

SHORT REPORT

# Evaluation of reflective structured dialogue on pharmacy students' perceived ability to communicate multiple perspectives

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## Abstract

**Background:** In an effort to better prepare students for difficult conversations in healthcare, the authors evaluated the impact of reflective structured dialogue on pharmacy students' perceived ability to communicate multiple perspectives. **Methods:** Reflective practice was integrated into an ambulatory care elective starting in the Autumn of 2020. Students completed a Reflective Structured Dialogue (RSD) and a reflective written assignment. Students were provided with a six-question pre-survey at the start of the course and a ten-question post-survey at its conclusion. **Results:** Fourteen students completed the course over three terms and were included in this evaluation. More students reported being very or extremely confident in their ability to effectively communicate their own perspectives (53% vs 29%) and different perspectives (54% vs 7%) in the post-survey compared to the pre-survey. **Conclusion:** Reflective structured dialogue improved students' perceived ability to communicate multiple perspectives, though benefits varied between students.

## Introduction

Data from the Pew Research Center has indicated that society is in a time of increasing polarisation (Geiger, 2017), associated with several negative outcomes, including self-censorship. As such, members of the pharmacy profession may often engage in challenging and complex conversations with patients, caregivers, and members of healthcare teams. Preparing pharmacy students for success in these conversations has become increasingly important due to the potential for impact on patient care. Reflective Structured Dialogue (RSD) is a communication tool designed to enhance conversation and understanding among participants with diverse perspectives. RSD seeks to establish a constructive cycle of communication that asks participants to 1) Listen for meaning, values, and emotion; 2) Reflect; 3) Speak to be understood while assuming good intentions; and 4) Ask open, honest, and personal questions. As a formal approach to dialogue, introductions are deliberately designed to set the tone, while 2-3 carefully crafted questions shape the conversation. The structure allows each participant equal amounts of speaking time,

includes planned pauses for participants to reflect and collect their thoughts, and is concluded with time for response with questions of curiosity. Communication agreements are included to encourage participants to feel comfortable while discussing topics with varied perspectives (Stains, 2016). A qualitative thematic analysis by Cleven and colleagues in 2019 concluded that RSD had achieved positive outcomes across different contexts. The literature demonstrates the use of RSD in discussions on healthcare topics (Gergen *et al.*, 2001; Cleven *et al.*, 2018). However, no studies have been identified evaluating the benefits of RSD for pharmacy students.

Given the potential advantages of RSD as a reflective practice, literature on practical approaches to implementation and assessment within pharmacy education would be beneficial in increasing its use (Jones *et al.*, 2016; Uygur *et al.*, 2019). With this in mind, the authors began incorporating RSD within a third-year pharmacy student elective course. The authors sought to evaluate RSD's impact and provide an adaptable yet structured approach for others to incorporate within their educational settings.

## Methods

An elective course, Ambulatory Care and Interprofessional Practice, was designed to provide interested third-year pharmacy students with an introduction to ambulatory care practice while engaging them in activities that broaden their perspectives on healthcare. Students attended weekly two-hour class sessions and a monthly 5-hour live practice component at a charitable clinic, focusing on providing inter-professional, comprehensive care through collaborative practices to low-income and un-/under-insured patients. Major assignments in the course included an oral presentation, a written reflective assignment, and participation in an RSD.

The end-of-term RSD used three questions: 1) Please share an experience that showed you how medical care could be impacted by a patient's identity or social situation; 2) Reflecting on the situation you witnessed, consider potential reasons why this occurred. What values shape how you would want to respond to this? and 3) What barriers or challenges did you or others encounter in addressing the situation when it occurred? The first question required students to draw on experiences that inform their perspectives, practice self-awareness, and express personal connection to the content. The second question helped students articulate their understanding of the key issues involved and required them to explain their position, values, and motivations. The final question revealed tensions and uncertainties in taking a position. It aided in identifying what students might need to know to better understand the content or issue.

Analysis of the course included students from three consecutive terms from Autumn 2020 to Autumn 2021. Using class time, students completed a six-question pre-survey at the start of the term and a ten-question post-survey, both developed by the University's RSD programme administrators. The anonymous surveys assessed the change in students' perceived ability to evaluate multiple perspectives and communicate effectively, as well as the perceived value of the reflective activities. Descriptive statistics were utilised for analysis. Survey data were maintained electronically and only made accessible to investigators and programme administrators. The governing Institutional Review Board approved this study, and informed consent was waived.

## Results

Descriptive statistics were evaluated for 14 students, with seven taking the course in Autumn 2020, five in Spring 2021, and two in Autumn 2021. One student who completed the Autumn 2020 pre-survey did not complete the post-survey, and one student in Spring 2021 skipped one question in the post-survey. All students reported never having participated in RSD in any previous course. Combined pre-and post-survey results from the first two survey items are reported in Table I.

**Table I: Student pre-and post-survey data**

Survey items	Extremely confident (%)	Very confident (%)	Somewhat confident (%)	Not so confident (%)	Not at all confident (%)
<b>How would you rate your ability to effectively communicate your viewpoint on a social issue?</b>					
<b>Pre-course results, n=14</b>	0	29	50	21	0
Autumn 2020, n=7	0	29	43	29	0
Spring 2021, n=5	0	40	60	0	0
Autumn 2021, n=2	0	0	50	50	0
<b>Post-course results, n=13</b>	18	45	36	0	0
Autumn 2020, n=6	0	50	50	0	0
Spring 2021, n=5	40	40	20	0	0
Autumn 2021, n=2	0	0	50	50	0
<b>How would you rate your ability to explain a perspective different from your own related to a social issue?</b>					
<b>Pre-course results, n=14</b>	0	7	79	14	0
Autumn 2020, n=7	0	0	71	29	0
Spring 2021, n=5	0	20	80	0	0
Autumn 2021, n=2	0	0	100	0	0
<b>Post-course results, n=13</b>	8	46	46	0	0
Autumn 2020, n=6	0	33	66	0	0
Spring 2021, n=5	20	80	0	0	0
Autumn 2021, n=2	0	0	100	0	0

More students reported being very and extremely confident in their ability to effectively communicate their perspectives (53% vs 29%) and different perspectives (54% vs 7%) in the post-survey compared to the pre-survey. More students in Autumn 2020 and Spring 2021 reported being very or extremely confident in their ability to effectively communicate their perspectives in the post-survey compared to the pre-survey (50% vs 29% and 80% vs 40%, respectively). The

same trend occurred when asked about their ability to effectively communicate different perspectives (33% vs 0% and 100% vs 20%). The students from Autumn 2021 reported no change in either of these abilities. As demonstrated in Table II, students positively rated both the written assignment and the RSD in improving their ability to explain their perspectives and different perspectives, with no students selecting “disagree” or “strongly disagree” with the statements.

**Table II: Student perception of a written assignment and RSD**

Survey items	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)
The written assignment in this course helped my ability to communicate my point of view towards a social issue, n=13	31	46	23	0	0
The written assignment in this course helped my ability to explain a perspective different than my own, n=13	31	62	8	0	0
My participation in the Civil Dialogue/s (RSD) in this course helped me improve how to better communicate my point of view, n=13	23	54	23	0	0
My participation in the Civil Dialogue/s (RSD) in this course helped me understand perspectives different from my own, n=12	42	58	0	0	0

Students were asked to share qualitative feedback in the post-survey. In each term, multiple students noted it was helpful to hear others' perspectives and that RSD provided a comfortable environment to discuss problematic issues. Constructive suggestions included giving students more time to prepare their opinions and answers. One student noted that they preferred open dialogues to writing, as they found hearing other perspectives the most helpful method.

## Discussion

Reflection in healthcare education has consistently shown benefits across a spectrum of professions and learners, including pharmacy (King *et al.*, 2017; McCarthy *et al.*, 2021; Onuoha *et al.*, 2021; Guo, 2022). However, the incorporation of RSD provides an approach to reflective practice that is centred on transformative dialogue. Rather than wishing or assisting participants in finding common ground, this approach aims to improve communication between participants and facilitate awareness and understanding of their perspectives (Gergen *et al.*, 2001; Cleven *et al.*, 2018; Gower *et al.*, 2019). With this focus on a clear and identifiable process rather than a pre-specified outcome, there is a value-

added to educators as reflective practices are sought to be incorporated within varying educational settings. Previous studies utilising RSD in other populations indicated participants became more receptive and empathetic to opposing perspectives and were surprised at the commonalities discovered throughout the discussion (Haydon & Elliott, 2004; Dessel, 2010; Gower *et al.*, 2019; Reese, 2020). Moreover, according to Gower and colleagues, with a change in perspective, some participants left motivated to take action after the discussion (Gower *et al.*, 2019).

Data generated from the integration of RSD in this elective showed that students increased confidence in their ability to explain the perspectives of others and their own. This study has identifiable limitations, such as its small sample size and reliance on survey data. While the small sample size limits this research, it has fostered the utilisation of RSD in other locations within the curriculum and co-curriculum. Intentional incorporation of RSD within a pharmacy curriculum should be evaluated as a potential method for developing dialogue and reflective practices. Additional research should explore the potential benefits of RSD and validate it as a reflective practice in pharmacy education. It is also important to recognise that due to the COVID-19 pandemic, classes varied between in-person, fully remote, and hybrid, which may have influenced the

results. However, the demonstrated ability to improve student's confidence through RSD provides some validation for using this approach to engage students in challenging conversations. Assessment of reflective practices remains a challenge. With this in mind, the authors intend to continue their efforts to incorporate reflective practices and RSD into the pharmacy curriculum.

## Conclusion

Integration of RSD into an elective course increased students' confidence in their ability to explain multiple perspectives. Increasing student exposure to this approach is important to validate its benefit within a well-rounded pharmacy curriculum.

## Conflict of interest

The authors declare no conflict of interest.

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