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Teaching Statement

I believe building a Community of Inquiry (CoI) Framework, both in didactic and clinical settings, is integral to creating an effective learning environment. This philosophy places equal value on Social, Cognitive, and Teaching Presences (Garrison et al., 2000). In this statement, I will highlight the integration of selected SoTL concepts across both contexts and how I also incorporate SoTL into my service roles to build a CoI that supports lifelong learning for my own development and for the students I teach.

DIDACTIC TEACHING

Social presence in CoI refers to students' ability to be authentic learners in open environments. To create this environment, the instructor must model openness and authenticity; however, building this presence while maintaining high expectations can be challenging. One strategy I use is to include a weekly Check-In with students where I began class showing the students a grid of pictures, asking them how they are doing on a "Scale of Inside Out," "Scale of Taylor Swift," etc. This activity tends to be a positive and humorous moment at the beginning of class where we can all acknowledge that learning doesn't happen in a vacuum and it helps to build connection through our shared experiences. I have been surprised by the positive feedback I have received from this brief exercise and feel that activities like this contribute to the positive feedback I receive in my course evaluations when students are asked about the respect I demonstrate for them. Responses to this question are among the first areas I review in my course evaluations because of the foundational importance of this aspect of CoI.

When building Teaching Presence, it is important to be purposeful about the course's structure. Providing a clear, consistent structure across the learning management system, deliverables, and lectures can help reduce students' cognitive load and provide a schema for them, allowing them to focus on the course material, or the intrinsic load. One of the strategies I have implemented is to create a graphic syllabus to help students visualize the connections between topics. This strategy is part of an overall focus on Universal Design for Learning, in which material is presented in ways that are accessible to all students. Another way to build a strong Teaching Presence is to maintain a consistent structure as much as possible in how I present material in lectures and how I structure my Canvas modules.

Finally, to create a strong Cognitive Presence, I implement several SoTL strategies both in the course structure and in the deliverables students submit to demonstrate their learning. When learning any concept, it is important to activate the students' **prior knowledge and motivation** around this topic. I use surveys in the first class session to gauge students' prior knowledge and help them connect their prior life experiences to the topic. Motivation can be built through gamification software like Kahoot quizzes, which create a bit of friendly competition and support retrieval practice, and, in my opinion, is a much more enjoyable way to take attendance.

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To incorporate **peer learning and teaching** opportunities into my classes, I set aside time during the lecture for students to break into groups to practice applying the topics they have just learned. For example, when teaching each stage of language development in my COMD 2339 course, students watch videos and identify various behaviors that demonstrate the child's development in a specific language component. In COMD 3371, I incorporate a group project where the students select a speech sound disorder treatment technique and work together to create a presentation which includes research about the technique, pros and cons of the technique and a brief demonstration of its implementation.

Incorporating deliberate **retrieval practice** through weekly quizzes in COMD 2338 helps me identify gaps in students' knowledge and correct any inaccurate connections they may have. In response to student feedback from previous semesters, I have set aside time to grade the Phonetics quizzes together in class. Not only does this build critical thinking about the decision-making involved in selecting transcription symbols, but the **self-reflections** the students submit along with their corrections allow me to give them **targeted feedback** regarding their progress in the class and provides an opportunity for them to have autonomy over their learning by creating learning goals for themselves.

CLINICAL TEACHING

As a clinical educator, my responsibilities include supporting graduate students in the University Speech-Language-Hearing Clinic (USLHC) and in off-site placements with our collaborative partner, the Jewish Federation of Greater Houston (JFGH). In this role, I supervise first-year clinicians, which means I often have the privilege of supervising a future Speech-Language Pathologist's (SLP) first treatment session. I view this as a privilege and take seriously the responsibility to create a safe and effective learning environment grounded in evidence-based strategies from SoTL research.

In clinical supervision, the graduate clinician and clinical educator (CE) often work as a team to identify treatment priorities; however, this is not a guarantee that Social Presence automatically exists in the learning relationship. To ensure I create an open and supportive learning environment, I explain my philosophy and expectations to the students I am supervising in our initial meeting. We also discuss concerns they may have about the clinical placement and different feedback methods they find helpful.

To systematically address Teaching Presence, I have created agendas for each weekly debrief. These agendas are available to the clinicians and help them to prepare for each meeting. I have also structured the clinical skills focus for each week into a hierarchy of skills so the clinicians can work systematically from foundational to more complex skills. I share this progression with students to reduce the **cognitive load** they might feel when approaching clinical care and to help me give more targeted feedback on 1-2 skills at a time, so clinicians can better target specific goals in their clinical growth.

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I have found that I can build Cognitive Presence through multiple strategies. For example, by holding weekly group debriefs with all the graduate clinicians I supervise, students can engage in **peer learning/teaching**, as well as by learning from my feedback. As the clinician progresses through the semester, I transition from providing direct feedback on their clinical skills to focusing primarily on data collection. For example, I might collect data on the types of cues the clinician provides and the clients' responses to those cues. The clinician has immediate access to this feedback after their session and often arrives at the debrief demonstrating **self-reflection** on which cues worked and what they might change about how they implemented them. This ability represents significant growth for the clinician and the initiation of a **self-directed learning cycle**.

PROFESSIONAL TEACHING

I view my service roles as an opportunity to support SoTL implementation across different stages of education. Graduate students who participate in the Mentor Specialty Concentration learn SoTL techniques by mentoring a 1st year student during their first clinical semester. This experience can help students develop skills they can use if they become CEs in their future careers. In my departmental role as the COMD SoTL Community facilitator, I lead regular discussions on teaching techniques and how to incorporate them to continuously integrate research into practice. This community has recently committed to implementing standards-based grading in our courses, with the goal of transitioning student motivation from grades to more intrinsic learning goals. Finally, as an ASHA Continuing Education Administrator, I have the opportunity to create continuing learning opportunities within the community of professional SLPs, building stronger connections between UH COMD and practicing clinicians.

My training in the Doctorate of Speech-Language Pathology covered a breadth of topics across clinical, academic, and business perspectives; however, one of my professor's statements that has stayed with me is the importance of identifying our North Star to help us to be focused and effective in the work that we do. I hope my statement demonstrates that I view my North Star as a focus on developing lifelong learners no matter where we are in our education, whether my role is to inspire undergraduate students as they build foundational knowledge, support graduate and PhD students as they develop their skills as clinicians and/or educators, or to continue to connect with colleagues, practicing clinicians, and others outside of the profession to advocate for continued learning in the field of speech-language pathology so we may better serve our clients and their ability to communicate effectively.