

Christine Nero Coughlin

Christine Nero Coughlin is a recipient of the 2011 Wake Forest University Teaching and Learning Center's Teaching Innovation Award, the 2008 Joseph Branch Award for Excellence in Teaching, and a two-time recipient of the Graham Award for Excellence in Teaching Legal Research and Writing. She is a Professor and the Director of the Legal Analysis, Writing and Research Program at the Law School. She also has faculty appointments in the Wake Forest University Graduate School of Arts and Sciences where she is a core faculty member of Master of Arts in Bioethics program, and the Wake Forest University School of Medicine's Translational Science Institute. She also teaches in the law school's Master of Arts in Legal Studies program.

Professor Coughlin's teaching and scholarship are concentrated in the areas of legal analysis and writing, bioethics, and health care law. She is a co-author of the one of the leading textbook in Legal Writing, *A Lawyer Writes*, and has contributed to several texts on legal education and bioethics. In 2011, Professor Coughlin developed the Legal Methods for Medical Professionals course that enables fourth-year medical students to participate in a month long medical school rotation studying law and the legal system. She is currently working on a text, *Health Law: A Context and Practice Casebook*, Carolina Academic Press, for use in such interdisciplinary courses. Likewise, her most recent series of law review articles advocate examining other models of professional education to enhance both legal and medical education models.

LEGAL METHODS FOR MEDICAL PROFESSIONALS YEAR 2: SHIFTING NEGATIVE ATTITUDES

Christine Nero Coughlin*¹

“There is a stereotype out there that lawyers are dishonest or untrustworthy but working with law students, they are very similar to us and just regular people who are trying to help their clients out just like we help our patients out.”²

I. OVERVIEW OF PEDAGOGICAL THEORY FOR MEDICAL SCHOOL COURSE.....	537
II. OVERVIEW OF SOCIAL PSYCHOLOGY THEORY FOR JOINT PROFESSIONAL SCHOOL CLASS	539

Our society has significant and complex issues facing it in the next few years, particularly in the health care arena. In order to solve these problems, we need education, dialogue and cooperation by all of the relevant stakeholders. Our efforts at meaningful health care reform have been hindered, in part, because of a lack of effective communication among the various stakeholders in the process.³

While this is a long-standing problem with no easy fix, one way to begin to combat the problem is to educate medical students about the relevant legal and political aspects of health care delivery.⁴ As one of my med-

* Professor and Director, Legal Analysis, Writing and Research, Wake Forest University School of Law; Wake Forest University Center for Bioethics, Health and Society and Wake Forest University School of Medicine’s Translational Science Institute. Professor Coughlin would like to thank the Wake Forest University Center for Bioethics, Health and Society for their support of this course.

1. This is the third piece that I have written on this concept. The first piece, *Legal Methods for Medical Professionals: Implementing a Medical School Rotation in the Law School to Promote Greater Cooperation and Understanding between the Professions*, 21 ANNALS HEALTH L. 257 (2012) (hereinafter “*Legal Methods for Medical Professionals*”) discussed the format, objectives, and pedagogical design of the course. The second piece was an op-ed published by the Huffington Post, *Training doctors to speak the language of the law*, HUFFINGTON POST, http://www.huffingtonpost.com/christine-nero-coughlin/doctors-health-reform_b_1093133.html (last visited May 19, 2012) (hereinafter “HUFFINGTON POST”). While this piece provides similar background information, its focus is on implementing a process that may shift negative medical student attitudes about the legal system.

2. Wake Forest University School of Law Course Evaluation for Legal Methods for Medical Professionals (Feb. 2012) (hereinafter “Course Evaluation”).

3. See HUFFINGTON POST, *supra* note 1.

4. See HUFFINGTON POST, *supra* note 1. I discussed in that piece that physicians seem “increasingly frustrated that their elected representatives, oftentimes lawyers, enact laws that

ical students recently commented, “[m]y biggest concern still remains about health care is that overall doctors are not involved enough and having lawyers who are minimally educated in health care [is] not going to create a system that is either efficient or cost effective.”⁵

Medical education may further the divide that exists between doctors and lawyers. Medical students hear misinformation about medico-legal issues in general, and health care reform in particular, probably due to the increase in media “sound bites,” the lack of accuracy in many internet reports and social networking sites, and increasing political polarization.⁶ In addition, while “[t]heoretical, scientific knowledge formulated in context-free and value-neutral terms is seen as the primary basis for medical knowledge and reasoning,”⁷ the same context-free and value-neutral approach appears absent if and when future doctors even receive instruction about the legal/political aspect of health care.

In their groundbreaking report on the medical education, *American Medical Education 100 Years after the Flexner Report*,⁸ Dr. Molly Cooke and other experts in medical and professional education opine that medical “[s]tudents hear institutional leaders speaking more about ‘throughput,’ ‘capture of market share,’ . . . and the financial ‘bottom line’ than about the prevention and relief of suffering. Students learn from this culture that health care as a business may threaten medicine as a calling.”⁹ The authors thus conclude that, “[t]he need for a fundamental redesign of medical training is clear. In some instances, the road that needs to be taken is also clear—for example, more emphasis should be placed on the social, economic, and political aspects of health care delivery.”¹⁰

Last year, Wake Forest University School of Medicine began offering fourth-year medical students a month-long rotation in legal education housed at the Wake Forest University School of Law.¹¹ One primary goal

affect health care policy, and every aspect of patient care, yet these elected officials generally lack any medical training.” *Id.*

5. Course Evaluation, *supra* note 2. To illustrate further in January 2011, Thomson Reuters and HCPlexus published the results of a nationwide survey concerning physician’s views on health care reform.

5. A majority of physicians surveyed—sixty-five percent—believe the Patient Protection and Affordable Care Act (the “ACA”), will cause a decline in the quality of patient care. Seventy-eight percent of physicians believe their medical practices will be negatively impacted by the legislation. THOMSON REUTERS & HC PLEXUS, THE 2011 NATIONAL PHYSICIAN SURVEY: FRUSTRATION AND DISMAY IN A TIME OF CHANGE, available at <http://mikemeikle.com/wp-content/uploads/2011/01/2011-thomson-reuters-hcplexus-national-physicians-survey.pdf>.

6. See HUFFINGTON POST, *supra* note 1.

7. Molly Cooke et al., *American Medical Education 100 Years After the Flexner Report*, 355 NEW ENG. J. MED. 1339, 1341 (2006).

8. *Id.* at 1339–44.

9. *Id.*

10. *Id.* at 1342.

11. See *Legal Methods for Medical Professionals*, *supra* note 1; HUFFINGTON POST, *supra* note 1. The rotation specifically provided an opportunity for medical students to learn about the political system, about how legal education and the law actually works, how

was to shift some of the negative attitudes that may exist between physicians and lawyers.¹² This essay provides a brief overview of the pedagogical and social psychology theory used to create a curriculum designed to educate and improve dialogue and cooperation between future physicians and lawyers, along with some empirical findings about the course based on the medical students' evaluations.

I. OVERVIEW OF PEDAGOGICAL THEORY FOR MEDICAL SCHOOL COURSE

*"If young doctors do not feel confident, they are unlikely to challenge poor practice or show leadership in promoting better patient care through using legal rules and an understanding of how law relates to and underpins good medical practice."*¹³

According to a 2011 study of medical students' experience with the medico-legal curriculum in medical schools in the United Kingdom, "[g]ood medical practice requires that medical undergraduates can demonstrate in practice knowledge and understanding of the law."¹⁴ As Dr. Cooke and her colleagues noted, "practitioners need to understand how these issues affect their patients and how to interact with, and ultimately improve, an exceedingly complex and fragmented system to provide good patient care."¹⁵

In order to provide an opportunity for these future doctors to demonstrate in practice "knowledge and understanding of the law," I could not provide the traditional series of readings and lectures about the black-letter law related to complex health care delivery issues. The students needed a holistic understanding of the relevant theories that underlie legal doctrine, along with ample opportunities to apply the theories in realistic simulations, as "[c]ognitive psychology has demonstrated that facts and concepts are best recalled and put into service when they are taught, practiced, and assessed in the context in which they will be used."¹⁶ As one of the medical students reflected on the end of course evaluation, "[l]earning by doing is always better than learning via 'lecture.'"¹⁷

The design of the month-long rotation provided these medical students the time to become immersed in the law, just as they had done in their other

change in the law occurs, and the theory of how different legal doctrines intertwine in health law and bioethics, all with a special focus on the ethical duties and obligations of both professions.

12. *Id.*

13. Michael Preston-Shoot et al., *Readiness for legally literate medical practice? Students perceptions of their undergraduate medico-legal education*, 37 J. MED. ETHICS 616, 621 (2011).

14. *Id.* at 616 (internal citations omitted).

15. Cooke, *supra* note 7, at 1341-42.

16. *Id.* at 1342.

17. Course Evaluation, *supra* note 2.

medical school rotations, such as orthopedics or pediatrics.¹⁸ Specifically, the medical students studied jurisprudential theory such as natural law, positive law, and legal realism.¹⁹ They learned about the importance of the rule of law in civilized society.²⁰ Further, because health care law is an amalgam of many legal doctrines, the medical students were taught about the theories underlying basic first-year legal education curriculum, such as constitutional law, contracts, torts, and property.²¹ Within each content module, the medical students participated in activities designed to show how the legal doctrines would play out in medical research and their future medical practice.²² They argued motions, acted as a legislature, constructed a judicial opinion, reviewed a contract, participated in a mediation, etc., all involving health care issues. In addition, during the rotation, the medical students learned how to research and find the law, how to read and interpret case law, statutes, and regulations, along with the process needed to change the law.²³

The evaluations from the students were quite positive, with an overwhelming majority of the students expressing a better understanding of and appreciation for the law, its complexity, and the role of law in health care delivery. To illustrate, one representative student's evaluation response was, "I have an increased understanding in the complexity and difficulty of issues regarding the law. I also have a deeper understanding of the ethical decisions that lawyers must face. Reading statutes in class also allowed me to understand the importance of interpretation in the law."²⁴ Although this class contained a much smaller sample size, the class evaluation was consistent with the findings from the U.K. study that examined the effects of intense legal training during undergraduate medical education and found that medical students' perceptions of medico-legal questions changed after intense legal instruction in the following ways: (1) students decreased their belief that the law was unsuitable for resolving medical issues; and (2) students increased their belief that a sound understanding of the law is essential to being a good doctor.²⁵

18. See *Legal Methods for Medical Professionals*, *supra* note 1; HUFFINGTON POST, *supra* note 1.

19. *Legal Methods for Medical Professionals*, *supra* note 1; Huffington Post, *supra* note 1.

20. See Cooke, *supra* note 7, at 1341 ("Scientific medicine in America . . . is today sadly deficient in cultural and philosophical background.")

21. See *Legal Methods for Medical Professionals*, *supra* note 1; HUFFINGTON POST, *supra* note 1.

22. *Legal Methods for Medical Professionals*, *supra* note 1; HUFFINGTON POST, *supra* note 1.

23. *Legal Methods for Medical Professionals*, *supra* note 1; HUFFINGTON POST, *supra* note 1.

24. Course Evaluation, *supra* note 2.

25. Preston-Shoot et al., *supra* note 13, at 617. Interestingly, the study also uncovered a negative finding that students' perception that the law encouraged defensive medical prac-

II. OVERVIEW OF SOCIAL PSYCHOLOGY THEORY FOR JOINT PROFESSIONAL SCHOOL CLASS

*"In everyday life the exchange of opinion with others checks our partiality and widens our perspective; we are made to see things from their standpoint and the limits of our vision are brought home to us."*²⁶

During the rotation, the medical students also participated in a joint class with law students²⁷ and students in our master of arts in bioethics program.²⁸ Having a joint course was vital to the goal of shifting negative attitudes as, according to social psychology theory, "cooperative interaction with members of a disliked group results in increased liking for those members and generalizes to more positive attitudes toward the group."²⁹

In the end, approximately ninety percent of students said that as a result of the course, their attitudes about lawyers changed.³⁰ Representative comments included, "My attitudes have changed toward lawyers. I now have [a] much different opinion of how the legal system and lawyers interact. I also have a better understanding of the difficult decisions that lawyers must make on a daily basis."³¹ Of those that did not report an attitude change, at least one student stated,

I don't believe any of my attitudes about the law have changed. However, I do feel there is a huge benefit in having interactions with law students as our profes-

tices increased over time. *Id.* See *infra* text and note 50.

26. Cass R. Sunstein, *Deliberative Trouble? Why Groups to Extremes*, 110 YALE L.J. 71, 71 (2000) (quoting JOHN RAWLS, *A THEORY OF JUSTICE* 358-59 (1971)).

27. While not in the scope of this essay, the law students also reported positive educational results from exposure to medical students in a joint course. As one scholar who created a similar program for law students in a medical center noted,

Exposure of the law student to medical practice is of utmost importance because legal training differs from medical education in one salient aspect. The law student analyzes the rationale for, the doctrinal aspects of, and the social policy behind a rule of law or statute. As a corollary, the prerequisite to legal analysis is an understanding of the particular fact situation to which the law applies. Once he comprehends medical practice, the future attorney not only can articulate his client's medical-legal problem clearly and accurately but also can evaluate the doctrinal and social policy aspects of any court decision, proposed legislation, statute, or rule of law pertaining to a medical-legal problem. In other words, he is a better advocate.

C.W. Quimby, Jr. et al., *The Medical School's Role in Legal Training*, 47 J. MED. EDUC. 575, 575 (1972).

28. See *Legal Methods for Medical Professionals*, *supra* note 1; HUFFINGTON POST, *supra* note 1.

29. Donna M. Desforges et al., *Effects of structured cooperative contact on changing negative attitudes toward stigmatized social groups*, 60 J. PERSONALITY & SOCIAL PSYCH. 531, 531-44 (1991).

30. Course Evaluation, *supra* note 2.

31. *Id.*

sions do have a linked relationship. I enjoyed getting to meet and interact with soon to be lawyers, as I have had little interaction to this point.³²

In addition, approximately eighty-one percent of students stated that they would be more likely to participate in the political process as a result of the course. For example, one student stated, "I would be likely to work for a change in the law and participate in political discussions regarding reform—I feel strongly about my beliefs and am willing to compromise if the solution is viable."³³

Designing a curriculum to shift negative attitudes can be tricky due to concerns about manipulating results and avoiding possible group extremism. Professor Cass R. Sunstein, in his essay *Deliberative Trouble? Why Groups Go to Extremes*,³⁴ explains the psychological mechanism and the dangers of attitude changes as a result of group interaction:

The underlying mechanisms are twofold. The first involves people's desire to stand in a particular relation to the group, perhaps for reputational reasons, perhaps to maintain their self-conception. Shifts occur as people find that it is necessary to alter their positions in order to maintain their self-conception or their desired relation to the group. The second mechanism involves limited 'argument pools,' When arguments are skewed toward a particular point of view, group members will move in the direction of that point of view. In a finding of special importance to democratic theory, group polarization is heightened if members have a sense of shared identity. And in an equally important finding, group polarization is diminished, and depolarization may result if members have a degree of flexibility in their views and groups consist of an equal number of people with opposing views.³⁵

The challenge, therefore, was to find a curricular design whereby the professional students could join together and learn about health law and bioethics in a cooperative manner, develop a positive group identity in an environment with ample opportunity for flexibility of views so as to avoid

32. *Id.*

33. *Id.*

34. Sunstein, *supra* note 25.

35. *Id.* at 118.

manipulation of results, and to encourage democratic theory to work.³⁶

My efforts to meet this challenge resulted in a joint class two afternoons per week, where the medical students joined law students and bioethics students in learning about health law and bioethics. For every content module, the students jointly participated in realistic legal/medical, biotechnical and research-related scenarios, such as a clinical ethics consultation, an investigational review board meeting, an appellate argument, as well as a medical malpractice negotiation and mediation, and class-related social activities and opportunities.³⁷ The students were assigned roles (patient, doctor, judge, lawyer, congressional representative, agency representative, ethics committee members, etc.) for the simulation opposite their field of study.³⁸ So, for example, the law students were assigned to be physicians, nurses, clinicians, researchers, or patients, and the medical students performed the role of lawyer, in-house counsel, judge, client, etc.³⁹

The students were required to resolve the medico-legal conflict issues and discuss the valid competing professional and social interests at play based on their assigned role.⁴⁰ In doing so, the students had to consider the humanistic element—how would a person in a certain role react, and what ethical choices might he or she have to make?⁴¹ This design twist was necessary because “the students, even at this early stage in their professional careers, had already formed strong views and biases about the roles of physicians and lawyers in resolving conflict.”⁴² As I explained in *Legal Methods for Medical Professionals: Implementing a Medical School Rotation in the Law School to Promote Greater Cooperation and Understanding between the Professions*:

Their assigned roles motivated them to dispassionately evaluate all potential arguments, as well of a range of appropriate actions, even those they may not personally or professional agree with (i.e., bringing a

36. *See id.*

37. *See Legal Methods for Medical Professionals, supra* note 1; HUFFINGTON POST, *supra* note 1. For example, we had a opening lunch and closing reception, graciously funded by the Wake Forest University Center for Bioethics, Health & Society. The students also participated in joint group activities where they had to meet outside of class, as well as a book club meeting on the book NEXT by Michael Crichton. The student groups coordinated where they would have the book club meetings and chose local coffeehouses, restaurants, etc. The students then sent pictures of the various participants in the venues where the book club meetings took place.

38. *See Legal Methods for Medical Professionals, supra* note 1; HUFFINGTON POST, *supra* note 1.

39. *See Legal Methods for Medical Professionals, supra* note 1; HUFFINGTON POST, *supra* note 1.

40. *See Legal Methods for Medical Professionals, supra* note 1; HUFFINGTON POST, *supra* note 1.

41. *See* HUFFINGTON POST, *supra* note 1.

42. *Legal Methods for Medical Professionals, supra* note 1, at 260.

lawsuit against a healthcare provider or ruling in favor of a medical malpractice plaintiff and against a health care provider). In addition, role-playing “protected them from having to defend or change their own personal beliefs. As a result, students [were] less likely to create internal psychological or social barriers to opposing views.”⁴³

The students acknowledged that in order to make the simulations work (given their unfamiliar assigned roles), they needed the benefit of the other students’ expertise. As one student commented: “I enjoyed having a mix and it really showed that when it comes to medical-legal issues both sides need to work together because the med students need help with the legal aspects and the lawyers need help with the medical aspects.”⁴⁴

This year, every student participated in every simulation;⁴⁵ thus, we had multiple simulations occurring at the same time. Following each simulation, the students all reconvened in the classroom for a “post-mortem” discussion.⁴⁶ The students discussed the simulation, what occurred, and the differences between the roles they played in the simulation and their personal views on the topic. The post-mortem exercise was critical. As one of the medical students noted in his course evaluation:

Just talking to other students and finding out their ideas about things. Some ideas are so polar opposite to yours you can’t believe it—but that makes it way more interesting. So many times I came home to other friends and said “ok we had a big debate about this topic—what do you think.” That’s when you know the class makes a difference, when the students are continuing to debate after school hours.⁴⁷

Another reflected, “I don’t feel any of my attitudes on health care have changed but rather have been reinforced or questioned through the course of

43. *Id.* at 260–61. (internal citations omitted).

44. Course Evaluation, *supra* note 2.

45. Last year, we divided up the students and ran one simulation at a time. Students not participating watched and would comment during the reflection period. This year, I ran multiple simulations, and then everyone came together to discuss the results of the various simulations. This year’s method was preferable as active learning exercises are always more interesting and more educationally profitable. See Christine Coughlin et al., *See One, Do One, Teach One: Dissecting the Use of Medical Education’s Signature Pedagogy in the Law School Curriculum*, 26 GA. ST. U. L. REV. 361, 397 (2010). In addition, we were able to discuss in class the reasons that simulations did not result in the same conclusion which made for some fascinating group discussion.

46. *Legal Methods for Medical Professionals*, *supra* note 1, at 260.

47. Course evaluation, *supra* note 2.

this class. I feel that having multiple opinions presented and discussed only further strengthens ones' own knowledge on the subject."⁴⁸

The post-mortem reflection period provided my most memorable moments of the class—where I was not the “sage on the stage”⁴⁹ but was listening to the passionate dialogue from the students. I frequently had those incredible teaching moments where multiple students want to comment, and I simply kept a list of all who would be sharing their comments.

One of my favorite classes involved a simulation on preimplantation genetic diagnosis. While the simulation included a variety of sub-issues, the primary storyline involved a family who wanted to test embryos for both a genetic and cosmetic reason. In the hypothetical, the family and physician received negative press and the physician was ultimately criminally charged under a broadly drafted statute that arguably restricted any type of embryonic testing or manipulation.

The students were assigned various roles (again opposite their fields of study), read many articles on the medical, ethical and legal aspects of the procedure, and were exposed to a variety of viewpoints on the range of possible responses. The students were charged with creating a legislative response. The groups' responses ranged from allowing science to advance with no restrictions, to a moratorium or ban on the procedure while further study was completed. Some groups took the middle ground approach and tried to draft legislation or policy on this issue that would allow the procedure to be performed in a limited manner. They learned how difficult it is to draft legislation that is neither too narrow nor too broad (or does not fail for vagueness or ambiguity).

When the class met to reflect, they were amazed at the variations in the groups' responses. We discussed the fact that with many medico-legal issues, there are actually more than two sides to the story. We had a heated discussion on the role that religion, spiritual beliefs, socioeconomic concerns, and political preference may play in a political response, or lack thereof. As one student stated in the evaluation,

[I]t's easy to come into the class having stereotypical thoughts regarding lawyers—ruthless, ambulance-chasing, etc. Learning more about the law and the intricacies involved, knowing that its very easy to have two, three, four sides to a story gives the [legal] profession a lot more credibility in my eyes. Things are not always black and white, and ethical and moral di-

48. *Id.*

49. Alison King, *From Sage on the Stage to Guide on the Side*, 41 C. TEACHING 30, 30–35 (1993).

lemmas really require lawyers for the public good.⁵⁰

As with all courses, I intend to make some changes next year. One area I will look at is the amount of reading for the medical students. One criticism in the evaluation by the medical students was the amount of reading. While this is an age-old comment that most law professors have seen on their evaluations, I had added some additional reading assignments this year. However, as one student explained,

Medical students are not used to some of the denser reading that [was] assigned. While all assignments were appropriate, I felt the class would benefit from using readings of a shorter nature. In addition, I felt some of the issues we discuss could have been made even more interesting by taking excerpts from some of the court opinions on said subjects.⁵¹

Although I firmly believe in the benefits of the assigned readings, I will likely examine the reading and see if there is a way to pull some excerpts for some of the assignments.

Another change I plan to implement is to have the law and bioethics students who participate in the joint class shadow a physician. As one medical student noted, "I do wish there was some way that one day the law students could come to the hospital and spend a day on the wards, or just a morning so they can see what all goes into our job."⁵²

I will also add additional features to the medical malpractice and negotiation simulations. I felt these were important simulations, since medical malpractice is often the elephant in the room when discussing relations between doctors and lawyers. Two years ago, we discussed medical malpractice during the last class. We were discussing the practice of naming all parties listed in the medical records in a lawsuit until such time as discovery took place and defendants dismissed. At that time, one impassioned medical student told the class, "[t]his could be me you are talking about suing."⁵³ The class ended on a sour note for that medical student. As a result, this year I added more time on the medical malpractice module and conducted several relevant simulations earlier in the rotation. Instead of providing the

50. Course Evaluation, *supra* note 2.

51. *Id.*

52. Course Evaluation, *supra* note 2. Although beyond the scope of this essay, another area that I would like to explore is the effect of immersion education for both law and medical students in creating more empathy. See, e.g., Sonia J. Crandall & Gail S. Marion, *Identifying Attitudes Towards Empathy: An Essential Feature of Professionalism*, 84 ACAD. MED. 1174 (2009).

53. Remarks during a Wake Forest Univ. School of Law Legal Methods for Medical Professionals Class (Feb. 10, 2011).

story of a doctor who had been sued, I thought a more empathetic discussion would occur if a lawyer who was sued for legal malpractice came in and told her story. Following that class, the medical students told me that they would like to hear stories from both a doctor and a lawyer who were sued for malpractice, as well as from both a plaintiff and defense medical malpractice attorney.

Professional attitudes between doctors and lawyers need to change.⁵⁴ In order to create a shift in the tide, however, professional schools need to provide educational opportunities for all of the relevant future stakeholders to discuss and debate the important issues in a cooperative manner. One way to do this is to implement a medical school rotation in the law school that incorporates significant opportunities for educational and professional communication and interactions. As one student reflected:

Yes my attitude has changed. I think it was very good for me to see things from a lawyer's perspective. There are definitely misconceptions out in the world about lawyers and there is the same thing for doctors. There are people that go out and give the field a bad image; however, I enjoyed many of the activities that were done throughout the class and I found many parts of being a lawyer interesting. I think getting to know the law students and also having to 'think' like a lawyer is what helped me change my attitude the most.⁵⁵

54. Of course, for sustained change, "continuing professional development [is needed] to enhance doctors' confidence in engaging when necessary with the legal system." Preston-Shoot et al., *supra* note 13, at 621.

55. Course evaluation, *supra* note 2.

