The contribution of plastinates to teaching complex anatomy of the heart

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Abstract
Objectives: The use of plastination can minimize health risks and cost in anatomy laboratories. Plastinates are easy to handle and can facilitate the learning of complex anatomical structures. Therefore, we aimed to evaluate the contribution of plastinates to teaching complex anatomy of the heart.

Methods: Standard S10 technique was used for heart plastination by fixation, dehydration, impregnation and curing stages. Ninety volunteer first-year medicine students at Akdeniz University, who did not take cardiovascular system anatomy lectures yet, were included. Formalin-fixed heart specimens were used in the lecture of group 1; both formalin-fixed heart specimens and heart plastinates were used in the lecture of group 2. After the lecture, a 10-question exam was administered. Statistical significance between the scores of the two groups was tested with one sample t-test, and post hoc Tukey test was used for multiple comparisons.

Results: The pre-test scores of the groups were compared with the scores obtained after the 2 hours of lecture (p=0.002, p<0.05). The test scores of both groups increased significantly after the lecture (p<0.05). The post-test scores of group 2 were significantly higher than group 1 (p=0.047, p<0.05). The average test scores of those trained with formalin-fixed specimens increased from 23.78±1.94 to 48.22±3.19 (p<0.05). Students gave positive feedback about heart plastinates, and they stated that their rising interest in the anatomy lecture due to the odourless, disinfected and reusable materials.

Conclusion: In conclusion, besides being cost-effective, healthy, long lasting and easy to maintain materials, plastinates are useful tools to teach complex anatomical structures.

Keywords: anatomy; COVID-19; medical education; plastinate; plastination

Anatomy 2021;15(1):69–75 ©2021 Turkish Society of Anatomy and Clinical Anatomy (TSACA)
anatomical models are not show the variations and they are expensive because of importation. Two-dimensional educational materials such as textbooks, drawings and digital images, may be of limited benefit in understanding the three-dimensional complexity of the anatomy and spatial relationships of the structures.\textsuperscript{[1]}

Another important issue to highlight is that, although anatomy is essential for diagnosis and treatment, medical school students graduate with inadequate anatomy knowledge.\textsuperscript{[6]} Various studies evaluating the adequacy of anatomy education have shown that anatomy knowledge of medical graduates is deficient.\textsuperscript{[3,4,7] Therefore, it has become compulsory to search effective alternative or supportive tools for teaching anatomy.\textsuperscript{[8–10]} In the last two decades there has been a growing interest in plastination techniques. Plastination is a great method for long-term preservation of anatomical specimens. With plastination, it is possible to protect the anatomical materials in a durable, aesthetic and realistic manner. In this technique, curable polymers in a special vacuum process replace tissue fluids. The specimens are dry and odorless after this process. Moreover, plastinates can be manipulated without personal protective equipment.\textsuperscript{[11]} Although plastination could not be replaced by traditional cadaver training, it is an important auxiliary method ensures that the materials remain intact for a long time. Plastinates provide a learning tool that converts two-dimensional textbook images into three-dimensional model.\textsuperscript{[11,12,13]} Therefore, plastinated specimens are valuable in teaching anatomy.\textsuperscript{[10,14,15]} Beyond the educational benefits, plastination stops the reactions inside the body and prevents the degradation and dehydration of the materials. In this way, plastinates remain intact much longer than formalin fixed cadavers do. These materials do not deteriorate over time and save dissection hours.

Another important issue is the risk of transmitting SARS-CoV-2, the virus causing COVID-19, from dead bodies is not yet known.\textsuperscript{[16]} People should be notified not to touch the body if it was recognised or presumed that the deceased was infected with COVID-19; it is not yet understood how long the virus will remain on human tissue and dead bodies. As with other infectious diseases, the cause of death should be communicated to all those who will be handling the body via the medical certificate of death. Equipment and material cleaning, as well as individual hygiene, are essential parts of safety during the pandemic.\textsuperscript{[17]} Therefore disinfectant and sanitised plastinates are alternative options for the anatomical education during the COVID-19 pandemic period when considering their hygienic properties.

One of the most difficult organs for students to understand is the human heart with its complex physiology and detailed anatomy. Knowledge of the basic anatomy and physiology of the heart is essential. It is very difficult in formalin fixed specimens to show the detailed anatomy of the heart valves without damaging the structures.\textsuperscript{[18]} Therefore, in this study, we aimed to investigate if the heart plastinates contribute to anatomy education of the under graduate medical students.

**Materials and Methods**

Standard S10 technique, which was previously defined in the literature, was used for plastination. Fresh sheep hearts were plastinated by fixation, dehydration, impregnation and curing stages.\textsuperscript{[10]} Heart specimens have gained light and flexible structure after plastination process and become dry, odourless and resistant to deterioration (Figure 1). Structures including chordae tendinea, papillary muscles, right and left atrioventricular orifice, bicuspid (mitral) and tricuspid valves, pulmonary veins, aortae, coronary vessels, and their relations with each other were described in heart plastinates in details (Figures 1 and 2).

Ninety volunteer first-year students in the School of Medicine (Akdeniz University), who did not take cardiovascular system anatomy lectures yet, were included in the study. This study was conducted in accordance with the Helsinki Declaration. All protocols were approved by the Clinical Research Ethics Committee of Akdeniz University (Number: 70904504-98). Furthermore, written informed consent was obtained from the students.

A pre-test consisting of ten questions was applied to the students in order to determine their knowledge about cardiac anatomy, and then they divided into two equal groups according to pre-test results. Thus, there was no significant difference between the two groups’ knowledge levels. Both groups were given a 2-hour identical lecture regarding the anatomy of the heart by the same instructor. Formalin-fixed heart specimens were used in the lecture of group 1. Formalin-fixed heart specimens and plastinated hearts were used in the lecture of group 2. After the lecture, a 10-question exam was administered to both groups. In this exam, open-ended and multiple-choice questions were prepared in order to test the student’s knowledge levels. In this test, questions including atrial and ventricular structures, heart valves, and heart vessels were asked to students. The same anatomy instructor who was blinded to the study evaluated test scores.

The data were analyzed with SPSS (Version 25.0, Armonk; NY, USA). Descriptive statistics of continuous variables, such as test scores of the students, were given with mean, standard deviation, minimum and maximum
values, and frequency and percent for categorical variables. The Shapiro-Wilk test was used as a test of normality. The independent samples t-test was used for two independent group comparisons of normally distributed variables, and the Mann-Whitney U test was used for non-normal distributed variables. Statistical significance between the scores of the two groups was tested with one sample paired t-test, and post hoc Tukey test was used for multiple comparisons. A p-value <0.05 was considered significant.

Results

The Kirkpatrick Model was used in the current study for analyzing and evaluating the results of lectures with plastinates. The evaluation model consists of four parts: reaction (level 1), learning (level 2), behavior or transfer (level 3), and results (level 4).[19] All of the students indicated their feelings about the plastinates (level 1), and their behavior changed because of attending a lecture with plastinates. In level 2, pre-tests and post-tests were conducted to the students to measure the proper amount

Figure 1. External aspects of the plastinated heart. (a) Anterior long-axis view. (b) Posterior view. CA: conus arteriosus; CAbr: branches for conus arteriosus; D: diagonal branches; LA: left atrium; Lac: left auricle; LAD: left descending artery, LCA: left coronary artery; LCx: left circumflex artery; OM: obtuse marginal artery; PDA: posterior descending artery; PT: pulmoner trunk; PV: pulmoner vein; RAc: right auricle.

Figure 2. Internal aspect of the plastinated heart. (a) Longitudinal incision. (b) Transverse incision. APM: anterior papillary muscle; ASbr: anterior septal branches; CT: chorda tendinea; IVS: interventricular septum; LV: left ventricle; MV: mitral valve; PPM: posterior papillary muscle; PM: papillary muscle; PT: pulmoner trunk; RAc: right auricle; RV: right ventricle; TV: tricuspid valve.
of learning that has taken place. This level gives students and us for the advancement of knowledge, skills, and attitudes based on their participation. The evaluation by Kirkpatrick’s model showed that the use of plastinates in anatomy education improved the learning outcome of medical students, their level of satisfaction and the quality of anatomy education. The implications of the plastinates for anatomy education can add to the appeal and effectiveness of medical education, and that triggers active learning.

The mean values of group 1 post-test scores were 48.22±3.19, and the mean value of group 2 was 56.89±3.52 (Table 1). The post-test scores of group 2 were significantly higher than group 1 (p=0.047, p<0.05). The test scores of the group that received lectures with both formalin-fixed specimens and plastinates were sig-

| Table 1 |
|---------|
| Pre-test and post-test scores of the groups. |

| Descriptives | Statistic     | SE  |
|--------------|--------------|-----|
| Pre-test     |              |     |
| **Group 1**  | Mean         | 23.78         | 1.941 |
|              | 95% CI for mean | Lower bound  | 19.87 |
|              |              | Upper bound   | 27.69 |
|              | 5% trimmed mean | 23.58         |     |
|              | Median       | 20.00         |     |
|              | Variance     | 169.495       |     |
|              | SD           | 13.019        |     |
|              | Minimum      | 0             |     |
|              | Maximum      | 50            |     |
|              | Range        | 50            |     |
|              | Interquartile range | 20  |     |
|              | Skewness     | 2.16          |     |
|              | Kurtosis     | -623          |     |
|              |              | 695           |     |
| **Group 2**  | Mean         | 15.56         | 1.922 |
|              | 95% CI for mean | Lower bound  | 11.68 |
|              |              | Upper bound   | 19.43 |
|              | 5% trimmed mean | 14.57         |     |
|              | Median       | 10.00         |     |
|              | Variance     | 166.162       |     |
|              | SD           | 12.890        |     |
|              | Minimum      | 0             |     |
|              | Maximum      | 60            |     |
|              | Range        | 60            |     |
|              | Interquartile range | 10   |     |
|              | Skewness     | 1.171         |     |
|              | Kurtosis     | -623          |     |
|              |              | 695           |     |
| Post-test    | Mean         | 48.22         | 3.199 |
| **Group 1**  | 95% CI for mean | Lower bound  | 41.78 |
|              |              | Upper bound   | 54.67 |
|              | 5% trimmed mean | 47.96         |     |
|              | Median       | 40.00         |     |
|              | Variance     | 460.404       |     |
|              | SD           | 21.457        |     |
|              | Minimum      | 10            |     |
|              | Maximum      | 90            |     |
|              | Range        | 80            |     |
|              | Interquartile range | 35  |     |
|              | Skewness     | -.462         |     |
|              | Kurtosis     | -689          |     |
|              |              | 695           |     |
| **Group 2**  | Mean         | 56.89         | 3.522 |
|              | 95% CI for mean | Lower bound  | 49.79 |
|              |              | Upper bound   | 63.99 |
|              | 5% trimmed mean | 57.59         |     |
|              | Median       | 60.00         |     |
|              | Variance     | 558.283       |     |
|              | SD           | 23.628        |     |
|              | Minimum      | 10            |     |
|              | Maximum      | 90            |     |
|              | Range        | 80            |     |
|              | Interquartile range | 30  |     |
|              | Skewness     | -.313         |     |
|              | Kurtosis     | -689          |     |
|              |              | 695           |     |

CI: confidence interval; SD: standard deviation; SE: standard error.
significantly higher than those of the group that received lectures with the only formalin-fixed specimen. The pre-test scores of the groups were compared with the scores obtained after the 2 hours lecture (p=0.002, p<0.05) (Table 2). It was observed that the test scores of both groups increased significantly after the lecture (p=0.047, p<0.05) (Table 2). The average test scores of those trained with formalin-fixed specimens increased from 23.78±1.94 to 48.22±3.19 (p<0.05). The average test scores of those trained with both formalin-fixed specimen and plastinates increased from 15.56 ±1.92 to 56.89±3.52 (p<0.05) (Figure 3).

Discussion

Plastination has been the focus of many studies for the last two decades. Some of these studies were related to plastination techniques,\cite{11,12,20} and some of them were related to the importance of plastination in anatomy education.\cite{10,13–15,21} Our study is the first study so far that evaluate if the heart plastinates contribute to anatomy education of the students. Many anatomists prefer plastinates to formalin-fixed cadavers because they are odorless, durable, effortless and easy to handling.\cite{13,14,21} Musumeci et al.\cite{22} indicated that plastination is a good tool for dissection and a complementary educational technique that shows different aspects of human anatomy. Riederer stated that plastinates provide a 3-dimensional vision for complex anatomical areas, and a very useful tool for pre- and post-graduate training.\cite{10} Our data showed that education with formalin-fixed cadavers increased students test scores, but the addition of plastinates to the education was significantly increased the success rate. These results indicate that plastinates are useful for teaching the anatomy of the heart, which is a very complex region for the undergraduate medical students.

With its complex anatomy and unique function, the heart has been the subject of various plastination studies.

Table 2

The comparison between the groups via test scores.

| Test statistics* | Pre test | Post test |
|------------------|----------|-----------|
| Mann-Whitney U   | 642.000  | 769.000   |
| Wilcoxon W       | 1677.000 | 1804.000  |
| Z                | -3.087   | -1.983    |
| Asymp. sig. (2-tailed) | .002 | .047 |

*Grouping variable: Mann-Whitney U.
over the years. In the 1980s, the researchers explored how to optimize heart plastinates and to protect the heart’s fine structures by plastination. Since then, the importance, usefulness and benefits of plastinates have been studied. Raoof et al. have performed plastination to demonstrate the function of cardiac valves during systolic and diastolic phases in their study. In this study, a pilot questionnaire was applied to get opinions of the students about plastinates. The results of the survey have shown that most of the students thought heart plastinates are beneficial in terms of demonstrating structural anatomical relationships, learning the anatomy of the heart, understanding function-structure correlation. Since the questionnaire in this study was consisted of only three yes/no type questions, it may not reflect the exact views of the students. However, our study has perceptibly shown that plastinates make easier to learn the anatomy of the heart.

Gomez et al. have compared heart plastinates and echocardiography images and indicated that plastinated slices were corresponded accurately with the echocardiographic images. They stated that their research could be a reference atlas for assisting 2D echocardiography interpretation. Plastinates are long lasting, odorless, easy to use, nontoxic and non irritating materials, and these beneficial features have been mentioned in various studies. In our study, besides the increase of success levels, students gave positive feedback about plastinates. They stated that their interest in the lecture increased because plastinates were odorless and easy to handle.

The use of the human body as a cadaver in medical education is a crucial part of anatomy education. When considered in terms of health, formalin could cause eye and skin irritations, degeneration of the mucous membranes, nasopharynx and nasal cavity tumors. Another important issue is the high cost of importing the cadavers of certified donors. In Turkey, body donation is very rare due to cultural structure and majority of the universities are failed to meet the cadaver needs for anatomy training. This problem may common in many countries that have similar culture with Turkey.

COVID-19 outbreak has had serious implications on medical education. In many universities, laboratory lectures are planned to be held in small groups. The transmission risk of SARS-CoV-2 from cadavers is not known yet. Equipment and material cleaning, as well as individual hygiene, are essential parts of safety during the pandemic. Therefore disinfected and sanitised plastinates could be a good option for the anatomical education during the COVID-19 pandemic when considering their hygienic properties.

Despite all their negative features, formalin fixed cadavers are indispensable for anatomy education. However, it can be beneficial in many ways using plastinates during anatomy education. In their study among medical educators in the USA, Klaus et al. investigated the use and perception of plastination. According to this study results, 100% of the educators had heard of plastination, 57% of them correctly defined plastination, and 39% of them currently utilize plastinates for anatomy education. This study indicated plastinates are used higher than mentioned in the literature in the U.S., but medical anatomy educators perceived plastination as a useful tool, but not a replacement for cadavers.

The large scale studies need to investigate the effects of plastinate in anatomy education. Further studies can be supported by plastinates obtained from different regions of the body to improve the quality of anatomy education. The combined evaluation methods can be used to assess the quality of anatomy education with plastinates, or it can be compared using the same techniques for medical students in various schools, regions, or countries.

Conclusion
Findings of this study with undergraduate first-year medical students at Akdeniz University of School of medicine contributed auxiliary grounds in support of credibility of the plastinated specimens in medical education system. In conclusion, besides being cost-effective, healthy, long lasting and easy to maintain materials, plastinates are useful tools in anatomy education.

Conflict of Interest
Authors have no conflict of interest to declare.

Author Contributions
NO, MS and GA: conceived and planned the experiments; GA, EO, RS and SG: carried out the experiments; GA and EO: contributed to figures and preparation of tables. GA and EO: writing the manuscript. All authors contributed to the interpretation of the results, provided critical feedback and helped organizing the research, analysis and manuscript.

Ethics Approval
The authors certify that the study was performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments. All protocols were approved by the Clinical Research Ethics Committee of Akdeniz University (Number: 70904504-98).

Funding
The study was funded by the Akdeniz University Scientific Research Projects Coordination Unit, Antalya, TURKEY (Project number: TSA-2015-710).
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Conflict of interest statement: No conflicts declared.