

Rutland M, O'Connell J, Eames J. *What to Discuss before Entering the Human Cadaver Dissection Lab: Student Preconceived Perceptions*(poster). APTA-CSM. Denver, CO. 2-14-20

Purpose/Hypothesis: Human cadaver dissection is a new experience for most students entering professional programs. Appropriate education may allay fears and provide better understanding of expectations before entering the lab initially. The purpose was to determine student perceptions and assess their perceived discomfort with dissection to determine which educational elements should be addressed prior to entering the lab. **Number of Subjects:** n=58. **Materials and Methods:** First semester graduate students in a Physician Assistant (PA) Master's program (n=30) or Doctor of Physical Therapy (DPT) program (n=28) were invited to complete an online questionnaire related to human cadaver dissection prior to their initial lab entry. The questionnaire consisted of 13 demographic questions, rankings of potential unpleasant experiences, and assessment of anticipated physiological responses. Eighteen sets of polar adjectives were provided to assess possible emotional responses to human cadaver dissection. Polar adjectives were rated on a 0-100 sliding scale (0=highly negative response, 100=most positive response possible). **Results:** A total of 86% (n=50) potential subjects completed the questionnaire. Fifty-six percent were PAs and 44% DPT students with students primarily between the ages of 20-25 (86%). Eighty-two percent had never participated in human dissection previously. Females comprised 66% of the sample. When asked what physiological responses they experienced when "thinking" about human dissection, 36% reported increased heart rates, 22% reported light-headedness and 12% each reported queasiness and nausea. However, 50% reported no physiological responses when thinking about cadaver dissection. Average ratings on the polar adjective responses sided mostly on the positive spectrum: 1. Unimportant vs Important=93; 2. Boring vs. exciting=86; 3. Apathetic vs. Interested=85; 4. Repulsive vs. Fascinating=83; 5. Bad vs. Good=81; 6. Disgusting vs. magnificent=74; 7. Angry vs. peaceful=77; 8. Ugly vs. beautiful=75. Only two negative responses emerged, including: 1. Painful vs. pleasurable=48; 2. Nervous vs. calm=47. When asked to rank order what may be unpleasant about human cadaver dissection, the participants responded: 1. Seeing the face of the cadaver; 2. The smell; 3. Knowing the cadaver; and 4. Cutting the cadaver. However, students expressed concern about seeing blood, being infected and touching the cadaver. **Conclusions:** As educators, clearly communicating with students is important to understanding and achieving expectations. Thus, this study suggests students who have little to no exposure to human cadaver dissection carry fears and misconceptions which should be addressed prior to beginning the experience. Education could reduce the perceived emotional and physiological responses associated with this experience. **Clinical Relevance:** Most incoming PT students have not had exposure to human cadaver dissection. Therefore, an opportunity to discuss their concerns, such as the risk of being infected, blood, and associated smells could increase personal satisfaction, reduce adverse physiological responses and promote learning in this exceptional environment.