**Teaching Statement**

My teaching approach is founded in the belief of taking a personalized and hands on approach to learning. I have experience in providing evidence-informed lessons to both academics and a general audience, both in-person and virtually, and making the information understandable in a practical way. I believe in going beyond didactic teaching and instead using innovative strategies that appeal to different learning styles. I have received mentorship from excellent instructors that have guided my personal teaching philosophy. I have demonstrated this through 1) teaching in a classroom setting 2) teaching clinicians and researchers in the community and 3) through knowledge translation with my research.

*Teaching in a classroom setting*

My previous experiences and future teaching goals demonstrate my ability to teach according to my teaching philosophy.

Engaging student curiosity and independence is a teaching goal I have accomplished through supporting projects for undergraduate, masters and early-stage PhD students. I have supported projects for 8 undergraduate students, half of which went on to pursue a master’s degree. I have supported three master’s students, one of whom went on to get her PhD, and four early-stage PhD students, two of whom won the CIHR doctoral award. Through my mentorship I have encouraged students to be curious and pursue independent learning. I did this by creating research goals with the students early on, checking in with the students often, and provided feedback on their projects throughout. I encouraged the students to push themselves in their learning by creating manuscripts, applying to awards, and giving presentations on their research.

I advanced my teaching career in the university setting while working as a teaching assistant both at the University of Waterloo (UW), and Western University (UWO). I worked as a teaching assistant in six different courses, including:

* Microgravity, Hypo- and Hyperbaric Physiology (Kin 402, UW, approximately 150 students)
* Cardiovascular and Respiratory Response to Exercise (Kin 105, UW, approximately 200 students, with lab sizes of 30 students)
* Special topics in Activity and Aging (Kin 472, UW, approximately 75 students)
* Research Practicum (HEALSCI 4900E; 4910F; 4910G; 4900F; 4991G, UWO, approximately 50 students)
* Acute Care (PT 9121, UWO, 80 students)
* Geriatrics and Pediatrics (PT 9152, UWO, 80 students)

I also led a variety of fourth year undergraduate research projects at Western University. These courses demonstrate the breadth of knowledge and experience I have teaching courses about exercise, activity, and rehabilitation.

*Teaching clinicians and researchers in the community*

Beyond my teaching in a classroom setting, I have experience educating clinicians and students through community partnerships such as with BoneFit, the Ontario Physiotherapy Association, the Canadian Society for Exercise Physiology, and a student-lead scientific magazine, rehabINK.

I am currently a co-trainer for BoneFit, which is a training program for health professionals looking to learn more about adapting exercise to people with osteoporosis. I am one of three individuals in Canada who works as a trainer for BoneFit. I lead sections of the workshop, with a particular focus on disseminating exercise recommendations and teaching exercises. Teaching these workshops required me to adapt my teaching style to an online environment. Prior to the pandemic, the workshops were offered in person, being taught as a combination of lecturing and hands on skills. Since the move to virtual learning, the materials have been modified to have interactive online modules, brief lectures covering major points and practical learning. The participants are encouraged to use their cameras when trying the exercises and as an instructor I provide feedback. We also offer small group discussions, and cases to solidify the learning in a practical way. One of the guiding principles of the workshop is to tell the participants how to modify the movement, rather than avoiding it. For example, rather than twisting through the spine, which puts someone with osteoporosis at risk of fracturing, we tell them to step to turn. This lesson of finding solutions rather than identifying problems is very valuable in a classroom. It helps to facilitate an inclusive and open-minded environment.

I am an executive member at both the London division of the Ontario Physiotherapy Association, and the student board member for the Canadian Society for Exercise Physiology. Through my participation in these committees, I have given virtual lectures to clinicians and researchers on exercise and aging literature. The online lectures were a new challenge for me but ultimately allowed me to adapt my teaching style further. I noticed that prior to the online environment, I would have causal interactive moments while teaching. For example, asking simple questions like what they already know on the topic, or what are they hoping to learn. I noticed the online environment participants became more difficult to engage and requires more planning to facilitate participation. I have done this through online breakout groups to facilitate participation in smaller groups, using polls, or by providing discussion questions prior to the lecture. I also always provide my email, and one-on-one opportunities to discuss their questions or concerns.

I am the Editor-in-Chief of a student run rehabilitation magazine, rehabINK. In this role, I provide guidance to students on disseminating research in a magazine style format that is translatable to a lay audience. Refining this skill is important for teaching university students. It is important to take current literature but be able to teach it to students in a way that is understandable and engaging. As the Editor-in-Chief, I manage a team of 16 editors and resolving conflicts that arise in the editing process. In this leadership role, it is my responsibility to make the editors feel that they can approach me with their concerns and facilitate a productive space for an open conversation. I ensure that I always thank an editor for their contribution and take the time to acknowledge an excellent idea. As the Editor-in-Chief, I recognize there is not currently an ethnic, diversity, and inclusively guidelines, but as an action item as my time in leadership, I plan to create one. I am the first non-University of Toronto student to hold this leadership role at rehabINK. This year, under my leadership, rehabINK is hosting its first ever half-day webinar for students across Canada to learn how to disseminate their research. I am leading the webinar committee and hosting the event.

*Knowledge translation with my research*

My thesis is a randomized control trial that provides an exercise and education program to people at risk of developing osteoporosis. My initial plan was to provide the exercise and education program to small groups of people in person. Unfortunately, due to the pandemic in-person programs were no longer feasible and I had to adapt and create an online program. The program teaches the exercises online and educates the participants about conservative treatment strategies that reduce fracture risk. This program demonstrates my adaptability to the online format. To ensure the participants felt that they could relate to the models in the program, I had my parents perform the exercises. I wanted to give the participants an age, activity, and gender matched model to be able to relate to. Further, to accommodate for those individuals that prefer to learn though paper, I also created hard copy tools for the participants to be able to follow along with. These additional considerations highlight my focus on inclusivity and support for different learning needs.

I believe in an inclusive and collaborative approach to mentorship, which has been guided by my PhD supervisor. I believe that research problems can be brought to a large group to find a solution, rather than making the student feel that they made a mistake. This fosters collaboration, and helps students work through problems. In a time when life is so uncertain, stress is at an all-time high, and anxiety and depression are prevalent in the students, I will offer an open minded, inclusive environment where students can feel that they can come to me with their problems, and we will work together to find solutions.

These experiences have led to my teaching philosophy:

1. Engage student curiosity to pursue independent learning
2. Foster an inclusive and open-minded learning environment
3. Participate in knowledge exchange with my students to advance my own knowledge and skills

Through application of my previous experience with teaching and my current research, I have strong expertise to bring to the Faculty of Health Sciences at Western University. In London, I have developed connections with community partners in aging, through my research and through my experience in the Master of Physical Therapy Program. I have a connection with the Canadian Center for Activity and Aging (CCAA), working as one of their placement students, and carrying on with a job as a student researcher. While I was working at the CCAA, I had the opportunity to teach an exercise instructor course to a group of hearing impaired and Deaf individuals. I worked closely with their interpreters to make sure my instructions were understood but focused on speaking directly to the individual. I wanted the participants to feel included, respected and that I addressed their concerns with dignity. I also had a placement at Parkwood Institute, where I connected and collaborated with the Stroke and Spinal Cord Injury departments, as well as in the Mental Health Building. Through my work in the Mental Health Building, I helped to develop a falls prevention and exercise program for older adults with mental health concerns like schizophrenia and bipolar disorder while also managing severe dementia. This placement taught me a lot about inclusivity and avoiding prejudice. It was important for me to respect the patient’s mental health limitations and provide comfort to patients with dementia. These are the skills I will bring with me to the classroom and research lab. Through my research, I made connections with Western’s Bone and Joint Institute, and St. Joseph’s Health Centre, the Hand and Upper Limb Center giving me exposure to research and management of older adults with arthritis, osteoporosis, and fractures. I also have a strong connection with Osteoporosis Canada through both my master’s and PhD thesis work.

I must also acknowledge that although I have made effort to address ethnicity, diversity and inclusivity in my teaching, there is still much work to be done. I recognize my privilege, and hope that I can use a position of leadership to continue this work and provide support to others. It is through this work that I will continue my professional development and learn from others to ensure that my classroom and research lab at Western University are a safe place for people to learn.