Letter to the Editor

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# Comments on “Is cadaveric dissection essential in medical education? A qualitative survey comparing pre-and post-COVID-19 anatomy courses”

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To the Editor,

We would like to commend Kochhar et al. [1] on their research “Is cadaveric dissection essential in medical education? A qualitative survey comparing pre-and post-COVID-19 anatomy courses.” This study assessed the relative confidence of human anatomy knowledge and anatomy lab experience in medical students from two separate classes who were taught the human anatomy course either through a virtual means or an in-person method [1]. Their research into in-person vs virtual learning of cadaver dissection for medical students sheds light on how future physicians, who experienced medical school during the COVID-19 pandemic, may be underprepared for their clinical rotations. We would like to call attention to some further considerations in their comparison of the class of 2023 (in-person) to the class of 2024 (virtual).

In order to assess the clinical skill differences between the two classes, they utilized imaging modalities, and two of the questions the students were asked (utilizing a Likert scale) were as follows: “If you were given an X-ray or a CT, would you be able to identify all the pertinent anatomical structures and their respective locations? [and] How confident are you in identifying pathology in radiographic images?” [1] Typically, radiographic images such a X-ray or CT are incorporated into the didactic curriculum over a 2-year period [2, 3]. Considering the fact that these surveys were distributed to the classes of 2023 and 2024 at the same time, the additional year of exposure to radiographic images that the class of 2023 had may have accounted for their higher p value, rather than just their anatomy courses being in-person their first year of medical school. An additional assessment asks each group to identify images of ultrasound. In many osteopathic medical schools, ultrasound is taught during the first two years [4]. Because of the increased exposure, it is expected that second-year medical students would perform better on ultrasound evaluations [4].

Kochhar et al. [1] sheds light on a very important consideration after the pandemic: the impact of remote learning on medical students’ education. With this being said, the clear advantage the class of 2023 had over the class of 2024 in exposure to didactic material such as radiographic images and ultrasound may have skewed the results of this study. Ultimately, virtual education platforms are becoming more and more prevalent in medical students’ preclinical education [5]. Because of this, further research needs to be done to address this study’s limitations.

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