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RESEARCH ARTICLE

Pharmacy students' reflections on a TED talk about difficult conversations

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Abstract

Background: Educating health professions students in difficult conversations is necessary, and the expanding role of pharmacists necessitates this instruction for pharmacy students. **Methods:** This exploratory qualitative study was modelled after a similar project with undergraduate nursing students. Second- (P2) and third year (P3) pharmacy students were invited to participate. Students watched the TED talk "*On Being Present, Not Perfect"* about difficult conversations and answered two reflection questions prior to a required lab course session. Student comments were categorised by a priori themes. **Results:** Fifty-two of 236 total students (23%) agreed to participate in the study; 36 were P2s and 16 were P3s. The themes of Communication, Empathy, and Role Development were consistent across the two reflection questions. No additional themes were identified. Treating the patient as a person was noted across each of the themes. Limitations: This study was conducted at a single, private, faith-based institution; participation was voluntary; data were self-reported; and no objective measures of communication skills were used. **Conclusion:** The students reflected on TED Talk about difficult conversations and the importance of treating patients with respect as a person. The reflective component encouraged students to assimilate the content along with experiences from their professional work or personal life.

Introduction

The importance of difficult or crucial conversations has become increasingly recognised within health professions education as necessary to improve patient safety (Delisle *et al.,* 2016). As the role of pharmacists advances to higher quality care and cognitive services, communication with patients shifts to more difficult and crucial conversations (Galal *et al.*, 2023). A difficult conversation can be defined as "*a planned discussion about an uncomfortable topic or a negative experience where the goal is to share different perspectives, build mutual understanding, and develop respect* ("*not to persuade or win*")" (Biden School of Public Policy & Administration, n.d.). Expansion of pharmacists' roles increases the likelihood of pharmacists' involvement in potentially difficult conversations around new diagnosis, prognosis, and end-of-life care (Zilz, 2021).

To address evolving roles and responsibilities for pharmacists, the Accreditation Council for Pharmacy Education (ACPE) includes communication into standards 2 (Educational Outcomes and Activities) and 4 (Admissions), and Appendix 1 (Required Elements of the Didactic Doctor of Pharmacy Curriculum) of Standards 2025 (ACPE, 2025). Accordingly, to be accredited, colleges and schools of pharmacy must teach skills for effective communication with various audiences and interpersonal discussions.

Pharmacy practice requires effective communication to address complex patient needs, including medication adherence, chronic disease management, and care for an ageing global population (Religioni *et al.*, 2025). These interactions often involve emotional, behavioural, and social aspects that extend beyond the delivery of information. Effective patient

communication includes listening reflectively and seeing the situation from the patient's perspective (de Oliveira & Shoemaker, 2006). As highly accessible healthcare professionals, graduates must navigate these difficult conversations with their patients (Valliant *et al.*, 2022). Across healthcare disciplines, students and practitioners perceive an inability to engage in difficult conversations without training focused on communication skills (Marken *et al.*, 2010). Narrative-based educational approaches, such as TED (Technology, Entertainment, and Design) Talks, offer a unique opportunity to address this gap by presenting realistic, engaging examples (Hillier *et al.*, 2020).

There is a need to better prepare pharmacists to participate in conversations around serious and emotionally charged topics, and this training should ideally take place throughout the pharmacy curriculum (Eukel *et al.*, 2021; Zilz, 2021). There is sparse literature in pharmacy education regarding effective ways to guide and prepare students for difficult conversations as part of their practice, and a study with nursing students utilising a TED Talk with an accompanying reflection provided a model (Hillier *et al.*, 2020). Therefore, the purpose of this study was to investigate pharmacy students' reflections on a TED Talk about difficult conversations to understand their perception about the importance of communication.

Methods

Context

The foundation, model and methodology of the current study are based on the work of Hillier and colleagues (2020) that aimed to teach healthcare communication skills to undergraduate nursing students (Hillier *et al*., 2020). Nursing students were asked to view the TED Talk, then immediately write a brief reflection prior to attending a class session on communication. The student writing reflection prompts included: 1) What was the most meaningful part of the video? and 2) What resonates with you personally and professionally?

Educational intervention

The TED Talk On Being Present, Not Perfect by Dr. Elaine Meyer (co-author), whose background is nursing, clinical psychology and ethics, provides narrative examples of patient-practitioner communication and a process to approach challenging healthcare conversations incorporating character traits from the movie "*The Wizard of Oz*" (Meyer, 2014a). The Wizard of Oz centres on three characters in search of different attributes: the Cowardly Lion seeks courage, the Scarecrow seeks brains, and the Tin Man seeks a heart (Fleming, 1939). This TED talk was chosen to serve as instructional material since it provides a process for pharmacy students to engage in a difficult conversation: having the courage to enter the conversation, sharing knowledge and expertise, and showing empathy and compassion. This model can be adapted to a variety of scenarios or professional settings. For example, it could be utilised in the context of simulation, role play, or other experiential learning as part of a communication module. The TED video provided meaningful healthcare communication content in a freely accessible online format compatible with an entry level generation of learners.

Participants and setting

The current study is an exploratory qualitative study of second (P2)- and third (P3)-year Doctor of Pharmacy students in a required skills lab course at a private, faith-based institution in the United States. These groups were selected as the topic aligned with their course objectives and course schedules. Students were asked to view the TED Talk and to reflect and respond to the Hillier study writing reflection prompts prior to attending the lab session titled "*On Being Present*" (Hillier *et al*., 2020). The pharmacy students were asked to write a brief (10 minutes per question) reflective, open-ended response answering both questions prior to class and upload their responses as a document into the course's learning management system. During the lab session, the students re-watched the video, and the class discussed how the material could be incorporated into pharmacy practice within case vignettes. There were 114 P3 students and 122 P2 students enrolled in the lab courses. This was a whole-cohort invitation, not a sample selected using a sample size calculation. No a priori sample size was undertaken because the study was exploratory and qualitative in design. The lab sessions and data collection took place in the fall of 2020 for P3 students and in the following spring of 2021 for P2 students. The TED Talk enhanced sessions provided a meaningful learning experience when substitutions to simulation experiences were necessary because of the COVID-19 pandemic. In the fall of 2020, an application was submitted to the Institutional Review Board (IRB) for use of the responses from the P3 students, and approval was granted. A project modification application was submitted and approved in the spring of 2021 to also include P2 student responses. Participation in the study was voluntary. Informed consent was requested from all participants, and only the responses of those who provided consent were used. Those students who chose to participate provided consent via an electronic survey (Qualtrics) to

have their de-identified responses included in the analysis.

Data collection and analysis

A directed content analysis approach was used, in which predefined categories derived from prior literature guided coding while allowing for identification of additional concepts if present. The coding of responses in this study was primarily deductive, using a priori themes derived from the Hillier study: Communication as a Foundational Competency, Importance of Empathy, and Professional Role Development (Hillier *et al*., 2020). To enhance analytic rigour, investigator triangulation was employed. Two investigators (MMR, MT) independently reviewed and coded all responses. Each of the 2 coding investigators received a document with the compiled responses and separately identified the theme(s) that matched each response. A third investigator (JB) created a master document with the individual investigators' coding to identify discrepancies. Discrepancies in coding were resolved through discussion and consensus. This approach is consistent with qualitative research standards emphasising consensus-based coding to enhance credibility and minimise individual bias. Each response could be assigned more than one theme, allowing for identification of overlapping concepts across reflections. There were no reflective comments that fell outside of the themes, so no additional themes were identified during the coding process, and analysis reached thematic sufficiency. Data triangulation was achieved by analysing responses across two student cohorts and two distinct reflection prompts, allowing for comparisons of themes across contexts and perspectives.

A sample size a priori was not determined as we intended to analyse all available responses. However, a saturation analysis was conducted to ensure the number sufficiency of sample size from the available responses by dichotomously coding each student response as present or absent using the pre-defined themes. A theme was coded once, even if it appeared multiple times in the same response. The composite number of unique themes across both essay responses (possible range 0-3) was calculated. For example, if a student's response was coded with empathy for the first response and they mentioned role development in the first and second responses, the score would be two. Using a conservative approach, the data were sorted from the fewest to greatest number themes identified in each response and defined saturation where all three themes were represented. No additional themes were identified within the applied deductive framework.

Any numbers reported, such as participant numbers, response rate, and cohort distribution, are descriptive only and were not intended for inferential quantitative analysis.

Results

Of the 236 total students who were invited to participate, 52 (23% response rate) agreed to participate in the study; 36 were P2 students, and 16 were P3 students. Each student provided 2 reflection responses, resulting in a dataset of 104 individual reflections. The sample allowed representation of perspectives across both cohorts, and thematic sufficiency was achieved as no new themes emerged during analysis. Eight (15%) of the students who participated were male, and 44 (85%) were female. A sample size of 52 was sufficiently representative to describe the total population.

Illustrative quotes are presented below that represent the three themes: Communication as a Foundational Competency, Importance of Empathy, and Professional Role Development. Subject number and educational group status are provided for each quotation.

Communication as a foundational competency

In their reflections, students drew on both past experiences and anticipated future practice when considering their approach to communication. Student responses regarding communication focused on the difficulties and breakdowns noted in the video, as well as looking towards practice and communication with patients.

> *"She [Dr. Meyer] didn't need anyone to have the perfect answers, but she needed someone to listen and acknowledge that she was not okay during that time. It shows you truly do not know what kind of impact you can have on your patients until you are the patient." Subject 41, P3*

Responses recognised communication as both speaking and listening. In terms of speaking, the students focused on the importance of word choice when talking with others and how important it is to be mindful of the words shared with patients. Regarding listening, responses focused on the importance of taking the time needed to listen to patients when the patient wants to talk about things, even those things that are not directly related to the pharmacy encounter.

> *"Sometimes a big part of what a patient may need is a real conversation. … This is an example that we could all learn from. It may seem like a small thing*

to do in some situations, but it can make a huge difference. Some people do not have anyone to talk to, and if as healthcare providers we can be the people they can talk to, we need to do so." Subject 25, P2

"I also resonated with choosing the correct words. I often blurt out what is first on my mind. In these hard conversations, I believe it is smart to think about what you will say before you say it." Subject 4, P3

Students also incorporated the importance of taking patients' concerns seriously into their responses about communication:

"The most meaningful part of the video to me was when the speaker was discussing her own experience with the three miscarriages she had. She was terrified and worried that she had had another miscarriage when she went to hear her baby's heartbeat, but the [clinician] [sic] chalked her concerns up to just being an anxious mother. The speaker had probably been worried sick and constantly been worried about her baby for three weeks. This was such a big milestone in her life that probably consumed her days and nights, and this [clinician] [sic] made her feel like she was just another case in the clinic that day. This story really opened my eyes." Subject 10, P2

The aspects that resonated most with students personally had to do with when they were a patient in the healthcare setting. Several students identified with Dr. Meyer's portrayal of her experiences as a patient, and the students provided positive examples of how they were respected as a person when they were in that setting.

"The most impactful health care [sic] providers were the ones who sat down with me, who took the time to get to know me and what level I was on so I could understand something in a very stressful time, they were the ones who gave me reassurance that I was being provided with the best care." Subject 42, P3

Importance of empathy

Although empathy was not specifically part of the prompt asked of the students, their spontaneous responses regarding empathy focused on patient care. Student responses indicated that empathy is demonstrated by treating the patient as a person instead of a case or medical diagnosis. Responses also recognised that the patient is a person who has fears, and part of the professional aspect of empathy is doing what is possible to mitigate those fears.

"Sometimes, it is easy to forget that patients in the hospital are actual people and not just conditions you read about on a chart. Being a compassionate person to someone in pain is much more important than being able to recall every little thing learned in school, and I believe this video exemplified that fact." Subject 19, P2

"Something that may seem small to you [the clinician] such as a diagnosis of hypertension could be world shattering to a patient. Maybe their father struggled with hypertension until he passed from a [myocardial infarction] at a young age. You truly never know what someone is going through, and the patient chart isn't going to tell you what a patient is dealing with emotionally behind the scenes. You have to stop and listen, and [sic] be that person who ensures your patient's mental [health] needs are fulfilled. Just be there for them, and just be present." Subject 22, P2

Responses also indicated that students view empathy as a form of connection:

"We tend to overemphasise the knowledge behind someone's diagnosis and pay little attention to what they may need at that moment as human beings such as empathy, caring, understanding, and sometimes just basic support." Subject 31, P2

Students put themselves in the place of the speaker or as a patient:

"…when I went to see the doctor the first thing she did was sit on the bed next to me and just listened to everything I was feeling and what I had to say and she genuinely looked concerned for me. Then when I was finished saying what I wanted to she offered to hug me and I did. I never met a doctor as caring and patient like her. Her main goal was to reassure me that I was ok…" Subject 20, P2

The personalisation of empathy was evident in the responses when patients shared something that was difficult or sad, and the students wanted to express empathy but were unsure of how exactly to do so. The students recognised that this could disrupt their workflow, but they recognised the importance of listening to their patients in those moments. Students who work in the community setting extrapolated Dr. Meyer's experience to the challenging situations their patients face and later surface when engaging with healthcare professionals.

"I didn't really know what else to say or do other than to look him [the patient] in the eyes and listen then say "I'm sorry to hear that" when he finished telling me." Subject 20, P2

Professional role development

Students recognised in their responses that they tend to view their training as primarily knowledge-focused:

> *"Dr. Meyer reminding each and every one of us that we all hold a power within us to change lives. We are trained to use our skills and knowledge to provide the best patient care possible to patients." Subject 38, P3*

Students recognised through this video that part of their development into pharmacists includes treating their patients with respect as a person:

> *"We all enter the medical field wanting to change the world- to change the lives of patients. Somewhere between the lines so many medical professionals lose sight of this vision and view patients as a daily task rather than actual people with emotions." Subject 22, P2*

Students identified with Dr. Meyer's experiences in the healthcare setting, where she received varying levels of compassion that would be expected towards a patient. Students' responses indicated that they identified as role models those healthcare professionals who exhibited care and compassion.

> *"This has made me want to make sure that I am there for my patients and be more like the anesthesiologist and nurse that held her hand and spoke to her to let her know it was all going to be ok. It is so important as clinicians that we not only see our patients as patients, but also as people that need comfort." Subject 47, P2*

Students were also forward-thinking in their responses to use this TED Talk to shape the type of pharmacist they want to be.

> *"As a future pharmacist, I want to make a promise to myself and my patients that I will be the provider that seeks to comfort, inform, and be compassionate. Dr. Meyer's speech highlights that being a medical professional is more than knowing science; knowing how to communicate and support patients of all ages and backgrounds is just as important." Subject 33, P2*

Discussion

This study examined how a structured reflective activity supports pharmacy students' development of communication-related competencies. The identified themes align with core competencies outlined in Standards 2025, including effective communication, patient care, and professional identity formation (ACPE, 2025).

This study provides an example of using a novel and accessible tool, such as a TED Talk, to illustrate and teach healthcare communication, especially regarding difficult conversations. This topic is not unique to pharmacy, therefore using resources derived from other disciplines to provide this content in the curriculum is beneficial. Use of TED Talks may provide a meaningful method to deliver content and create a memorable learning experience for the current generation of learners (Hillier *et al.*, 2020). Such TED Talks can also enhance student understanding and engagement with course content (Morgan & Hotze, 2025). This study illustrates and supports a potentially useful new learning model to enhance healthcare communication skills, although the methodology does not formally propose or validate this model. Further investigation is needed to determine if a learning model incorporating TED Talks helps to achieve competencies as compared to traditional learning models.

Themes from the pharmacy students' responses after viewing the TED Talk were consistent with those from the original work conducted with undergraduate nursing students. The same themes were used to compare responses more directly between the P2 and P3 groups. No new themes emerged beyond the predefined coding framework. The reflective process served to help students translate communication concepts into personally meaningful and professionally relevant insights, supporting deeper integration of communication skills. Both the P2s and P3s recognised the importance of listening as part of communication, that a simple human act, such as handholding, can demonstrate empathy, and how such activity can shape their journey to becoming an empathetic healthcare professional. The concept of treating the patient as a person *first* emerged within each of the 3 themes in the current study.

There were some similarities and differences in responses that emerged across and within the cohorts. Both groups recognised the patient as a person and the impact of small actions, such as touch or words. They recognised that emotional care matters as much as clinical care. There was also an emphasis on listening, compassion, and emotional presence. The similarities may represent that the groups share core professional values.

There were differences in the cohorts' responses in terms of depth and focus. P2s tended towards more concrete observations and repetition of the concepts from the TED Talk, which may reflect early-stage processing of the information. P3s tended towards nuanced interpretation and analysis of clinician

behaviours, which may reflect higher-level reflective thinking. P2s were more futuristic in their responses, while P3s referred to actual work experiences. P3s shared more specific lived experiences, yet P2s'responses were more generalised. P3s tended towards an understanding of communication that was more systems-level, unlike the P2s who viewed it more interpersonally.

Within the classes, there were variations in self-awareness and levels of reflection ranging from surface-level to deeply personal. Some students shared trauma and life experiences; others shared practice-focused examples. There were also variations in role identity, with some seeing themselves as knowledge providers and others as relationship builders. There were also tensions between efficiency and empathy when meaningful interactions felt at odds with workload and time pressures.

The study setting within a faith-based institution may have influenced students' emphasis on empathy, compassion, and humanistic care. These values may reinforce relational communication and contribute to students' reflections on treating patients as individuals rather than diagnoses. Students' responses may also be influenced by their own cultural backgrounds. Some principles, such as respect, attentiveness, and intentionality of communication, may be regarded as essential across cultures, yet there may be differences in hierarchy perceptions or openly expressing concerns. These cultural dimensions may shape how students perceive and portray communication strategies introduced through this activity.

The skill of communication involves more than just speaking. Pharmacy students noted speaking, listening, word choice, and attitudes such as respect. Galal and colleagues investigated use of the multifaceted SPIKES model (Setting Up, Perception, Invitation, Knowledge, Emotions with Empathy, and Strategy/Summary) with pharmacy students for patient counselling (Galal *et al.*, 2023). The pharmacy students participated in encounters with simulated patients about smoking cessation, health screenings and administration of insulin. Students' perceptions of their performance improved from week 1 to week 3 in each component, and their confidence in speaking to patients about various topics increased from the pre- to post-activity surveys. Of note, the evaluations of students by teaching assistants did not mirror the increases in performance that the students' self-evaluations did.

Pharmacy students recognised the importance of empathy and caring from healthcare professionals to their patients through the TED Talk. The students were able to recognise the importance of putting themselves in the place of another person. Similarly, Eukel and colleagues investigated self-reported affective skills during a simulation involving difficult patient encounters with pharmacy students (Eukel *et al.*, 2021). One of the themes that emerged regarded the student's growth in listening and empathising. Supporting quotes indicated that the participants demonstrated empathy that comforted the patient, and that there is not a perfect way to handle these situations. Some students in the current study noted the speaker's comment that "*practice makes better and not perfect*."

Previous research reveals the importance of training pharmacy students to engage in difficult conversations and avoid overemphasis on knowledge over other aspects of communication (de Oliveira & Shoemaker, 2006; Marken *et al.,* 2010). Marken and colleagues, for example, taught multidisciplinary teams to engage with patients in difficult conversations (Marken *et al.*, 2010). They participated in discussions and then engaged in simulations as a team. Their pre- to post-simulation scores rating their ability of "*Engaging in difficult conversations with patients increased from 2.3 to 3.0, respectively (on a scale of 1-4), which was statistically significant*". Pre- and post-simulation scores for "*Empathising with the patient during a difficult conversation*" increased from 3.0 to 3.5, which was also significant. Most participants did not feel they could perform this skill effectively without training. De Oliveira and colleagues investigated a patient-centred approach for pharmacists (de Oliveira & Shoemaker, 2006). Their study revealed that relying solely on information while devaluing the patient as a person can have an unfavourable effect on patient care. One patient expressed that the pharmacist prioritised understanding of the medication over her situation. This situation negatively affected the patient's care and demonstrated the pharmacist's primary reliance on knowledge. The authors proposed a tool for pharmacists to be more open and patient-centred within encounters by using the strategies of listening, acknowledging, wondering, recognising, questioning, and reflecting. "*Acknowledging*" challenges the pharmacist to acknowledge the impact that conditions can have on patients' lives and how they may be different from other patients with similar conditions. Achieving this involves empathising and seeing things from the patient's perspective. Our study used the Wizard of Oz analogy for training students and emphasised equally the importance of courage, brains, and heart in these conversations.

The Hillier and colleagues study noted that the transition of undergraduate nursing students into the role of professionals is one that must be fostered in the educational setting (Hillier *et al.*, 2020). This aligns with Standards 2025 regarding Approach to Practice and Care and Personal and Professional Development, which

include key elements of patient advocacy, communication, and self-awareness (ACPE, 2025). These are expectations of a pharmacy curriculum and therefore must be intentional. This study's use of a TED Talk and student reflections aligns with those elements. No comparison was made in this study between this model and traditional learning modalities, such as lecture, simulation, or role play.

The fact that the TED Talk presenter was a nurse and psychologist rather than a pharmacist did not appear to negatively influence the students' learning. None of the responses indicated that the students could not identify with the presenter's experience as either a patient or a healthcare professional. The students translated her experiences into their own, using the commonality of a healthcare professional instead of a specific professional. The role of the storyteller here did not necessarily matter, and the story is applicable to other healthcare professionals. This increases the scope of the audience for this TED Talk. Each front-line healthcare professional, regardless of discipline, will likely be called on in a patient's time of need that requires sensitive communication incorporating courage, brains, and heart.

Limitations

There are several limitations to this study. The participant group was drawn from one private, faith-based school of pharmacy and thus generalisability may be limited. Cultural and institutional factors unique to this setting may have shaped students' perceptions. Participation was voluntary and may reflect self-selection bias; however, the diversity of responses within the dataset supports the credibility of identified themes. The data were self-reported in nature and therefore were subject to the limitations of such data. The use of deductive coding may have limited identification of novel themes. There were no objective measures of the students' actual communication skills or attempt to measure the potential changes in their communication skills that might have occurred from viewing the TED Talk and participating in the corresponding self-reflective exercise. That said, several student quotations emphasised the resonance of the learning and the students' intention to incorporate some of the lessons into their own communicative practice. Lastly, the data were collected during the COVID pandemic, which may influence the findings with respect to generalisability.

Conclusion

This study describes pharmacy students' reflective responses to a TED Talk focused on difficult healthcare conversations. Students frequently emphasised the importance of empathy, attentive listening, and treating patients as individuals. This suggests the activity facilitated engagement with key affective dimensions of communication. The reflective exercise appeared to provide an opportunity for students to connect communication concepts with personal and professional experiences and to consider their future roles as healthcare professionals.

However, these findings are based on self-reported reflections and do not provide evidence of changes in communication skills or behaviours. As such, the results should be interpreted as exploratory and descriptive in nature.

The use of a TED Talk combined with guided reflection may represent a feasible and accessible approach to introducing concepts related to difficult conversations and patient-centred care within pharmacy education. This approach may complement existing communication training, particularly in supporting affective learning and professional identity development.

Further research is needed to evaluate objective measures to demonstrate a change in communication skills. It would also be useful to investigate how such activities influence communication performance in simulated or clinical settings and to explore their applicability across diverse educational contexts.

Conflict of interest

The authors have no conflicts of interest to report. The TED Talk presenter, Elain C. Meyer, is a coauthor of this article. She was neither known to the students nor directly involved in the students' learning activities at the time of data collection.

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