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Commentary

It's no debate, debates are great

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ABSTRACT

Introduction: A debate can be a pedagogical method used to instill essential functions in pharmacy students. This non-traditional teaching method may help to further develop a number of skills that are highlighted in the current Accreditation Council for Pharmacy Education Standards 2016 and Center for the Advancement of Pharmacy Education Educational Outcomes 2013.

Commentary: Debates have also been used as an educational tool in other health disciplines. Current pharmacy literature does illustrate the use of debates in various areas within the pharmacy curriculum in both required and elective courses; however, the current body of literature would suggest that debates are an underutilized teaching tool in pharmacy experiential education.

Implications: With all potential benefits of debates as a teaching tool, pharmacy experiential preceptors should further explore their use in the experiential setting.

Introduction

Colleges and schools of pharmacy aim to produce graduates who have the knowledge, skills, abilities, behaviors, and attitudes necessary to provide care to a variety of patients. Many pedagogical methods have been examined to instill the essential functions to practice, communicate, problem-solve and work interprofessionally. The implementation of debates within the pharmacy curriculum is one such pedagogical method that has been explored.^{1–11} A debate refers to a structured process of discussing a variety of viewpoints. Active participants in a debate take a stance on an issue or question presented and use persuasive communication, evidence, and logic to lead others to agreement. A debate can be used to build knowledge of a subject, develop critical thinking and literature analysis, enhance communication skills, and develop other soft skills such as persuasiveness and teamwork.¹²

Debates can be structured both formally and informally. The most well-known debate styles are the Lincoln-Douglas and Oxford. These debate styles are structured similarly and can be conducted one-on-one or utilizing teams of two or more participants.^{12,13} In both styles, a participant or team is assigned an affirmative opinion, and the second participant or team is assigned the negative or opposing opinion. The debaters or teams take turns speaking without interruption from the opposition with the affirmative speaking first. Opening statements followed by rebuttals and finally closing remarks is a common format for a three-round debate. Each round is assigned a time limit, and each side is required to present information within the allotted time. In a Lincoln-Douglas debate, no official winner is declared. This debate style allows the audience to gain knowledge on both sides of a topic or, in the case of an election debate, compare and contrast candidates. The Oxford debate adds in a competitive feature of audience participation. A winner is declared based on a majority vote from the audience. Question and answer sessions may be substituted for the rebuttal

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rounds in either style of debate. Other informal debates styles may include think-pair-share and role-playing.

Regardless of the debate format used, these activities may help to further develop a number of skills that are highlighted in the current Accreditation Council for Pharmacy Education Standards 2016 and Center for the Advancement of Pharmacy Education Educational Outcomes 2013.^{14,15} As a part of a debate activity, students are faced with a clinical controversy or dilemma that lacks one correct answer. This can be challenging to many students who struggle with the “grey” areas of healthcare. In order to resolve a clinical controversy, students are required to make a valid argument for one side by analyzing and presenting relevant literature, guidelines, and patient-centered considerations. These requirements align with the recommendations that pharmacy graduates be able “to evaluate the scientific literature” (Learner 1.1), “identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution” (Problem Solver 3.1), and “provide patient-centered care as the medication expert” (Caregiver 2.1).¹⁵ Additionally, pharmacy graduates are expected to be able to “effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations” (Communicator 3.6).¹⁵ Debates require students to not only clearly communicate their argument in verbal and/or written formats, but they are also uniquely challenged to do so in a persuasive manner. Ultimately, debates can engage learners in an activity that is relevant to an ever-increasing interprofessional setting by allowing them to practice communicating with others who have a differing opinion. By encouraging students to practice persuasive, professional communication, educators can influence their pharmacy graduates to “participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs” (Collaborator 3.4).¹⁵

Commentary

Debates in the didactic pharmacy curriculum

The current pharmacy literature illustrates the use of debates in various areas within the didactic curriculum. Debates have been described as a teaching tool in cornerstone pharmacy courses such as therapeutics, self-care, ethics, and kinetics, while others have outlined the use of debates in elective and professional development courses.¹⁻¹¹ Topics used for debate participation corresponded to the type of course in which they were conducted. For example, pharmacist involvement in a needle-exchange program for drug users was debated in an ethics course, while evidence for antibiotic selection for methicillin-resistant *Staphylococcus aureus* were compared in an infectious disease elective.^{4,8}

In regards to the methods by which debates have been implemented as a didactic teaching tool, there are other common themes in the pharmacy literature. Live, in-person debates were most commonly described; however, authors Charrois¹ and Lin¹⁰ discussed an alternative online format. Debates were most often a longitudinal project over the course of a semester. Students were assigned to work in teams and assigned multiple weeks to prepare for their portion of the debate. If multiple debates were being completed in a course, they were conducted over multiple class periods.^{1-3,5,7,10,11} Regardless of the platform, all the pharmacy debates discussed in the existing literature followed the Lincoln-Douglas debate style.¹⁻¹¹

The outcomes of debate assessments vary among the pharmacy literature.¹⁻¹¹ Most articles noted that it was difficult to measure soft skills, such as teamwork and persuasiveness; however, assessment of knowledge was more easily obtained. Rubrics were utilized as direct assessment of student knowledge or communication skills.^{3-5,10} Quizzes designed to test subject matter were also employed.^{5,10} A majority of outcomes were related to student or faculty perceptions through pre- and/or post-debate surveys or self-reflections.^{1-8,10,11} There was a positive response from students and faculty on using debates in the classroom as an alternative to traditional didactic lectures. Students stated that their abilities to formulate an argument, review clinical information, work in teams, and expand knowledge of a topic improved; however, some students struggled to translate the skills utilized in debates to direct patient care activities. Ultimately, direct assessment of student knowledge or skills gained from debates is limited throughout current pharmacy literature.

Negative opinions about the use of debates as a teaching tool are also addressed in the available literature.¹⁻¹¹ A common limitation mentioned is the faculty time commitment for planning and assessing debates.^{8,10} The size of the class could be directly related to the time necessary for assessment. Moore and colleagues¹¹ implemented debates in the smallest published pharmacy class with 18 students, while others implemented debates in class sizes of well over 100 students.^{1,4,10} Authors often cited concerns about subjectivity in grading, but published examples highlight the utilization of grading rubrics to avoid this intangible.^{3-5,10} An area of feedback from multiple studies was the student perception that the workload was too much considering the percent of the course grade.^{1,4} Due to the unfamiliarity of debates, students also requested examples or mock debates from faculty prior to completing the assignment themselves.³

Debates as a teaching tool are not a new concept and have been illustrated in the pharmacy didactic curriculum over the past two decades.¹⁻¹¹ With the theorized benefits of debates as a teaching tool, their use in the experiential setting should be further explored.

Debates in the experiential setting

Differing from classroom literature, debate use during advanced pharmacy practice experience (APPE) has previously been limited to a single analysis, and all other available experiential debate literature to date has been derived from debate participation by nursing students, medical residents, fellows and staff or faculty practitioners.¹⁶⁻²¹

The only previously published relevant instance of debates used in the APPE setting was recently published by Toor and colleagues,¹⁶ which described the use of Lincoln-Douglas style debates to replace a traditional journal club format as a method for teaching medical literature evaluation. Student participants received a graded evaluation, but the study purpose was to assess student

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