

# Assessment of Learners' Perception of Cadaviz as a Supplement to Traditional Cadaveric Dissection

Dr Rakhi M. More<sup>1\*</sup>, Dr Sneha John<sup>2</sup>, Dr Garima Sharma<sup>3</sup>, Dr Shobha Verma<sup>4</sup>

<sup>1\*</sup>Professor, D Y Patil deemed to be university School of Medicine Nerul, Navi Mumbai., [drrakhimmore@gmail.com](mailto:drrakhimmore@gmail.com)

<sup>2</sup>Associate professor, D Y Patil deemed to be university School of Medicine Nerul, Navi Mumbai, [snehajohn86@gmail.com](mailto:snehajohn86@gmail.com)

<sup>3</sup>Associate professor, D Y Patil deemed to be university School of Medicine Nerul, Navi Mumbai, [drgsolan@gmail.com](mailto:drgsolan@gmail.com) –

<sup>4</sup>Associate professor, MGM Medical college nerul, navi Mumbai, [drshobhaverma20@gmail.com](mailto:drshobhaverma20@gmail.com) – corresponding author

## Abstract

Human anatomy is a foundational component of medical education, traditionally taught through cadaveric dissection; however, challenges related to visualization of complex three-dimensional relationships and curricular constraints have encouraged the incorporation of technology-assisted learning tools. Virtual dissection tables such as Cadaviz have emerged as biomedical visualization and analytical support platforms to supplement anatomy teaching, although evidence regarding learner perception of Cadaviz remains limited. This study assessed undergraduate medical students' perception of Cadaviz as a supplement to traditional cadaveric dissection, with specific focus on usability, visualization, engagement, satisfaction, and acceptability for curricular integration. A cross-sectional, questionnaire-based observational study was conducted among first-year MBBS students following structured exposure to both cadaveric dissection and Cadaviz-assisted anatomy demonstrations. Data were collected using a validated five-point Likert-scale questionnaire designed to evaluate usability, visualization quality, and analytical interpretability, administered online and analyzed using descriptive statistics. A total of 123 students participated in the study. The majority reported positive perceptions regarding ease of navigation and usability of the virtual dissection platform. Most respondents agreed that Cadaviz enhanced visualization and three-dimensional understanding of anatomical structures and increased engagement during anatomy learning sessions. Overall satisfaction with the use of Cadaviz was high, and a substantial proportion of students supported its permanent integration into undergraduate anatomy teaching. Importantly, students predominantly perceived Cadaviz as a supplementary tool rather than a replacement for traditional cadaveric dissection. In conclusion, Cadaviz was positively perceived by undergraduate medical students as a valuable adjunct biomedical visualization platform that enhances visualization and engagement while preserving the essential educational role of traditional dissection. These findings support the integration of Cadaviz within technology-assisted biomedical visualization workflows used in blended anatomy teaching models.

**Keywords:** Cadaviz; Virtual dissection table; Cadaveric dissection; Anatomy education; Medical students' perception; Blended learning

## Introduction

Human anatomy constitutes a fundamental pillar of medical education, providing the structural and spatial framework necessary for understanding physiological processes, clinical examination, radiological interpretation, and surgical practice. From an applied bioanalytical perspective, anatomy education represents an early and critical stage at which learners are trained to interpret complex biological structures and spatial datasets that underpin clinical decision-making and diagnostic reasoning. A robust anatomical foundation is therefore indispensable for safe and effective medical practice. Despite major curricular reforms

and increased integration of basic sciences with clinical teaching, anatomy remains a cognitively demanding subject for undergraduate medical students, particularly due to its inherent three-dimensional complexity and the volume of detailed structural information that must be accurately visualized, analyzed, and interpreted (Ghosh, 2017). Cadaveric dissection has historically served as the principal modality for anatomy teaching and continues to be regarded as an essential educational experience. Dissection offers unparalleled exposure to real human anatomy, including natural variations, tissue textures, and spatial relationships that cannot be fully replicated by two-dimensional resources

(Aziz et al., 2014). In addition to supporting foundational structural understanding, cadaveric dissection facilitates direct engagement with biological specimens, fostering skills related to observation, spatial analysis, and interpretation of anatomical data. Beyond cognitive learning outcomes, cadaveric dissection also contributes to the development of professionalism, ethical awareness, and respect for the human body (Ghosh, 2017). For these reasons, cadaver-based teaching continues to occupy a central role in undergraduate anatomy curricula.

However, exclusive dependence on cadaveric dissection presents several well-recognized limitations. Increasing student intake, limited availability of cadavers, infrastructural constraints, and reduced curricular time allocated to anatomy have challenged the sustainability and scalability of traditional dissection-based teaching (Chen et al., 2018). Furthermore, certain anatomical concepts—such as complex spatial orientations, layered relationships, sectional anatomy, and cross-sectional correlations—are often difficult for learners to visualize and analytically interpret through dissection alone, particularly during early phases of training (Paech et al., 2017). These challenges have prompted educators to explore complementary teaching strategies that can enhance visualization, support analytical interpretation of anatomical data, and reinforce conceptual understanding without undermining the educational value of cadaveric dissection.

Over the past decade, anatomy education has increasingly incorporated technology-assisted learning tools aimed at addressing these challenges. Digital three-dimensional models, virtual simulations, and interactive visualization platforms have been introduced to supplement conventional teaching, reflecting a broader shift toward blended and technology-supported learning approaches in medical education (Zargarán et al., 2020). Within this context, virtual dissection tables have emerged as a prominent educational technology. These systems allow users to interact with life-sized digital human datasets, perform virtual dissections, manipulate anatomical structures in three dimensions, and generate sectional views across multiple planes, thereby supporting structured visualization and analytical exploration of anatomical information.

Virtual dissection tables such as Anatomage and Cadaviz have been reported to facilitate improved visualization of anatomical structures and spatial relationships, particularly in regions that are difficult to conceptualize through dissection alone (Alasmari, 2021). Their capacity to integrate cross-sectional anatomy with radiological imaging enhances their relevance to clinically oriented anatomy teaching and supports early training in the interpretation of

imaging-based anatomical data (Paech et al., 2017). Importantly, these platforms permit repeated use without degradation of specimens, enabling structured demonstrations, group-based analytical discussions, and revision sessions—features that align well with contemporary learner-centered and data-informed educational models.

Evidence from recent open-access studies conducted between 2014 and 2024 consistently indicates that students perceive virtual dissection tables as valuable adjuncts to traditional anatomy teaching. Perception-based studies have reported enhanced learner engagement, improved three-dimensional understanding, and increased satisfaction when virtual dissection is used alongside cadaveric dissection (Bharati et al., 2018; Alasmari, 2021; Baratz et al., 2019). Importantly, these studies also demonstrate that students generally do not favor replacement of cadaveric dissection; instead, they support a blended approach that combines physical specimen-based learning with digital visualization and analytical tools (Zargarán et al., 2020; Koney-Kwaku et al., 2024). This distinction underscores the role of virtual dissection platforms as supplementary analytical resources rather than alternatives to traditional methods.

Despite the growing body of literature on virtual dissection technologies, most published studies focus on Anatomage, with comparatively limited data available on Cadaviz, particularly within the Indian undergraduate medical education setting. Given institutional, curricular, and learner-context differences, it is important to evaluate learner perception of Cadaviz independently rather than extrapolating findings from other platforms. Understanding learner perception is especially relevant in applied educational bioanalysis, as acceptance, perceived analytical utility, and engagement directly influence the effectiveness, accuracy, and sustainability of technology-assisted interpretation of biological and anatomical data (Evans & Pawlina, 2022).

Against this background, the present study was designed to assess undergraduate medical students' perception of Cadaviz as a supplement to traditional cadaveric dissection following structured exposure to both modalities during anatomy teaching. The objective of this study was to assess undergraduate medical students' perception of Cadaviz as a supplementary tool, with specific focus on its perceived usefulness in enhancing visualization and spatial understanding of anatomical structures, its role in improving learner engagement and supporting revision, and its acceptability for integration into undergraduate anatomy teaching.

## Materials and Methods

This study was conducted as a cross-sectional, questionnaire-based observational study in the Department of Anatomy of a medical college. The study was conducted over a three-month period during the academic years 2024–2025. The study population comprised first-year MBBS students who were undergoing routine undergraduate anatomy teaching and had exposure to both cadaveric dissection and Cadaviz-assisted anatomy demonstrations during the academic period of the study.

All first-year MBBS students who had attended cadaveric dissection sessions and Cadaviz-based demonstrations were invited to participate in the study. Participation was voluntary. Students who submitted complete questionnaire responses were included in the analysis.

As part of routine anatomy teaching, students attended conventional cadaveric dissection sessions conducted in the dissection hall. In addition, Cadaviz, a virtual dissection table, was used during anatomy demonstrations to display anatomical structures corresponding to the regions taught. The use of Cadaviz was limited to demonstration and visualization during teaching sessions. No changes were made to the existing syllabus, teaching schedule, or assessment pattern for the purpose of this study.

Data were collected using a structured questionnaire designed to record students' perceptions regarding the use of a virtual dissection table in anatomy teaching. The questionnaire included items related to ease of use, visualization of anatomical structures, three-dimensional understanding, engagement during learning sessions, overall satisfaction, and views on the role of Cadaviz in relation to traditional cadaveric dissection. Responses were recorded using a five-point Likert scale ranging from strongly agree to strongly disagree. The questionnaire also included basic demographic information.

The questionnaire was administered online using Google Forms. Students accessed the form

electronically and completed it at their convenience. Submission of the completed questionnaire was taken as consent to participate in the study. Responses were collected anonymously, and no identifying information was recorded.

Ethical approval for the study was obtained from the Institutional Ethics Committee, D. Y. Patil Medical College & Hospital, Navi Mumbai prior to the commencement of data collection (IEC Ref. No.: DYP/IECBH/2025/044). The study was conducted in accordance with the ethical principles applicable to research involving human participants.

Collected responses were compiled in a spreadsheet for analysis. Data analysis was performed using descriptive statistics. Results were expressed as frequencies and percentages to summarize students' responses across different questionnaire items. No inferential statistical analysis was undertaken.

## Results

### Participant Demographics

A total of 123 first-year MBBS students participated in the study and provided complete responses. All participants had been exposed to both traditional cadaveric dissection and Cadaviz-assisted anatomy teaching as part of their routine undergraduate curriculum. As the study population comprised students from the same academic year and institutional setting, the cohort was relatively homogeneous with respect to level of training and exposure to anatomy teaching methods.

### Perception of Cadaviz Usability

Students reported a generally positive perception regarding the usability and navigation of the virtual dissection table. Most respondents rated the platform as easy or very easy to navigate, while a smaller proportion expressed neutral views. Only a limited number of students reported difficulty in using the system. Overall, the findings indicate that Cadaviz was perceived as user-friendly and feasible for use during anatomy teaching sessions.

**Table 1. Students' perception of ease of navigation of the Cadaviz virtual dissection table**

Response	Frequency (n)	Percentage (%)
Very easy	23	18.7
Easy	59	48.0
Neutral	35	28.5
Difficult	3	2.4
Very difficult	2	1.6
<b>Total</b>	<b>123</b>	<b>100</b>

Table 1 summarizes students' responses regarding the ease of navigating the Cadaviz virtual dissection table, reflecting overall usability and user-friendliness of the platform during anatomy teaching sessions.

### Visualization and Three-Dimensional Understanding

Perceptions related to visualization of anatomical structures and three-dimensional understanding

were predominantly favorable. A majority of participants agreed or strongly agreed that the virtual dissection table provided better visualization of anatomical structures compared to conventional

methods alone. A smaller proportion of students expressed neutral opinions, while very few disagreed. These responses suggest that Cadaviz was perceived

to enhance spatial understanding and visualization when used alongside cadaveric dissection.

**Table 2. Perception of improvement in visualization of anatomical structures using Cadaviz**

Response	Frequency (n)	Percentage (%)
Strongly agree	41	33.3
Agree	60	48.8
Neutral	20	16.3
Disagree	0	0.0
Strongly disagree	1	0.8
<b>Total</b>	<b>123</b>	<b>100</b>

Table 2 presents students' perceptions of the effectiveness of Cadaviz in enhancing visualization of anatomical structures when used alongside traditional teaching methods.

**Engagement and Learning Experience**

Regarding learner engagement, most students perceived anatomy sessions incorporating Cadaviz to be more engaging. A substantial proportion of respondents agreed or strongly agreed that the use of the virtual dissection table increased their interest

during learning sessions. Neutral responses were reported by some students, while disagreement was minimal. These findings indicate that Cadaviz was perceived to positively influence student engagement during anatomy teaching.

**Table 3. Student perception of engagement during anatomy learning using the virtual dissection table**

Response	Frequency (n)	Percentage (%)
Strongly agree	47	38.2
Agree	51	41.5
Neutral	21	17.1
Disagree	2	1.6
Strongly disagree	2	1.6
<b>Total</b>	<b>123</b>	<b>100</b>

Table 3 depicts responses related to learner engagement and interest during anatomy sessions incorporating the Cadaviz virtual dissection table.

Overall satisfaction with the use of the virtual dissection table was also high. Most participants reported being satisfied or very satisfied with their experience of using Cadaviz, whereas fewer students expressed neutral or negative views. This reflects a generally positive learning experience associated with the integration of the virtual dissection table into anatomy teaching.

**Table 4. Overall student satisfaction with the use of the Cadaviz virtual dissection table**

Response	Frequency (n)	Percentage (%)
Very satisfied	35	28.5
Satisfied	64	52.0
Neutral	21	17.1
Dissatisfied	2	1.6
Very dissatisfied	1	0.8
<b>Total</b>	<b>123</b>	<b>100</b>

Table 4 outlines students' overall satisfaction levels with their experience of using the Cadaviz virtual dissection table as part of anatomy teaching.

**Preference for Integration and Role in Teaching**

Students' views regarding the integration of virtual dissection tables into the curriculum revealed strong support for their continued use. A majority of respondents agreed or strongly agreed that virtual dissection tables should be permanently integrated into undergraduate anatomy teaching, while a smaller proportion remained neutral or disagreed.

**Table 5. Student opinion on permanent integration of virtual dissection tables into the anatomy curriculum**

Response	Frequency (n)	Percentage (%)
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Strongly agree	48	39.0
Agree	45	36.6
Neutral	24	19.5
Disagree	3	2.4
Strongly disagree	2	1.6
<b>Total</b>	<b>123</b>	<b>100</b>

Table 5 illustrates students' views regarding the permanent integration of virtual dissection tables into the undergraduate anatomy curriculum.

When asked about the role of Cadaviz in relation to traditional teaching methods, most participants perceived it as a supplementary tool rather than a replacement. While several students expressed neutral views, fewer respondents disagreed with the use of virtual dissection tables as an adjunct to lectures, cadaveric dissection, and demonstrations. These findings indicate a clear preference for a blended teaching approach combining traditional and virtual modalities.

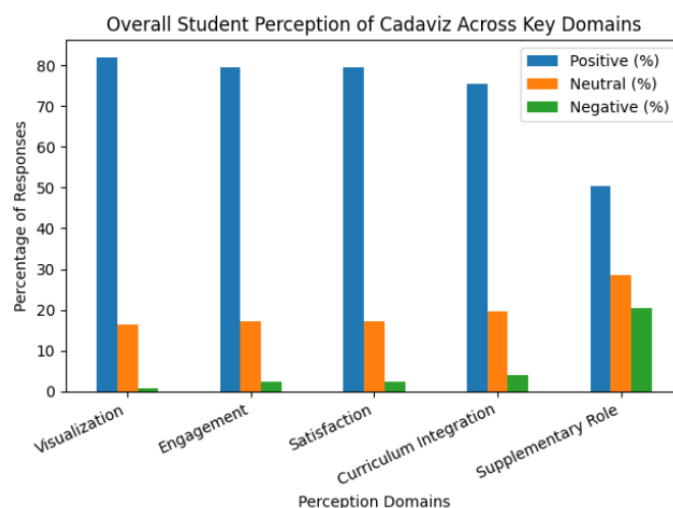
**Table 6. Perception of Cadaviz as a supplementary tool to traditional anatomy teaching methods**

Response	Frequency (n)	Percentage (%)
Strongly agree	24	19.5
Agree	38	30.9
Neutral	35	28.5
Disagree	19	15.4
Strongly disagree	6	4.9
<b>Total</b>	<b>123</b>	<b>100</b>

Table 6 summarizes students' perceptions of the role of Cadaviz as a supplement to traditional anatomy teaching methods, including lectures and cadaveric dissection.

Overall, students demonstrated a predominantly positive perception of Cadaviz as a supplementary teaching-learning tool. The virtual dissection table was perceived as user-friendly, supportive of improved visualization and three-dimensional

understanding, and effective in enhancing engagement during anatomy learning sessions, with broad support for its integration into the undergraduate anatomy curriculum. At the same time, traditional cadaveric dissection continued to be regarded as an essential component of anatomy education. These consolidated perception trends across key domains are summarized in Figure1.



**Figure 1. Overall student perception of Cadaviz across key learning domains**

**Discussion**

The present study explored undergraduate medical students' perceptions of Cadaviz as a supplementary teaching-learning tool in anatomy education and demonstrated an overall favorable response across domains related to usability, visualization, engagement, satisfaction, and curricular integration.

Importantly, students consistently perceived Cadaviz as an adjunct rather than a replacement for traditional cadaveric dissection, indicating a clear preference for blended learning approaches. This observation reflects a broader shift in anatomy education toward integrating conventional specimen-based teaching with digital visualization

technologies to address evolving curricular demands and learner needs (Estai & Bunt, 2016; Triepels et al., 2020).

Positive perceptions regarding the usability of Cadaviz suggest that digital anatomy platforms can be incorporated into routine teaching without imposing excessive technical or cognitive burden on learners. Ease of navigation is a critical determinant of technology acceptance in medical education, particularly in analytically demanding subjects such as anatomy that require sustained attention and spatial reasoning. Studies evaluating digital anatomy resources have highlighted that intuitive interfaces and ease of manipulation facilitate learner engagement and effective instructional use (Dyer & Thorndike, 2018; Triepels et al., 2020). The present findings support the view that user-friendly virtual dissection platforms are more likely to be accepted by students and meaningfully integrated into anatomy teaching workflows.

Enhanced visualization and three-dimensional understanding emerged as prominent perceived benefits of Cadaviz. Spatial comprehension is fundamental to anatomy learning and is closely linked to the analytical interpretation of anatomical relationships. While cadaveric dissection provides authentic exposure to human anatomy, factors such as limited visibility during group dissection, specimen variability, and time constraints may restrict consistent opportunities for spatial analysis. Virtual dissection tables enable repeated visualization, isolation of structures, and examination from multiple perspectives, which may support the development of spatial cognition and analytical understanding. Similar observations have been reported in studies examining three-dimensional and virtual anatomy tools, where learners perceived improved understanding of complex anatomical relationships when digital visualization supplemented traditional methods (Preece et al., 2018; Langlois et al., 2020).

Learner engagement was another domain in which Cadaviz was perceived positively. Students reported that anatomy sessions incorporating virtual dissection were more interactive and engaging than conventional approaches alone. Engagement is increasingly recognized as a key factor influencing motivation, persistence, and depth of learning in medical education. Digital learning tools that promote interactivity and visual exploration have been associated with increased learner participation, particularly in foundational sciences that require interpretation of complex structural information (Radianti et al., 2020). Although engagement alone does not directly equate to improved academic performance, it contributes to a learning environment conducive to sustained attention and deeper conceptual processing.

High overall satisfaction with Cadaviz further reflects its acceptability as an educational tool. Student satisfaction is an important indicator of the feasibility and sustainability of curricular innovations, as learners are more likely to engage with instructional tools they perceive positively. Satisfaction has also been linked to openness toward blended learning models and acceptance of curricular change in medical education (Estai & Bunt, 2016). The favorable satisfaction levels observed in this study suggest that Cadaviz may be integrated into anatomy curricula with minimal resistance from learners when used in a complementary manner.

Despite these positive perceptions, students consistently emphasized the importance of retaining cadaveric dissection as a core component of anatomy education. This finding highlights learners' recognition of the unique educational value of cadaver-based learning, including tactile experience, exposure to anatomical variation, and contextual understanding of human structure. Previous studies have similarly reported that while students appreciate the analytical and visual advantages of digital anatomy tools, they do not support the complete replacement of cadaveric dissection (Langlois et al., 2020; Triepels et al., 2020). The preference for supplementation observed in the present study reinforces the concept that digital tools are most effective when used to complement, rather than replace, traditional pedagogical practices.

Support for permanent curricular integration of virtual dissection tables indicates that students view Cadaviz as a meaningful and sustainable addition to anatomy education. However, the preference for a supplementary role underscores the importance of careful curricular planning. Integration of digital tools should be aligned with defined learning objectives and instructional strategies to ensure that they enhance analytical understanding rather than fragment the learning experience. From an educational perspective, Cadaviz may be particularly useful for demonstrations, revision sessions, and visualization of complex anatomical regions, while cadaveric dissection remains central to foundational skill development.

The findings of this study should be interpreted within the context of its cross-sectional, perception-based design. While positive perceptions indicate educational acceptability and learner readiness for blended approaches, they do not directly reflect improvements in learning outcomes or long-term knowledge retention. Future research may focus on longitudinal and outcome-based evaluations of blended anatomy teaching models, as well as multi-institutional studies to enhance generalizability and further explore how learner perceptions and analytical competencies evolve with continued exposure to virtual dissection technologies.

In conclusion, the present study supports the role of Cadaviz as a valuable supplementary tool in undergraduate anatomy education. Students perceived it as enhancing visualization, engagement, and overall learning experience while maintaining the essential educational role of cadaveric dissection. These findings strengthen the rationale for blended anatomy teaching models that integrate digital visualization technologies with traditional specimen-based instruction to meet contemporary educational and analytical demands.

### Conclusion

The present study demonstrates that Cadaviz is positively perceived by undergraduate medical students as a valuable supplementary tool in anatomy education. Students reported favorable perceptions regarding its usability, capacity to enhance visualization, support three-dimensional spatial understanding, and promote engagement during anatomy learning sessions. These findings suggest that virtual dissection tables can help address some of the analytical and visualization challenges associated with understanding complex anatomical relationships, particularly during the early stages of undergraduate training. Despite the perceived benefits of Cadaviz, students did not view it as a replacement for traditional cadaveric dissection. Cadaveric dissection continued to be regarded as an essential component of anatomy education, providing irreplaceable educational experiences such as tactile interaction with biological specimens, exposure to anatomical variation, and contextual understanding of human structure. The preference for Cadaviz as a supplementary rather than a substitutive tool underscores the importance of preserving established teaching modalities while incorporating technology-assisted visualization to enhance analytical interpretation. Strong student support for the integration of Cadaviz into the undergraduate anatomy curriculum reflects acceptance of blended learning approaches that combine physical specimen-based instruction with digital visualization platforms. When used alongside cadaveric dissection, Cadaviz appears to facilitate improved visualization, reinforce conceptual understanding, and support revision through repeated and structured exploration of anatomical data. Its interactive design may also contribute to sustained learner engagement and satisfaction, which are important considerations for effective and sustainable educational interventions. Overall, the findings support the strategic incorporation of Cadaviz within a blended anatomy teaching framework that integrates traditional dissection with digital visualization tools. Such an approach enables educators to leverage the complementary strengths of both methods, enhancing analytical understanding

without compromising the foundational role of cadaveric dissection. Future research may focus on outcome-based and longitudinal evaluations to further assess how virtual dissection tables influence learning performance, spatial reasoning, and long-term knowledge retention, thereby informing evidence-based curricular decisions in anatomy education.

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