

**Editorial****CONCEPT OF ANATOMICAL TEACHING PRACTICE****Dragica Bobinac***Department of Anatomy, Faculty of Medicine, University of Rijeka, Rijeka, Croatia*

Through decades there is much debate about suitable methods of delivering anatomical knowledge and about the best teaching practices in this area. Talking with the first year students most of them understand and agree that anatomical knowledge is considered fundamental for successful progress through the undergraduate programs and also for them as future health professionals. They also think that program of anatomy teaching is very extensive and they need a lot of time to learn all. They have not enough time to practice anatomy. That became very clear at the end of a year when some of them are not quite satisfied about acquired knowledge in anatomy and there is common comment among students that they need more time and more practical knowledge. Thinking about competent clinicians, particularly surgeons, it is clear that they need a deep understanding of anatomy for safe clinical practice. The anatomical knowledge at the level of undergraduate program cannot be quite comparable with the knowledge needed for successful residency program. However, because students have had very limited exposure

to anatomy during undergraduate program, there is a concern that medical students are insufficiently prepared in anatomy when entering clerkships and residency programs. Objectively students are quite well prepared in gross anatomy considering undergraduate training program but considering residency program especially in surgical branches are not sufficiently prepared. So, we strongly support the need of additional training in anatomy as obligatory part of residency program conducted by anatomists. In conclusion, undergraduate student level of anatomical knowledge could not be the same as the level that clinicians need.

In Croatia, teaching of anatomy is included in the schedule of the first year of study, is going parallel with chemistry, biology and physics what implicates limitations on curricular time. In addition, students are divided into small groups with its specific day and week timetable. All this, including resources for gross anatomy courses in system-based curricula have led us to use methods of teaching such as prosection, medical imaging and multimedia resources. Using these methods of teaching we are aware that only well trained teachers can encourage and stimulate active participation of students or there is a danger that students become passive listeners. To systematically take care of the education of young teachers we established an intensified associated didactic training program for young teachers in anatomy education. Among all the aim was to train young teacher how to act as an ally and companion of the students in order to build strong, logical medical knowledge because basic anatomical knowledge could be acquired by students through many media. After the training program, the satisfaction of the young teachers and their motivation for working with the students was greater. Further, there is a great interest among students of higher academic

years to be engaged in anatomy education as student tutors. We also established adequate training program for student tutors to achieve the necessary competences. We strongly support such activity of the students of higher academic years because it increases their competences, deepens their knowledge in anatomy, and after the completion of the study can be an important employment recommendation. Each year tutees evaluate student tutors' performance what enable us to choose the best ranking tutors for the next academic year. This tutorial program may help tutees to pass the gross anatomy course. Student tutors themselves asses their involvement in anatomical education as great achievement.

Our students are very motivated to do full body dissection but we can organize that only as elective course because cadaver-based instruction is time-consuming teaching method that cannot be applied with a time limit and a division of students into numerous small groups. Cadaver dissection is an unforgettable experience in

acquiring knowledge and understanding of the human body. On the other hand it is particular achievement for medical education in general because offers the student first contact with death body encouraging students to reflect on their experiences in dealing with aspects of death and dying. Although today there are differing views on whether full cadaver dissection is still appropriate for a modern undergraduate program of medicine we do support that full body dissection represents the main means of highlighting the anatomical formations, involving active student participation. The dissection course would be an essential part of preclinical medical education since has survived as the main instructional tool for hundreds of years.

Modern techniques give us the feeling that we can offer students gaining anatomical knowledge using a high-quality teaching methods without cadaver dissection. Is it true? Part of it is true but nothing can compensate for the sense of touching the anatomical structure.