RESEARCH

How Debate Could Facilitate Group Function in Pharmacy Schools

Rucha Bond, PharmD,a Karen M.S. Bastianelli, PharmD,b Simi Gunaseelan, PhD,c Kevin W. Chamberlin, PharmD,d Kayce M. Shealy, PharmD,e

a Virginia Commonwealth University, School of Pharmacy, Richmond, Virginia
b University of Minnesota, College of Pharmacy, Minneapolis, Minnesota
c Texas A&M University, Irma Lerma Rangel College of Pharmacy, Kingsville, Texas
d University of Connecticut Health Center, Farmington, Connecticut
e Presbyterian College School of Pharmacy, Clinton, South Carolina

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Objective. To study how a debate format could be a helpful tool to enhance group functionality and decision-making in schools of pharmacy.

Methods. This study examines the potential of a debate format to facilitate discussion and shift viewpoints. Changes in viewpoint and feedback from the Academic Leadership Fellows Program (ALFP) Cohort 16 debates at the February 2020 American Association of Colleges of Pharmacy (AACP) Interim Meeting generated two data sets for each discussion topic to analyze debate effectiveness. Pre- and post-debate audience viewpoints were compared to determine the extent to which debates influenced viewpoints. Continuing pharmacy education (CPE) evaluations of the debate learning objectives provided information on participants’ views of the debate format.

Results. The debate format appeared to shift opinions on all three topics discussed. In addition, audience members responded in agreement or strong agreement that the debate format was of benefit to both leadership interactions and team environments.

Discussion. While group functionality is an important aspect of effective decision-making, it is not always considered in pharmacy school operations. Incorporating debate components could improve the quality of group functionality, thereby positively impacting decision-making in schools of pharmacy.

Keywords: debate, group function, leadership, decision-making

INTRODUCTION

Effective decision-making in pharmacy is more important than ever given the number of challenges currently being faced, including decreasing enrollment numbers, budget constraints, and operational changes brought about by the COVID-19 pandemic. Addressing these challenges and managing the organizational and operational needs of a school requires a number of decisions to be made by groups such as committees, task forces, or departments. Organizational decisions made by groups can be small, such as minor policy changes, or significant, such as curricular revisions. Whether the organizational decisions are large or small, it is important that the groups making decisions function in an effective manner.

A key factor in effective decision-making is ensuring functional group dynamics. Group dynamics have been shown to play a role in whether a group makes effective decisions. One dynamic that presents a barrier to effective functioning is groupthink, which occurs when the desire to reach a unanimous decision is more important than exploring and discussing alternative ideas. When groupthink is present, dissenting viewpoints are suppressed and the group narrows discussion to what is already agreed upon rather than exploring alternative viewpoints. Groupthink has been shown to lead to negative outcomes, as illustrated in the Watergate scandal or the Bay of Pigs Invasion.

Debate could be an effective mechanism to improve group dynamics because it facilitates the exploration of both sides of a particular topic, allowing for and even expecting dissent. The use of formalized dissent, as is present in a debate format, may identify potential flaws or errors and aid in more sound decisions. Debates on important issues in academic pharmacy are standardly part of the American Association of Colleges of Pharmacy (AACP)
Academic Leadership Fellows Program (ALFP) and are conducted at AACP interim meetings. In order to assess the potential benefits of using a debate format to shift viewpoints and to determine the value of debates to the audience of pharmacy educators, data from the AACP ALFP Cohort 16 debates conducted at the 2020 AACP Interim Meeting were analyzed.

**METHODS**

This study is a retrospective examination of the effectiveness of the 2020 ALFP debates. Three pharmacy education topics were selected for debate at the 2020 AACP Interim Meeting. Topics were selected due to their relevance and timeliness to pharmacy education. The three pharmacy topics selected for the ALFP Cohort 16 debates were, first, whether objective structured clinical examinations (OSCEs) should be a required component of the national pharmacy licensure examination; second, whether pharmacy schools should do more to address the dwindling quality of applicants; and, third, whether pharmacy schools are responding appropriately to pharmacists’ concerns of a shrinking job market.

The AACP ALFP debates employed the oft-used Oxford-style format, which involves four sections: opening remarks, intra-panel discussion, a question-and-answer period (with audience participation), and closing remarks. This debate style uses a moderator who shares the argument in question with the audience and polls the audience (here, using the Poll Everywhere application [Poll Everywhere Inc]) but does not disclose the poll results until after the end of the debate.6,7

Audience members included pharmacy educators and administrators who had elected to attend the 2020 AACP Interim Meeting. At the beginning of each debate, the debate moderator polled the audience by asking for agreement with each debate statement. To facilitate more accurate pre-post polls, the debate moderator asked audience participants to only participate in the pre-debate poll if they planned to stay for the debate and participate in the post-debate poll. There were three possible responses to the poll: “agree,” “no opinion,” and “disagree.” At the end of the debate session, the same poll was taken. Shifts in opinion were evaluated by analyzing the differences in pre-post poll data. Pre-post data were not linked to individuals in these polls.

Audience perceptions of the debate format and topics were analyzed through continuing pharmacy education (CPE) evaluations of the debate learning objectives. Descriptive analyses (frequencies and percentages) were used to summarize data for the categorical variables. The three CPE evaluation questions pertinent to the debate sessions asked audience members to evaluate the use of professional debate arguing skills for application in leadership interactions; to assess the design, value, and use of professional debate arguing in a team environment; and to analyze the value and ramifications of each debate topic. This study was reviewed by the Virginia Commonwealth University Institutional Review Board Panel and deemed exempt.

**RESULTS**

Results from the pre- and post-debate polls indicate that the debate format shifted opinions of audience members. For debate 1, on the topic of OSCEs and national pharmacy licensure (Figure 1), the initial pre-debate audience poll showed that a higher percent of the audience agreed with the debate statement compared to those who disagreed or had no opinion. After the debate, there was a flip in audience opinion. The post-debate audience poll indicated that a higher percentage of the audience disagreed with the debate statement compared to the percentage that agreed. The percentage of those who stated they had no opinion during the pre-debate audience poll dropped by 10%, indicating that most of the audience committed to an opinion after the evidence was presented.

For debate 2, on the topic (Figure 2) of pharmacy schools and applicant quality, the audience’s pre-post opinions followed a similar pattern as the first debate session where, after the debate, there was a flip in the percentages of the audience that agreed and disagreed with the debate statement. A comparison of the pre-post polls showed that...
the percentage of the audience that disagreed went from 35% to 59%, the percentage that had no opinion went from 14% to 6%, and the percentage that agreed went from 51% to 36%. Polls from the third and final debate topic regarding the response of pharmacy schools to a shrinking job market showed a different trend in audience opinion but still resulted in a shift of opinions (Figure 3). The primary difference from the other debate polls was that the percentage of the audience that had no opinion increased.

CPE evaluation responses are presented in Table 1. The first learning objective was to evaluate the use of professional debate arguing skills for application in leadership interactions. Responses illustrated in Table 1 show that attendees had an overwhelmingly positive response, rating that they either strongly agreed or agreed that debate arguing skills should be used in leadership interactions. When asked to evaluate the second learning objective to assess the design, value, and use of professional debate arguing in a team environment, respondents strongly agreed or agreed with its overall usefulness (Table 1). Also, as shown in Table 1, respondents strongly agreed that the debates helped reach the final learning objective, which was to analyze the value and ramifications of each debate topic.

**DISCUSSION**

Use of a debate format at the AACP ALFP debates provided a process to present multiple points of view on the topics and to engage audience members in discussion. Although the audience did not have to make a decision at that time, the debate format fostered discussion among a diverse group of individuals, which is a key component of effective group function.3 In addition, the change in opinions observed in the pre- and post-debate polls demonstrates another important aspect, which is that through debate and discussion, audience members adjusted their views based on the information presented.

The positive participant CPE responses to all three objectives indicates the potential value of debate in pharmacy school operations. Specifically, the high agreement with the second objective, asking participants to assess the design, value, and use of professional debate in a team environment, indicates that debate may have value in other team or group environments within school operations. While there are currently no examples of debate being used in pharmacy schools, debate has been shown to lead to positive outcomes in the business industry.8 In a study of top management teams, when debate was incorporated into decision-making, teams demonstrated a better understanding of the decision. In addition, the outcomes from decisions involving debate led to higher company performance.8

Just as inclusion of debate has been shown to have positive results in the business industry, failure to mitigate groupthink has been linked to poor decisions. In both cases of the Watergate scandal and the Bay of Pigs Invasion, the climate fostered group dynamics that discouraged differences of thought and discussion of alternative viewpoints.3 The pre-post poll data from this study indicate that the debate format, which consisted of presentation of opposing points of view and included audience discussion, was effective in shifting opinions of the participants. In addition, in two of the three debates, the percentage of audience members with no opinion before the debate decreased after the debate, indicating a shift in opinion. The debate format allowed for a setting where participants felt safe altering their opinions and discussing the topics. In this way,
inclusion of a debate-type format in pharmacy academic situations requiring decisions could minimize the potential of groupthink and positively impact the outcome of decisions.

Cosier reported a process that can be implemented by group leaders to foster debate after a course of action has been suggested. First, Cosier suggests that the leader assign an individual to identify problems with the course of action and offer alternate viewpoints. Group members then engage in discussion on the different viewpoints and gather additional information as needed. The group then proposes a course of action and monitors the results. This process, which is very similar to a debate format, is applicable to any area where groups make decisions in pharmacy school operations.

Recently, there have been societal examples that have given debate a negative reputation. The 2020 presidential election debates highlighted the lack of civility that can occur when the debate platform is not used to convey information. These debates were used to personally attack opponents rather than to present different views on issues and engage in discussion. Therefore, it is important that when debate is used in professional environments, it is done with respect for colleagues, be based on information and an authentic curiosity of exploring differing viewpoints, and stem from the desire to use the information to make the most effective decisions for the organization.

There are several limitations to this analysis of debate format and its application to pharmacy school operations. The first is that only one year of data from AACP ALFP debates were reviewed and analyzed. In addition, much of the data analyzed were based on audience polling, which had differing pre-post response numbers, and CPE feedback, which can be often overly positive. The differing response numbers could have been due to attendance decreasing at Insight 2020 over the course of the meeting, polling fatigue by the audience, or a lack of interest in the debate topic. The other limitation is that despite debate being effective in the business industry, the concept of using a debate-type format to improve organizational decision-making is not something that has been commonly done in pharmacy education; therefore, the assumptions that using a debate format will be effective is preliminary and needs further study.

**CONCLUSION**

The future holds many challenges that will require schools of pharmacy to be agile and quick in their responses.

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<table>
<thead>
<tr>
<th>Debate (No. of responses)</th>
<th>Strongly agree/agree, %</th>
<th>Neutral, %</th>
<th>Strongly disagree/disagree, %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The debate activities achieved stated learning objective 1:</strong> Evaluate the use of professional debate arguing skills for application in leadership interactions</td>
<td>Debate 1 (84) 92.9</td>
<td>3.5</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>Debate 2 (61) 91.8</td>
<td>6.6</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>Debate 3 (49) 95.9</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>The debate activities achieved stated learning objective 2:</strong> Assess the design, value, and use of professional debate arguing in a team environment</td>
<td>Debate 1 (85) 94.1</td>
<td>4.7</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Debate 2 (61) 88.5</td>
<td>8.2</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Debate 3 (49) 95.9</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>The debate activities achieved stated learning objective 3:</strong> Analyze the value and ramifications (i) for OSCEs being a required component of the national pharmacy licensure examination (debate 1), (ii) of pharmacy schools doing more to address the dwindling quality of applicants (debate 2), (iii) of pharmacy schools responding appropriately to pharmacists’ concerns of a shrinking job market (debate 3)</td>
<td>Debate 1 (85) 96.5</td>
<td>2.4</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Debate 2 (61) 91.8</td>
<td>8.2</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Debate 3 (49) 100</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Abbreviations: AACP=American Association of Colleges of Pharmacy; ALFP=Academic Leadership Fellows Program; OSCEs=objective structured clinical examinations.

a Debate 1 statement: Objective structured clinical examinations (OSCEs) should be a required component of the national pharmacy licensure examination.

b Debate 2 statement: Pharmacy schools should do more to address the dwindling quality of applicants.

c Debate 3 statement: Pharmacy schools are responding appropriately to pharmacists’ concerns of a shrinking job market.
Therefore, there may be a need for pharmacy schools to reflect on the effectiveness of their current operational systems involving group function and in turn look for ways to improve them. Despite the preliminary nature of this study, these results indicate that there may be value in incorporating debate into group decision-making at schools of pharmacy and that this topic warrants further study.

ACKNOWLEDGMENT

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REFERENCES


