamber view, but with guided questioning, instructor feedback, and peer observation, that student can perform at a higher level than they could alone. Over time, scaffolded support is gradually removed as the learner develops independence.

This social view of learning reinforces my commitment to relationship-rich education. Students are more likely to take intellectual and performance-based risks when they feel known, supported, and respected. In a technical healthcare program, where errors can feel personal and visible, the social and emotional climate of the learning environment matters. Collaborative learning helps students understand that struggle is not evidence of failure; it is part of the learning process.

Learning Requires Agency, Ownership, and Voice

Learners are more engaged when they have meaningful choice, ownership, voice, and authentic learning opportunities. The COVA framework emphasizes that students learn more deeply when they are given opportunities to make choices, take ownership of their learning, express their voice, and engage in authentic work (Harapnuik et al., 2018). This framework is central to my philosophy because professional healthcare education must develop independent thinkers, not passive followers of instructions.

In cardiac sonography, students must eventually enter clinical settings where they make real-time decisions about image acquisition, patient positioning, protocol

adjustments, and communication. If students are only trained to follow directions, they may struggle when faced with complex or unexpected situations. Therefore, they need opportunities to practice ownership while still in the learning environment.

CRUX supports learner agency by allowing students to revisit instructional content, prepare at their own pace, and identify areas where they need additional support before lab. When students come to lab with a clearer sense of what they understand and what they need to practice, they are better positioned to take responsibility for their growth. In this way, technology becomes a tool for ownership rather than a substitute for engagement.

Learning Requires Reflection and Metacognition

A significant part of learning is learning how to learn. Haave (2015) argues that students need opportunities to develop their own learning philosophies by reflecting on how they learn, what they learned, why the learning matters, how feedback shaped them, and how they might approach learning differently in the future. This emphasis on metacognition strongly influences my philosophy because sonography students must become reflective practitioners.

In cardiac sonography, students must do more than complete a scan. They must be able to evaluate the quality of their images, explain why an adjustment improved or worsened the view, recognize patterns in their mistakes, and plan next steps for improvement. Reflection helps students move from simply performing a task to understanding their own learning process.

For this reason, I believe reflective prompts, self-assessment, and feedback conferences should be built intentionally into the curriculum. After a lab experience, students might reflect on questions such as: What did I learn today? What scanning adjustment made the biggest difference? What feedback did I receive, and how did I respond to it? What will I do differently next time? These questions help students become more aware of their growth and more capable of directing their future learning.

Learning Requires Psychological Safety and Curiosity

Learning is vulnerable. Students must be willing to ask questions, make mistakes, receive critique, and attempt skills they have not yet mastered. Harapnuik's concept of Inquisitivism emphasizes the importance of removing fear and stimulating curiosity in learning environments (Harapnuik, n.d.-b). This is especially relevant in cardiac sonography because students may fear looking incompetent in front of peers, damaging equipment, frustrating an instructor, or failing to meet clinical expectations.

When fear dominates the learning environment, students may avoid risks, hide confusion, or wait passively for direction. When curiosity is encouraged, students are more likely to experiment, troubleshoot, and ask deeper questions. I believe psychological safety is not the absence of standards; rather, it is the condition that allows students to grow toward high standards. A safe learning environment communicates, "You are expected to improve, and you are supported while you improve."

CRUX contributes to psychological safety by giving students a private, repeatable space to review demonstrations and concepts before performing in lab. Students who

need additional repetition can access it without embarrassment. This supports confidence and allows lab time to be used more effectively for application, feedback, and refinement.

Beliefs About the Relationship Between Teaching and Learning

Teaching Is the Design of Learning Environments

My philosophy requires me to think differently about teaching. Teaching is not simply explaining content well. Teaching is the intentional design of environments where meaningful learning can occur. Harapnuik's work on creating significant learning environments emphasizes the importance of shifting attention from teacher-controlled instruction to learner-centered conditions that promote ownership, authenticity, and deep engagement (Harapnuik, n.d.-a; Harapnuik et al., 2018).

In my practice, this means designing learning experiences that align outcomes, instructional activities, feedback, and assessment. If I want students to become clinically competent cardiac sonographers, I must provide opportunities for them to practice the kinds of thinking and performance required in the profession. This includes interpreting anatomy in motion, adjusting scanning technique, communicating professionally, and making informed decisions under realistic constraints.

Teaching Is Coaching, Not Performing

In the sonography lab, I am not primarily a performer; I am a coach. While demonstration has value, students do not become competent scanners by watching me scan. They become competent by scanning themselves, receiving targeted feedback,

reflecting on that feedback, and trying again. This view is supported by Bruner's concept of scaffolding, in which a more knowledgeable guide provides structured support that is gradually reduced as the learner gains competence (Wynne et al., 2026).

Scaffolding is essential in cardiac sonography because students are developing multiple forms of knowledge at once: anatomical knowledge, spatial reasoning, psychomotor coordination, image critique, and clinical decision-making. My role is to provide enough support to move students forward without taking ownership of the learning away from them. At times, I may model a technique. At other times, I may ask guiding questions, provide corrective feedback, or step back so the student can problem-solve independently.

Teaching Must Support Transfer

Learning is meaningful only if students can transfer it beyond the classroom or lab. In cardiac sonography, transfer means applying knowledge and skill in clinical settings with real patients, variable anatomy, time constraints, and professional expectations. Dewey's emphasis on connecting school learning to life reinforces my belief that educational experiences should mirror the authentic conditions in which knowledge will be used (Dewey, 1899/2017).

Therefore, I design learning activities with clinical transfer in mind. CRUX supports transfer by helping students connect digital modeling to lab practice and then to clinical performance. The goal is not simply that students "know" the protocol; the goal is that they can perform, adapt, explain, and improve.

Beliefs About Myself as a Learner

I Learn Through Inquiry and Iteration

As a learner, I am most engaged when I can ask questions, test ideas, and revise my thinking. I learn through inquiry and iteration. Harapnuik's Inquisitivism resonates with my own learning journey because curiosity has often driven my growth more than compliance has (Harapnuik, n.d.-b). I learn best when I can explore a problem, try a solution, evaluate the result, and adjust my approach.

This is also how I approach instructional design. CRUX emerged from a practical instructional problem: limited lab time, inconsistent student preparation, and the need for stronger modeling before hands-on scanning. Rather than accepting this challenge as fixed, I began asking how a blended learning model could better prepare students for lab and clinical performance.

I Learn Through Authentic Problems

I am motivated by authentic problems that matter to students, patients, programs, and the profession. This aligns with Dewey's experiential philosophy and Papert's constructionism. Papert's constructionist theory emphasizes that learners develop understanding by creating public, shareable artifacts and engaging in meaningful problem-solving (EBSCO, n.d.). Although Papert often discussed artifacts such as computer programs, models, or designs, the principle applies to my own learning as an educator. CRUX is an artifact of my learning. It represents my attempt to construct a practical solution to a real instructional challenge.

As I build, test, and refine CRUX, I am not simply implementing a tool; I am learning through the process of making. This constructionist perspective helps me see innovation as both product and process. The tool matters, but the thinking, feedback, revision, and collaboration around the tool matter just as much.

I Learn Through Reflection and Collaboration

I also learn through reflection and collaboration. Haave's (2015) discussion of learning philosophies challenged me to think more intentionally about how I learn, why I learn, and how my learning changes me. As a faculty member, I must model the reflective habits I want my students to develop. This includes seeking feedback, evaluating my assumptions, and revising my practice.

Collaboration also strengthens my learning. Conversations with colleagues, students, clinical partners, and peers in this program help me refine my ideas and identify blind spots. Vygotsky's sociocultural theory reminds me that learning is shaped through interaction, language, and shared activity (Nkosi et al., 2026). I do not develop as an educator in isolation. I grow through participation in a professional learning community.

Learning Philosophy vs. Teaching Philosophy

A learning philosophy and a teaching philosophy are related, but they are not the same. A teaching philosophy describes how an educator approaches instruction, classroom management, content delivery, assessment, and student support. A learning philosophy describes how the educator believes learning happens and what conditions make meaningful learning possible.

For me, a teaching philosophy focuses on what I do. A learning philosophy focuses on what learners experience, construct, practice, reflect upon, and become. This distinction is important because it shifts my attention from performance to impact. I may feel that I taught a lesson clearly, but the more important question is whether students learned, applied, and transferred the intended skills.

Haave (2015) argues that students benefit from developing learning philosophies because it helps them move beyond seeing courses as hoops to jump through. I believe the same is true for educators. When I clarify my learning philosophy, I become more intentional about the environments I create. My learning philosophy guides my teaching philosophy, not the other way around.

My Learning Theory Orientation

I Am Primarily a Constructivist With Constructionist, Sociocultural, Experiential, Humanistic, and Cognitivist Influences

I identify most strongly as a constructivist because I believe learners actively build understanding through experience, reflection, and interaction. The main theorist traditionally associated with constructivism is Jean Piaget, whose work emphasized cognitive development, schema formation, and the learner's active role in constructing knowledge (Nkosi et al., 2026). However, my philosophy is not limited to Piagetian constructivism. My work as a cardiac sonography educator requires a broader, integrated

learning philosophy that also draws from Dewey, Vygotsky, Bruner, Papert, Mason, and Harapnuik.

Piaget: Schema Formation and Cognitive Readiness

Piaget's influence appears in my belief that students need to build mental frameworks before they can perform complex clinical tasks effectively. Sonography students must organize knowledge about anatomy, physiology, ultrasound physics, pathology, protocols, and image orientation. Without strong schemas, they may feel overwhelmed during scanning because too many cognitive demands are competing at once.

CRUX supports Piagetian constructivism by helping students develop preliminary schemas before lab. When students preview scanning expectations and visual models before hands-on practice, they enter the lab better prepared to connect theory with action.

Vygotsky: Social Learning, Scaffolding, and the Zone of Proximal Development

Vygotsky's sociocultural theory contributes to my belief that learning is mediated through social interaction and guided support. Contemporary comparisons of Piaget and Vygotsky suggest that the two theories are complementary rather than competing, especially in modern learning environments that require both individual cognitive structuring and socially mediated experience (Nkosi et al., 2026).

In my practice, Vygotsky's influence is visible in peer coaching, instructor feedback, guided lab practice, and collaborative reflection. Students often progress when they work

within their zone of proximal development, supported by someone who can help them do what they are not yet able to do independently.

Bruner: Discovery Learning and Scaffolding

Bruner's theory strengthens my belief in guided discovery and gradual release. Students need opportunities to discover patterns, test strategies, and solve problems, but they also need structure. Scaffolding helps learners engage in tasks that are challenging but not impossible (Wynne et al., 2026).

In cardiac sonography, this means I may initially provide substantial modeling and prompts, but over time I expect students to assume increasing responsibility. CRUX supports this progression by offering structured preparation before lab, while lab time allows students to move toward independent performance.

Dewey: Experience, Reflection, and Real-World Relevance

Dewey's experiential philosophy contributes to my belief that learning should connect to life and practice. He argued that schools should function as active environments where students engage with meaningful problems rather than passively receive facts (Dewey, 1899/2017). This aligns directly with clinical education.

In my learning environment, students must connect classroom knowledge to real clinical tasks. Learning must be authentic because the profession itself is authentic. Students are preparing to care for patients, collaborate with healthcare teams, and contribute to diagnostic decisions.

Papert: Constructionism and Learning by Making

Papert's constructionism extends constructivism by emphasizing learning through making tangible, shareable artifacts (EBSCO, n.d.). His work influences my belief that learners deepen understanding when they create, test, revise, and share something meaningful.

In cardiac sonography, the "artifact" may not always be a physical object like a robot or computer program. It may be an optimized image, a completed scan protocol, a reflective lab journal, a case presentation, or a student-created study resource. These artifacts make thinking visible and provide opportunities for feedback, discussion, and revision.

Charlotte Mason: Habits, Attention, Curiosity, and Whole-Person Learning

Charlotte Mason's educational philosophy contributes to the humanistic and habit-forming aspects of my learning philosophy. Cooper (2023) describes Mason's continuing relevance through her emphasis on meaningful ideas, disciplined habits, observation, curiosity, and whole-person development. These principles are highly relevant in sonography education, where students must develop careful attention, disciplined practice routines, and professional habits.

Mason's influence reminds me that I am not only training students to perform technical tasks. I am helping form future healthcare professionals. Their habits of attention, curiosity, compassion, and reflection matter.

Harapnuik: COVA, CSLE, and Learner Agency

Harapnuik's work provides the most direct framework for how I design learning environments. His emphasis on creating significant learning environments and providing choice, ownership, voice, and authentic learning opportunities informs both my learning philosophy and my innovation plan (Harapnuik, n.d.-a; Harapnuik et al., 2018). In my context, this means students should have opportunities to prepare, practice, reflect, and demonstrate learning in ways that connect directly to clinical performance.

COVA is especially important because it moves learners from compliance to ownership. My goal is not simply for students to complete assignments. My goal is for students to become self-directed, reflective, clinically competent learners who can continue growing after graduation.

How My Learning Philosophy Influences My Innovation Plan

My innovation plan, the integration of CRUX into a blended cardiac sonography curriculum, is a direct expression of my learning philosophy. CRUX exists because I believe students need more than information; they need structured opportunities to prepare, practice, reflect, and transfer learning.

CRUX is grounded in the following beliefs:

- Learning requires modeling, practice, feedback, and reflection.
- Students need agency and ownership in their preparation.
- Cognitive load must be managed intentionally.

- Learning environments should be authentic, significant, and psychologically safe.
- Technology should enhance learning rather than distract from it.
- Students need opportunities to connect classroom learning to clinical performance.
- Learning is strengthened through collaboration, coaching, and reflection.

CRUX supports significant learning by helping students prepare before entering the lab. This matters because lab time is limited and cognitively demanding. When students arrive with greater familiarity, they can spend more time applying, troubleshooting, and refining rather than simply trying to remember basic steps. This blended model allows digital learning to support—not replace—human interaction, hands-on practice, and clinical feedback.

Theoretically, CRUX reflects multiple dimensions of my philosophy. It is constructivist because students build understanding through active engagement. It is sociocultural because lab learning includes peer and instructor support. It is constructionist because students create visible products of learning, such as improved images, scan protocols, reflections, and case-based explanations. It is experiential because students learn through authentic scanning practice. It is metacognitive because students are encouraged to reflect on their progress and learning strategies.

My Role as a Change Agent

My learning philosophy also shapes my role as a change agent. Implementing CRUX is not simply a technology initiative; it is a cultural and instructional shift. It challenges the

assumption that demonstration-heavy instruction is sufficient for developing clinical competence. It asks faculty and students to think differently about preparation, ownership, feedback, and practice.

As a change agent, I must model the same learning mindset I expect from students. This means remaining curious, reflective, evidence-informed, and open to feedback. It also means recognizing that change can create resistance. Some faculty may worry that blended learning will reduce hands-on time, increase workload, or make instruction less personal. My responsibility is to communicate clearly that CRUX is designed to enhance lab learning, not replace it.

My role as a self-differentiated leader is to stay grounded in the purpose of the innovation while remaining connected to the concerns of others. I must advocate for student-centered learning while listening carefully to colleagues, collecting data, refining implementation, and building shared ownership. This requires both conviction and humility.

I am committed to:

- Designing learning environments that support deep and transferable learning.
- Helping students become reflective and self-directed learners.
- Challenging instructional routines that promote dependency rather than ownership.
- Using data, student feedback, and faculty collaboration to refine CRUX.
- Supporting colleagues as partners in innovation.

- Modeling lifelong learning in my own professional practice.

Ultimately, my role as a change agent is to help create a program culture where students are not merely taught but are supported in becoming capable, confident, reflective cardiac sonographers.

Conclusion

My learning philosophy is a living document that reflects my beliefs about learning, teaching, leadership, and innovation. I believe learning is constructive, experiential, social, reflective, and deeply human. I believe teaching is the intentional design of environments where learners can engage in meaningful practice, receive feedback, reflect on their growth, and transfer learning to authentic contexts. I believe students need agency, psychological safety, and opportunities to develop as whole people, not simply as performers of isolated tasks.

CRUX is not just a digital tool. It is a manifestation of my learning philosophy. It embodies constructivism, constructionism, experiential learning, scaffolding, metacognition, learner agency, and the creation of significant learning environments. As I continue refining CRUX and expanding my blended cardiac sonography curriculum, this philosophy will remain the foundation of my work as an educator, learner, and change agent.

My goal is not simply to help students pass courses or complete scan competencies. My goal is to help them become confident, capable, reflective healthcare professionals

who understand how they learn, believe in their capacity to grow, and continue improving long after they leave my classroom.

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development in the perspective of contemporary education. *International Journal of Theory and Practice in Education*, 1(1), 1–9. <https://doi.org/10.60153/8j8m8805>

Wynne, S., Robinson, C., & O'Connor, D. (2026). A Brunerian theoretical framework for early childhood education: A review of Jerome Bruner's theoretical contributions to early childhood education. *International Journal of Early Childhood*, 58(1), 1–22. <https://doi.org/10.1007/s13158-026-00502-3>

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Cooper, H. (2023). *Charlotte Mason, history and outdoor education and her relevance today. Education 3–13, 51(5), 623–635.*

<https://doi.org/10.1080/03004279.2022.2157590>

Cooper (2023) provides a contemporary, peer-reviewed examination of Charlotte Mason’s educational philosophy and its relevance to modern education. The article emphasizes Mason’s commitment to meaningful ideas, disciplined habits, outdoor experience, observation, curiosity, and whole-person development. This source influenced the humanistic dimension of my learning philosophy by reminding me that education should form habits of attention, reflection, curiosity, and care. In cardiac sonography education, these habits are essential because students must develop careful observation, consistent practice routines, professional focus, and reflective clinical judgment. Mason’s philosophy supports my belief that learners are whole people whose intellectual, emotional, and professional development must be intentionally nurtured. This source also strengthens my commitment to designing learning environments that are relational, purposeful, and grounded in meaningful engagement rather than mechanical task completion.

Dewey, J. (2017). *The school and society*. Project Gutenberg.

<https://www.gutenberg.org/ebooks/53910>

Original work published 1899

Dewey’s *The School and Society* is a foundational work in progressive and experiential education. Dewey argues that schools should be connected to life and that children learn

best through active, collaborative, hands-on experiences rather than passive reception of facts. This work significantly shaped my belief that learning must be authentic and experience-based. In cardiac sonography education, students cannot develop clinical reasoning or psychomotor scanning skill through lecture alone. They must interact with real tasks, receive feedback, and reflect on their actions. Dewey's philosophy supports the design of CRUX by reinforcing the need to connect digital preparation with authentic lab and clinical practice. His work provides a philosophical foundation for my belief that significant learning environments must bridge theory and practice.

EBSCO. (n.d.). *Seymour Papert and constructionism*. EBSCO Research Starters.

<https://www.ebsco.com/research-starters/>

This EBSCO Research Starters article provides an overview of Seymour Papert's constructionism, a theory that builds on constructivism by emphasizing learning through the creation of tangible or shareable artifacts. The source explains that learners develop deeper understanding when they engage in making, problem-solving, collaboration, and reflection. This article influenced my belief that learners need opportunities to make their thinking visible. In cardiac sonography, student artifacts may include optimized ultrasound images, scan protocols, reflective journals, case presentations, or peer-created learning resources. Papert's constructionism supports my view that students learn by doing and creating, not only by listening or observing. This source also reinforces the design of CRUX as a learning environment that prepares students to create, revise, and discuss meaningful products of clinical learning.

Haave, N. (2015, October 23). *Developing students' learning philosophies*. Faculty

Focus. <https://www.facultyfocus.com/articles/teaching-and-learning/>

Haave (2015) argues that students should be guided to develop their own learning philosophies by reflecting on how they learn, what they learn, why learning matters, how feedback influences them, and how they might learn differently in the future. This article strongly influenced the metacognitive dimension of my learning philosophy. It helped me recognize that students need structured opportunities to think about their learning processes, not simply complete learning tasks. In cardiac sonography education, metacognition is essential because students must evaluate their image quality, understand their mistakes, respond to feedback, and plan for improvement. Haave's work supports the inclusion of reflective prompts, self-assessment, and learning conferences within CRUX and the broader blended curriculum. This source reinforces my belief that students become stronger learners when they understand and can articulate how they learn.

Harapnuik, D. (n.d.-a). *Learning philosophy*. Harapnuik.org.

http://www.harapnuik.org/?page_id=95

Harapnuik's learning philosophy reframes the educator's role from teacher to learning facilitator. He emphasizes that the focus should be on learning first and that educators should create environments where learners develop agency, ownership, and the ability to learn how to learn. This source significantly shaped my understanding of my role in cardiac sonography education. Rather than seeing myself primarily as a deliverer of content, I see

myself as a facilitator who designs conditions for authentic practice, reflection, feedback, and growth. Harapnuik's philosophy directly informs CRUX by supporting a shift from instructor-centered demonstration to learner-centered preparation and engagement. This source strengthens my commitment to designing significant learning environments where students are active participants in their development.

Harapnuik, D. (n.d.-b). *Development and evaluation of inquisitivism as a foundational approach for web-based instruction*. Harapnuik.org. <https://www.harapnuik.org>

Harapnuik's work on Inquisitivism emphasizes curiosity, inquiry, and the removal of fear from learning environments. This source influenced my belief that psychological safety is essential for deep learning. In cardiac sonography labs, students may fear failure, embarrassment, or public correction, which can limit their willingness to ask questions and experiment. Inquisitivism supports my commitment to creating a learning environment where mistakes are treated as part of growth rather than as evidence of inadequacy. CRUX reflects this principle by allowing students to review content privately, revisit demonstrations, and build confidence before performing in front of peers or instructors. This source strengthens the affective and motivational dimensions of my learning philosophy.

Harapnuik, D., Thibodeaux, T., & Cummings, C. (2018). *Choice, ownership, and voice through authentic learning opportunities*. Harapnuik.org.

<https://www.harapnuik.org/>

Harapnuik, Thibodeaux, and Cummings (2018) present the COVA framework, which

emphasizes choice, ownership, voice, and authentic learning opportunities. This source profoundly influenced my learning philosophy and my innovation plan. COVA supports the belief that learners develop deeper understanding when they have meaningful choices, take ownership of their work, express their voice, and engage in authentic tasks. In cardiac sonography education, COVA is especially important because students must become independent clinical thinkers who can adapt to real-world conditions. CRUX supports COVA by allowing students to self-pace preparation, revisit resources, reflect on their progress, and connect learning to authentic scanning tasks. This source provides a direct framework for creating significant learning environments in my program.

Nkosi, T. M., Maseko, N. K., Dlamini, S., Khumalo, A. P., & Mokoena, Z. R. (2026). A comparative analysis of Jean Piaget's and Lev Vygotsky's theories of cognitive development in the perspective of contemporary education. *International Journal of Theory and Practice in Education*, 1(1), 1–9. <https://doi.org/10.60153/8j8m8805>

Nkosi et al. (2026) provide a contemporary comparative analysis of Piaget's and Vygotsky's theories of cognitive development. The article explains that Piaget's constructivist theory remains useful for understanding cognitive structuring, schema development, and developmental readiness, while Vygotsky's sociocultural theory is especially relevant for collaborative learning, scaffolding, and socially mediated interaction. This source influenced my integrated constructivist and sociocultural learning philosophy. Piaget supports my belief that CRUX can help students build schemas before entering hands-on lab experiences. Vygotsky supports my belief that students need guided practice, peer interaction, instructor feedback, and scaffolding to progress toward independence.

Together, these theories support the blended structure of CRUX and the creation of significant learning environments that combine individual preparation with collaborative clinical practice.

Wynne, S., Robinson, C., & O'Connor, D. (2026). *A Brunerian theoretical framework for early childhood education: A review of Jerome Bruner's theoretical contributions to early childhood education*. *International Journal of Early Childhood*, 58(1), 1–22.
<https://doi.org/10.1007/s13158-026-00502-3>

Wynne et al. (2026) examine Jerome Bruner's theoretical contributions, including scaffolding, discovery learning, and the role of structured support in learner development. Although the article focuses on early childhood education, Bruner's ideas are highly applicable to adult clinical education. This source influenced my belief that learners need guided discovery rather than either complete independence or excessive instructor control. In cardiac sonography, students must be supported as they develop complex psychomotor, cognitive, and clinical reasoning skills. Scaffolding allows instructors to model, prompt, question, and gradually release responsibility as students gain competence. This source supports the structure of CRUX because digital modeling and guided lab practice help students move from novice understanding toward independent clinical performance.

ePortfolio Link:

<https://echoedinsights.com/general-1#learning-philosophy>

