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Abstract

Creating opportunities for law students to expand their horizons by working with students from other disciplines offers a unique learning opportunity. Authentic simulation exercises offer students a dynamic and engaging learning experience. A multi-media based interdisciplinary medical negligence 'case' developed in partnership between the University of Adelaide Law and Medical schools combines both elements, offering a truly immersive and realistic educational platform for students from both schools.

This article outlines the development, implementation and evaluation of this exercise, and provides both philosophical and practical commentary on the challenges and successes experienced in the process. The article arises out of a proof of concept project developed over a three year period at Adelaide Law School that was aimed at exploring the potential for interdisciplinary engagement between medical and law students in a dispute resolution exercise.

Three academics were involved – the developer of the initiative, a medico/legal ethicist and law teacher teaching the undergraduate subject Medical Law and Ethics (Associate Professor Bernadette Richards); a medical practitioner and teacher responsible for the management of simulated learning in the Medical School (Dr Adelaide Boylan); and, a mediator and dispute resolver teaching Civil Procedure and Dispute Resolution to mainly final year law students (Margaret Castles).

This article explores the rationale behind the initiative and highlights the value of teaching complex practice skills in an interdisciplinary environment. The scope of this model is not limited to the medico-legal environment, it could be expanded to other law subjects and would enrich the learning of students of both law and other disciplines.

I Introduction

Traditional approaches to learning can result in law schools presenting discrete packages of knowledge to students as though they exist in isolation. Whilst it is acknowledged in the University classroom that law has broad application beyond the mere learning of legal rules[1] there is an unspoken acceptance that the students will learn more about this once they graduate and enter legal practice. At the same time, law students hunger for 'real world' exposure and insight into how their specialist knowledge applies in practice. The somewhat artificial packaging of knowledge does not always sit comfortably with academics who strive to identify opportunities to engage students with practical application of their knowledge in developing essential skills.

The traditional 'silos' of learning found in the modern University mean that law students tend to learn in isolation and there is limited opportunity to engage in interdisciplinary learning. Yet our graduates will be expected to function in multi-disciplinary and multi-faceted professional environments and communicate with others who speak a different 'professional language' and who may not understand the law or legal process. We wanted to address this broad problem through an immersive practical engagement. This article outlines our experience of developing an interdisciplinary learning engagement and the potential for enriching the learning journey for both students and teachers. We also outline some practical steps taken to equip our students for the reality of a multi-disciplinary professional world.

II Background

Medical Law and Ethics is a specialist elective course that has been offered at Adelaide Law School for several years. In 2011, a structured role play activity was introduced into the course. Law students worked in small teams to engage with a specific legal problem that arose in the healthcare environment. These included issues as diverse as surrogacy disputes, refusal of treatment, capacity to consent to treatment and adverse treatment outcomes. This activity was essentially conducted 'on the papers' with the students writing letters of advice to clients and finally meeting with those representing the opposite side of the dispute in an informal negotiated discussion. The activity simulated a legal dispute but presented a somewhat artificial construct. The client interaction was limited to written correspondence and questions written by the teaching team and whilst the students enjoyed the activity and learnt from it, there was no real 'buy in' to the scenario and there was always a sense of playing a game.

The exercise raised important legal points, provided insight into issues and the writing of legal communications but lacked realism. Whilst the students were engaged they were not required to take initiative beyond the materials provided. All correspondence and other fact finding interaction was with the lecturer. In this sense it was a risk free academic activity. In late 2014 possibilities for a collaboration with the Medical School were identified via a more complex structured exercise which aimed to break down the divisions between disciplines, de-mystify the law for the medical students and engage law students in collaborative relationships with members of another profession. The idea was to enrich the learning by making it more realistic, moving beyond the 'game' and bringing real clients into the activity. The possibility of expanding the learning experience to include a more formal mediation was identified and we began discussing potential models for the inclusion of an alternative dispute resolution structure for the exercise. The aim was to move the activity off the papers and into a more realistic construct, providing the students with a multi-layered, practical learning experience.

From the outset the idea had broad appeal. We could engage law students in the learning of the law and medical students in practical management of adverse events, introducing both

[1] Threshold Learning Outcomes adopted by Law Schools in Australia indicate a range of skills and understandings that go well beyond doctrinal legal knowledge. These include understanding of the context in which law arises, ability to make reasoned decisions, creative thinking, communication and collaboration skills, self management skills. Council of Australian Law Deans, The CALD Standards for Australian Law Schools (2009) adopted 17 November 2009.

disciplines to the concept of non-adversarial approaches to problem solving. We viewed the role play as offering a rich foundation for students to explore key themes of human needs and interests which underline alternative dispute resolution principles,[2] but which can be easily overlooked once a dispute becomes litigious. Identified by Maslow as drivers of human behaviour in 1942, human needs theory plays an increasingly influential role in scholarship,[3] in legal education and in educational wellbeing,[4] as well as in alternative dispute resolution theory.[5]

Lawyers (and the public) too often perceive medical negligence (and personal injury) claims as a technical evidentiary battle for proof of injury that will translate into unrealistically high compensation awards. On the other side, Healthcare Professionals view the law with an unhealthy level of fear and suspicion that can lead to defensive medical practices.[6] These superficial responses fail to recognise the impact of injury and subsequent litigation on all parties and the significant personal and professional cost to everyone involved. Our goal was to broaden students' appreciation of the diverse elements of any dispute, and the different perspectives that inform dispute behaviour and outcomes. In particular we wanted the Law students to step back from the traditional adversarial response which informs much of the undergraduate law experience and explore alternate approaches to dispute resolution.

ADR learning is endorsed in the literature as a key response to the inadequacy of the adversarial system in meeting access to justice needs across the board,[7] and as a strategy to achieve better outcomes for disadvantaged litigants.[8] ADR processes are embedded not only in court processes, but also in diverse areas of legal and commercial practice in Australia, including medical negligence claims. With the increasing role of ADR in legal practice, it is important to actively engage law students with the theory and practice of ADR. This assertion is echoed in a growing body of literature which presents strong arguments advocating for the compulsory inclusion of ADR in undergraduate law studies,[9] however the response to this literature has not been consistent across the legal education sector.

ADR is not always incorporated in undergraduate degrees as a core area of study. The substantive content of law degrees in Australia continues to be driven by the 20 year old Priestly requirements. It was not until 2016 that these requirements were updated to include theory or practice of alternative dispute resolution. Given the modern prevalence of ADR in legal practice,[10]

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2 John Burton (ed) *Conflict: Human Needs Theory* (The Macmillan Press Limited, 1990).

3 Richard M Ryan and Edward L Deci. Self-determination Theory and the Facilitation of Intrinsic Motivation, Social Development and Well-being' (2000) 55 *American Psychologist*, 68, 68 http://dx.doi.org/10.1037/0003066X.55.1.68 page 68.

4 Sally Kift, 'Lawyering Skills: Finding their Place in Legal Education' (1997) 8 *Legal Education Review* 43. David Weisbrot, 'Taking Skills Seriously: Reforming Australian Legal Education' (2004) 29 *Alternative Law Journal* 266.

5 See Gregory Tillet and Brendan French, *Resolving Conflict* (Oxford University Press, 4th ed, 2010 191); John Burton (ed) *above n.2 Ch 4*

6 Defensive medical practice can include over servicing or treating patients, and making medical or clinical decisions based on factors other than clinical indicators, usually to avoid complaint or legal action by the patient. See for example: Tara Bishop and Michael Pesko, 'Does Defensive Medicine Protect Doctors Against Malpractice Claims?' (2015) *The British Medical Journal* 351.

7 Michael King, Arie Freiberg, Becky Batagol and Ross Hyams, *Non Adversarial Justice* (Federation Press (2nd ed, 2014) Ch 16 canvasses the myriad interests that are served by better and more expansive education of future legal professionals in non adversarial justice processes.

8 Patients in medical negligence disputes are almost always disadvantaged in more than one way – financially (the high cost of litigation and the requirement to make hefty up front payments for medical reports etc); the stress and distress of litigation; the impact of ongoing medical incapacity; emotional and consequential losses; difficulty understanding the legal system and the medical context. Kathy Douglas, 'The Evolution of Lawyers' Professional Identity: the Contribution of ADR in Legal Education' (2013) 18 *Deakin Law Review* 315.

9 Rachael Field and Alpana Roy, 'A Compulsory Dispute Resolution Capstone Subject: An Important Inclusion in a 21st Century Australian Law Curriculum' (2017) 27 *Legal Education Review*, 1; Julie Macfarlane *The New Lawyer: How Settlement is Transforming the Practice of Law* (2008, University of British Columbia Press), Chapter 1; Tanya Sourdin 'Not Teaching ADR in Law Schools? Implications for Law Students, Clients, and the ADR Field' (2012) 23 *Australasian Dispute Resolution Journal* 148.

10 ADR – most commonly in the form of mediation or conciliation, is a fixed feature in tribunals and courts throughout Australia. In many cases it is mandated as a pre-trial step. It is also common in commercial, business, financial and administrative processes. Few law graduates whether working in legal practice or other professional fields will not encounter ADR in their professional lives.

it is no surprise that robust advocacy for compulsory inclusion of ADR in the curriculum continues.[11] Many law schools include ADR as part of civil dispute resolution/procedure subjects, many offer ADR in various forms as an elective subject, or as a specialised clinical placement, and most allude to it in early introductory law teaching.[13] Given the absence of formal requirements and the variety of possible approaches to the teaching of ADR, there continues to be significant variation in the depth and nature of coverage of ADR in Australian Law Schools. [14] The most 'typical' offering is as part of a civil dispute resolution course or as a stand-alone ADR elective, both of which are limited in their ability to expose students to meaningful engagement with ADR. The breadth of coverage in the former is narrow, aiming to give a solid but necessarily limited understanding of theory, with some engagement in practice. The latter will typically offer much more depth in both theoretical evaluation and practice but is limited to a select number of students.[12]

There are mixed reasons for including ADR in law curricula. One obvious driver is the necessity of familiarity with ADR theory and practice in both legal practice and other professional roles that law students may aspire to.[13] But as law schools shift their focus from legal practice readiness to more generic and transportable professional attributes (known as Threshold Learning Outcomes),[14] it is becoming increasingly clear that we must look beyond the traditional models to a broader range of conflict and dispute management skills.[15] A failure to do so means that our graduates lack crucial professional skills.

Whilst the introduction of ADR skills is undeniably important, the aim of this exercise was broader than the gaining of particular dispute resolution skills. The goal was to cross subject boundaries and use ADR theory and practice in the form of mediation as the vehicle to deliver sophisticated and integrated understanding of core subject material. Law subjects can easily fall into silos, and students may struggle making connections between different subject areas as they proceed through their degree.[16] This is a function of the system – students learn, study, complete assessment, and move on. Resource and time limitations can make it difficult to identify or engage with cross subject connections. Ensuring a more connected 'whole of curriculum approach' so that students can make clearer connections between subjects is a critical, but challenging, goal for educators.[17] More senior students (who typically undertake this elective) are 'battle weary', they have had a number of years of theoretical lectures and traditional seminar/tutorial problem-based discussions and they may be quite comfortable as passive learners. This exercise encourages autonomous and creative decision-making and motivates students to actively engage

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11 Rachael Field and Alpana Roy, above note 9, make a compelling argument for the compulsory study of ADR in Australian law schools, given the heightened relevance of ADR competence in both legal practice and as a more general threshold learning outcome. See also James Duffy, & Rachael Field, 'Why ADR Must Be A Mandatory Subject In The Law Degree: A Cheat Sheet For The Willing And A Primer For The Non-Believer.' (2014) 25 *Australasian Dispute Resolution Journal*, 9, [13] National Australian Dispute Resolution Advisory Council 'Teaching Alternative Dispute Resolution in Australian Law Schools' (2012) outlines the varied approaches to teaching ADR in Australian Law Schools as at 2012.

12 For example, at Adelaide Law School, ADR overview with engagement in introductory practical exercises is included in the final year compulsory Civil Procedure subject, and is taught in greater philosophical and practical depth in an elective subject.

13 Policy, practice, management, corporate, and many other roles for example. ADR processes are demanded in many regulatory and protective regimes in both private and public institutions including banking, employment, commerce.

14 Noeleen McNamara 'Authentic Assessment in Contract Law Legal Drafting' (2017) 51 *The Law Teacher* 486, outlines the recognition of the need for broader legal educational goals in Australia.

15 National Alternative Dispute Resolution Advisory Council, *Teaching Alternative Dispute Resolution in Australian Law Schools* Commonwealth of Australia (2012) 6.

16 See Svetlana German and Robert Pelletier for a recent discussion of the value of problem based learning and clinical practice in shifting students from disciplined based learning in law. 'Clinical legal experience; benefits of practical training in teaching – student perspectives' http://www.academyoflaw.org.au/resources/Legal%20Education%20Conference%202017%20Final%20Papers/German,%20Pelletier%20-%20Clinical%20Legal%20Experience.pdf.

17 Sally Kift, Michelle Sanson, Jill Cowley and Penelope Watson (eds), *Excellence and Innovation in Legal Education*' (Lexis Nexis Butterworth, 2010).

with the subject matter,[18] and thus draws students out of the traditional, passive learner model. The students become active learners through engagement with substantive material and the expectation that they apply it in a meaningful way Incorporating mediation into another area of study shifts perception of ADR as a discrete or niche subject, and situates it as an elemental aspect of the day to day management of human conflict and disputes, irrespective of context. This is consistent with the view of the National Alternative Dispute Resolution Advisory Council's recommendation that the teaching of ADR in law schools would benefit from shifting away from the compartmentalised approach outlined above, to embedding ADR across subject matter and across disciplines.[19] Students learn through mediation and actively engage with their learning of a substantive law subject. Law becomes more than a win/lose scenario and students begin to clearly understand the true meaning – and value – of resolving conflict as opposed to 'winning' the argument.

There are strong pedagogical arguments for the use of well-structured roleplay simulations in undergraduate education,[20] along with numerous empirical surveys indicating high rates of student engagement with such exercises.[21] This is certainly the case in alternative dispute resolution.[22] The theoretical discussion and evidence in support of this activity is well established. In combining ADR with an interdisciplinary role play activity, our project drew on two significant bodies of scholarly discourse to provide students with a meaningful and deep learning experience.

III Medico-Legal Disputes and ADR – Multiple Benefits

Medico legal disputes are particularly suited to ADR. They involve potentially catastrophic, physically and mentally debilitating consequences for plaintiffs.[22] Plaintiffs may be confused and isolated, simply wanting to engage with the defendant healthcare provider and gain insight into what exactly went wrong.[23] Like any other injury, they can encompass multiple psychological impacts – fear, grief, personal and physical 'wholeness', loss of power and of autonomy. The medical context can easily alienate plaintiffs. There is a significant power imbalance arising from context, language and specialisation, and the patient – now plaintiff – may have no idea of exactly what happened and why they are injured. They have entered a foreign world in which they have no clear voice and, unlike other personal injury events (such as a motor vehicle accident or a typical slip and fall case), the person at the centre of the events often has limited insight into the injurious event. The importance of appropriate and transparent responses to patient concerns at an early stage recognises the value of effective communication in complaints management.[24] The patient who suffers loss often feels disempowered, ignored and devalued as a person, these subjective factors can be significant motivators driving plaintiffs into engagement with the legal process, on the mistaken belief that the need for answers and understanding might thus be met.[25] In addition to compensation for loss, many patients/plaintiffs also want to be heard and to regain some of the power that they feel was taken from them in the medical interaction.

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18 Engendering autonomy and creativity is increasingly recognised as a key motivator in student learning, see Leah Wortham, Catherine Klein and Beryl Blaustone, 'Autonomy-Mastery-Purpose: Structuring Clinical Courses To Enhance These Critical Educational Goals' (2012) 18 *International Journal of Clinical Education* 18.

19 Above n 15.

20 Ben Waters, '"A Part To Play": The Value Of Role-Play Simulation In Undergraduate Legal Education' (2016) 50 *Law Teacher*, 172; Dan Berger and Charles Wilde 'Enhancing Student Performance and Employability Through The Use Of Authentic Assessment Techniques In Extra And Co Curricular Activities' (2016) 51 *The Law Teacher* 428, 431 and 432.

21 Waters, Ibid, 177; McNamara, above n.14, 486; Berger and Wilde, Ibid, 431 and 432.

22 Thomas B Metzloff, Ralph A Peeples and Catherine T Harris, 'Empirical Perspectives on Mediation and Malpractice' (1997) 60 *Law and Contemporary Problems*, 107.

23 For example, the Government of NSW, Department of Health, '*Complaint Management Guidelines'*, 2006, https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2006_023.pdf, outline a series of reasons why patients complain. Communication is high on the list.

24 Australian Council for Safety and Quality in *Health Care Complaints Management Handbook for Health Care Services* July 2005.

25 Ibid. Carol B Liebman 'Medical Malpractice Mediation: Benefits Gained, Opportunities Lost' (2011) 74 *Law and Contemporary Problems* 135, 141.

Medico-legal disputes are also confronting for the health professionals involved – challenges to reputation, competence and the ethic of patient care, can be psychologically and personally distressing for health care professionals,[26] whose autonomy and voice is commonly limited by the control of the legal process by insurers.[27] Literature tends to focus on the human needs and interests of the patient plaintiff, but clearly the defendant medical practitioner has multiple interests that can as easily be overlooked when determination of the dispute rests on technical medical evidence. With large corporate insurers motivated by insurance risk management considerations taking over claims, the role of the medical practitioner can be reduced to a source of evidence, with no control over strategic decision making regarding argument, settlement or compromise. Tortious medical negligence disputes work their way through court slowly. They are breathtakingly expensive, both in terms of lawyers' fees and expert witness fees, are slow, costly, inefficient and stressful.[28]

The resolution of medico legal disputes requires keen awareness of human needs theory in dispute resolution. Foundational needs for health, shelter and support can be present, as are psychological needs for autonomy, voice, and empowerment.[33] Often the issue is quickly captured by legal process - where medical insurers, plaintiff litigators, and/or hospital administration take over the claim, and convert it into a zero sum game of evidence, proof, compensation tables, and legal strategy.[34] Patient/plaintiff goals are not met, they continue to feel isolated and disempowered. Healthcare professionals may also feel unsupported and unheard – and unable to meet their primary responsibility as patient carers. In this way the primary actors at the heart of the dispute lack a voice and whatever the outcome, both lose through the process.

This 'hijacking' of disputes by a litigious framework can also result in miscommunication between key stakeholders.[29] Instead of focussing on the return of patient dignity or explanation of the adverse event, disputes transform into polarising arguments about blame d money, which explicitly and implicitly shut out consideration of intangibles such as dignity, autonomy and return of personal authority.[30] A patient at the heart of the dispute is often driven to the litigious approach due to their feeling of being ignored or disempowered within a professional world that is both unfamiliar and incomprehensible. They the find themselves as a plaintiff in an equally unfamiliar professional world where, once again, they lack personal power and their sense of self is challenged. In the ADR process however, the patient/plaintiff is given a voice and invited to actively participate in the resolution process, which shifts from being something that happens *to them* to being a resolution process informed by their needs and understanding.

A further advantage of ADR is that it can be deployed much more quickly than the adversarial process. Commenced early enough, it can avoid the culture of blame and provide the opportunity for all stakeholders to retain a sense of ownership of the process. Early intervention in medical disputes has the potential to manage communication deficit, anger and anxiety and focus attention on understanding rather than blame.[31] It is also consistent with the core principles of healthcare set out in the Codes of Conduct and Policies[32] which are the characterisation of the

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[26] Toshimi Nakanishi, 'Disclosing Unavoidable Causes of Adverse Events Improves Patients' Feelings Towards Doctors' (2014) 234 *Tohoku J Exp Med* (2014) 161. Tony Bogdanoski, 'Medical Negligence Dispute Resolution: A Role For Facilitative Mediation And Principled Negotiation' (2009)20 *Australasian Dispute Resolution Journal* 77.

[27] Bogdanoski, above n.26. Susan J. Szmania, Addie M. Johnson and Margaret Mulligan, 'Alternative Dispute Resolution in Medical Malpractice: a Survey of Emerging Trends and Practices' (2008) 26 *Conflict Resolution Quarterly* 75

[28] David Weisbrot and Kerry Breen, 'A No-Fault Compensation System for Medical Injury is Long Overdue' (2012) 197 *Medical Journal of Australia* 296. Burton, above note 6. Bogdanoski, above n.27.

[29] Nakanishi, above n.26, Mark Galanter, 'Reading the Landscape of Disputes: What We Know and Don't Know (and Think We Know) about Our Allegedly Contentious and Litigious Society' (1983) 31 *UCLA Law Review* 4.

[30] Liebman, above n.25, Marie Bismark and Edward A Dauer 'Motivations for Medico-Legal Action: Lessons from New Zealand' (2006) 27 *Journal of Legal Medicine* 55.

[31] Szmania, above n.25.

[32] Australian Commission on Safety and Quality in Health Care, *The Australian Open Disclosure Framework* https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework/, accessed January 2018.

doctor/patient relationship as a partnership [33] based upon mutual respect and sharing of information.

Communication deficits often drive the development of medical mishaps, adverse events and less than optimal outcomes. It is especially common for patients in health care systems to feel like 'strangers in a strange land'[34] lacking basic understanding and any sense of personal control. When things go wrong, patients cannot get 'straight' answers – they cannot navigate the seemingly impenetrable medical system. They may not understand the language or the connections between incidents; they may not be asking the correct person in the chain of care providers to answer their particular question; they are often not able to access the doctors or allied health staff who were involved in their treatment, and if they do raise questions or concerns, they may feel brushed off or avoided. In short, the patient feels unheard and ignored. Communication failure is one of the main drivers of the escalation of medico legal disputes.[35] Whilst there is an increasing policy of open disclosure, the failure to carefully talk through concerns with patients and provide insight into what has happened, and why it has happened, continues to lead to disenfranchisement with the process and a breakdown in clinical relationships. In its 2016/17 Annual Report, AHPRA noted that 42.8% of complaints were about clinical care and an additional 7.2% highlighted communication as the core problem.[36]

The prospect of overcoming these diverse barriers by telling one's story in court via adversarial process may seem like an empowering option, but in reality, there will be little relief for those patients whose frustration leads them down that path. The adversarial dispute resolution process can be more alienating than navigating the health care system. When the focus is on the attribution of blame, there is little interest in meeting foundational human needs and patient/plaintiff (and defendant) needs and concerns are marginalised if they are not immediately relevant to the model of blame attribution. The adversarial process can, in these circumstances, create more problems than it can solve.

On a broader system level, when disputes are diverted into adversarial legal processes the potential for 'ripple effect' benefits that alternative dispute resolution approaches offer is diminished. Opportunities for improved patient safety, enhanced teamwork, relationship strengthening, and financial savings for all participants, are potential outcomes of non-litigious approaches to dispute resolution. The system benefits that can flow from open communication (or open disclosure) around adverse events can be stifled by the immediacy of attempting to manage legal dispute, where the focus is on a defensive 'right' and 'wrong' stance as opposed to the process of working through a dispute and reaching common understanding and system reform.[37] This absence of open disclosure can promote a culture based upon a fear of adversarial interactions, which in turn leads to a culture of blame, and miscommunication, and ultimately, an outcome that is of limited benefit to anyone. Not only does the original dissatisfaction with the medical treatment remain, but there is now an added layer of frustration arising from an absence of meaningful results. In addition to this personal impact, there are broader implications with the perception of litigation as the main response to disputes serving to detract from communal acceptance and understanding of ADR as an alternative approach.[38]

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[33] See for example, Medical Board of Australia, *Good Medical Practice: A Code Of Conduct For Doctors In Australia* http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx, accessed January 2018, 2.3(8) and 3.2 where the doctor/patient partnership is outlined.

[34] Nakanishi, above n.26.

[35] Jenkins, R. C., Firestone, G., Aasheim, K. L. and Boelens, B. W. 'Mandatory Pre-Suit Mediation for Medical Malpractice: Eight-Year Results and Future Innovations' (2017) 35 *Conflict Resolution Quarterly* 73.

[36] The Australian Health Practitioner Regulation Agency Annual Report, https://www.ahpra.gov.au/Publications/Annual-reports.aspx, accessed January 2018.

[37] Chris Hyman, Carol B. Liebman, Clyde B. Schecter and William M. Sage 'Interest-Based Mediation of Medical Malpractice Lawsuits: A Route to Improved Patient Safety?' (2010) 35 *Journal of Health Politics Policy and Law* 797.

[38] Szmania, above n.27. This proposition bears testing. There is a notable lack of statistical information about the number and type of cases that do resolve via negotiation or ADR processes before commencement of court proceedings. However it is suggested that most plaintiffs and health professionals would be unaware of ADR options and dependent upon legal advisors to explore these avenues. It might also be logically concluded that repeat

The framing of medico-legal disputes within the legalistic blame/damages dialogue of litigation also diminishes the potential for informed problem solving that experts familiar with the patient's situation can offer in searching for future solutions.[39] Where the 'solution' is limited to attribution of blame, the actual problem is rarely addressed. Such a situation can serve to foster disenfranchisement with the medical system, mistrust in the legal system and most significantly, leave a patient/plaintiff who has clearly suffered a loss without any meaningful remedy for, or even engagement with, their harm.

A creative and interests focussed approach to medico-legal disputes clearly encompasses the pro-active use of ADR at different levels: early communication whether mediated or not, formal mediation between patient and doctor and insurer, and facilitated investigation of events by the health care provider to identify improvements. It is important to ensure that plaintiffs, doctors, health service agencies and legal advisors have a deep and nuanced understanding of ADR theory and practice. Like any cultural shift, this cannot be achieved overnight, but a meaningful and methodical approach that introduces students to the strengths of ADR represents a crucial first step in the process.

IV Shared Philosophies of Service

There is a logical and philosophical 'fit' between the professional ethos of the medical and legal professions. Both operate at an intensely personal level with people in crisis, and are engaged in service provision that is often coloured by the emotional psychology of other participants. The support for inter-disciplinary engagement in law study,[40] coupled with the commonalities between the two professions, provides a range of potential benefits.

The modern doctor/patient relationship is characterised by shared decision-making. The Code of Ethical Conduct emphasises the vulnerability of the patient and emphasises that at all times, decisions are to be mutual based upon appropriate communication and thus understanding.[41] Medical practice, and training, in the 21st century is embedded in the ethics of care. Medical students are selected for, among other things, their relational and communication skills,[42] and subsequently trained in identifying and managing a broad spectrum of patient needs. Medical students in this exercise come pre-equipped to engage with the patient and help explore their concerns and questions. Engaging students in mediation helps to reinforce the ethos of communication and has the potential to 'play forward' into medical students' future professional practices.[43] It also helps to de-mystify the legal process and educate them away from the defensive medicine/risk management model.

Engagement in mediation has a similar impact on law students. Modern legal practice requires lawyers to have a nuanced and client focussed understanding of the types of ADR processes that are available and that might suit particular types of conflict, and particular clients.[44] Lawyers are required to understand and promote appropriate alternatives to litigation to their clients.[45] The importance of client centredness in the lawyer/client relationship means that the modern lawyer

players – whether lawyers or insurers, would be well aware of the availability and potential benefit of ADR processes.

39 Bogdanoski, above .26.

40 Werner Schafke, Juan A. Mayoral Diaz-Asensio andMartine Stagelund Hvidt 'Socialisation to Interdisciplinary Legal Education' (2018) 52 *The Law Teacher* 273.

41 Medical Board of Australia, *Good Medical Practice: A Code Of Conduct For Doctors In Australia* http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx, accessed January 2018.

42 See Australian Council for Educational Research Undergraduate Medicine and Health Sciences Admission Test Information Booklet, 2018. https://umat.acer.edu.au/.

43 Scott Forehand 'Helping the Medicine Go Down: How a Spoonful of Mediation Can Alleviate the Problems of Medical Malpractice Litigation' (1998-1999) 14 *Ohio State Journal on Dispute Resolution* 907.

44 Rachael Field, James Duffy and Anna Huggins, *Lawyering and Positive Professional Identities* (Butterworths, 2014), 346.

45 Law Council of Australia Solicitors Conduct Rules, (2011) Rule 7.2. https://www.lawcouncil.asn.au/policyagenda/regulation-of-the-profession-and-ethics/australian-solicitors-conduct-rules.

needs to know enough about the client's situation and perspective to provide advice tailored to their particular needs.

Being able to elicit, respond to, and imaginatively manage client interests and needs is an integral feature of modern legal practice. Understanding concepts of client centredness is an important skill for a lawyer, however not all law schools specifically cover this in the curriculum. Many law students will graduate without ever having encountered learning around lawyer-client relationships, and models of advising. This means that there is still a significant discrepancy between what plaintiffs might seek to achieve out of medico-legal litigation, and what their lawyers think they want.[46] Engagement in the exercise provides law students with the opportunity to focus on these needs by observing client/patient centredness in the interaction between doctor and plaintiff.

At the heart of the interactions of both lawyers and doctors is the common theory of professional conduct,[47] with both professions focussed on shared decision making as a basis for modern client/patient care.[48] Although this is somewhat less advanced in legal than in medical practice[49], it is crucial to both professions and this interdisciplinary ADR exercise provides a model to encourage client centred (as opposed to dispute-centred) legal education.

This understanding of alternate models of dispute resolution depends partly upon theory but also on informed forensic evaluation of client needs [50] which in turn depends on a myriad of factors, including relational communication skills, prior experience in similar cases, and theoretical knowledge. Only a small part of this learning can be obtained from text books. Reaching deep and functional understanding requires real or simulated engagement.[51] Authentic simulation activities provide meaningful exposure to this type of decision making[52] and are crucial if a sophisticated appreciation of the process is to be obtained. It is not until students are actively engaged in ADR meetings and negotiations that they truly understand that it is no longer a win/lose situation, rather it is one that depends on careful negotiation of complex human problems and concerns.

ADR provides an opportunity for the client and the lawyer to learn from each other. The concept of win/lose is removed and preferred outcomes become the focus of the interaction. Throughout the conduct of the exercise we emphasise that it is here that the true partnership between client and lawyer can be forged and help the students shift their focus to consider the importance of the process of dispute resolution as opposed to the 'win/lose' dialogue at the centre of the adversarial system.

V Putting it into practice

The law students in this exercise were drawn from a cross section of year levels. A number had engaged in both theory and practice of ADR in the final year capstone subject Dispute Resolution and Ethics, including simulated mediation and negotiation exercises. However, their exposure was limited to foundational ideas and practices such as:

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[46] Tamara Relis 'It's not About the Money: A Theory of Misconceptions of Plaintiffs' Litigation Aims' (2007) 68 *Pittsburgh Law Review* 701, 701-702

[47] Tom Fisher, Judy Gutman and Erika Martens 'Why Teach ADR to Law Students? Part 2 an Empirical Survey' (2007) 17 *Legal Education Review* 67.

[48] Ibid. See also Medical Board of Australia, 'Good Medical Practice: A code of conduct for doctors in Australia' http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx, accessed January 2018.Refer in particular 2.3 and 3.0 which emphasise the need to work with patients and 3.2 where the doctor/patient partnership is outlined.

[49] Liebman, above n.25.

[50] Field et al, above n.45.

[51] Caroline Strevins, Richard Grimes and Edward Phillips *Legal education Simulation in Theory and Practice* (Routledge, 2014). Interestingly, this comment is contained in the foreword to this text, which is written by a surgeon.

[52] Margaret Castles and Anne Hewitt, 'Can a Law School Help Develop Skilled Legal Professionals - Situational Learning to the Rescue' (2011) 36 *Alternative Law Journal* 90.

- Problem identification (not limited to legal issues),
- Interests of parties (and the need to probe for these),
- Communication strategies (inquiring rather than litigious posturing),
- Creative solutions (with or without legal parameters), and
- Simple principled negotiation exercises

Others had not yet reached that stage in their degree and had very limited understanding of both theory and process. All students needed foundational, theoretical information before they could engage with the substantive problem scenario. Students were given a lecture and readings covering the theory and practice of mediation. This was followed by a question and answer session, after which students could initiate contact with the teaching team with questions about mediation practice or client issues, but were otherwise left to manage the process themselves.

For the exercise, Law students were divided into teams of two, representing either the plaintiff patient or the defendant doctor. The plaintiffs were played by actors employed by the Medical School and the doctors were medical students. The initial contact with the Law Students was limited to a very brief written statement regarding the nature of the issue, the students were required to extract all further information from their client and undertake relevant legal research.

Law students engaged in the exercise as part of the elective subject Medical Law and Ethics, and their participation and reflection on this exercise was assessed. Medical students volunteered for the exercise and were not graded, moving forward this will change with a variation of this exercise being a compulsory component of the year 6 medical course.

The scenario for each of the two different cases was devised by the Medical School in consultation with Law School teaching staff. The Medical School then set up and conducted the simulation of the adverse event. Both cases involved an emergency room scenario, with the defendant doctor actively engaging in the process of treating the patient, which took place in the well-established interactive clinical simulation suite in the medical school. The medical students were not given any pre-briefing, other than that they would be involved in an Emergency Room scenario, in which they would be the doctor in control. Both incidents involved frenzied resuscitation of a patient. In each case a treatment decision, reasonable in the circumstances, turned out to be the wrong choice, resulting in injury to the patient. The treatment errors that occurred were ‘staged’ by the other actors in the scenario, but ultimately were the responsibility of the doctor in charge. It is important to note here that the scenario was carefully designed by the experienced staff in the simulation suite to ensure a supportive learning environment with minimal chance of harm to the participating medical student through attribution of blame.

Law students were provided with a suggested timeline within which they were required to communicate with their clients and gather information pertinent to the case. Documentation was available on request, which meant that students themselves had to determine what information they needed.

Opportunities to meet with clients, and to obtain copies of documentation or further evidence, and to conduct their own research, were embedded in the timetable. From the first ‘contact’ (which took the form of a secretarial note setting out the name of the client and the broad nature of enquiry) the students had three weeks until the formal mediation activity. During this time, they were required to meet with their client, ask questions to elicit the appropriate information, seek further documentation from the Medical School (hospital), conduct research and then provide information back to their client and prepare them for the mediation.

Importantly the dispute was not based solely on the papers as so many simulated exercises are. The dispute was based upon a simulated exercise co-ordinated by the medical school where the medical students were involved in a treatment scenario with a sub-optimal outcome. The Medical School staff also prepared appropriate accompanying documentation including patient notes, treatment charts and specialist medical advice. No extra information was made available to the law students until they asked for it, which resulted in a broad mix of student preparation with some coming to the mediation with little specific background knowledge and others very well

informed. The initial medical simulation was filmed, but the recording was not available for viewing by students until the completion of the exercise where it formed part of the debriefing process. This played an important role in the debrief as it enabled all parties to gain a very different understanding of the events as they actually happened, as opposed to how everyone remembered them. The narrative that unfolded between the parties consisted of the patients' very unclear and emotional recollection of events, and the doctors' (by now) well- rehearsed and chronologically cogent explanation. The video, on the other hand, disclosed a scene typical of an emergency room – fast moving, lots of noise and talking, people interacting over the top of each other – seemingly chaotic to the lay observer. An added bonus here was the respect that the Law Students felt for the Medical Students in their professional and personal capacity, as members of another profession. The reality of chaos was confronting to the Law Students and it served to enrich the learning experience.

Although this article focusses on law students' experience, it is important to note that there were specific safeguards in place for medical students, who had been actual participants in the initial emergency room treatment. The medical students were directly counselled by their program coordinator to make clear that they were not at fault and had not made any mistakes in the scenario. This was to ensure that their wellbeing and self-confidence was not compromised by this exercise.

The preparation for the mediation was intentionally left to the discretion of the Law Students, who were told to contact their clients, conduct the interviews and seek further information. This had two significant impacts – the first was an initial degree of anxiety in the students at a perceived lack of planning and guidance. They were unaware of the significant level of coordination that was going on behind the scenes, in their view they were left to their own devices and they were worried about 'getting it wrong'. Students comfortable with a passive and pragmatic learning style seemed to take some time to take responsibility for preparing themselves for the exercise, reflecting a tendency to rely on 'last minute' preparation. We felt this was consistent with reluctance on the part of many students to grasp autonomy when it is proffered – having become habituated to more passive learning styles embodied in the traditional lecture/seminar approach of law school. We noted that some seemed not to have carefully read instructions and wanted to be personally guided through the activity, shepherded through each step with a very clear roadmap.

This is always a risk even with authentic roleplay exercises. We noticed that the students who were in their final year, already part way through the capstone Dispute Resolution subject in which all students participate in an extended case simulation were better and more thoroughly prepared, no doubt as a response to their prior engagement in simulated litigation. Exercises like this draw on engagement to motivate and excite students, but they will be at different levels of preparedness for the exercise.

There was also a degree of uncertainty and reluctance around assuming control of the process. The exercise deliberately entailed a degree of 'messy learning'[53] for the law students who had to decide for themselves what documentation to seek from the hospital or their client in relation to the incident. This is consistent with the creation of an authentic learning experience with 'real world relevance'.[54] Although students were provided with a timeline, and some suggestions about approach and documentation and resources to consider acquiring, they had to make these basic process and case building decisions themselves, the goal of this approach being to shift students from passive users of resources to active learners having to make decisions as the problem progressed. As indicated above, some of the students involved were initially far from proactive in this process, and clearly expected much more directive guidance. Some of them seemed challenged by the fear that there was a 'right' approach and that they did not know what it was. This too is a necessary learning experience for students although one which many were quite

[53] Messy learning arises when student have to identify the resources that they need to complete an assignment – in this case, the documents that they might expect the hospital or either party to have that would throw light on the events and consequences.

[54] Philippa Ryan, 'Teaching Collaborative Problem-Solving Skills to Law Students' (2017) 51 *The Law Teacher* 138.

uncertain about to start with. However, this approach ensured that students became active creators of the learning experience, rather than passive consumers of direction and information.

Greater transparency and reasoned justification for the open-endedness of the exercise and the importance of self-direction would assist in this aspect. Students are used to receiving a complete package of course materials and resources at the start of the semester. Whilst solving legal problems is part and parcel of every subject, structured problem-based learning models, where students are responsible for their own resource location, are only introduced to students in their final capstone subject, so for some students, this was challenging. Students, initially a little disgruntled about having to make their own decisions, all rose to the challenge and subsequently appreciated its value, but introducing students to the pedagogy underlining the exercise would be an effective way to facilitate greater initiative in the early stages of the exercise.

VI Impact

Practical exercises such as this have important perspective broadening potential for law students. Engaging with either the doctor or the client in a meaningful way requires the students to actively explore the feelings and interests of their clients. It was their responsibility to identify how their clients were feeling, what their goals might be and support them through a complex and confronting experience. All students felt responsibility for their clients and learnt that abstract problems and legal conflict actually have real people at the centre of them, a reality that is often overlooked when legal disputes are explored through the lens of court reports and abstract problem-based questions.

The mediation roleplays were conducted using a facilitative mediation model. The mediator followed the orthodox 'diamond' model, firstly setting the scene for the mediation, then inviting and summarising party statements.[55] Parties and their lawyers then proposed and agreed on agenda items, and moved into exploration and discussion of the issues on the agenda. When all issues had been considered in some detail, the mediator moved parties toward problem solving/solutions and ultimately to negotiated outcome. Private sessions were deliberately excluded from the process, in the interests of maximising interaction and learning from interaction between parties and representatives.[56] The mediation was deliberately not limited to lawyers. The point of the exercise was not to give lawyers a platform to do legal work – convert the dispute into legal argument – but to give un-censored voice to both parties together, and to encourage law students to facilitate discussion between parties, rather than dominate the process (as they can be wont to do).[57] In high end high stakes litigation there is a tendency for the lawyer to take the lead role. In some jurisdictions it is uncommon for the physicians to attend mediation at all.[58]

Lawyer dominated mediation is the model that law students are likely to encounter in practice, and one that clients in these areas have come to expect.[59] However our view is that the practice is counterproductive to the diverse human needs of both doctors and patients that arise in medico-legal litigation,[60] which is best served by a facilitative model. This exercise deliberately sought to provide first hand reinforcement of the value of party voice and engagement in the dispute

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55 For more detailed description of this process see Sourdin, *Alternative Dispute Resolution* (Thompson Reuters 2016), 272.

56 It can be very useful for students practicing mediation to engage in a private session – to break impasses arising for inexperience, and to demonstrate the different approach that a mediator can take in private sessions. However there was no educational merit in having private sessions from which one party and their lawyers would necessarily be excluded.

57 There is no doubt that in many mediations lawyers take over the process, talking for their clients, with little if any client input. However we felt that model offered little in terms of mediation theory and practice, or broader learning opportunities, for students. It is not a model that the mediator in this exercise would use in practice.

58 Liebman, above n. 30.

59 Tamara Relis, *Perceptions in Litigation and Mediation: Lawyers, Defendants, Plaintiffs, and Gendered Parties* (Cambridge University Press, 2009) 62.

60 Liebman, above n.25.

resolution process, and better understanding of the different roles that lawyers can play in this process.[61]

The use of opening statements enabled both parties to articulate their concerns around future, reputation, sorrow and solutions. These issues are reiterated in the identification of issues and creation of an agenda which situate both the doctors and the patients' personal interests in the centre of the agenda for discussion, and in the exploration of issues.

The second phase of mediation – problem solving and generating solutions, also exposed law students to a different way of looking at disputes. In both disputes that were developed for this exercise, pre-mediation communication between the patient and the medical system had broken down (in both cases the patient was not even aware of what had happened in the incident); the patient's injuries had not settled and they wanted information and guidance on how to move forward; the two parties had not sat down face to face and talked to each other. These are all well known drivers of disputes. In both disputes the doctors were able to engage actively with the patient to explain what had happened, and to explore options for moving forward with treatment. This diverted conversation from the legally focused zero-sum dispute about damages, into a much more productive discussion. Students playing the role of lawyers were able to pick up on nascent solutions being discussed by parties and suggest practical ways of moving them forward. Lawyers were able to see how they could play a secondary role that allocates autonomy to the parties but backs them up with the capacity of lawyers to navigate systems and devise strategies. It enabled students to engage in active decision making by providing realistic problem solving opportunities.

Direction was provided to parties and lawyers by the mediator. Firstly, a few of the legal representatives dominated discussion and took an adversarial stance. They were redirected to focusing on interests and issues. Some also skipped over identification and discussion of issues, attempting to get straight to solution generation. They were also reminded of the 'diamond' model and redirected to discussion and exploration. Other students clearly grasped the process goals and needed only encouragement to support their choices rather than redirection. Thus the mediator facilitated not only the interaction between the parties, but also the learning process for the law students, through light handed direction, and occasional low key coaching.[62]

At the end of each mediation there was a structured debrief of all participants with the mediator. Students were asked to self reflect, and then feedback was provided by the mediator, and by students. Every student who had taken a more directive adversarial role acknowledged this and reflected how the roleplay helped them better understand the theory of mediation. Parties, including actor plaintiffs and doctors, also gave feedback on their experience to the lawyers. Feedback was uniformly positive, with the parties acknowledging that they felt heard and that the lawyers had not dominated discussion or taken away their voice.

In terms of content and outcome, the exercise was self limiting. Both cases potentially involved numerous actors, including other medical staff, service providers, and the hospital, all of whom would ultimately be represented by insurers. Resolution of the entire dispute would depend upon participation of all of these parties, which was not possible. Decisions around the meeting of the parties' interests, particularly the capacity of the hospital to contribute to remedial medical care and rehabilitation for the plaintiff, were well beyond the doctor's authority. However, the interest based exploration of issues enabled the doctor and the plaintiff, with the support of their lawyers, to identify and propose steps forward in meeting the plaintiff's health and financial needs. An important lesson for both parties was the impact that communication deficit had already had on the development of the dispute. Unable to get answers, being pushed back and forth from different clinics in the hospital, and ultimately ignored, the plaintiff proposed legal action. The mediation

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[61] Olivia Rundle, 'A Spectrum of contributions that lawyers can make to mediation' (2009) 20 *Australasian Dispute Resolution Journal* 220, 225 suggests that limiting lawyers' contribution as 'expert advisors' on legal issues whilst allowing parties to negotiate themselves would better meet the diverse needs of participants.

[62] For example, by suggestion that 'your client might want to say something about this' or 'would you like to take a moment to consider that offer before you respond?' The use of in simulation coaching has also been used in the substantive ADR elective at Adelaide Law School, with guest mediators invited to observe and coach students engaging in simulated mediation roleplays in class.

demonstrated that there were a series of options immediately available to the parties, including setting up a communication strategy between patient and hospital, and identifying diverse supports within the health system and from other sources that the plaintiff had not been aware of. This was an important reminder to both doctors and lawyers that jumping from disenfranchised patient to legal proceedings effectively shuts off diverse options that would better meet party short and medium term needs. Both parties acknowledged that the seriousness of the damage to the plaintiff would result in some form of financial settlement, but that was put aside while proactive responses to immediate needs were considered. This is a particularly valuable lesson for law students. Medical students are already grounded in an ethic of care that seeks best medical outcomes for patients. Lawyers however are focussed on the best financial outcomes for their clients and need to be aware of broader needs of their clients.

This process also enabled the law students to see that liability, whilst still an issue, was at this stage secondary to resolving the poor communication and lack of understanding that underpinned patient dissatisfaction. The exercise provided a deep learning experience with the law students confronting their fear of not knowing all the answers and exploring potential client-centred outcomes. The students worked towards shifting their usual win/lose dialogue to one of shared outcomes and at the same time, actively engaged with the substantive legal issues and developed a sophisticated understanding of the nature of medico-legal disputes.

Below are extracts of some of the comments made by students in their course student evaluation of learning and teaching (SELT) feedback, and in their assessed written reflections (published with permission of the students):

> "Mediation most definitely requires a different mind set to litigation, …I felt this to be a difficult task. I went into the meeting with the mindset that Dr….. had negligently treated my client - that some wrongdoing needed to be rectified. I went into this with an adversarial mindset, which was wrong. Although we reached a great outcome for our client and the doctor, I myself felt unsatisfied walking out, as I was not able to finish my questioning and various trains of thought. I was still partially in the mindset of a litigator. However after reflecting I realised that we *did* reach a great resolution for (our client) as this process brought *her* answers and helped *her* understand the treatment processes. I went into the meeting to win, and forgot that this was not about me, but about my client and her needs."

> "As a law student, it initially felt strange not to be combative. Reflecting on this experience however, what was achieved in mediation was inordinately more positive than what would have occurred if we went down the pathway of litigation."

> "The mediation roleplay was the most challenging yet most rewarding piece of assessment I have completed in my studies. The weeks of preparation, meetings and research that ultimately unfolded in under 60 minutes was mentally draining but it was extraordinary to see the development of the dispute come to life."

VII Conclusion

This exercise offered a limited number of law students a chance to do something different, something that engaged them in multidisciplinary simulated legal work, that drew on and developed diverse skills and capacities.

There is a significant pool of research indicating the value of experiential learning, and pedagogically there is really no doubt about the valuable addition to curriculum and longer term professional learning outcomes offered by this mode of learning.[63] Indeed, in disciplines other than law simulations or supervised real client/patient/student interactions have long been the standard.

Law curricula offer varied opportunities to include ADR as a platform for subject matter delivery. This engagement went substantially beyond the connection between substantive law and dispute resolution theory, by offering interdisciplinary engagement in a realistic simulated activity. This

[63] Nicola Ross, Ann Apps and Sher Campbell, 'Shaping the Future Lawyer. Connecting Student with Clients in First Year Law', 67. Chapter 3 in Strevins et al, above n. 52.

engagement was largely made possible by the already strong links that the initiator of the idea had developed with the medical school, and the availability of an accredited mediator and law teacher. Similar connections between law and commerce, architecture, allied health, or psychology would be equally valuable. It was not without challenges and was resource intensive as throughout the exercise there was one staff member responding to all requests for documents and further information. There was also the financial cost of paying for actors which could, on a practical level, be alleviated by seeking student volunteers. However, the reality of the modern University is that excess time is a rare commodity and practical demands such as this can have a negative impact on the capacity to develop such initiatives. The exercise builds on similar experiential learning opportunities within the school, including simulated roleplays in mediation, negotiation, and advocacy in various elective and core subjects. Our experience has been that once the exercise is devised, carefully planned, and rolled out, it becomes easier to repeat.

As a proof of concept initiative, this exercise demonstrated that diverse and exciting opportunities of interdisciplinary engagements exist. Exercises involving two or more parties engaged in early mediation of a dispute lend themselves to multidisciplinary learning in engineering, architecture, teaching, employment, media, journalism. This exercise has also prompted proposals for development of an interdisciplinary ADR elective with other schools within the university.

Our experience underlined the criteria that made this exercise successful:

- Authenticity in the design and delivery of the exercise – both content, and the necessity for 'messy learning' that typifies higher level engagement by students,
- Very well organised timetabling and access to written and other resources, as well as a process for deploying resources to students as they request them,
- Use of multi-media where possible,
- Use of a 'real' process encompassing a degree of formality and structured preparation– whether that be a briefing, mediation, court, advice meeting, negotiation,
- Flexible 'on demand' support to students when preparing for the exercise, but not to the extent of detracting from personal responsibility and agency, and
- A structured feedback process following the completion of the exercise.

Authentic learning simulations and interdisciplinary teaching can be messy, resource draining and challenging. They are also rewarding and engaging for both students and academics. This model demonstrated very positive outcomes and some exciting ideas for future development. Most importantly it engaged and excited students, who rose to the challenge of a different style of learning and added significantly to their understanding of law in context.