Author's response to reviews

Title: Revised title: On death and dying - an exploratory and evaluative study of a reflective, interdisciplinary course element in undergraduate anatomy teaching

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Version: 2 Date: 19 December 2013

Author's response to reviews: see over
Revised manuscript submission

On Death and Dying – Evaluation of a Reflective, Interdisciplinary Course Element in Anatomy Undergraduate Teaching

now changed into:

On death and dying – an exploratory and evaluative study of a reflective, interdisciplinary course element in undergraduate anatomy teaching

Dear ladies and gentlemen, dear editors,

With special thanks to the reviewers for their helpful comments we like to submit our profoundly revised manuscript. In the following, we have addressed all changes step by step. We would be glad if this finds your acceptance.

With very best wishes, also for Christmas and the coming New Year, and kind regards,

Dr. Bernd Alt-Epping MD, corresponding author

Reviewer 1:

- A more detailed description of the themes of the lecture as well as the course topics have now been added

Reviewer 2:

- A professional lectorate has now been undertaken.
- We deliberately integrated the description of the course contents in the introduction section, as the methods section describes the explorative and evaluative study component of the total course project.
- The study group suggested by the reviewer (O. Plaisant, J Anat 2013) focuses on personality traits of medical students (like competitiveness) and relates them to attitudes towards science and gross anatomy (like judging science or anatomy to be important). Instead, we took a broad view on experiences of medical students with death and dying, related this to the dissection room experience, and evaluated a new course format that should aid the students through the anatomy course not only with respect to short-term relief, but also with respect to the future doctor-patient-relationship. Therefore, we would prefer not to include this study. On the other hand, we now included some other references (Cahill 2009) and placed results into a broader context.
- International literature on palliative care education: the EAPC recommendations have now been added.
- The important aspect of conveying an ‘attitude’ towards severely diseased patients in palliative care teaching is supported at the introduction section, first paragraph.
- Other comments (f): have been realized: brackets, fraction numbers, prerequisites, etc. We reduced significance testing to a minimum with respect to multiple testing errors.
- The gender distribution of study participants and total course participants is now added.

Reviewer 3:
- The methods section describes in detail that the new course element was flanked by three questionnaires on days 1, 3 and 88 that intended both to formally evaluate this course element as well as to gather information about the students’ perceptions and experiences with death and dying, about their feelings and fears in the forefront of the dissection course, especially focusing on their apprehension of emotional stress, and about stress-induced symptoms and emotional blunting. The reviewer states quite correctly that the majority of the data presented is on the pre- and post dissecting course questionnaire and therefore the title might be misleading. We therefore redirected the title of the manuscript.
- The course contents that should provide room for reflection and preparation are described in the introduction section, as they were not subject of research. The “methodology used” instead focuses on the exploratory and evaluative study elements and certainly cannot achieve the aims. “To prepare students mentally and emotionally...” is a quotation from Agnihotri and Sagoo (2010).
- The content, the format and the learning objectives of the seminar were described in the introductory section, as we consider this information mandatory for understanding the following exploratory and evaluative study elements. We would not consider it helpful to switch this information to the discussion section.
- The reviewer correctly states that “due to the voluntary nature of the seminar comparability with the rest of the data may be hampered”. We had already discussed this problem (that comprises the voluntary nature of both the seminar and the study participation as well) as one of the limitations at the end of the discussion section, and now marked this problem in a more pronounced fashion.
- Information on the content of the opening lecture: done
- As the lecture addresses sociological, cultural, legal and moral implications, and as the lecture is required to provide the students with the necessary information concerning the seminar and the accompanying research, it was useful to hand out the first (exploratory)
questionnaire after the lecture.

- We deliberately avoided describing the format of the presumably well known dissection course itself, as we wanted to focus on the actual course project. And yes, it was one of the explicit aims to find out whether the contents of the dissection course have influenced the student’s perception and attitude.

- Size of the population (total of enrolled students of the respective term): now added

- We now explained why we avoided all-over significance testing due to the exploratory nature of the study, and inserted significance levels where appropriate.

- The figures of the quantitative data are now completed with n numbers.

- Language editing: done.

- We all know that in international terminology, the term "Palliative Care" is at least as commonly used as "Palliative Medicine". The EAPC (European Association for Palliative Care), for instance, denotes its curriculum a “curriculum in palliative care for undergraduate education” (Filbet M, Centeno C, De Conno F, Ellershaw J, Eisner F, Eychmuller S, Kaasa S, Larkin P. EAPC, 2007, ISBN: 978-88-902961-3-0). Of course, it would be easy to replace “Palliative Care” by “Palliative Medicine”, but reasons for this might be counter-balanced by reasons against it, as curricular contents in undergraduate teaching focus very much on multiprofessional or attitude-changing care aspects.

- Similarly, the reviewer proposes to rephrase “death and dying” into “dying and death”. The term “on death and dying” obviously refers to the world famous book written by Elisabeth Kübler-Ross – a title that became a dictum afterwards so that since then, a reverse order would be counter-intuitive from a linguistic perspective.

- We now replaced “anatomy course” by “dissection course”, although international literature uses both variants (and several others terms, like “gross anatomy course” or “dissecting course”).

- “Medical attitude” is now being replaced by “clinical attitude”.

- Page 2: “the dissecting course is broadly considered”: a reference is now given.

- We now replaced “cadaveric donation” by “body donation”, although international literature uses both variants (compare Cahill 2009 versus Boeckers 2010).

- The reviewer suggests to replace “their reasons to donate” by “their willingness to”, but in fact, the motivation and reasons to donate were asked. We now replaced “reasons” by “motives”.

- The reviewer doubts that the data allow to assume that the teaching intervention is effective. On the other hand, we assessed several criteria that demonstrate a high level of reflection during the course that was assessed helpful for the dissection course and the future by the students themselves. In educational research and specifically in palliative care, where education aims at delivering not only cognitive knowledge or skills but rather provide room for rethinking one’s own attitude, “effectiveness” has obviously to be defined on a broader scale. Our data show that there were numerous positive “effects” triggered by the course element.

- Reviewer: “Page 8: I would be careful with the assumption that the data is representative, don’t mix the response rates.” The important limitation of the response rates is discussed now in a more detailed fashion. There are no obvious sub-group characteristics that would lead to the suspicion of non-representative strain. Therefore, we defensively concluded that “the high response rate of 64.2%, age and sex distribution allows the conclusion of a representative survey”.

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