

PRECEPTING SERIES:

Debating Debates: How to Incorporate Debates into Clinical Teaching

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Many pharmacy preceptors offer case discussions and journal clubs to their learners. Servais and Zook give suggestions for discussion preparation, learning styles, and facilitation.¹ However, when these discussions are offered routinely, it can be advantageous to vary the discussion style to maintain learner interest and motivation. One way to do this is through a debate. A debate is defined as “a formal discussion of an issue at a public meeting or in a parliament.”² Early exposure to debate skills encourages evaluating evidence, formulating a recommendation or defense, or presenting to an audience and serves as preparation for controversial encounters throughout clinical rotations and future practice.³ Furthermore, facilitating debate activities prepares learners to make concise, evidence-based recommendations. Topics to consider for a student or resident debates include healthcare ethics, guideline updates, and new medication approvals.

Preparation

Instructor preparation for a debate includes selecting the debate topic, choosing preparatory work that will result in strong foundational understanding upon completion, and establishing a debate format appropriate for the number of learners involved. It is also essential to determine who will be participating in the debate and whether the participants differ in rank (i.e., student, resident, practicing pharmacist/preceptor).

When selecting a topic, it is important to choose two arms that are controversial to encourage learners to use information collected in pre-discussion work to supplement their arguments. Ideal topics include new medication approvals with varying safety and efficacy profiles, or controversial topics in pharmacy. It is not

necessary for the topic to have one clear, “correct” side. By choosing a topic that is not standardized in practice, participants are required to assess the available literature, interpret statistics, and approach the topic holistically to argue their side of the debate. If learners are not of the same rank (i.e., a resident pharmacist and a third-year pharmacy student), topic selection should be one that has been covered during didactic coursework for the student or one that pertains to the rotation they are currently on to ensure a baseline understanding.

Learner preparation for a debate should include a review of landmark trials and/or published literature pertinent to the debate topic. This review can range from reading a trial or publication to using a formal critical appraisal checklist to assess a trial. Preparatory work should be similar for each of the learners. When debating two therapeutic agents, landmark trials used in the approval of the agents would be beneficial. If debating ethics, published case reports may be reviewed. If debating guideline updates, reviewing both the new and old guidelines may promote a rich debate.

Preparation may look different if the debate is facilitated by individuals or in teams. For team debates, reviewing the assigned landmark trials may be sufficient, since the learners will be able to discuss their arguments as a team. If the debate is among individuals, it may be beneficial to assign additional preparatory assignments, such as review of pertinent disease states or additional literature, to better equip the learner to develop their own arguments.

Establishing the format of the debate will depend on the number and rank of the learners. A small group (10 or fewer learners) is advantageous for a debate compared to just two participants or larger groups (more than 10 learners).⁴ Sharing the format of the debate in advance will

FIGURE 1. Sample Debate Structure

-5 minutes for role assignments and team preparation-
Team 1-opening speaker (3 minutes)
Team 2-opening speaker (3 minutes)
-1 minute regroup-
Team 1-rebuttal speaker (3 minutes)
Team 2-rebuttal speaker (3 minutes)
-1 minute regroup-
Team 2-questions to opposition (3 minutes)
Team 1-questions to opposition (3 minutes)
-1 minute regroup-
Team 2-conclusion (2 minutes)
Team 1-conclusion (2 minutes)

create less confusion on the day of the debate. Small groups allow for more intimate discussion within the teams, fewer distractions, and more opportunities for participation for each learner.⁴ For small groups, it is recommended to have sections for initial arguments, rebuttals, questions, discussions, and closing arguments.³ When people with different levels of experience are debating, with varying baseline knowledge, it would be beneficial to prepare probing questions and discussion points to ensure everyone has appropriate baseline knowledge prior to starting the formal debate.

Logistics and Facilitating the Debate

Debate activities are best facilitated in small group settings among learners of the same rank to promote diversity of thought and communication among peers. A sample debate structure, including timing, can be found in Figure 1. Timing intervals can be lengthened depending on the size of the teams and complexity of topic.³

The debate structure presented in Figure 1 was used during a learner debate activity facilitated at the University of Wisconsin-Madison School of Pharmacy among 7 third-year PharmD students (DPh3s). Overall, this debate structure was successful. Feedback from students indicated that more team preparation time before starting and in between sections would have been beneficial. Students also advocated for a discussion section to be added within the debate structure to allow for more conversation between the teams. Further elaboration on the activity can be found later in this article.

When facilitating the debate, it is best for the preceptor to allow learners to formulate their own stances prior to providing additional support. This allows for the learners to gather, interpret, and assess information to formulate an argument prior to preceptor input. If possible, the preceptor's sole function throughout the debate should be to facilitate. This includes giving feedback on both clinical knowledge and communication style. Preceptor presentation of clinical pearls should ideally be reserved for after the conclusion of the debate. This structure mimics various responsibilities learners will have while on rotation, such as answering drug information questions or providing recommendations on rounds.⁵

Results of a Pilot Debate Activity

A debate activity was facilitated during a complex cases class at the University of Wisconsin-Madison School of Pharmacy among DPh3 students. Half of the class was assigned to complete a journal club handout for a trial publication of benralizumab (4 learners) and the other half was assigned a trial publication of tezepelumab. Learners were only required to review the agent that they were assigned but had access to the other should they have chosen to review it. Completed journal club handouts, which facilitated a detailed review and critical appraisal of the article, were due prior to the start of class. A complex patient case was posted on Canvas (the learning management system) prior to the start of class to facilitate the discussion.

Upon arrival to class, the students were separated into the two groups associated

TABLE 1. Student Satisfaction with Debate Activity (n=7)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
The instructions for this activity were clear	0	0	1	6
The preparation work was helpful	0	0	1	6
Amount of time allotted for the debate during class was appropriate	0	0	3	4
Topic was appropriate for a classroom debate	0	0	0	7

TABLE 2. Student Suggestions for the Debate Activity

<i>Question</i>	<i>Student response (n=7)</i>
What other topics would be appropriate for a similar debate activity?	<ul style="list-style-type: none"> • Diabetes medications (Glucagon-like-Peptide-1 Receptor (GLP-1) agonists versus Sodium-glucose Cotransporter-2 Inhibitors (SGLT-2i)) • Congestive Heart Failure (CHF)-should all medications be started at once and then titrate or should they be started one at a time • Efficacy of varying birth control agents • Warfarin versus direct oral anticoagulants (DOACs) • Comparing efficacy of any 2 drugs in the same class/indicated for the same disease state • Treatment options for disease states that were recently covered in therapeutics • Rheumatoid Arthritis (RA) • Chronic obstructive pulmonary disease (COPD) • Infectious Disease (ID) • Anything without a standardized treatment regimen
What changes would you have made to the activity?	<ul style="list-style-type: none"> • More preparation time in class with team (x3) • It would have been beneficial to have reviewed both articles prior to the debate instead of just the one assigned (x2) • Outline of debate format given prior to class • Add a discussion section to the debate format • Notice of debate activity prior to coming to class

with the trial they were assigned to review. They were then introduced to the debate activity by the instructor. The purpose of the debate was to convince a physician to prescribe a patient with uncontrolled asthma their assigned biologic medication. Each team was given the debate structure in Figure 1 in the form of a handout and was told to assign each member of their team one of the following roles: opening speaker, rebuttal speaker, questioner, and closing speaker (Figure 2). Upon assigning roles, the two teams were given 5 minutes to formulate a plan for the debate. At the conclusion of the planning period, the order of speakers (Figure 1) was followed to proceed with the debate with teams being given 1 minute in between each speaker type to regroup and adjust their plans if needed. When each team had given their concluding statements, the debate

had ended. The debate lasted for a total of 30 minutes, including the 5 minutes of preparation. At that time, students were given questions to help them reflect on the purpose of the debate activity and how they could apply the skills they used in future practice. Students were presented with a survey with the questions in Tables 1 and 2 at the conclusion of class. When asked, "I would have preferred to have a traditional case discussion," 6 students disagreed and 1 agreed.

Assessment of a Pilot Debate Activity

A total of seven DPh3 students from the University of Wisconsin-Madison School of Pharmacy participated in the pilot debate activity in a complex cases course. Most (6/7) students strongly agreed that the

in-class instructions of the activity were clear, and the preparation work (reviewing randomized controlled trials and completing journal club handouts) was appropriate for the activity. Three of the seven students agreed that the time allotted for the activity (30 minutes) was appropriate, while the rest strongly agreed. All students strongly agreed that the topic was appropriate for a debate activity. More preparation time within the teams, being informed of the debate occurring prior to class, and being instructed to review both pre-work trials were the most common improvements suggested for the activity. Most students (6/7) preferred the debate activity to a traditional case discussion. A wide variety of topics appropriate for debates were suggested. The most common suggested topics included comparing anticoagulants or antidiabetic agents. Unique recommendations included debating the efficacy of various contraceptive options and treatment regimens of congestive heart failure.

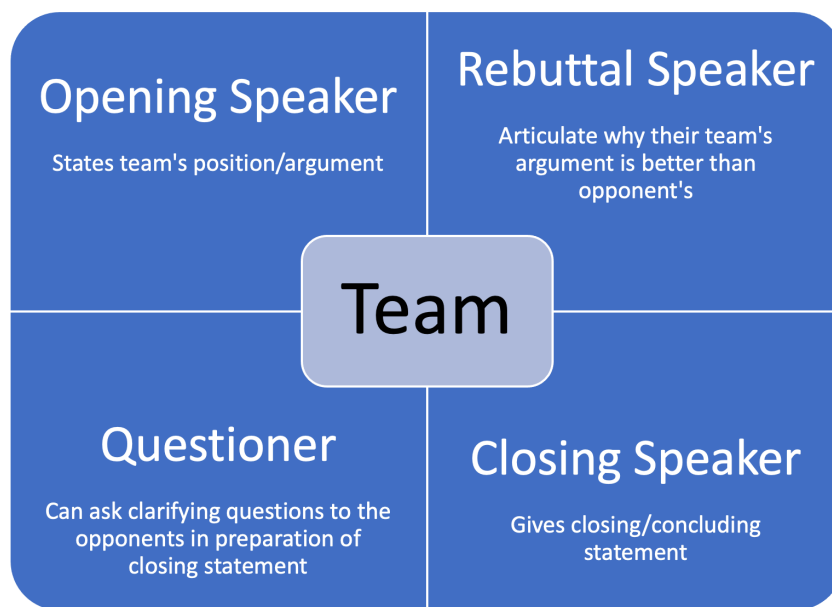
Discussion

Participating in a debate among peers can be uncomfortable for some learners; it may induce anxiety, exacerbate feelings of imposter syndrome, or lead to disengagement from the activity. This may be due to not participating in similar activities in the past, learners feeling as though they do not have the appropriate clinical knowledge to participate, or fear of letting their team members or preceptors down.

Facilitating a debate also comes with several moving parts that need to be executed well for a successful and meaningful activity for learners. This is a high-risk activity; it is dependent on learners actively participating and engaging with the content, as well as simply understanding the logistics of the activity. Should students not engage, or the activity is not executed as expected, the potential learning opportunity may be lost.

However, facilitating a debate among learners promotes critical thinking, is a challenge that may be an exciting way to engage in with the content, and can simply be more enjoyable than a traditional topic or case discussion. Variety in activities facilitated by preceptors offers learners the opportunity to reflect on the strengths and

FIGURE 2. Debate Roles



weaknesses in their knowledge base outside of being able to answer questions posed to them.

As evidenced by the response from learners participating in the pilot debate activity at the University of Wisconsin-Madison School of Pharmacy, many learners prefer the debate style activity to traditional case discussions. Learners were engaged, felt comfortable among their peers, and left the activity with a better understanding of the debate topic. The overall response to this activity was positive.

Conclusion

Debates among learners simulate real-life scenarios requiring development of evidence-based recommendations in the setting of controversial issues. Practicing these skills in a controlled environment affords learners the opportunity to reflect on how they will apply the learned skills in practice. Emphasizing preparation, collaboration, and clear and concise communication will serve as foundation for learners establishing themselves as clinicians.

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