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# **RMIT Inclusive teaching practices 1. Design intentional curriculum—Claudia Diaz**

[Start transcript]

**[Claudia Diaz]**

I do have a very diverse group of students, and I think this is happening more and more in Australia. We're getting diverse groups of students who are not only coming in with different backgrounds, different entry levels, different cultural backgrounds—we're really getting a little bit of everything—and this is important because we need to consider all of these needs when we look at how we're going to teach these kids—you need to be able to cover all of these needs.

I, like most of us in this world, was brought up in a world where I and everyone was taught didactically. It's basically something that teaches students to memorise. And it's something we still do in schools; we teach our kids to memorise things. I think this is a big mistake, because kids don't learn—it's basically a surface learning approach.

**[Ryan-Lance Darlington]**

You can read about something, but you can't learn it the same way by engaging with it.

**[Claudia Diaz]**

I think, I actually think the same techniques you use to teach a three year old and the ones you use to teach a twenty year old should not be different; they are actually the same.

**[Christine Ashwell]**

So, I guess from day one, Claudia was very engaging. She certainly showed her personality in the lecture. She made it very clear that we were going to be encouraged to learn in a different way.

**[Claudia Diaz]**

My techniques are about hands on approaches; so very old-fashioned, hands on. Getting the kids in the labs and getting them to use their hands—basically all their senses. So, I call them multi-sensory techniques. They come into the lab and I basically want them to do, do, do. My lectures are still, they are didactic lectures, but they're very interactive. So, I do a lot of interactive things; I ask the students a lot of questions.

**[Stephanie Burke]**

And they'll be on certain aspects of the body that we're looking at.

**[Christine Ashwell]**

We're presented with the information, we're even encouraged perhaps to not take notes; we just sit and absorb.

**[Claudia Diaz]**

I prepare them for their lab ahead. So, everything I talk to them about in the lecture I'm always referring it to an activity in the lab. So, this, hopefully will set in their minds the idea that they then can go and do this in the laboratory.

**[Stephanie Burke]**

This is where we choose whatever we want to do, and this is then when we decide what is the most appropriate way I would like to learn—or what's the best method for me.

**[Christine Ashwell]**

The real learning occurs in the classroom—in here.

**[Claudia Diaz]**

Each student knows their abilities. They also know what they like and don't like. And they can go in and actually follow whichever pathway they find more suitable.

There's a range of techniques we use. Probably the one that I find the most powerful but doesn't receive a lot of attention is 'Whiteboarding'. What that means is that they use the whiteboard as a tool for summarising and synthesising the information that they're learning.

**[Ryan-Lance Darlington]**

I know that I see myself as a visual learner. I love to use different images to help increase my learning capabilities in knowing where things are. As opposed to raw theory.

**[Claudia Diaz]**

It's one of the techniques that my kids tend to pick up in the first two months.

**[Christine Ashwell]**

Particularly when I 'whiteboard', I will lay down the structural elements such as the bones, the lines. And then on top of that I start to fill in with the muscles, the ligaments. The process of drawing this is the process of learning. So, it's the way that I create layers in my mind.

**[Claudia Diaz]**

The other good thing about 'whiteboarding' is that it's a technique that's not only useful for anatomy. Once they learn to do it, they use it for all their subjects. And they tell me about this and that's what I want them to do, you know for every single subject it becomes a way of learning.

As well as that we do 'Playdoughing'. 'Playdoughing' is I basically give them buckets of playdough. So, yes, my lab does sometime look like a childcare centre, but it's not. So, these kids will pick up playdough and they'll use that to build three-dimensional anatomical structures. Now that is a powerful way to learn. For example, when you’re learning the brain I can get my kids to actually build a three-dimensional brain. Then if it's really well done, they'll take a knife and cut it into slices. And they'll end up with what we call coronal sections of that brain. Which are the same as what they'd look at if they were looking in an imaging book. It's a powerful way of learning, and not only that if they use their hands the people who are tactile learners tend to find that that works really well for them.

The last thing that we do in terms of my techniques is probably the most important and it's called 'Surface Anatomy'. Surface anatomy is about studying a living body. Most of the students that we teach here at RMIT in the health sciences will end up someday working with patients. Now if you're going to be working with a living person, it's wonderful to come into an anatomy lab and learn your anatomy using the donated pro-sections. However, they need applied anatomy on a real body. So, I have to teach them how to take the anatomy they're learning from a cadaver to a living person.

Out of this surface anatomy, probably the most popular technique that we've developed is the body painting. So, body painting is what's occurring behind me at the moment. The students in every single class will do the body painting, it's a part of every class. It's not an obligatory exercise, it's a voluntary one. So, students are encouraged to participate if they feel comfortable doing so. The body painting isn't actually about the finished product. So, this fellow you see behind me, 'Skeletal Man', is going to look amazing when he's finished. However, when you see my classes every week and you come in and observe them you will see that some of my kids do great body painting, some of them do body painting which isn't very good. That doesn't matter. Because the way we teach them body painting is that it's about the process.

**[Ryan-Lance Darlington]**

There will be students who are unsure of what the muscle is, or what's that type of muscle or what's it connected to, or where it finishes. But when they see it on a real person, and someone else is doing it for them, then they'll be able to reassure themselves if they knew the answer they'll tell themselves that they know it.

**[Claudia Diaz]**

So, they come in, they look at the person, they touch, they palpate they work out where things are. They start drawing the beginnings and ends of muscles. They start drawing in small details. Then at the end of the whole thing they paint.

**[Christine Ashwell]**

And then we just begin to fill in layer by layer, because it is a skeleton. We're focusing just I guess on the tones of the bones.

**[Claudia Diaz]**

So, some students will come in and do the initial drawing—which is what we call the landmarking where they draw the initial, you know the outlines of structures. So, some students will come in later on and do the painting. So, basically the process is what teaches them the anatomy. It's not the actual finished product. So, this is really good because it means that all students can get benefit out of body painting, not just those who are artistic.

**[Christine Ashwell]**

This is going to help me learn, because it's the process of referring to a diagram and then referring to the person. It's also about being able to palpate an actual person and being able to locate the bones. Which is going to be important for my future.

**[Claudia Diaz]**

I've often had people say to me, oh look you know these cultures aren't going to go with what you do—the Muslim students aren't going to like it. I've found this all the time to be false. Because basically if you are able to relate to your group of students and you're able to talk to them and see what's acceptable for them, what's not acceptable, what kind of mid line we can come to—there's always a way to do it. Even though the kids get to learn all these techniques, they'll usually find that one or two are better for them.

The prac exam is tailored to a way that actually covers the activities we've done. A few of the questions are actually photographs of their last class where they were body painting each other. So, I've actually put a picture of them in the exam with an arrow saying what is this structure. So, that's a way that I've tried to tie in what they've done, straight to the assessments. I've actually used their work in the assessment.

Fifty two percent of my class getting distinctions and high distinctions. Four percent of my class failing. I think it's one of the lowest fail rates we have. And that's what we're aiming for. The idea is that these innovative teaching techniques will have results, and the students will learn.

**[Ryan-Lance Darlington]**

I know that I learn very different, as opposed to everyone else here.

**[Christine Ashwell]**

Look, I think it comes down to the way I process the world.

**[Stephanie Burke]**

Maybe because I like to draw everything; that seems to be the way that I remember things really well.

**[Ryan-Lance Darlington]**

I was then able to retain the information, it wasn't as superficial to me—it was more deep.

**[Claudia Diaz]**

And so, my idea is to turn my students into self-directed learners. So, on day one I tell my students, "I'm not here to teach you anatomical facts. That's not my job. I'm here to teach you how to learn anatomy. That is the most powerful gift I can ever give you". And I truly believe that.

[End transcript]

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