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Experiences in Teaching and Learning

The use of debates as an active learning tool in a college of pharmacy healthcare delivery course

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ABSTRACT

Background and purpose: To describe the use of debates, and to evaluate student performance and perceptions, when student debates are incorporated as an active learning tool in a required pharmacy healthcare delivery course.

Educational activity and setting: Student live debates replaced 15% of a traditional lecture-based course. Twelve healthcare controversies were debated by student teams each year. Student perception of debate utility and opinion on topics, pre- and post-debate, were measured via a voluntary survey. Both peer and instructor's assessments of team performances, as well as individual student performance on the debate-based questions on course exams, contributed to course grade.

Findings: The average survey response rates were 76% (2014) and 86% (2015). Fifteen-54% of student respondents changed their opinion on individual debate topics due to the debates. Although exam performance on debate-based questions was no better than on lecture-based questions, respondents who found the debates useful or very useful in mastering course material increased by 19% post *versus* pre-debate surveys.

Summary: Debates are an effective active learning tool for engaging students in controversial subjects. Assessment of student performance should include student and instructor evaluations, and can be incorporated into the course grade.

Background and purpose

Activities in the classroom that are designed to promote active involvement of students in the learning process instead of passive listening are defined as active learning activities.¹ Examples of active learning activities include group exercises, problem-based learning, and short writing exercises. Active learning activities are effective tools to engage students and encourage learning in the traditional classroom lecture setting.^{1–3} For example, a recent study by Lucas et al.⁴ evaluating the correlation between active learning and core content retention that compared examination scores from course content delivered by active learning methods to that delivered by slide-based lectures found higher scores from sections delivered by active learning. Furthermore, active learning has been shown in different fields to increase critical thinking, improve self-reported student engagement, and deepen understanding of course material.^{5–7} Cavanagh⁵ reported that students valued the mix of traditional lecturing with active learning activities over traditional lecturing alone because the active learning activities helped to maintain their interest and attention. It is, therefore, not surprising that the Accreditation Council for Pharmacy Education (ACPE) Standards require incorporation of active learning strategies in the pharmacy curriculum.⁹ In addition, the Center for the Advancement of Pharmacy Education (CAPE) Educational

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Outcomes encourages the development of advanced skills that can be enhanced through active learning activities.¹⁰

Debates, defined as “a formal discussion on a particular matter in a public meeting or legislative assembly, in which opposing arguments are put forward and which usually ends with a vote,”¹¹ have been used as an active learning strategy in different disciplines, including pharmacy.^{11–13} In pharmacy, debates have been used in core courses including pharmacotherapy and in electives, for example self-care and ambulatory care. Debates have also been incorporated in core social and administrative sciences courses, for example ethics and healthcare delivery.^{11,14–17} Different debate formats, live or online, individual or team-based, and different assessments of the utility of this active learning tool have been described in the literature.^{11–19}

Debates have been used effectively to stimulate interest, promote active class participation, and enhance presentation, research, and critical thinking skills in professional programs.^{11–19} Literature describing the use of live student debates to deliver a significant amount of content previously delivered by lecture in required pharmacy courses, however, is limited.¹⁵ Furthermore, the literature on debates as an effective active learning strategy in required didactic pharmacy social and administrative sciences courses to increase student awareness of opposing views about healthcare delivery or ethical dilemmas is also limited.^{11,16} The need remains to evaluate the impact of student debates as an active learning strategy on student learning and perception of controversial issues in health care delivery, especially in a live large classroom setting.

This study evaluated the incorporation of live student debates as an active learning tool in a required professional first-year pharmacy course, Introduction to the United States Healthcare Delivery (USHD), at Mercer University College of Pharmacy. The study objectives included describing the debate incorporation, assessing student perceptions of these debates including their effect on engagement, and evaluating their debate performance as an integral part of the course over two years. This study seeks to add to the literature demonstrating how debates can be incorporated into a course delivered to a large class where active learning becomes especially critical to learning. This study was approved by Mercer University Institutional Review Board (IRB).

Educational activity and setting

USHD is a required course for first year doctor of pharmacy students at Mercer University College of Pharmacy. USHD is a 16-week two credit hour course covering topics in health delivery, health policy, healthcare reform, health insurance, pharmacoepidemiology, and health economics including pharmacoeconomics. The course meets once a week for a two-hour class-meeting and in previous years had consisted of only traditional lecture and instructor led discussion format. In 2014, live student debates were introduced as an integral part of the course to enhance active learning. Live student debates replaced about 15% of course previously presented by an instructor via lecture presentations. Course content replaced with debates mostly focused on areas of healthcare or healthcare delivery controversy or areas with diverse opinions. Some healthcare ethical dilemmas relevant to the course were included because the instructor had exposed the students, in a previous semester course, to materials on ethics and professionalism. This study was designed to describe the incorporation of live student debates and to analyze the effectiveness and students' perception of the usefulness of these debates in the course in 2014. The study was extended to the 2015 course offering to obtain two years of data and to be able to analyze the effect of several improvements over the inaugural year.

Debate design

USHD is taught in a large classroom setting and enrollment for 2014 and 2015 were 175 and 151 students, respectively. The students were randomly assigned to 26 teams with a maximum of seven students per team in 2014 and 25 teams with a maximum of six students per team in 2015. Students were given 12 possible debate topics. Eleven of the 12 possible topics are listed in Table 1. For the twelfth topic each year, students choose a country in Europe or Canada and debate whether their healthcare system was better than or worse than the U.S. healthcare system. In 2014, there was no team representing the U.S. as in 2015. From the 12 topics, the debate teams were asked to choose and rank up to five in order of preference for the topic and to indicate preference for the debate position, either arguing in favor of, “pro,” or against the topic, “con.” Teams were then assigned topics based either on their selected preferences or availability of topics. There was one debate per week following a traditional lecture, for 12 of the 16 scheduled class meetings. The entire debate session lasted an average of 30 min each of the 12 two-hour class periods in 2014 and 2015. In both years, students took a voluntary survey after each debate where they indicated which team they believed to have won the debate and whether the debates changed their minds about that issue in healthcare delivery.

Debate format

- In 2014, teams were asked to research the debate topics and present at least four verifiable points in support of their position. The order of team presentation, pro *versus* con, was determined randomly.
- Main arguments: The first team presented their case with four verifiable points in debate format with or without an opening statement (10 min).
- Opposing team and class participation: The opposing team, and then the entire class, asked the presenting team questions about their presentation (3–5 min).
- Concluding remark: The presenting team made a concluding remark (1–2 min).
- The second team presented their case in debate format, followed by opposing team and class questions and answers and a concluding remark (14–17 min).

In 2015, a few revisions were made to the debate format. The 2015 debate format was as follows:

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