

Professional Identity Formation and the Hidden Curriculum in the Dissection Hall: An Exploratory Mixed-Methods Study of First Year Medical Students' Attitudes, Behaviours, and Perceptions

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ABSTRACT

Background: Professional identity formation (PIF) is a developmental process through which learners integrate professional values and responsibilities into an emerging professional self. The anatomy dissection hall is an environment where formal teaching and hidden curriculum intersect. This study aimed to explore medical students' experiences of PIF in the dissection hall and influences of faculty role modelling, peer interactions, ethical encounters, and emotional adaptation.

Methods: A convergent parallel mixed-methods study was conducted among 90 first-year MBBS students at a medical college between February and June 2026. The quantitative component used a 20-item Likert questionnaire to describe dissection experiences; it was not a validated PIF measure. Qualitative data comprised 30 narratives and 3 focus group discussions involving 24 students. Data were analysed using Braun and Clarke's reflexive thematic analysis and integrated during interpretation.

Results: Eighty-six students (86.7%) viewed the cadaver as a "first teacher," 84 (93.3%) reported increased respect for the human body, 80 (88.9%) perceived professional responsibility, 76 (84.4%) identified faculty role modelling as influential, and 72 (80.0%) perceived peer influence. Emotional preparedness was reported by 58 (64.4%), while 39 (43.3%) felt comfortable discussing emotions. Eighty-two (91.1%) supported structured reflective sessions. Four themes emerged: professional socialisation, hidden curriculum learning, ethical sensitisation and humanisation of the cadaver, and emotional regulation and professional growth.

Conclusions: The dissection hall provides context for professional socialisation and identity development. Quantitative findings are descriptive perceptions rather than psychometric measurement of PIF; qualitative findings provide evidence of emerging identity processes.

Keywords: Professional identity formation; Hidden curriculum; Cadaveric dissection; Medical education; Professionalism in anatomy education

INTRODUCTION

Professional identity formation (PIF) is increasingly recognized as a fundamental outcome of undergraduate medical education. It refers to the gradual process through which first year MBBS students internalize the values, ethical principles, attitudes, and behaviours expected of physicians [1,2]. Professional identity develops continuously through experiential learning, social interactions, observation of role models, and participation within professional environments. Early medical training is therefore considered a critical stage during which students begin to transition from laypersons to healthcare professionals.

The anatomy dissection hall represents one of the earliest and most influential learning environments encountered by first year MBBS students. For many first-year students, cadaveric dissection is their first direct encounter with death, human vulnerability, and the ethical dimensions of medicine. Beyond learning anatomical structures, students are exposed to emotional, moral, and professional experiences that contribute to the formation of their emerging professional identities.

Learning within the dissection hall extends beyond the formal anatomy curriculum. Students are also influenced by the hidden curriculum, which refers to the implicit transmission of professional values, attitudes, and behaviours through informal interactions, institutional culture, peer influence, and faculty role modelling [3,4]. The hidden curriculum may shape how students perceive cadavers, manage emotional stress, communicate with peers, and understand professionalism. Informal norms within the dissection hall may encourage empathy, ethical sensitivity, and

respect, but they may also normalize emotional suppression, humour as a coping strategy, or prioritization of technical tasks over ethical reflection [5,6]. Empathy refers to understanding and responding to another person's experiences; ethical awareness refers to recognising ethical responsibilities; emotional preparedness describes readiness to engage with cadaveric dissection; and professional growth refers to students' perceived development of professional attitudes.

Cadaveric dissection is frequently described as the encounter with a student's "first patient" or "first teacher," emphasizing its humanistic and professional significance [7,9]. Previous studies have demonstrated that dissection can promote empathy, gratitude, and respect for the human body while also provoking anxiety and emotional discomfort during initial exposure [8]. Faculty behaviour and peer interactions further influence students' attitudes toward cadavers and professionalism, reinforcing both formal and informal professional norms.

Despite growing recognition of the role of PIF and the hidden curriculum in medical education, limited mixed-methods research has explored how these factors collectively influence students' attitudes, behaviours, and perceptions within the anatomy dissection hall, particularly in the Indian context. Most available studies focus either on emotional responses or professionalism independently, without integrating quantitative and qualitative exploration. To our knowledge, this is among the few mixed-methods studies from India exploring PIF through the combined influence of cadaveric dissection and the hidden curriculum. By integrating quantitative and qualitative findings, the study provides context-specific insights into how faculty

role modelling, peer interactions, ethical reflection, and emotional adaptation contribute to the early professional development of first-year MBBS students within the competency-based medical education (CBME) framework.

The present study was therefore conducted to explore the influence of PIF and the hidden curriculum on first year MBBS students attitudes, behaviours, and perceptions related to cadaveric dissection. By integrating quantitative findings with qualitative experiences, the study aimed to provide a deeper understanding of how the dissection hall contributes to ethical awareness, emotional adaptation, and early professional socialization.

METHODS

Study Design

An exploratory convergent parallel mixed-methods study was conducted, in which quantitative and qualitative data were collected concurrently, analyzed independently, and integrated through methodological triangulation. This approach enabled a comprehensive understanding of students' perceptions and lived experiences of the hidden curriculum and early professional socialisation in the anatomy dissection hall. All ethical principles for human research were followed and ethical approval was obtained from the Institutional ethics committee (IEC) of the hospital from where the data was collected [No. MVJMC&RH/IEC-5/2026]. Participation was entirely voluntary, and written informed consent was obtained from all participants. Confidentiality and anonymity of responses were strictly maintained throughout the study period. Students were informed that refusal to participate or withdrawal from the study at any stage would not influence their academic performance, assessment, or institutional privileges. Emotional support and faculty guidance were made available for students who experienced distress while discussing dissection-related experiences. Quantitative and qualitative findings were analysed independently and later integrated

during interpretation to identify areas of convergence and complementarity. The study was conducted in the Department of Anatomy at a Tertiary care Medical College and Research Hospital. The institution follows conventional cadaveric dissection-based anatomy teaching for first-year MBBS students. Documentation for the quantitative and qualitative components of the study was collected from February 2026 to June 2026. Participants included 90 first-year MBBS students for the quantitative survey who had completed at least three months of cadaveric dissection exposure. Students who were unwilling to participate or absent during data collection were excluded. The qualitative component included 30 students who provided written narrative responses and 24 students who participated in three focus group discussions (5-6 participants per group).

Quantitative Component

Ninety first-year MBBS students participated in the quantitative survey. Participants for the quantitative survey were recruited using convenience sampling from eligible first-year MBBS students, which may be subject to selection bias.

Qualitative Component

Qualitative data comprised 30 written narrative responses and three focus group discussions involving 24 students (5–6 participants per group). Participants were purposively selected to ensure diversity in gender, questionnaire attitude scores (positive, neutral, and less favourable), and self-reported emotional responses to cadaveric dissection, thereby capturing a broad range of perspectives.

Data Collection Tools

Quantitative Tool

The investigators developed a structured self-administered questionnaire comprising 20 items following an extensive review of the literature on professional identity formation, hidden curriculum, and anatomy education. The questionnaire was designed to assess three domains: (1) Professional

Identity Formation, (2) Hidden Curriculum, and (3) Attitudes, Behaviours, and Perceptions related to cadaveric dissection. Responses were recorded on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores indicated more favourable perceptions of early professional socialisation, hidden curriculum experiences, and attitudes towards cadaveric dissection.

The initial questionnaire draft underwent content and face validation by an expert panel comprising senior faculty members in Anatomy, Medical Education and Health Professions Education. The validators independently evaluated each item for clarity, relevance, comprehensiveness, and appropriateness. Their recommendations were incorporated to improve wording, remove ambiguities, and enhance content coverage before finalization. The names and affiliations of all expert validators have been provided in the manuscript, and the final validated questionnaire has been included as Supplementary File 1.

Prior to the main study, the questionnaire was pilot tested among a small group of first-year MBBS students (not included in the final analysis) to assess comprehensibility, clarity of language, feasibility, and administration time. Minor modifications suggested during pilot testing were incorporated into the final version. The pilot participants were excluded from the final study sample.

The finalized questionnaire demonstrated satisfactory content validity and was considered appropriate for assessing students' perceptions of PIF and hidden curriculum experiences in the anatomy dissection hall.

Qualitative Methods

Qualitative data collection included focus group discussions and open-ended narrative responses. A semi-structured interview guide was developed to explore:

- First encounters with cadavers

- Emotional responses and coping strategies
- Faculty and peer influences
- Ethical perceptions
- Hidden curriculum experiences
- PIF

FGDs were conducted in a quiet academic setting by trained facilitators. Each discussion lasted approximately 45–60 minutes. The discussions were conducted by investigators who were not involved in participants' academic assessment. Students were informed that participation was voluntary, responses were confidential, and non-participation would not influence academic evaluation, thereby minimising potential power imbalances. Discussions were audio-recorded with participant consent, and field notes were maintained to capture non-verbal cues and contextual observations.

Data Analysis

Quantitative Analysis

Quantitative data were analysed using descriptive statistics. Frequencies and percentages were calculated for demographic variables and questionnaire responses. Data were interpreted to identify patterns related to professional identity formation, hidden curriculum influences, and students' perceptions of cadaveric dissection.

Qualitative Analysis

Qualitative data were analysed using Braun and Clarke's reflexive thematic analysis approach. Audio recordings were transcribed verbatim and repeatedly reviewed to achieve familiarisation with the data. Initial open coding was performed to identify meaningful units related to PIF and hidden curriculum experiences.

Codes with conceptual similarity were grouped into categories, from which broader themes were generated. Themes were reviewed, refined, and defined to ensure coherence and relevance. An inductive semantic-level approach was adopted to capture explicit meanings expressed by

participants. Reflexive discussions among the research team supported theme development and interpretation.

Transferability: Thick description of participant experiences and study setting.

Trustworthiness: To enhance the trustworthiness of the qualitative findings, an audit trail was maintained to document the research process, including data collection, coding decisions, theme development, and analytical revisions. A reflexive journal was used by the primary researcher to record personal reflections, assumptions, and potential biases throughout the analysis, thereby improving reflexivity and reducing subjective influence. Thick description was employed by providing detailed contextual information and representative participant quotations to enable readers to judge the transferability of the findings to similar educational settings.

Data Integration

Following independent quantitative and qualitative analyses, findings were integrated using a convergent mixed-methods approach. Quantitative results were compared with qualitative themes through methodological triangulation to identify areas of convergence, complementarity, and divergence. Quantitative findings provided the overall distribution and magnitude of students' perceptions, whereas qualitative narratives explained the contextual experiences and mechanisms underlying these observations. Integration occurred at the interpretation stage through the development of joint thematic interpretations, thereby enhancing the completeness, credibility, and explanatory depth of the study findings. Sampling continued until sufficient information power was achieved, with no major new themes emerging during analysis.

RESULTS

Quantitative Findings

Approximately 90 first-year medical students participated in the study. Of these, 58(64.4%) were female and 32 (35.5%) were male. Most students (95%) had more than three months of cadaveric dissection exposure, while only 02% reported prior exposure before joining medical school. Female students constituted nearly two-thirds of participants, while males represented approximately one-third. Most participants had more than three months of exposure to cadaveric dissection, and only a small minority reported previous exposure before entering medical school.

Overall, students demonstrated positive attitudes toward cadaveric dissection as a formative educational experience. Most students demonstrated positive perceptions of cadaveric dissection and its role in professional development. Overall, 86.7% of students agreed that the cadaver served as their first teacher. A large majority (93.3%) reported that cadaveric dissection increased their respect for the human body, while 88.9% stated that it perceived to contribute their sense of professional responsibility. Faculty role modelling was perceived as an important influence on professional behaviour by 84.4% of students, and 80.0% acknowledged the positive influence of peer interactions within the dissection hall. Emotional preparedness to participate in cadaveric dissection was reported by 64.4% of students; however, only 43.3% felt comfortable discussing their emotions related to dissection. Notably, 91.1% of students supported the inclusion of structured reflective sessions within anatomy teaching to promote PIF and emotional development (Table 1). A majority agreed that experiences within the dissection hall contributed significantly to their development as future doctors. Many students perceived the cadaver as their "first teacher," highlighting the emotional and professional significance attached to dissection.

Table 1: Agreement with Professional Identity Formation Domains Among First-Year Medical Students (N = 90)

Domain	Agree/Strongly	Agree n (%)
Cadaver is the first teacher	78	(86.7%)
Respect for the human body	84	(93.3%)
Professional responsibility	80	(88.9%)
Faculty role modelling	76	(84.4%)
Peer influence	72	(80.0%)
Emotional preparedness	58	(64.4%)
Comfortable discussing emotions	39	(43.3%)
Reflective sessions should be included	82	(91.1%)

Footnote: Values are presented as n (%) of students who selected **Agree** or **Strongly Agree** for each domain.

Table 2. Perceptions of Cadaveric Dissection and Professional Identity Formation among First-Year Medical Students

Domain	Key Findings	Interpretation
Participant Characteristics	~90 first-year medical students participated. Female students constituted about two-thirds of the sample. Most had >3 months exposure to cadaveric dissection.	Participants had sufficient exposure to provide meaningful perceptions about dissection experiences.
Perception of Cadaveric Dissection	Majority viewed the cadaver as their “first teacher” and agreed that dissection contributes to professional development.	Cadaveric dissection plays a significant role in early professional identity formation.
Professional Behaviour and Hidden Curriculum	Faculty behaviour, peer interactions, and dissection hall etiquette influenced attitudes toward cadaver handling.	The dissection hall functions as an important site of hidden curriculum and professional socialization.
Emotional Responses	Students reported mixed emotional experiences. Many adapted over time, though fewer felt comfortable discussing emotions openly.	Emotional adjustment occurs during dissection but may require structured support.
Coping Mechanisms	Humour and peer support were commonly reported coping strategies.	Informal peer networks help students manage emotional stress in the dissection environment.
Ethical Awareness and Empathy	Majority reported increased respect for the human body and greater empathy after dissection experiences.	Dissection contributes to ethical sensitization in medical students.
Need for Reflective Learning	Most students supported the inclusion of structured reflection sessions.	Reflective practices may enhance emotional maturity and professional development.

Footnote: This table summarizes key findings on students’ perceptions of cadaveric dissection, emotional responses, professionalism, empathy, and reflective learning, highlighting its role in professional identity formation and emotional adaptation during early medical education.

Most respondents reported that dissection increased their respect for the human body and perceived to contribute their sense of professional responsibility. Students also agreed that their behaviour in the dissection hall reflected professional values and ethical awareness. Faculty behaviour was perceived as an important influence on professionalism. Students indicated that faculty conduct shaped how they treated and respected the cadaver. Similarly, peer interactions and respectful dissection hall

practices positively influenced learning experiences and professional attitudes. Emotional responses to cadaveric dissection were more varied. While many students felt emotionally prepared to work with cadavers, fewer students reported being comfortable openly discussing emotions related to dissection. Some respondents perceived that emotional suppression and prioritization of task completion over ethical reflection were indirectly encouraged within the dissection hall environment. Humour and peer support

were commonly reported as coping strategies.

Importantly, most students agreed that cadaveric dissection influenced their understanding of empathy and ethical awareness in medicine. A strong majority supported the inclusion of structured reflective sessions within anatomy teaching, suggesting that reflective activities may enhance emotional maturity and professional development.

Thematic analysis of the focus group discussions and open-ended narrative responses generated four overarching themes describing how cadaveric dissection and the hidden curriculum influenced students' professional identity formation, ethical development, and emotional adaptation (figure 1). Narrative responses and focus group transcripts were analysed as a single qualitative dataset. Two investigators independently coded the transcripts. Coding differences were resolved through discussion until consensus was reached. Manual coding was performed without qualitative analysis software.

Qualitative Findings

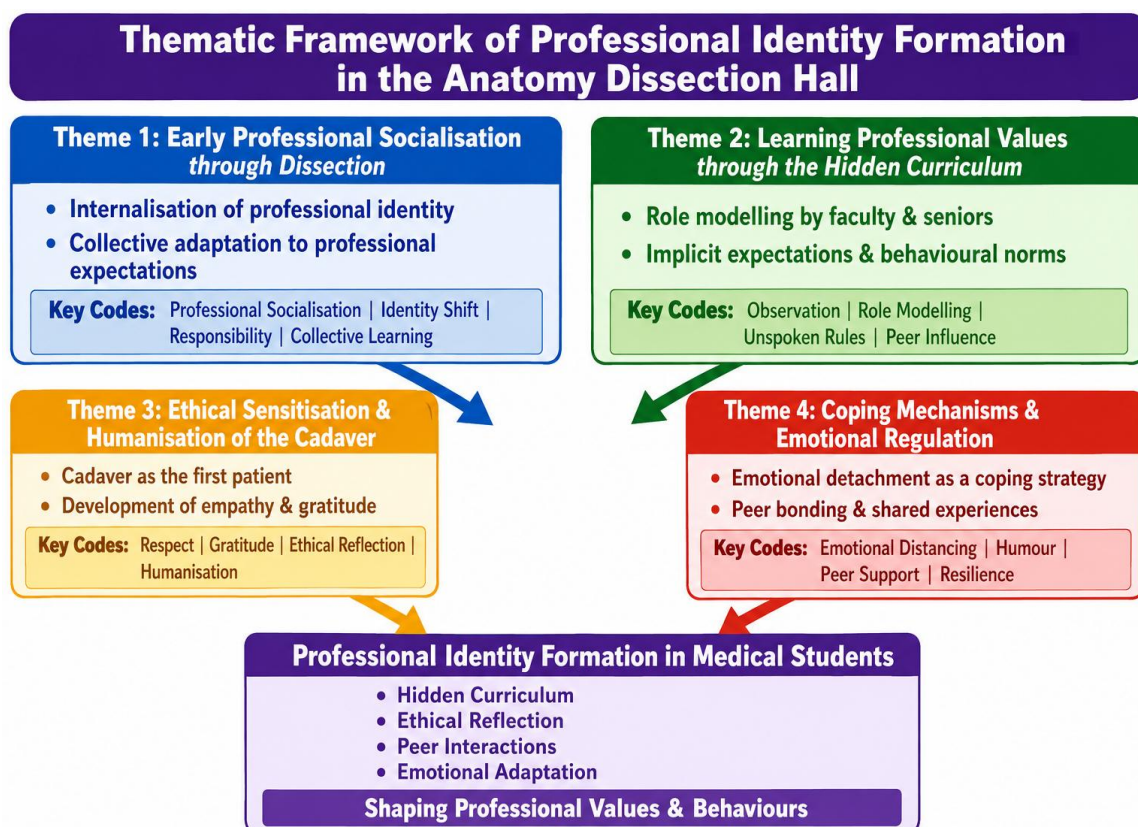


Figure 1. Thematic Framework of Professional Identity Formation in the Anatomy Dissection Hall
Figure Footnote: The figure illustrates major themes influencing professional identity formation among first-year medical students, including professional socialization, hidden curriculum, ethical sensitization, emotional coping, empathy development, and reflective learning during cadaveric dissection experiences.

Theme 1: Early Professional Socialisation

Students consistently described the dissection hall as their first authentic exposure to the realities of the medical profession. Beyond acquiring anatomical knowledge, participants reported developing a sense of responsibility, discipline,

accountability, and professional behaviour. Working collaboratively with peers and observing expected standards of conduct helped them begin to perceive themselves as future doctors while reducing the anxiety associated with their initial exposure to cadaveric dissection.

"It wasn't just anatomy anymore—it felt like we had a responsibility to learn properly because this is what doctors do."

Theme 2: Learning Through the Hidden Curriculum

Participants recognised that many professional attitudes and behaviours were acquired informally rather than through formal teaching. Faculty members served as important role models by demonstrating respectful handling of cadavers, professional communication, and ethical conduct. Peer interactions further reinforced acceptable behaviours, helping students adapt to the learning environment and understand implicit expectations within the dissection hall.

"No one tells you directly, but you know from others what you should or should not do."

Theme 3: Ethical Sensitisation and Humanisation of the Cadaver

Students described a gradual transformation in their perception of the cadaver, shifting from viewing it as an anatomical specimen to recognising it as a once-living individual who had made a valuable contribution to medical education. Discussions surrounding body donation, expressions of gratitude, and opportunities for reflection strengthened ethical awareness, empathy, and respect for human dignity.

"After hearing others talk about donation, I couldn't see the cadaver as just a body anymore."

Theme 4: Emotional Regulation and Professional Growth

Participants reported experiencing a wide range of emotions during their early encounters with cadaveric dissection, including anxiety, curiosity, discomfort, and empathy. Over time, they developed coping strategies such as peer support, humour, emotional distancing, and reflective thinking to adapt to the dissection environment. Many students acknowledged the challenge of maintaining emotional

sensitivity while developing the professional composure required in clinical practice.

"If you think too much emotionally, you can't work—but you also don't want to lose your humanity."

Overall Interpretation

Integrated analysis demonstrated that cadaveric dissection serves as a significant environment for early professional identity formation. Students' professional values, ethical awareness, and emotional resilience were shaped through the combined influence of the formal curriculum, faculty role modelling, peer interactions, reflective experiences, and the hidden curriculum. These findings suggest that both structured educational activities and informal learning experiences contribute to the development of competent, empathetic, and professionally responsible future physicians. This version is more detailed, avoids repetition, and follows the style typically expected in qualitative results published in high-impact medical education journals.

DISCUSSION

The present study explored first year MBBS students' perceptions of cadaveric dissection and its influence on professional identity formation, ethical awareness, and emotional adaptation within the anatomy dissection hall. The findings revealed that most students perceived the cadaver as their "first teacher," recognized the dissection hall as an important environment for professional socialization, and acknowledged the influence of faculty and peer behaviour in shaping professional attitudes.

These findings align with the conceptual framework proposed by Cruess et al., which emphasizes that professional identity develops through socialization processes, experiential learning, and observation of role models within educational environments [1,2]. The anatomy dissection hall therefore acts as one of the earliest settings where students begin to internalize the norms, responsibilities, and ethical expectations of the medical profession.

The present findings are also consistent with recent evidence from the Indian medical education context. Asad et al. reported that Indian anatomy faculty continue to regard cadaveric dissection as an essential component of competency-based medical education because it promotes professionalism, teamwork, ethical conduct, and communication skills in addition to anatomical knowledge. These observations support our findings that cadaveric dissection contributes to early PIF through both formal instruction and experiential learning [17].

The perception of the cadaver as a contributor to professional development observed in this study is consistent with previous literature highlighting the humanistic value of cadaveric dissection. Bertman and Marks emphasized that the dissection laboratory provides opportunities to integrate humanities and ethical reflection into medical education, allowing students to confront themes of mortality, empathy, and respect [7]. Similarly, Rizzolo described cadaveric dissection as a platform for integrating anatomical knowledge with professional values and humanistic attitudes [9,11]. The present findings support these observations, as most students reported increased respect for the human body and perceived to contribute ethical awareness following dissection experiences.

Another important finding was the strong influence of the hidden curriculum within the dissection hall. Students reported that faculty behaviour, peer interactions, and respectful dissection hall practices significantly influenced their attitudes toward cadaver handling and professional conduct. These findings reflect the concept of the hidden curriculum described by Hafferty, who argued that informal learning environments transmit professional values beyond the formal curriculum [3,4]. Similarly, Lempp and Seale demonstrated that students often learn professionalism through observation and informal interactions with peers and teachers [5]. The present study reinforces the importance of

positive faculty role modelling in promoting ethical behaviour and professionalism within anatomy education. Recent evidence suggests that the contribution of cadaveric dissection to PIF should be interpreted cautiously. Ong et al. reported that dissection alone did not significantly influence professional identity scores; rather, reflective experiences, faculty guidance, and social interactions collectively contributed to students' professional development. These findings support our observation that the hidden curriculum and role modelling complement cadaveric dissection in fostering professional identity.

The emotional dimension of cadaveric dissection also emerged prominently. Although many students adapted emotionally over time, fewer participants felt comfortable discussing emotions openly. Emotional suppression, humour, and emotional distancing were commonly used coping mechanisms. Although humour may facilitate emotional coping and peer bonding, inappropriate humour may reduce sensitivity towards body donors. Faculty guidance is therefore important to promote respectful professional behaviour.

These findings are consistent with earlier research demonstrating that cadaveric dissection may initially provoke anxiety and emotional discomfort [8]. Similar studies have shown that peer support and shared experiences play an important role in helping students cope with emotional challenges during medical training [6,12].

Importantly, students strongly supported the inclusion of structured reflective sessions within anatomy teaching. Reflective practice is increasingly recognized as an essential component of PIF because it allows students to process emotional experiences and integrate ethical values into their developing professional identities [1,13]. Initiatives such as reflective discussions, memorial ceremonies, and donor acknowledgement programmes have previously been shown to enhance empathy and ethical awareness among first-year

MBBS students [10,13]. The findings should also be interpreted within the Indian medical education context. Unlike many Western countries, where students often enter medical school after completing an undergraduate degree, Indian students typically begin MBBS training immediately after higher secondary education. Differences in age, maturity, and prior educational experiences may influence professional identity formation, making faculty role modelling, peer interactions, and reflective learning particularly important during the early years of medical training. Therefore, caution is warranted when directly comparing these findings with Western studies.

Our findings are further supported by recent Indian studies evaluating the implementation of the NMC AETCOM module "Cadaver as Our First Teacher." Nimje et al. demonstrated that the module significantly perceived to contribute students' attitudes towards ethics, empathy, and respect for body donors, while Roy et al. reported that cadaveric oath ceremonies and structured reflection strengthened professionalism and ethical sensitivity among first-year MBBS students. These findings reinforce the value of integrating reflective practices with anatomy teaching to facilitate PIF within the Indian CBME curriculum [14,15].

Anatomy education has evolved considerably following the COVID-19 pandemic with increasing use of virtual dissection tables, digital cadaver platforms, and simulation-based learning. While these technologies enhance anatomical understanding and accessibility, current evidence suggests that they complement rather than replace cadaveric dissection, particularly for developing empathy, ethical awareness, and professional identity [16,17].

Overall, the findings suggest that the anatomy dissection hall is not merely a site for learning anatomy but also a powerful environment for ethical development, emotional adaptation, and professional identity formation. The hidden curriculum

operating within this environment may either reinforce or undermine professionalism depending on the behaviours demonstrated by faculty and peers. Conscious efforts to encourage reflection, empathy, and respectful role modelling may therefore strengthen professional development during early medical education.

Limitations

The study has several limitations. Convenience sampling and its conduct at a single institution may limit the generalizability of the findings. The cross-sectional design precludes assessment of changes in PIF over time or causal inferences. Data were based on self-reported responses and may be influenced by recall and social desirability bias. Furthermore, although the questionnaire demonstrated acceptable internal consistency, additional psychometric validation is warranted. These findings should therefore be interpreted within the study context.

CONCLUSION

Cadaveric dissection plays an important role in fostering early PIF by promoting respect for the human body, ethical awareness, empathy, and professional responsibility among first year MBBS students. The findings highlight the significant influence of faculty role modelling, peer interactions, and reflective learning experiences within the dissection hall, emphasizing the contribution of both the formal and hidden curriculum to students' professional development. Emotional adaptation and effective coping strategies emerged as important components of the dissection experience. Incorporating structured reflective sessions and supportive learning environments may further strengthen professionalism, ethical sensitivity, and emotional resilience during the early years of medical education.

Declaration

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Authors' Contribution:

Dr. Divia Paul Aricatt: Conceived and designed the study, developed the research proposal and study instruments, obtained ethical approval, coordinated and executed the project, conducted data collection, performed data management and statistical analysis, interpreted the findings, and prepared the manuscript.

Dr. Sangeeta M.: Contributed to the study design, assisted in data collection and data management, participated in the interpretation of findings, and critically reviewed the manuscript.

Dr. Suman Tiwari: Assisted in study implementation tool validation, contributed to the interpretation of results, and critically reviewed and approved the final manuscript.

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