# The Mock Trial: Revisiting a Valuable Training Strategy

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The number of forensic psychiatrists has increased dramatically over the past 40 years. With this welcome development has also come some challenges for educating future generations of practitioners, specifically the greater demands on training programs and the need to divide practice hours among a larger pool of individuals. Junior trainees and experienced practitioners alike can benefit by supplementing work experience with well-designed, theoretically informed simulations. In this article, the theoretical perspectives of simulation, deliberate practice, and experiential education are discussed and linked to the design of mock trials, a form of simulation used to teach the essential skill of expert testimony. My argument is that, by explicitly linking the mock trial to learning theory, its efficacy and range of application can be increased. I provide recommendations for effective design and application.

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Once when Lord Mitsushige was a little boy and was supposed to recite from a copybook for the priest Kaion, he called the other children and acolytes and said, "Please come here and listen. It's difficult to read if there are hardly any people listening." The priest was impressed and said to the acolytes, "That's the spirit in which to do everything."—Yamamoto Tsunetomo, *Hagakure* [Under Dead Leaves]<sup>1</sup>

As part of a small qualitative research project, I recently started a series of interviews with some of the greats in forensic psychiatry. My goal in conducting these interviews was to explore the factors that create success and expertise, by talking to some of the most accomplished practitioners in our field. One particularly intriguing, though perhaps not surprising, finding that emerged was the sheer number of hours some of the interviewees have put in over the years. Extensive time commitment appears to be particularly true of those who were first establishing themselves during our profession's early days when few if

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any others were practicing in their geographic areas. With the increase in demand for forensic psychiatric expertise, there was the opportunity, for those with the requisite inclination and preliminary skill set, not only to establish a career in an emerging field but to obtain a large number of practice hours as well. Interviewees described to me histories of having worked for as much as 50 to 70 hours a week for 20 years, resulting in tens of thousands of practice hours in the competencies that uniquely characterize forensic psychiatry: thinking in medicolegal terms, formulating evaluations for courts of law, treating the incarcerated, communicating with legal and lay audiences, and giving expert testimony, among others.

The emergence of forensic psychiatry as a distinct subspecialty, first in practice and then in the formal structures of professional associations, mental health hospitals, and higher education, has been a boon for present and future practitioners.<sup>2,3</sup> In training, for example, the existence of formally defined subspecialty status and development of specific criteria for fellowship admissions, curricula, and testing holds the promise of a much greater degree of deliberateness and planning for the development of future practitioners and the profession as a whole.

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#### The Mock Trial

These changes pose some particular challenges. In addition to increased and better defined competency standards (overwhelmingly a good thing) and the resultant new demands on training programs and supervisors, the formalizing of a field is a major incentive for selecting it as a profession. As a result, one would expect the number of practitioners to increase markedly. Indeed, the history of membership in the American Academy of Psychiatry and the Law (AAPL) supports this point: membership in the organization has grown from around 20 in the 1970s to approximately 2,000 today.

The substantial growth in our field warrants concern for the learning needs of junior practitioners who, consequently, have a smaller number of workbased practice hours to share to nurture their development. This limitation is compounded by the fact that forensic psychiatry is perhaps unparalleled in the degree to which an individual's fellowship training diverges from his prior educational experience. In a very brief window of time, fellows are expected to complete the fairly radical transition from the role of healer to evaluator and from the medical to the legal environment.<sup>4</sup>

For all of these reasons, a strong argument can be made for maximizing the efficacy of both fellowship training and continuing education. In particular, I argue that there is a special need to supplement the experience base of trainees and practitioners and the extraction of learning from experience. In this article, I focus primarily on a particular skill and a particular teaching method used to improve it: the provision of expert testimony and mock trials, respectively. I first describe the challenges and skills involved in providing forensic testimony in a court of law and then explain how the efficacy of the mock trial can be maximized for improved teaching of these skills.

## Expert Testimony: A Vital Competency and Source of Learning

Performing forensic assessments, writing forensic reports, and providing expert testimony are the major competency skills in forensic psychiatry. In particular, giving testimony is the end product, and often the public face, of the forensic psychiatrist's endeavors. Doing it well is important as a means of avoiding undermining the court's perception of what is hopefully a well-reasoned, evidence-informed expert interpretation. Even experts who are skilled in thinking and reasoning in this domain of expertise may not be skilled at verbally communicating this reasoning to legal or lay audiences, as is necessary for effective testimony.

During direct examination, the expert witness responds to questions from a "friendly" attorney, whose goal is to allow the witness to display his credentials, give a narrative formulation to account for the defendant, and explain and justify his expert opinion, while projecting confidence in his expertise. The main challenge is in explaining the reasoning in a manner that is both understandable and engaging for the trier of fact, while being observed by all present. Since direct examination aims to buoy the credibility of the witness and provide a stage for exposition, one can expect it to be relatively straightforward and predictable,<sup>5</sup> although, nonetheless, a learned and honed skill. In direct examination, the witness should establish a strong presence and therefore needs the ability to "take a stage and own it" (Ref. 6, p 352).

Once practitioners have established presence under direct examination, they must maintain it during the, perhaps greater, challenge of cross-examination. Maintaining presence involves having the best formulation that befits the facts, because the crossexamining attorney's goal is to undermine the witness' interpretation, or rather the courtroom's perception of it, by using a variety of strategies: by attacking credibility and motivation (i.e., character); or by destabilizing the witness' composure. The witness may be faced with meandering questions that call for brief responses, and the opening up of unexpected and compromising tangents. Most commonly, the witness is forced by a series of one-fact statements to provide an alternative theory to the one presented. If, when answering, the witness addresses tangential topics, it may open opportunities for unanticipated attacks.<sup>></sup> It is under these conditions that tendencies such as mumbling, swallowing words, adopting a contorted posture, and generally manifesting introversion and insecurity, can convey the impression that the witness has doubts about his expertise, reasoning, or opinion, even if he has no such doubts.<sup>6</sup> Trainees therefore need skill in facing such a barrage, while maintaining composure and projecting their well-earned credibility.

Reflecting on testimony can also be a way of describing, more generally, the skills involved in forensic psychiatry, because, in several ways, this task epitomizes the forensic psychiatric role. Critical examination (particularly with the benefit of observer feedback) of the why, what, and how of testimony can serve as a window into the expert's unstated assumptions and thinking habits. This examination in turn stands to benefit the medicolegal reasoning skills that define our sphere of practice. Under the pressure of critical observation and high stakes, the expert may be more likely to ensure that his preparatory work has been performed with rigor and may help practitioners reflect on how and why they arrive at their inferences.

## The Mock Trial: A Tool for Training in the Provision of Expert Testimony

Mock trials are simulated courtroom proceedings used for a variety of educational purposes in multiple disciplines and professional education contexts.<sup>7–17</sup> The use of mock trials affords the opportunity for trainees to be observed and questioned while presenting in a manner approximating real court proceedings, but without the real-world consequences, and for deliberately chosen andragogical (i.e., adult education theory) purposes.

Mock trials are ideal for two related but distinct basic-training goals. First, they can be used as a means of providing direct and immediate feedback regarding specific, clearly defined behaviors that constitute the performative aspect of testimony (e.g., posture, projection, enunciation, eye contact, and pace). This type of application is similar to what, in sports and performance art, is referred to as practice and in education research as deliberate practice. Second, mock trial exercises can be used as a forum for critical self-reflection, whereby facilitators prompt and encourage participants to reflect on the assumptions and mental models underlying behavior. This application of the mock trial is best described as falling within the tradition of experiential learning. Before turning to the theories of deliberate practice and experiential learning, I first establish the mock trial as a form of simulation, drawing on the history and theory of simulation.

#### Simulation

A simulation is a mock event in which participants are asked to look, feel, or behave as they would in the real event, especially so that it can be studied or used for training.<sup>18</sup>

That mock trials are a form of simulation may strike readers as a fairly uncontroversial claim, given that they are clearly designed to approximate courtroom proceedings. Yet, when we look closely at what simulation implies, we might wonder whether we have exploited all that the mock trial has to offer. Despite the relatively long traditions of using mock trials in legal and forensic psychiatric education, there is a limited amount of research on how to use them as educational tools. Connecting the mock trial to the tradition of simulation training is valuable because it can allow us to make explicit the rationale and andragogical theories underlying our use of them. It holds the promise, in turn, of refining and diversifying the format for maximum efficacy and utility.

Simulation refers to any experience-based exercise in which real world conditions are approximated as a means of practicing for the real thing. The experience of the simulation is meant to mirror, or bear similarities to, the experience as it occurs in the real world, so that lessons learned or skills developed from simulation can be applied to the real-world experience if it arises.<sup>19</sup>

Modern (i.e., 20th century) simulation was devised for the fields of aerospace, space exploration, and nuclear power, fields in which real-world mistakes can be extremely dangerous and expensive.<sup>6</sup> Similarly, in medicine, the relatively recent move to widespread adoption of simulation strategies has been spurred on by a growing concern that patient safety is placed at risk by giving inexperienced trainees hands-on learning opportunities.<sup>19–22</sup>

Modern clinical simulation started with developments such as the production of Resusci-Anne, a mannequin designed and mass produced, to revolutionary effect, in the 1960s, specifically for the purpose of resuscitation training.<sup>19</sup> A defining characteristic of this device, key in the present context, is that it, like other similar simulators, served as a part-task trainer, which means that it was used for training in a single, specific, discrete skill.

Developments highlighting a more immersive, less atomistic approach to medical simulation training started in the 1980s, when a group at Stanford University developed the Comprehensive Anaesthesia Simulation Environment (CASE).<sup>19,23</sup> CASE provided a re-creation of the anesthesiologist's task environment in a real operating room. A key element of this design was the creation, not only of realistic physical conditions (e.g., equipment, room, clothing, and personnel) but also the recreation of the mental task environment as well; in particular, requiring participants to respond to emergent challenges in real time, reallocating attention, and adapting according to scripted events (unknown to the participants) chosen for comprehensive replication of real-world challenges in their multifaceted complexity.<sup>23</sup>

### **Deliberate Practice**

Many are familiar with the phrase "bend it like Beckham," which refers to David Beckham's seemingly uncanny ability to produce a curved trajectory when kicking a soccer ball, with expert control and consistency. Those of us who look on at such feats may assume that this ability is the product of immense natural talent or genius. Although this explanation may be a partial one, examination of Beckham's life history suggests that raw talent is not the only, perhaps not even the most, important element of his astronomical success.

From an early age, Beckham played a great deal, received expert guidance, and was repeatedly exposed to challenges beyond his current skills. As early as the age of four, his father, a semiprofessional player, started taking him to the park at the end of the small cul-de-sac where they lived, to practice, often staying on "until it was too dark to see" (Ref. 24, p19). Rather than merely kicking the ball around, Beckham's father believed in targeting training toward the development of specific skills, such as dribbling and shooting (Beckham would receive 50 pence to hit the cross bar).

A look into the biographies of those who reach the upper tiers of their particular professions or pursuits provides a host of similar examples. Yet, there are important lessons in these stories, even for those of us who did not begin pursuing our professions at such young ages or for whom being the world's best may not be the central goal. First, even those with raw talent must put in a lot of time. However, time spent practicing, alone, is insufficient. To achieve excellence, training must be based on intelligent forethought and intentional design. Learners must face continual, incremental challenges in the areas that constitute competency and expertise in their given domain.<sup>25</sup>

In a popular book on the subject, Colvin defines deliberate practice as "... activity designed specifi-

cally to improve performance (Ref. 26, p66)," and goes on to cite research and examples of elite performers from a range of fields to support the claim that it is deliberate practice, first and foremost, that accounts for excellent performance. Anders Ericsson,<sup>27</sup> an early pioneer of this approach, provides a more detailed account. First, to develop skill in a particular task, deliberate practice posits that learners must perform the same or a similar task repeatedly, preferably under controlled and planned practice conditions. Before attempting the task, learners should be given specific instruction or methods for performing the skill properly. Practice tasks should also be deliberately designed and selected in consideration of learners' pre-existing knowledge and skill levels. For complex skills, instructors should organize the sequence of appropriate training tasks and monitor improvement to determine the appropriate times to move on to more difficult tasks. Finally, learners should be provided with immediate, formative, and reliable feedback, preferably in the form of one-onone expert instruction.

Deliberate practice as a means of long-term development emphasizes the importance of first identifying the constituents of competence or expertise in a given profession or pursuit. In health professions, these constituents are the competencies desired as the outcomes of training, based on the needs of the populations or sectors being served. Once these are identified, a deliberate approach involves the careful crafting of measurable objectives based on these competencies and needs.<sup>28</sup> Sequences of practice episodes must then be ordered in such a way as to contribute to incremental improvements in the skills in question over time.<sup>25</sup> Individual training episodes focused on discrete skills are unlikely to achieve much, unless integrated into a comprehensive competency-based strategy and offered in such a way that learners can improve episode by episode, with each new instance being tailored as much as possible to the variable and evolving needs and levels of individual learners.

Whether in reference to individual practice episodes or a longitudinal training plan, deliberate practice places central importance on the role of expert instructors in observing performance and providing immediate, formative feedback. Using a deliberative practice model, Ramani and Krackov<sup>29</sup> identified 12 tips for the provision of feedback during clinical supervision, which can be readily adapted to simulation and the mock trial format. For present purposes, six of these are included here:

Establish a respectful learning environment.

Communicate goals and objectives for feedback.

Base feedback on direct observation.

Reinforce and correct observed behavior.

Use specific, neutral language to focus on performance.

Confirm the learner's understanding and facilitate acceptance.

#### **Experiential Learning**

Experiential learning is a concept and approach to teaching that, to a certain extent, overlaps with that of deliberate practice. Both approaches involve practice in simulated, deliberately constructed scenarios, placing priority on expert feedback based on direct observation and encouraging learners to reflect on their own practice. However, experiential education tends to diverge somewhat from the precepts of deliberate practice in terms of the central emphasis placed on both deep immersion in experience and subsequent distancing and critical reflection.

Laying this method out in a sequence of logical (though not necessarily chronological) steps, American education theorist David A. Kolb<sup>30</sup> developed, in the mid-1970s, what he called the "experiential learning cycle," an iterative process beginning with concrete experience, followed by reflective observation, abstract conceptualization, and experimentation. This approach posits that individuals learn by reflecting on their experiences, refining the mental models that guide their behaviors and understanding and then reapplying these improved models to subsequent experiences.<sup>30,31</sup>

Because of the emphasis on critical evaluation of mental models, or "frames," feedback in experiential learning exercises generally does not occur concurrently with practice, but during a designated debriefing period after the exercise is complete. The debriefing is used to ensure that learners are able to gain the necessary emotional and cognitive distance from the immersive experience, so that rational reflection can occur. Hence the educator's first job, once debriefing has begun, is to facilitate the trainee's transition from an active and highly emotional state, to a thoughtful and reflective one.<sup>31</sup> Dennehy *et al.*<sup>32</sup> suggested starting the debriefing by verbalizing the "game plan" to trainees, including the specific components of the debriefing and the approximate time limit for each component. A simple question, such as asking the learner to describe briefly what the scenario was about, may be a good way to begin the discussion.<sup>33</sup> Stafford<sup>34</sup> emphasized the importance of giving the learner an opportunity to detach from the role as part of the transition from the simulation proper to the debriefing phase of the exercise. This transition involves helping the trainee to distance himself from the role he played during the simulation.

Once the transition from an active to a reflective state is achieved, the instructor facilitates the learner's reflection on the simulation. Open-ended questions, based on the learning objectives or unanticipated events of significance, allow learners to provide expansive, complex answers, to reflect in a similar manner, and to think critically. Reflecting questions back to the larger group can facilitate discussion and serve to gauge the mental models that have been employed by the trainees. Maintaining silence after a question provides a space of time for reflection and pushes students to consult with one another.<sup>33</sup>

Instructors can encourage an "environment of ambiguity" during debriefing,<sup>32</sup> whereby emphasis is not placed on identifying what is the "right" or "wrong" answer, but in challenging learners to apply and consider the relative strengths and weaknesses in their mental models, from multiple perspectives. In accordance with this approach, the debriefing structure and format should encourage nonhierarchical interactions between students and instructors. When attempting to correct behaviors, instructors can again focus on uncovering mental models: both the trainee's and his own. The emphasis is on comparing and contrasting different mental models and is appropriate, because it both engages directly with the central object of the learning process and depersonalizes the feedback, to avoid prompting a defensive response that can shut down trainees' receptiveness to learning.33

Rudolph *et al.*<sup>35</sup> proposed an approach whereby "advocacy" is paired with "inquiry." Advocacy refers here to the proposing of hypotheses. The instructor starts by briefly describing an observed behavior ("I noticed that you . . .") and the circumstances in which it occurred and then proposing a hypothesis (for instance, that there may be an alternative way

to respond to a particular question during crossexamination). Subsequently, he asks the student something about the student's mental model during the behavior (for example, "what was your frame of mind at that time?").<sup>35</sup>

Generally, the objective of simulation exercises, when based on experiential learning principles, is to maximize realism and immersion, providing the opportunity for learners to engage deeply with life-like complex scenarios. This approach seems best matched with the idea of the immersive simulation environment, illustrated earlier by the example of CASE. By providing key visual, auditory, and other cues, simulated environments can create a high level of physical and psychological fidelity to the real environment and thus elicit realistic perceptual, cognitive, and emotional reactions from trainees.<sup>23,36</sup>

### **Guidelines for Mock Trial Exercises**

#### Enhance the Realism

If at all possible, we have found it most helpful if lawyers who work in the area can be persuaded to participate as instructors. Lawyers are trained to conduct examinations, and their participation in mock trials can greatly increase the authenticity of the exercise. Over the years, we have attempted mock trials without lawyers, and the exercise is far less effective. It is my experience that lawyers are often prepared to contribute their time for these exercises, in the interests of education. An alternative is to persuade some law students to play the part of lawyers. This method can work if the students have been trained in evidence and trial advocacy, but otherwise they are usually ineffective substitutes.

The exercise can be further enhanced if you are able to persuade a judge to participate. An actual judge can provide a valuable perspective that is rarely accessed. Even the lawyers are excited at this prospect, since they rarely get the opportunity to analyze their own strengths and weaknesses from the perspective of a judge. Realism is central to simulation, and efforts should therefore be made to create a realistic environment. Using a real courtroom, with a judge in robes, comes as close to the real thing as is possible. Unexpected and real problems emerge, such as trainees' arriving late because of traffic or not knowing where to park. These events can be used as learning opportunities to teach important aspects of case preparation: finding out how long it takes to get to court, where to park, how to get through security expeditiously, and how to find the right court room. If it is not possible to use a real court room, arrange the classroom deliberately to imitate the desired setting. Seats, tables, benches, podiums, in short, the entire layout of the room, should be as realistic as is manageable.

In addition, it is helpful to ask all participants to dress as they would when attending a real court proceeding. Authentic dress encourages all parties to act their own roles and adds a further layer of realism to the environment. Trainees should be encouraged to dress formally and, where appropriate, judges and lawyers should be asked to wear robes. This setting can also be an opportunity for feedback and learning. An example can be the famous Gutheil teaching point "Timex not Rolex".<sup>37</sup> He makes the point that an expert should not dress in an ostentatious manner but should look smart and professional.

## Ensure That All Parties Are Clear on Expectations, Objectives, Content, and Format

In considering the use of a mock trial or a mock trial-like exercise, first clearly identify the desired learning outcomes of the exercise, based on a general model of competency and expertise and consideration of how the specific desired outcome fits into the overall objectives of training and professional development.

It is important to communicate clearly with all who will play a role in the simulated proceedings. Ideally, participants, instructors, and facilitators will play a role in planning the event, to ensure that all parties are invested and agree on how the simulation will proceed. At minimum, ensure that you communicate expectations and objectives to the participating parties before the exercise.

It is particularly critical to communicate clearly with the lawyers who conduct the examination. If unprepared, they may focus unduly on winning the case, when the objective of the exercise is, in fact, to promote learning. The goal is to make the trial look and feel as real as possible, and objectives can be attained only if it proceeds deliberately, in accordance with the objectives. A skilled lawyer may be able to run circles around an inexperienced witness, easily poking holes in his testimony, but such an experience is unlikely to facilitate the trainee's learning. Although the education strategy involves immersion, in itself, that is not the goal. It is essential to describe the format and to discuss the objectives at the beginning of the exercise, to facilitate learning. The discussion reminds people of the purpose of the simulation and refocuses their attention on the goals.

It is important for the supervising instructors to discuss the learning objectives, expectations, and format of the mock trial. I find it helpful to brief the instructors on the types of exercises that may be important. For example, I might ask one of the lawyers to punctuate each of the trainees' answers in crossexamination with the phrase "is that so?", to see how the trainee reacts. Be aware that highly knowledgeable and skilled lawyers, many of whom may have taught trial advocacy to law students, will not have given a lot of thought to how psychiatric experts should conduct themselves. Although their opinions and feedback can be valuable, it is my view that the worth of their feedback can be greatly enhanced by discussions prompted by repeated mock trial exercises. It is therefore helpful if the same lawyers can participate in several trials, although such continuity depends on their good will in donating time. My impression is that it is only after a couple of years of instructing that lawyers are able to understand and coach the performance of the psychiatric expert; then, the lawyers become particularly valuable participants and begin to understand expert competency.

Different lawyers have different styles of crossexamination. Many lawyers use the repeated one-fact leading question, but others may use the "just folks" type of approach. This type of lawyer may begin his question with "Doctor, I'm a little confused about . . . isn't that a little harsh . . . ," and so on. We therefore try to expose our trainees to different styles of trial advocacy to broaden their experience.

## As the Simulation Proceeds, Adopt the Role of a Nonparticipant Observer

Real trials and hearings usually have some parties present who do not participate directly in interactions with the main parties, including stenographers, reporters, and audience members. As the supervising and planning instructor, allow the session to unfold and trust that that your diligent preparations will result in a valuable exercise. At the same time, take notes throughout, as your duties include leading the debriefing and providing feedback.

#### **Carefully Consider How You Give Feedback**

After a short, defined exercise period, deliver clear feedback that directly pertains to the objectives and indicators of optimal performance. When providing feedback, focus on the behavior and actual answers rather than on the trainee. If trainees perceive that they are being criticized or attacked, it may undermine their confidence and divert attention from the central objective of behavior change and improved competency. To this end, it is important to write down the questions and answers verbatim as they are verbalized. Recording the questions also adds to the realism of the exercise, in that this very point can be used as an important means of feedback that focuses on how the trainee addresses the trier of fact, watches the judge's pen (or not infrequently nowadays, the judge's fingers on his laptop), and attenuates his rate of answering commensurate with his observations. When giving feedback, the instructor can then read the questions and answers back to the trainee to have a starting point for corrective feedback, reflection, or discussion. It is important to decide who gives feedback and for how long. It is my experience that instructors who are new to this exercise tend to have difficulty following the model. For instance, I have seen judges who attend sessions sternly rebuke students, greatly upsetting them. Such a feedback model is not the one that we want to foster. It is best to designate one or two faculty members to give feedback per section and to ensure that whoever will provide the feedback is aware that he has this duty beforehand so that this individual can prepare by taking verbatim notes.

Another concern with which we have to wrestle is the time devoted to feedback. Corresponding with the principles of deliberate practice, we have found it helpful to break the session down into five minutes of testimony followed by two minutes of feedback by each of two instructors. To allow for this time, we have a predetermined schedule. These short sessions of feedback give the trainee a good opportunity to take in the feedback and not be overwhelmed by a 20-minute disguisition, little of which will be assimilated by the trainee. We also try to allow time for the trainee to incorporate the feedback, and when appropriate, to repeat the last series of questions using the information from the feedback. When the example above is used, the feedback may include a suggestion to watch the pen of the judge and to address the judge, rather than the examining lawyer during the examination in chief. After giving this feedback we will then ask the same opening questions, at which point the trainee will inevitably sit up straighter, look more confident, and begin to own the stage.<sup>6</sup>

In my experience at the University of Toronto, there are multiple teaching points that arise during the course of a three- or six-hour mock trial. Most of these correspond to the type of feedback given in a deliberate practice situation. We see significant changes taking place in the trainees during the course of a single session. My conclusion is that this type of coaching is most helpful to the learner. Support for this assumption is reflected in the comments that the participants give to us at the end of the session, which are generally positive.

Feedback and formal debriefing are the most important aspects of the simulation exercise.<sup>38</sup> Debriefing may be conducted at the end of the entire simulated hearing or trial or after the target trainee's part in it is complete. In either case, the key is first to facilitate distancing from the emotionally charged simulated experience. The debriefing could be conducted outside of the simulated courtroom environment, perhaps in an adjacent room. Trainees might be encouraged to "de-role"<sup>34</sup> by reflecting first on the fictional parts they just played. A subsequent question about the meaning and characteristics of the trial and testimony can also help the participant gain emotional and mental distance.<sup>30</sup>

The use of open-ended questions<sup>33</sup> without straightforward correct or incorrect answers is a good strategy. For example, "I noticed that when the subject of psychopharmacology was raised during crossexamination, you became somewhat quiet. I wondered whether you could tell me a bit about that." The discussion should be indirectly aimed at uncovering the assumptions and thinking processes underlying the decisions and behaviors exhibited by the trainees while testifying. As in the case of short, minimally immersive simulations, feedback in an immersive simulation should be impersonal. In the former, judgment is leveled at behaviors, rather than at trainees, while in the latter, it focuses on mental models and how they can be refined.<sup>30</sup>

### **Video Recording**

It is helpful to make video recordings of some or all of the mock trial testimony. Videos can be obtained easily, perhaps with a cell phone or a tablet. It is ideal to have a professional videographer who can then post the video for future viewing and teaching. In my experience, it is better to watch the video with the trainee in private rather than with the full group. It can be uncomfortable for trainees to watch themselves on video if they are not used to it. Video review is ideal for concentrating on such things as mannerisms, breathing techniques, looking the wrong way, and other physical peculiarities. When watching, trainees can usually identify these points themselves, giving them the opportunity to improve their performance in the future.

#### Conclusions

The principles and strategies in this article have been discussed, at various points, as though they are completely distinct and mutually exclusive. My objective in presenting them as distinct categories was to provide guidance for readers by setting forth a basic set of concepts and tips that can help them to think through and plan mock trials. In reality, there is not an absolute distinction or an inherent contradiction between part-task trainers and simulation environments or between deliberate practice and experiential learning. Simulation exercises, of which the mock trial is an example, most often fall somewhere on a spectrum between these poles, combining various elements from various approaches.

A central priority in emphasizing the different types of education strategies, was to highlight two distinct, complementary, and equally essential aspects of learning that are necessary for teaching others and oneself: first, the breaking down of complex competencies into discrete, singular tasks, such as testimony (and in turn the different elements of testimony itself) for direct, systematic improvement, and second, seeing the connections between, and patterns underlying, the different functions and skills involved in forensic psychiatric testimony and, more generally, forensic psychiatric competency in its entirety. By maximizing the number and variety of available resources and continually striving to make sense of our profession and how it is taught, I believe we can better serve the needs of trainees, practitioners, the profession as a whole, and the publics we serve.

Expertise is not acquired by accident. The best soccer players do not learn their sport when competing in the World Cup. As educators, we must be diligent in ensuring that the earliest and the most powerful learning experiences in each aspect of our professional repertoire are encountered in safe environments and that the situation is maximized for learning with carefully planned challenges and effective feedback.

#### References

- 1. Tsunetomo Y: Hagakure: The Book of the Samurai. Wilson, William Scott (trans.). London: Shambala, 2014
- Faulkner LR: Ensuring that forensic psychiatry thrives as a medical specialty in the 21st century. J Am Acad Psychiatry Law 28: 14–19, 2000
- Bradford J, Glancy G: Commentary on ensuring that forensic psychiatry thrives as a medical specialty in the 21st century. J Am Acad Psychiatry Law 28:20–22, 2000
- Pinals DA: Forensic psychiatry fellowship training: developmental stages as an educational framework. J Am Acad Psychiatry Law 33:317–323, 2005
- Foucar E, Wick MR: Providing medicolegal testimony. Semin Diagn Pathol 24:108–118, 2007
- Griffith EEH, Baranoski M: Oral performance, identity, and representation in forensic psychiatry. J Am Acad Psychiatry Law 39: 352–363, 2011
- 7. Haidinyak G: Try a mock trial. Nurse Educ 31:119-123, 2006
- Phillips JM, Heitschmidt M, Joyce MB, *et al*: Where's the evidence? An innovative approach to teaching staff about evidencebased practice. J Nurses Staff Dev. 22:296–301, 2006
- 9. Centrella-Nigro AM, Flynn D: Teaching evidence-based practice using a mock trial. J Contin Educ Nurs 43:566–570, 2012
- Heiss DG, Basso DM: Physical therapy on trial: the rationale, organization, and impact of a mock trial on physical therapy students' attitudes toward and confidence in research. J Allied Health 32:202–210, 2003
- Siegel DI, McKenzie JM: Contamination in Orangetown: a mock trial and site investigation exercise. J Geosci Educ 52:266–273, 2004
- Jenkins RC, Lemak CH: A malpractice lawsuit simulation: critical care providers learn as participants in a mock trial. Crit Care Nurs 29:52–60, 2009
- March AL, Ford CD, Adams MH, *et al*: The mock trial: a collaborative interdisciplinary approach to understanding legal and ethical issues. Nurse Educ 36:66–69, 2011
- Miller JK, Linville D, Todahl J, *et al*: Using mock trials to teach students forensic core competencies in marriage and family therapy. J Marital Fam Ther 35:456–465, 2009
- Kessler GC, Simpson R, Fry J: Multidisciplinary learning using mock trials. Int J Electron Secur Digit Forensics 2:141–155, 2009
- Tarhini KM, Vandercoy DE (eds): Engineering students as expert witnesses in mock trials. 30th Annual Frontiers in Education Conference, Building on a Century of Progress in Engineering Education. Piscataway, NJ. Kasnsas City, MO: IEEE, 2006
- 17. Gilbert WM, Fadjo DE, Bills DJ, *et al*: Teaching malpractice litigation in a mock trial setting: a center for perinatal medicine and law. Obstet Gynecol 101:589–593, 2003

- Meriam-Webster Dictionary: Simulation (definition). Available at http://www.merriam-webster.com/dictionary/simulation. Accessed September 22, 2015
- Bradley P: The history of simulation in medical education and possible future directions. Med Educ 40:254–262, 2006
- 20. Kalaniti K, Campbell DM: Simulation-based medical education: time for a pedagogical shift. Indian Pediatr 52:41–45, 2011
- DeVita MA: Simulation and the prognosis for the apprenticeship model of health care education. J Intens Care Med 22:310–311, 2007
- 22. Okuda Y, Bryson EO, DeMaria S, *et al*: The utility of simulation in medical education: what is the evidence? Mount Sinai J Med 76:330-343, 2009
- Gaba DM, DeAnda A: A comprehensive anesthesia simulation environment: re-creating the operating room for research and training. Anesthesiology 69:387–394, 1988
- 24. Beckham D, Watt T: David Beckham: My Side. London, UK: CollinsWillow, 2003
- Duvivier RJ, Van Dalen J, Muijtjens AM, *et al*: The role of deliberate practice in the acquisition of clinical skills. BMC Med Ed 11:101, 2011
- Colvin G: Talent is Overrated: What Really Separates World-Class Performers from Everybody Else. New York: Portfolio, 2008
- Ericsson KA, Krampe RT, Tesch-Römer C: The role of deliberate practice in the acquisition of expert performance. Psychol Rev 100:363–406, 1993
- Krackov SK, Pohl H: Building expertise using the deliberate practice curriculum-planning model. Med Teach 33:570–575, 2011
- 29. Ramani S, Krackov SK: Twelve tips for giving feedback effectively in the clinical environment. Med Teach 34:787–791, 2012
- Kolb D: Experiential Learning: Experience as the Source of Learning and Development. Englewood Cliffs, NJ: Prentice Hall, 1984
- Zigmont JJ, Kappus LJ, Sudikoff SN: Theoretical foundations of learning through simulation. Semin Perinatol 35:47–52, 2011
- Dennehy RF, Sims RR, Collins HE: Debriefing experiential learning exercises: a theoretical and practical guide for success. J Manage Educ 22:9–25, 1998
- Arafeh JMR, Hansen SS, Nichols A: Debriefing in simulatedbased learning: facilitating a reflective discussion. J Perinat Neonat Nurs 24:302–309, 2011
- Stafford F: The significance of de-roling and debriefing in training medical students using simulation to train medical students. Med Educ 39:1083–1085, 2005
- Rudolph JW, Simon R, Dufresne RL, *et al*: There's no such thing as "nonjudgmental" debriefing: a theory and method for debriefing with good judgment. Simul Healthcare 1:49–55, 2006
- Halamek LP: The simulated delivery-room environment as the future modality for acquiring and maintaining skills in fetal and neonatal resuscitation. Semin Fetal Neonat Med 13:448–452, 2008
- 37. Gutheil T: Presented at AAPL Annual Review Course. Montreal, Quebec, Cananda. October 2005
- Hattie J, Timperley H: The power of feedback. Rev Educ Res 77:81–112, 2007