



## *Debates: a neglected andragogy in medical education.*

### Transcript of webinar:

**BOB**

Good evening everybody. I'm Bob McKinley I'm the Chair for this evening. We have over 30 people who've registered for the meeting from far and wide. We have people from not quite all five continents but we're getting there. So, it's an international group hopefully this evening. At the moment I'm just killing a little bit of time to give folk time to be a little bit late but we do want to crack on. I see some familiar faces which is always nice. We have our panellists who will introduce themselves and, in the background, we've got Leigh, Leigh Morrish, who is our administrator in the ASME office up in Edinburgh who has been absolutely invaluable in keeping this show on the road and particularly me between the rails. Before I introduce our sort of lead for this evening just a few bits of housekeeping. Firstly welcome, welcome to our latest ASME BITESIZE. We plan that tonight's session will last about 45 minutes but we're not absolutely wedded to time and we'll see how it goes. Please stay on mute until either you would like to ask a question or if you've asked a question or made a point in the chat that we think would be good for you to elaborate, or we would like you to elaborate on, please could join us both on video if possible, and on mic. Do ask questions and do comment through the chat field. Leigh is going to paste these housekeeping notes into the chat field so they're there for you. And finally, if you're having any technical problems please let us know. We can try and fix them but there will be no promises but if you could email Leigh at [events@asme.org.uk](mailto:events@asme.org.uk), that email address will be in the housekeeping notes. So, I would like to move straight on and introduce Ahmad who is the lead for our session tonight and his band of willing helpers.

**AHMAD**

Thank you, Bob. Hi everyone, my name is Ahmad and I think you can all see my screen now just double checking. Great. Ok, good. So, my name is Ahmad I'm a Psychiatry trainee based in East London. I'm originally from Egypt and I have the rest of the panel they will introduce themselves in a second, and we're also working for Queen Mary University. So, I'll hand you over to the rest of the panel.

**NGAWANG**

Hi, I'm Ngawang and I'm a medical student from Queen Mary, intercalating after third year.

**ASHVIN**

Hi I'm Ashvin. I'm an intercalating medical student also at Barts and the London, Queen Mary and I served as the president of our medical school debate society last year.

**ROY**

Hi everyone, my name is Roy I'm a third-year medical student at Barts and I'm also on the committee for the University's debating society.

AHMAD

Great, thanks everyone. So, without further ado, so, just a different visual stimulus to get your attention for a second. Ok, so our aim for this session today is to get you to use educational debates in your teaching as much as possible. So, to start with we were just interested in what kind of experience you have had with educational debates so, we have a poll that I'm just going to launch in a second and if you can just choose one of the options. We'll give it 30 seconds to choose and then we can have the results. Ok, so we have 83% response rate. I'm just going to end the poll now and I'm going to share the results. So, yes, some interesting numbers; 40% haven't had any past experience of debates but I guess a bit more interesting, or maybe not, is 40% also have had or had some kind of experience with educational debates, and also 20% with competitive debates. We'll chat a bit about the differences I guess in the webinar as well. Ok, so to give you a quick outline for the session we're going to focus really the first 20 minutes on an introduction to educational debates, and how we have used them. And then the second part we, because we're talking about debates so we couldn't really resist, we had to have a debate today. So, we're going to have that and then really the last bit is maybe where we're very keen on your engagement because we want to answer any questions you have and know your thoughts so that you can go away from the session knowing how you may take it forward and apply it in your teaching. So, as Bob said help us by engaging as much as you can through the chat and when we are in the plenary session just feel free to open your mics and just chip in when you can. So, as I said at the beginning, I'm working currently in East London as part of the North East London Foundation Trust but also in Queen Mary University or Barts and the London Medical School. And really my interest in educational debate came up last year when I took a year off training to do medical education and I wanted to have one of the great opportunities that you have during that kind of experience is you can maybe work on a project that you're interested in. So, for me that was debates and I'll talk a bit more about why I chose that. So, as I said at the beginning, I'm a psychiatrist and my stance in psychiatry is a bit less traditional, I believe in critical psychiatry which is somewhere between traditional psychiatry with all the stereotypes of psychiatry and anti-psychiatry movement. And I think it's really important just because if we don't think about what we're doing especially when the evidence is not very strong, we may end up causing harm more than a benefit even with good intentions. This is a really interesting book you can find it on audible or just on Amazon, I'd highly recommend it, it has a kind of a short-abridged history of psychiatry if you are interested. But the other reason is I had 4<sup>th</sup> Year medical school students joining our trust as part of their psychiatry placements on five-week clinical placements so, it was linking to something that would complement their experience. And I guess I was here protecting some of my own experiences as a medical student when I had lots of questions about psychiatry and I didn't feel confident enough to ask them of my seniors because it felt like I would be treading on too many toes and just challenging people too much. So, I felt debates would be useful for that because then we can kind of ask the difficult questions that people think about psychiatry but can never really joke about maybe comfortably as psychiatrists. So, there was a bit of myself in that and that's why I thought it can complement the clinical placements they have so that they can reflect a bit more about their experience and what they were seeing. And I guess bringing it back to Bloom's Taxonomy or the revised version I guess here, I wanted to focus on a higher order kind of learning method. And I think debates at least reach up to at least analysing and evaluating because you have to gather evidence, you have to analyse it and then you have to defend your stats. You have to form an opinion and

you have to defend it. So, there is maybe an argument that even goes into creating some version of content, I think that's a bit less strong but definitely it can even involve that which we'll talk about when we talk about the models that we have used. So, let me start by introducing first quickly the first experience I had with using debates for medical education that was with the Year 4 and it was titled critical psychiatry debates because the gamut was about that political psychiatry stance. It was about, clinical placements, five weeks so we had rotations, six in total and of course they didn't all go through because of Covid we had to shut them down, so it was only four rotations that we had. The number of students in each rotation varied from eight to 12. I chose some specific motions based on a focus group that I did with the first group of students and the students could choose which topic that they wanted to debate but they wouldn't choose which side they're on, pro or against. So, at the beginning of their five weeks placement they get an introductory session where the structure of the activity is introduced, the topics are allocated and they have basically four weeks preparation time. Because this was a formative activity and they already had their clinical placements I really had to reduce the amount of work that they would do in the preparation. So, I collected a papers bank and basically, I gave them the evidence that they needed to construct their arguments, they just have to read the papers they had to construct the arguments. And at the end of the five weeks there would be a one off 90-minute session for all of them to debate which meant basically that they had a short debate time but I felt that was ok but it meant everyone got involved. We had flexible models so we had one-on-one, we had two versus two when we had a bigger group of students and we wanted to fit everyone in. And I think even one time we had one versus two, where a student felt very confident and even refused for me to help them to balance the sides a bit. We didn't have the chance for rebuttals because we wanted more questions from the audience and we wanted engagement from the rest of the students. And then there was a closing comment from the facilitator of the session if they felt there was a need for that. It was a formative process because it was the first time we're trying this, it was a pilot, they didn't really sign up for it so we didn't do any assessment besides the feedback and some self-assessment questions in the feedback. So, in total we had 24 students over three groups and these are just some general numbers. So, the majority of them didn't really have debate experience, but they mostly found it a positive experience about 80%, two thirds of them actually said that they would like more debates in their MBBS. All of these numbers are self-reported, subjective opinions and based on a one-off session but they still felt that maybe their confidence increased a bit, their oral skills, their oral presentation skills and their critical thinking skills even though the terms didn't really specify what that meant because there are many points underneath what we mean by critical thinking. But one of the interesting things was around coping with conflict and because I am a psychiatrist, I was trying to use it to convert them of course. By getting them interested in psychiatry and engaging them through this learning activity. So, I was interested in knowing their attitudes towards psychiatry and whether they would choose it or not. But of course, there was also the element of the clinical placement that affected their answers. So, that was the first sign and then we used a very different model with the Year 2 because their experience is quite different, they didn't have a clinical placement, they didn't know much about psychiatry or mental health in general at that point yet they start getting some teaching but not enough to have a primary framework. So, this was a special selective component, so students would sign up for it and they actually chose it, and we had a maximum of ten students for the module and all ten spots were filled. It was supposed to be six sessions over two weeks. The first one was an

introduction to kind of the skills that they would be expected to use starting from debate strategies to literature search to reflection models, to how to make a SMART goal. And also, it included a mock debate and then the five sessions after that where all the other students, each session we would have three running debates. They were all one-to-one because we had the time and we could fit that. And basically, each session was about four hours long because we included the preparation, the pre-debate preparation as well, time for that. It was of course conducted over Zoom because of Covid. Interestingly we didn't want to have pre-selected motions for them at the beginning but they actually asked for that and then they would choose from the motions. Again, they could choose the topic but they didn't choose which side and we changed a bit so this time they didn't know which side they're debating until five minutes before the actual debate. So, they had to construct their argument together, they had to do all the research together, and then five minutes before they would write it down and just think about how they are going to deliver it. And this time we had time for having an argument and having a rebuttal. And then afterwards we had a group discussion to kind of expand on the points that were discussed in the debate. And we used assessment, we used assessment during the debate and afterwards but I'll talk a bit more about that in the plenary section, assessment and debate. We're still analysing the feedback that we received from them because we used a different feedback assessment. And I guess the other thing that I wanted to mention about debates is when I was thinking about trying to find a tool to use in medical education I was interested, I guess it was kind of a new experience for me doing that fellowship, I've always been interested in medical education but this was the first time when I actually took it much more seriously. It was my job for years. So, I found that it connected lots of these theories which I felt were really important theories for learning. I'm not going to talk in detail about the theories themselves but it's more about how debates kind of relate to their principles. And I think with adult learning Knowles' Theory the fact that the process is self-directed and it's focussed on the students so debates it's not like lectures, it's a student focussed activity, it's coming from the students themselves. They have to do the pre-debate preparation so, they direct themselves, they choose where they're looking although we try to help them and support them with that. And it's about a specific problem and it's a problem that's interesting and relevant because they choose the debate motions themselves. And we'll talk a bit about the first sort of choosing the motion because it's quite important, I think. So, these are some of the principles that relate to the adult learning theory and I think the other theory that's important is social constructivism. Because in debates the students learn together, there's an intense social interaction if you may call it, although we'll talk a little bit about that, how to make it safe. But there is definitely a lot of social interaction, especially if you introduce the rebuttals and the questions from the audience sections. So, they end up learning together quite a lot and the last area is the transformative learning theory, I guess, I'm here referring to the famous Freud pipe, if a pipe is just a pipe or not is an interesting question, I think. As we all know I guess knowledge transforms how we see the world and I remember when I first heard that sentence, I was very anti-Freudian when I was in medical school and then as I learned more about psychiatry and Freud and a lot of other things, my view of that sentence changed. That's transformative learning and I think using debates that way you're learning knowledge and you're forming your opinion, and you're trying to defend an opinion. I guess talking specifically about educational debates, we see a lot of debates, definitely at conferences you often see usually one kind of highlight debate. The last one I've seen was with DMEC in 2019 that was about whether doctors need the GMC

and other external regulators or not, we could just self-regulate ourselves. So, and in psychiatry there is the famous Maudsley Debates if you're interested you can find them online. But all these debates are kind of delivered by experts usually and their purpose is not necessarily for education though you may argue the Maudsley Debates are a bit more educational. But I don't really see many students participating in debates and hence the title of this presentation that I think it's something that we can do more, that we can use debates more in medical education. So, I'll hand over to my colleague Roy who will present the next section.

ROY

Thank you very much Ahmad. So, my name's Roy and I'd just like to talk about a few benefits of using debate in medical education, and also give you a few case studies where debates have been used in specific medical specialties. So, the first benefit of using debates for medical education is that it helps to stimulate the critical thinking skills of students, and allows students to appreciate some of the complexities involved in medicine. Specifically, it helps to improve students' ability to organise their thoughts, reason logically and also prioritise arguments. And this is really important because inevitably as a doctor you're going to encounter lots of complex clinical scenarios related to diagnosis, treatment and also some ethical dilemmas and I really believe that the critical thinking skills that you can learn in debating can be transferred into real life medical practice. In this systematic review of 12 studies, nine at undergraduate level and three at postgraduate level studying the use of debates in medical education, 83% of the students believed that debate had helped to improve their critical thinking skills. Secondly, another benefit of debates is that it helps students to improve their research skills and encourages them to use evidence-based medicine. And the reason for this is because as the students are preparing for the debate, they have to do quite a lot of research in order to formulate their arguments and back up their arguments with evidence. And that gives students a chance to critically appraise literature and also apply evidence-based medicine. In a study of 60 students on a pharmacy course in America, students were given a survey before and after they did a debate and they were asked to rate their confidence in their research skills on a scale of one to five, with five being the highest. And before the debate the mean score was 3.3 but after this increased to 3.6 which was a statistically significant result and shows how debates are a great tool to help students improve their research and evidence-based medicine skills. Thirdly debates help to improve students' communication skills and this is because the students are working together in a group and they're discussing stuff where there's often no right or wrong answer. So, in a study of 150 students who were using debates to learn about medical ethics, 70% of the students agreed that debates really helped them to develop their team work, their public speaking skills and also boost their self-confidence. Students also agreed that debating helped to improve their empathy and this is because often you're arguing for a side that you might not necessarily personally believe in and that forces you to let go of your biases, and examine the other side of the argument. And finally debating helps students to learn how to cope with conflict as students have to argue logically and calmly. And of course, all of these skills can be transferred to a real-life clinical practice. So, now I'd like to give a few examples of where debates have been used in various medical specialties. And so, the first case study is in microbiology. So, in a study by Shaw et al. debates were integrated into a microbiology class as a way to supplement their lectures. And students debated a variety of topics such as whether childhood vaccination should be compulsory and whether it should be mandatory for all newly admitted hospital patients to have blood cultures. And during the process 97% of the

students found that the debates had helped improve their understanding of the topic. In another study this time based on nephrology. Nephrology fellows were sent a very complex patient case two weeks in advance and then they had a debate on which investigations would be best to diagnose the condition that the patient had. And the people participating all agreed that the use of educational debates was very enjoyable and not only enhanced their diagnostic and management skills, but also helped to improve their ability to do self-directed learning. In another study on paediatric surgery there were 16 paediatric surgeon trainees who were debating the best way to manage a vesicoureteric reflux and this is quite a controversial topic in a specialty because worldwide there's lots of different management guidelines. So, in this study participants were divided into groups of two and they were given a clinical case to prepare one month in advance, and then they had a debate that lasted ten minutes with two minutes of rebuttals. After the debate 87% of the participants stated that they really enjoyed the use of debates and found them much more engaging compared to lectures. And they stated that this motivated them to pursue knowledge both inside and outside the classroom with three quarters wanting to have more debates in future sessions. And finally, in a study of 30 emergency medicine residents the doctors debated whether patients with acute atrial fibrillation should be cardioverted immediately in A&E or whether they should be first admitted to hospital, given anti-coagulation and then given cardioversion at a later date. And in this study, there were two teams of two people and they each had 15 minutes to debate the topic using the best available medicine, and incredibly after the debate the residents actually came to a consensus and then they worked with the cardiology department and quality improvement to create a new treatment pathway for atrial fibrillation and that just shows how the use of educational debates can actually be a catalyst for quality improvement within the hospital. So, thank you very much for listening to the presentation so far. I hope that's given you an idea of why we believe that debates are such a powerful tool in medical education. And so, we thought we'd now like to give you a demonstration debate, just to show you what a debate would actually look like in the classroom. And how it would be used. So, we'd like to debate the motion that debates are not a suitable learning platform in medical education. And we'll have five minutes for Ashvin to present his arguments for the motion and then 5 minutes for Ngawang to present her argument against the motion, and they will be including rebuttals in their argument. And as a disclaimer the arguments presented do not represent their actual views. So, Ashvin does not actually believe that debates are not suitable as a method of learning. So, without further ado I'd like to hand over to Ashvin.

ASHVIN

Excellent. Thank you, Roy. So, Mr Chairman, colleagues and friends who have joined us today. Today I ask you to do just one thing throughout my speech. I want you to think of these 11 words; debates are not an effective method of learning in medical education. Now whatever your preconceived notions of this statement maybe I want you to put them aside for the next few minutes. Today I'll be presenting the case to the proposition to the motion that debates are not a suitable learning platform in medical education, and by the end I hope you'll see exactly why this is true. I also briefly want to refine what I mean by medical education. This isn't just the education of future doctors; my argument stands for the education of all healthcare professionals across all healthcare settings. My argument rests upon two major pillars. Firstly, I'll contest that debates are an exclusionary and unfair method of learning that serves to deprive students and learners of equal learning opportunities. Secondly, I'll present the view

that debates are an inefficient and unproductive method of learning, and that they have no place in the modern medical school or other healthcare professionals learning curricula which focusses upon rote memorisation and clinical skills. So, if we go back to the start the first argument that debates are exclusionary and unfair. I'd like you all to do something. I want you to think about your greatest fear. Maybe it's a fear of heights, perhaps a fear of snakes. Maybe it's a fear of enclosed spaces. Now I'd like you to close your eyes, I want you to imagine that you're in this terrifying situation right now and you can't escape. Not only can you not escape but also your peers, colleagues, supervisors and your friends are all watching you at the scariest moment of your life, and they're not doing anything to help they're just standing there watching, and waiting, and watching you struggle. Ok now if you closed your eyes, re-open them. Now for a number of individuals medical school students included, a fear of public speaking will rank amongst their greatest fears and illicit similar emotions to what you might have just experienced. Therefore, a mandatory activity such as debating forces those individuals to engage in a potentially uncomfortable and downright nerve-racking activity for them. This is both unfair and unkind. Furthermore, if we were to take fear out of the equation for many public speaking isn't a terrifying activity, perhaps it's just uncomfortable, something you'd rather not do. Some people might be aware that they're not particularly strong at public speaking. Now by nature debates are won by an ability to construct a cohesive argument, present it eloquently and convince others that your argument is the strongest. This gives students with experience of debates or public speaking a clear and unfair advantage in these activities. Students may have come from a background where they have done activities before and those individuals are at a considerable advantage to students who haven't. Hence it can be argued that debates are both exclusionary and unfair. Now the second and key argument is that debates are an inefficient and unproductive method of learning, and have no place in the existing crowded medical school and other healthcare professionals' curricula. You know what I've never heard one of my peers say in medical school? Hey guys, I'm not busy enough, medicine is too easy. I've never heard that, I'm sure none of you have ever heard that in the context of your own healthcare professional sort of curricula. We should be looking for innovations that make the crowded and busy schedules of these students easier and lighter. Now debates are an ineffective way of learning owing to the vast amounts of research that goes into preparing one single motion. Time that could be spent revisiting anatomy, physiology, clinical skills, clinical knowledge or studying other subjects for their exams. And yes, the opposition may present the case that healthcare students must be well-versed in advocacy, however does this really require students to take compulsory time out of their already busy schedules to learn this skill? Surely by passing through medical school or healthcare professional interviews and passing communication skill stations and OSCEs, students learn the necessary skills. Or are we really making the dangerous argument that existing and traditional methods of learning are failing our future healthcare professionals? Personally, the outstanding junior and senior healthcare professionals I've met on placements certainly don't suggest this is the case. And yes, the opposition may say that a more comprehensive exploration of topics in the curriculum is desirable. However, I contest that this is already captured through many other learning methods including problem-based learning and case-based learning. So overall why do we want to additionally crowd an already busy curriculum? I hope that through raising these arguments I have convinced you that debates are most certainly not a suitable learning platform in medical education. I look forward to hearing the opposition's case. Thank you.

ROY

Thank you Ashvin. So, now I'd like to hand over to Ngawang to present her opposing argument.

NGAWANG

Hello everyone, I'm Ngawang, and I'd like to present my argument on why debate is a suitable method of teaching medical students. So, in medicine doctors frequently have to rate pros and cons and make judgements on an issue. The advances in technology in the last few decades has made the process of getting information very quick. Someone can access a huge amount of information in a matter of milliseconds at the tap of a screen. And the challenge now has become the ability to sift through the vast amount of biomedical information out there, identify high-quality research and critically analyse it. Debate is a formal discussion where opposing arguments are put forward and as such it's in a prime position to teach medical students two essential skills; critical thinking and communication as Roy has said earlier. And compared to traditional didactic teaching debate requires an active learning process where students can be fully engaged in the relevant topics and this form of independent learning helps students take accountability for their own progress which is vital in the rapidly changing field of medicine where there's scope for lifelong learning. In psychiatry and medicine in general there are a lot of grey areas that can't be avoided where clinicians must make judgements and a debate format where positions are allocated provides a safe space for students to engage in deeper discussions on such controversial topics. And there are opportunities to argue for a position that a student does normally not agree with which helps them consider other perspectives and develop a well-rounded insight on the topic. In promoting these discussions rather than avoiding them allows us to improve our understanding of it so that students are better equipped to deal with them in the future. So, presenting cohesive arguments as Roy said requires the students to carry out research, evaluate quality evidence and integrate the information to form logical arguments. And these skills are vital for students who have to make important decisions regarding their patients or health policies in the future. Since there are a lot of innovative students in medical schools from a diverse background, there's much to learn from sharing our views and knowledge with one another. And students must be empowered to develop and share their own ideas as independent thinkers. And the debating process itself allows the students to develop their communication skills and learn how to propose arguments in a confident manner. And these skills become useful for when debating management strategies for a patient during an MDT meeting for example. Granted it's not uncommon for students to have a fear of public speaking or feel stressed about having to engage in debates, and even though high-level stress can be detrimental for students, a little bit of stress is not necessarily bad and might even be necessary for motivation. And I'd argue that the communication skills involved in debating are skills that should be developed and would help students become confident and eloquent physicians who can advocate for their patients in the future. And it's only by actively practising these skills rather than avoiding them that someone can improve these skills, much like exposure therapy in psychiatry. Regarding Ashvin's concerns about some students being disadvantaged from a debate-based assessment is valid and to get around that you can make it a sort of elective course or part of an assignment where students can do self-assessment or peer-assessment based on a rubric marking grid. Emphasising that the debate is less about a competition and more about learning and sharing of ideas helps create a more friendly learning environment for students who might have fear of public speaking. And stress can be reduced by scheduling the debates so that they don't coincide with other



assignments or exams, giving the students plenty of time to prepare. Debate is great not only for discussions on controversial, ethical topics, as Roy has mentioned earlier there are quite a few studies that use debate to teach microbiology, paediatric surgery and even critical care which have elements of fact-based learning. And students' studies on debate as a mode of medical education for pharmacy, dentistry, surgical students and postgraduate students look favourably upon it and many students wanted to see it continued. Debate can be even done over an online Zoom conference as we did for the medical students at Barts and as we're doing kind of now, making this a very cost-effective and flexible method of teaching these skills. And I'd like to conclude by highlighting that debate is a cost-effective way of teaching medical students to be independent and critical thinkers who can communicate effectively, which are all recipes for a great doctor. Thank you.

ROY

Thank you Ngawang, thank you Ashvin. And that brings us to the end of the debate. I'd like to hand back to Ahmad now.

AHMAD

Thank you all. I'm just going to share the screen now. So yeah, what you've just witnessed is a different framework to what we used with the Year 2 and Year 4 students. We used it mainly to deliver the learning messages hence you may have noticed the motion is phrased in a particular way because we wanted Ashvin to go for first then Ngawang to go after. Next is the plenary section where I invite you to ask us your questions, comments, thoughts and we can take turns answering them.

BOB

Thank you everyone. We've had a couple of comments in the chat. The first one was from Pollyanna who was sharing her experience of debating just wondering, just coming from a very different perspective if there's anything you'd like to add?

POLLYANNA

Thank you. I've recently joined as a lecturer in clinical education, previously for 20 years I've been working training academics at a university in the south west of the UK. So, we commonly use debate as a learning tool and also, I've judged it in national competitions and things like that so it was really lovely to see the two of you putting forward your arguments this afternoon. So, yes you don't have to convince me, I think it's really useful but I am quite interested in the discussion that you had about the time it takes to prepare debates because you're correct it does take time. And also, I'd be really interested to hear a little bit more from any of the people on the panel today about your experience of doing the preparation online. So, if you have groups of people, so let's say you were to have five or six people in a group preparing one side or other of the argument, or indeed I like your twist on it, preparing both sides and then telling them only five minutes beforehand which side they're on. How have you found that experience of asking them to do that preparation online? Have you done it in timed sessions, or have you done it asynchronously?

AHMAD

So, I can answer that. So, for example with the Year 2 we did it online. It was small groups, usually groups of three to four students because we have ten students in the session. It was about 45 minutes long so they would choose a motion at the beginning of the session and then they have about 45 minutes. And as I mentioned they all construct the argument as if they're debating both sides, they don't know which side so they have to think on both sides together. It worked I think quite well. We had a facilitator jumping between the rooms because some of the students didn't have lots

of experience with literature search, they were Year 2 and so we helped with that part. I think it fostered kind of like, they talked about a group sense at the end of the course even though we rotated the groups so, it was never the same group twice. But the whole core, it kind of felt connected. They also had a group discussion after the debate as well so I think one of the comments that they mentioned was about how easy it was to fit in even though they didn't know everyone around them. I think it can work and I think the amount of preparation is a good point. It really depends on the aim of the educational debates. Is it more about the content learning or about the skills? Because for instance with the Year 2 students it wasn't about the content learning because I wasn't going to teach them a lot about psychiatry just some basic stuff maybe, but it was about the non-clinical skills and hence the preparation really happened in the session. I know saying it took four hours per session sounds like a long time but it's because we had three debates running and each debate had a rebuttal and group discussion section so each debate lasted about half an hour on its own. But the preparation section was about 45 minutes long and it could be shorter if it's more experienced students that you're working with. While if you do something like the example that Roy mentioned with the nephrology case where they sent a complex case to the students two weeks in advance because they had to do a lot of research and prepare for it, because that's more about the content. So, I think it varies and I think you have to keep in mind the timing with the other commitments that the students have, or the trainees have, in mind. It also can be about the duration of the debate itself. So, if you're asking someone to speak for two and a half minutes versus ten minutes it will be quite different what they're going to focus on. Yeah, I hope that answered your points.

POLLYANNA

Thank you very much Ahmad, yeah great.

BOB

Khalid you had a question which Roy addressed, is there anything you'd like to add? It's ok if you don't want to. Our last comment was from Roshini who was very complimentary and thanked everybody for your input, and the food you've given her for thought. Has anyone any last comment from the audience before I ask Ahmad to perhaps say a few closing words? No, ok well. Ahmad anything you want to say?

AHMAD

Yes, so thank you Bob. I think there are some points that we wanted to expand on a bit more and I think maybe we have a bit more time so we can touch on quickly. So, I think maybe Ashvin if you wanted to expand on the efficacy element of debates maybe?

ASHVIN

Yeah sure. So, I think that's sort of addressing the previous question as well in terms of time that it takes. I would be possibly that last person to say that it's the most effective way of learning lots of information because it's not. You're preparing one motion; you're looking at one particular topic and you're going into a lot of detail. At the same time there are a lot of evidence-based and sort of educational tools like problem-based learning, case-based learning that do exactly the same thing. You get one patient with a particular set of symptoms, a particular set of co-morbidities, you go away and you spend hours researching what they have and you go into a lot of detail about the condition. On top of that I think it really comes down to the skills that you learn and at least for me that's where these debates have the most potential. I remember sort of sitting in a cardiovascular MDT on my clinical placement in third year and they were debating about sort of I think it was about sort of, I think it was about sort of aortic

valve replacement, whether or not to do them. And I remember thinking you know they're absolutely going at it and if you had no experience at debating, or you'd had no experience of putting your views across you would really struggle in that environment. And I think that it's really good preparation for those sorts of necessary conversations and multi-disciplinary team meetings, whatever specialty or whatever sort of healthcare professional role you have in the future. Sort of even physiotherapy deciding what the best course of physiotherapy to give is. Same with medications those sort of things. So, I think it's all about the skills that you learn and the ability to construct and form and present a cohesive argument without sort of just shouting. That for me is what the major benefits of debating are.

AHMAD

Thank you Ashvin. I think to add to that point maybe my opinion is slightly different is I think there is space for learning, content learning in debates but I think it's maybe not effective for an undergraduate for instance when we use it for Year 2 with psychiatry. But I think if you put that for a psychiatry trainee where they have to learn about their speciality in more depth and maybe for an even higher trainee where it's more specialised, I think in-depth research about a particular topic is a useful thing. And just comes to my mind is something like the journal club presentations that we do, case presentations kind of situation. I think one of the important things that I wanted to communicate in this session is that educational debates are very different from other kinds of debate and it's really, really important to make sure that it's a safe learning environment because that's where the students can really grow. And one important way to do that is to remove the competition as much as possible so that's why I try to force them to construct the arguments together, and then only give them five minutes to think about how they're going to deliver the arguments. But also, for instance it can be as Ngawang said with the assessment section, are you going to make it a pass or fail kind of assessment. So, kind of like a categorical rather than assigning grades and making people compete for that or you could place, so for the Year 2s for instance for the assessment I chose to mark them on the pre-debate work, because that was the main bulk of the learning. I didn't mark them on the debate itself so it didn't matter if they were good debaters or not. As long as they did the work before and at the end of the course, they also had to do a reflection on one debate that they delivered but also in the use of debates and their experience of the module. So, the marking was really at the end and kind of on the pre-debate but not the debate itself. So that removes some of the competitiveness that people can get into. And I think it's important to have established ground rules and not shy away from interfering as the facilitator if someone makes a comment or you feel that they're being a bit too edgy, too aggressive. In all the debates I have run for the Year 4 and the Year 2 that only happened once. I had to step in quickly and the student apologised quickly. And I think once you just establish that they understand what is the expectation and they respect each other. And one of the things as well is if students don't have lots of experience with debates you can do the introductory session which we spent a lot of time running, so we spent about four hours on the introduction just because we wanted them to know everything that we're going to be doing so it's not the first time that they're going to do it and we ran a mock debate for them as well to show them what to expect. I think also one of the important things to make it a safe environment is how you select the motion. There is criteria for, an ideal debate criteria by Uber (1964), I can share the reference later if you're interested but, choosing a motion that's not winnable is important so it has to be debatable. We don't have a right and wrong answer is important. Phrasing it in a clear way, choosing something that's interesting

so that's why I always try to let them choose at least the topic if not the side. Making it relevant to clinical practice is also important. Making sure that there is actually literature and evidence because otherwise it becomes about the strategies of debate without any kind of facts and then it goes down to the ability of the person to debate or not. And that it can be delivered in that short time that you have or it depends on the time that you have, I guess. And I think that having enough time to prepare is important and having support especially with our younger students who may not know how to go around with the literature search or the debate itself. I think one thing that I also found is the group discussion is a really important element because it kind of moves the debate from this dichotomy of just two polar positions to actually there's lots of shades of grey in between. And it opens the conversation a lot more for participation. And if people have questions about the topic although interestingly when the topic is particularly sensitive or problematic, they shy away from the discussion, even though the debate itself was very engaging because debate kind of provides like a protection, a distance, similar to the disclaimer that Ashvin and Ngawang had, I always remind them that these opinions do not represent their personal opinions. That's why I allocated them randomly and hence they have almost more freedom to really express what they think which is liberating, I guess. So yeah, it was, the example I have in my mind is around the recent core judgement with under-18-year-olds having hormonal treatments for transgender clinics and procedures and the debate itself was very engaging but when the discussion came everyone was a bit silent because they felt they can't say the wrong thing, and the protection of the debate is kind of removed, it's what they think. So, I think it's because it becomes a safe learning environment where they can say that and know that they're not going to be judged during the debate which is really important. I don't know if Ngawang or Roy you have anything else you want to add?

NGAWANG

I think it was that same topic about using hormonal treatments for underage children. I think we did pre- and post-debate votes and it was a great example of how debate can give students a more well-rounded insight on a topic and there was a big shift from the pre-debate vote to the post-debate vote and you can clearly see that the debate was useful in changing students' opinions on a particular topic.

ROY

And just a key point that I'd like to add is that the whole point of educational debates is that it's not a competition and it's meant to be collaborative between the students. And that's why we made both the students like come up with a point together and made them cover both sides of the argument together and we only told them five minutes before what side they were on. That gives them a chance to like practice their team working skills. They would research together and learn how to use PubMed and critically appraise literature during that time. One of the key points we want you to take away is that it's a collaborative environment and not a competition.

AHMAD

Thank you both.

BOB

Ok well thank you everybody. We've run over time we were warned not to go over an hour. So, thank you for participating, thank you for your input. This session has been recorded and a video will be made available on the website. We have further ASME BITESIZE. There's another one tomorrow evening at 6.30 on dealing with disappointment. We have more details on our website and we will circulate, there will

Dr Ahmad Allam, Ngawang Dheden, Roy Wang, Ashvin Arun Chilu Kuri, Prof Bob McKinley

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be a transcript of the chat, which will be circulated and any outstanding questions we'll address, but I actually don't think we do have any outstanding questions but thank you to those who contributed in the chat. So finally, I'd just like to say thank you to the presentation team. It's good to see a team presentation with everyone having a strong role to play and I hope we've all had something to learn tonight and something to think about. Goodnight and be safe. Thank you.

ENDS.