Reviewer's report

Title: Anxiety levels among Health Sciences students during their first visit to the dissection room

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Reviewer: Bernard Moxham

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There is now a voluminous literature relating to the topic of students' emotional responses to the human dissecting room experience. Indeed, the overwhelming weight of evidence is that, depending on previous experiences and personality, students are anxious but are also excited and curious. The levels of anxiety markedly decrease as they progress through their anatomy education. One could argue that, given these findings, there is not much point in continuing these types of study. The present paper however does contain some new information pertaining to the reactions of students of healthcare studies other than medical students. I have two major 'criticisms' that I believe the authors should address in their paper:

1. They should acknowledge that there are other emotional responses that are positive (e.g. curiosity). Furthermore, anxiety before approaching the novel experience of seeing cadavers is not necessarily a completely bad reaction. Medics will always be 'anxious' throughout their education and careers as they approach new experiences and procedures and face patients with their own anxieties about their medical conditions. Surely that is what makes them compassionate and empathetic! Obviously, in very infrequent situations, extreme anxiety can lead to persistent and unacceptable stress. I agree with the authors that it is important to be sensitive to the students' situation and to condition the students to the experience before they start an anatomy course using cadavers. It is also important to monitor students' reactions in a 'quiet way' as the course proceeds. I would have liked to have seen more in this paper about how they might do this. It should also be pointed out that anatomists are sensitive to these issues; I don't see many papers gauging students' levels of anxiety when faced with going into the surgical operating theatre for the first time or seeing an autopsy! Admittedly, I'm not fully up with such literature but, if it exists, it ought to be mentioned in papers dealing with anatomy and cadavers.
2. There is much controversy at present about how to teach anatomy, how much anatomy to teach, when to teach anatomy, what are the professional skills (as well as the amount of information to transfer) that arise from an anatomy course, and how much time to devote to the teaching of anatomy. Consequently, in order to avoid the impression that there is an authors' bias, I would suggest that the following changes are made in the text:

Abstract line 4 However, exposure to human cadavers MIGHT be induce emotional responses, including anxiety and stress.

Background line 5 Dissection or protection practices are usually associated with the teaching of anatomy (Note that what is 'traditional' is much discussed and disagreed upon and is regarded by some as being somewhat vituperative)

Background line 17 anatomy teaching in the dissecting room has CHANGED considerably

Discussion line 36 Delete the opening sentence and start along the lines of... For many medical students, exposure to human bodies in the anatomy lab is their first exposure to death.

Concerning the Limitations of the study. That the medical students carry out dissections and the other students just use protections is a significant observation that should be made more of in the Discussion section.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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Are the conclusions drawn adequately supported by the data shown?  
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