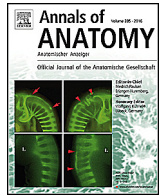




Contents lists available at ScienceDirect

Annals of Anatomy

journal homepage: [www.elsevier.com/locate/aanat](http://www.elsevier.com/locate/aanat)



## Development of a seminar on medical professionalism accompanying the dissection course

T. Shiozawa<sup>a,\*</sup>, J. Griewatz<sup>b</sup>, B. Hirt<sup>a</sup>, S. Zipfel<sup>c,d</sup>, M. Lammerding-Koeppel<sup>b</sup>,  
A. Herrmann-Werner<sup>d</sup>

<sup>a</sup> Institute of Clinical Anatomy and Cell Analysis, University of Tuebingen, Tuebingen, Germany

<sup>b</sup> Competence Center for University Teaching in Medicine, University of Tuebingen, Tuebingen, Germany

<sup>c</sup> Medical Faculty, University of Tuebingen, Tuebingen, Germany

<sup>d</sup> Department of Internal Medicine VI, Psychosomatic Medicine and Psychotherapy, University Hospital Tuebingen, Tuebingen, Germany

### ARTICLE INFO

#### Article history:

Received 26 February 2016

Received in revised form 25 June 2016

Accepted 4 July 2016

Available online xxx

#### Keywords:

Anatomy

Dissection course

Medical professionalism

Experiential learning

### ABSTRACT

**Introduction:** Medical professionalism is an increasingly important issue in medical education. The dissection course represents a profound experience for undergraduate medical students, which may be suitable to address competencies such as self-reflection and professional behavior.

**Material and methods:** Based on a needs assessment, a seminar on medical professionalism was developed to parallel the dissection course. The conceptual framework for the teaching intervention is experiential learning. Specific learning goals and an interview guideline were formulated. After a pilot run, peer-teaching was introduced.

**Results:** Over three terms (winter 2012/13, 2013/14, 2014/15), an average of 129 students voluntarily participated in the seminar, corresponding to 40% of the student cohort. The evaluation ( $n = 38$ ) shows a majority of students agreeing that the seminar offers support with this extraordinary situation in general and also that the seminar helps them to become first impressions on how to cope with death and dying in their later professional life as a doctor, and, that it also provides them the means to reflect upon their own coping mechanisms.

**Conclusion:** Although not yet implemented as an obligatory course, the seminar is appreciated and positively evaluated. Medical professionalism is an implicit aspect of the dissection course. To emphasize its importance, a teaching intervention to explicitly discuss this topic is advisable.

© 2016 Elsevier GmbH. All rights reserved.

### 1. Introduction

According to medical doctors, one of the most memorable courses during their education was the anatomical dissection course (Jungbauer et al., 2004; Pabst and Rothkotter, 1997). In traditional curricula it is the centerpiece of pre-clinical training, as it is one of the most extensive and expensive courses. However, the overall impression may be due to the meta-level of the course: the confrontation with a cadaver, experiencing the vulnerability of the

human body, and viewing the body donor as the first entrusted patient. Understandably, these are very profound experiences for young medical students. Quite often, this special situation is the first time students come to realize what it means to become a medical doctor. The first reflection on the profession and their future role starts in the dissection course and thus paves the way to professionalism. With the dissection, a whole set of professional values is transported. This ranges from working carefully and systematically over scholarly thinking and analytical observation up to individual responsibility. Even if they are not explicitly taught, medical students acquire professional competencies in the dissection course (Netterstrom and Kayser, 2008).

In general, medical professionalism is an issue of increasing importance in medical education in Germany. In the development of national competence-based learning objectives (Hahn and Fischer, 2009), which are based on the CanMEDS framework (Frank and Danoff, 2007), the role of the ‘professional’ is explicitly described. Professional competencies comprise acting according

\* Corresponding author at: Institute of Clinical Anatomy and Cell Analysis, Eberhard Karls University Tuebingen, Elfriede-Aulhorn-Str. 8, 72076 Tuebingen, Germany. Fax: +49 7071 295097.

E-mail addresses: [thomas.shiozawa@uni-tuebingen.de](mailto:thomas.shiozawa@uni-tuebingen.de) (T. Shiozawa), [jan.griewatz@uni-tuebingen.de](mailto:jan.griewatz@uni-tuebingen.de) (J. Griewatz), [bernhard.hirt@uni-tuebingen.de](mailto:bernhard.hirt@uni-tuebingen.de) (B. Hirt), [stephan.zipfel@med.uni-tuebingen.de](mailto:stephan.zipfel@med.uni-tuebingen.de) (S. Zipfel), [maria.lammerding@med.uni-tuebingen.de](mailto:maria.lammerding@med.uni-tuebingen.de) (M. Lammerding-Koeppel), [anne.herrmann-werner@med.uni-tuebingen.de](mailto:anne.herrmann-werner@med.uni-tuebingen.de) (A. Herrmann-Werner).

<http://dx.doi.org/10.1016/j.aanat.2016.07.004>

0940-9602/© 2016 Elsevier GmbH. All rights reserved.

to values and norms, as well as embracing profession-related, individual-related and interaction-related aspects. Although most German universities, to our knowledge, do not offer explicit teaching formats for professionalism as yet, the imprinting for this role already starts in the dissection course (Netterstrom and Kayser, 2008; Ochs et al., 2012). To take students' experience in this special situation into account as well as deliberately make room for these mostly underlying, unconscious processes, a special seminar on medical professionalism has been developed. The aim of the seminar has been to confront students with their role perception as a medical doctor and teach them professional behavior as well as methods of self-reflection. Furthermore, it is meant to help students further develop their ability to give and receive feedback. It is important to expatiate on this topic, because implicit learning might not be enough, since the students need to be aware of the skill set they are given in this course.

This paper describes the steps of the curriculum development process following Kern's six-step approach (Kern et al., 1998).

## 2. Materials and methods

### 2.1. Problem identification and general needs assessment

If students implicitly learn professionalism during the dissection course, is there really a need for a distinct syllabus? The start of professional development begins with the special situation into which the students are placed; i.e., dissecting a human body, being confronted with a cadaver. These activities, that may violate social values and trigger disturbing reactions, might need opportunities for personal reflection (Lella and Pawluch, 1988). The dissection course has been described as a place for transition from the lay world to medical world (Sinclair, 1997). The emotional stress during the dissection course is high; there is evidence that students may need psychological supervision or support during dissection (Boeckers et al., 2010; Tschernig et al., 2000). This intense situation can be utilized in terms of experiential learning (see below). Furthermore, several authors report a decline in empathy during medical studies, which may compromise striving for professionalism (Neumann et al., 2011). A specific curriculum addressing these issues may counteract these unwanted changes.

### 2.2. Needs assessment of targeted learners

To assess whether the medical students in Tuebingen agree with the need of an accompanying seminar, a focus group interview with the student tutors of the dissection course ( $n=8$ ) was conducted. From the transcript, the following statements could be deduced: The students emphasized the importance of a defined room for reflection and supported the idea of a specifically designed seminar accompanying the dissection course as a starting point for reflection and professionalism. They explicitly said that a seminar could "help finding the role as a doctor—between natural scientist and human", that "the exchange with colleagues would be helpful to start self-reflection" and that "exchange about 'if I may have doubts', or how far you let things get to you" would be meaningful.

### 2.3. Goals and objectives

After the encouraging feedback from the needs assessment, learning goals were formulated for the first seminars on medical professionalism. These are stated as follows:

- The students learn self-perception and self-reflection
- The students become aware of their coping mechanisms
- The students experience the value of mental hygiene

- The students are introduced to concepts of medical professionalism

Most of these learning goals must be seen in conjunction with the dissection course, as it is the primary source of the 'up close and personal experience'. Since the seminar is the main place to talk about these issues, it is deliberately designed as a different, secure and trustworthy environment.

### 2.4. Educational strategies

The conceptual framework for the teaching approach is experiential learning (Kolb, 1984). Chickering et al. state that "[experiential] learning [...] occurs when changes in judgments, feelings, knowledge or skills result for a particular person from living through an event or events." (Chickering, 1976). Based on the students' experience, the main goals are set to foster self-reflection, support them and increase their awareness of their developmental process. This is achieved by providing a trustworthy and secure environment for the students to exchange their views, feelings, experience and observations from the dissection course. Based on and stimulated by this experience, students can reflect on the situation in the lab, become aware of their behavior and attitudes, as well as contemplate on their future role as a doctor. In the group discussion, salient aspects of medical professionalism can be addressed. Ideally, the seminar should take place very early during the dissection course, as habituation is expected to occur very quickly.

Another critical point during the course may be the detachment of the head, as this marks another particular and disconcerting situation. Groups should not exceed a given size (8–10 persons) to ensure a productive and secure atmosphere.

To best attain the learning goals, we developed an interview guide (s. Table 1). The first two questions are introductory questions and 'ice-breakers', the others may follow in any order. Ideally the moderator facilitates the group discussion with as little intervention as possible. Discussion topics are not restricted to the pre-formulated list; actual experiences show that the initial questions may lead to completely different topics, such as the societal expectations of medical doctors, social competencies, error culture or teamwork.

## 3. Results

### 3.1. Implementation

In winter term 2011/12 a pilot seminar with only one group of voluntary students was conducted. The full-scale implementation took place one year later. In winter term 2012/13 120 students voluntarily took part in 12 seminars, in winter term 2013/14 112 students participated in 14 seminars, in winter term 2014/15 154 students participated in 20 seminars. This averages about one third of the dissection course participants. Students were asked to enroll themselves in small groups of max. 10 persons, allowing them to

**Table 1**

Interview guide for the seminar on medical professionalism. Original questions were phrased in German (translation by the authors).

---

What do you expect from the seminar?
How did you feel at the first cut?
How did you feel when you first touched the cadaver?
How did you perceive the behavior of your fellow students?
What helped you in coping with the situation?
What experiences and/or feelings do you associate with death and dying?
What can you take along for the dissection course?
What may you take along from this experience for your future medical practice?

---

Download English Version:

<https://daneshyari.com/en/article/8460638>

Download Persian Version:

<https://daneshyari.com/article/8460638>

[Daneshyari.com](https://daneshyari.com)