MAKING A CASE

Class starts each day in the lecture hall, where Romrell presents a case relevant to what the students will dissect that afternoon in the lab. The class is organized and taught by region of the body, so on the first day Romrell presents a case about a spinal deformity.

"What I'm really going to talk about on Day One is the spine and the muscles of the back," he said. "But I don't teach muscles of the back. I teach, 'Here is your clinical case and now how are we going to understand it?' You can't understand unless you know the structure of the spine, how things are organized, what's its normal shape?"

Down in the lab, students learn to perform a laminectomy, a surgical procedure in which one or more sides of the rear arches of a vertebra are removed to provide access to the spinal cord. They're investigating both to see what a normal spine looks like and to see whether they can spot a deformity similar to what Romrell described in the lecture hall.

"It's not often you look at someone's spinal cord, so it was an unusual experience and definitely very interesting," Karram said.

In another lecture, Romrell presents the case of a woman who had a mass in one of her eyebrows that years later reappeared in her neck. He's teaching the clinical relevance of structures in the neck – including the location of lymph nodes – that the students will observe in the lab that day.

PERSONAL PERSPECTIVES

Students are taught from the beginning that how they react to the course will depend, in part, on their own circumstances.

Samsad Mansoor is a modest and shy student who grew up in South Florida but was born in Bangladesh. Her beliefs are a reflection of Muslim traditions, and she worked to balance religious tenets with seemingly conflicting expectations in the lab.

"I was really nervous in the beginning," she said. "When I first saw the body I didn't know what to expect, so I kind of kept my distance a little. … Basically, according to Islam, you're supposed to preserve the body – but for medical research, dissection is permissible. The most important thing is to treat the body with respect."

Turco found herself struggling, at times, to separate the lab work from her grieving over the recent death of her mother. Her positive attitude, along with a disciplined approach to preparing for course material before entering the lab each day, may have hidden the inner turmoil from classmates.

"As far as apprehension goes, I'd say I'm feeling like a 1 [on a scale of 1 to 10] on the physical side, but 8 on the emotional side," Turco said before her first day. "Because of that experience with my mom, I'm much more aware this is not just a body; this is someone's mom, someone's dad, someone's son or daughter."

There were times when Turco couldn't ignore the reminders and had to catch her breath, or shed a tear. For the most part, she said, she handled her emotions by focusing on preparation. Early in the course, Romrell granted her request to not work on the female cadaver to which she originally had been assigned.

He understands the course's emotional impact and doesn't expect students to think it's only about science. The science, in fact, might play a role in helping students cope with their emotions, keeping them focused and requiring several hours of reading each day to avoid being left behind.

Though all the students FSU MED interviewed reported anxiety about working with cadavers, they were equally, if not more, concerned about the volume of scientific material to be covered in 10 weeks.

Clinical anatomy often is referred to as "a drink from the fire hose of knowledge," and the pace and scope of the information being delivered can distract from thoughts about what is actually taking place.

"It's like learning a foreign language," Powell said. "It can be overwhelming with the amount of information you're trying to grasp."

Katie Alonso, right, and Samsad Mansoor. Alonso was one of 18 second-year medical students who volunteered to serve as teaching assistants during the clinical anatomy course in the summer of 2009.