

NURSING STUDIES What is it like to give evidence in a Coroner's Court?

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Abstract: How a mock court simulation is helping nursing students to develop risk assessment, critical thinking and communication skills while boosting confidence.

Introduction

The mock court took place at the university's law school's replica courthouse and formed part of the skills and simulation module for students in all four fields of practice. The court focused on developing mental health nursing skills, while also exploring wider themes such as communication, leadership and teamworking. It lasted for 30 minutes and was filmed for use in future sessions. Giving evidence in a Coroner's Court can be a nerve-wracking experience, so the aim was to help students understand what is required in this setting and to develop the skills needed to navigate the different issues that may arise. Ten students from the four different fields took part, creating a scenario for the case using experiences from their placements and formulating a timeline of events. They also created and then played the characters who would 'give evidence' in the court, such as family members, health professionals and the police.

Case study summary: Mr Davies

The case of Mr Davies Mr Davies was a 56-year-old man with complex mental and physical health needs, as well as social care needs. He was addicted to alcohol, had diabetes, and struggled to mobilise due to peripheral neuropathy. He was supported by his mother and teenage daughter, neither of whom lived with him, but both were experiencing significant stress due to their caring responsibilities. Mr Davies had been admitted to hospital with a diabetic foot ulcer. He was assessed by the mental health liaison team during his admission and discharged home with a referral to the community mental health team for assessment. Mr Davies' initial assessment was carried out by the duty mental health nurse over the phone shortly after his discharge home on the Friday. But Mr Davies played down many of his mental health symptoms and intrusive thoughts surrounding self-harm and suicide and was assessed by the mental health nurse as low risk. He was informed that a community mental health nurse would visit him on the Monday, but when the nurse arrived, along with a nursing student, they could not gain access to the property. The police were called, and on entering the house, found that Mr Davies had taken his own life.

Simulation structure and emotion

A law professor played the role of the coroner and two law students acted as council for the family; all were dressed in their court robes. With its wood panelling and official desks, the mock courtroom felt very real. The students taking part were incredibly nervous – even the law professor was nervous – but this just added to the authenticity of the simulation. The law professor read out the opening statement, laying out that the purpose of a Coroner's Court is not to apportion blame but seek to understand the facts, so that services can learn and adapt to help prevent similar incidents in the future. The students were then called by the coroner to 'give evidence' and had to walk across the mock court and sit in front of the coroner. They were also questioned by the law students acting as advocates for the family.

Simulation learning

Using the timeline of events, the students identified points where health and social care professionals could have acted to minimise the risks to Mr Davies. For example, the initial assessment by the duty mental health nurse was carried out over the phone instead of face-to-face. Had this been carried out in person, the nurse may have had a better understanding of the seriousness of Mr Davies' situation and acted accordingly. Risk assessment After considering the duty mental health nurse's initial assessment, the students concluded that this was incomplete and not detailed enough to formulate a comprehensive care plan for Mr Davies. The nurse did not fully map out Mr Davies' intent, plan or means for self-harm or suicide, nor did they liaise with other services or fully consider the option of a home assessment. This underlined why carrying out a thorough assessment is so important, and the possible consequences for patients if this is not done correctly. Treatment of substance misuse Mr Davies had issues with alcohol addiction and was intoxicated when he died. The mock court prompted discussion among the students about how health and social care professionals can best support someone with substance misuse issues. For example, if Mr Davies had been referred to Alcoholics Anonymous, with his consent they could have made a '12 Step joint visit' over the weekend and picked up on any immediate risks. The mock court sparked discussions about consent and the fine balance between autonomy, with patients being free to make unwise choices, and the role of health professionals in protecting the patients we treat from harm. For example, does speaking to a patient's family without their consent take precedence over a patient's right to privacy? This led to discussions about the Human Rights Act 1998, particularly article five (the right to liberty and security) and article eight (respect for your private and family life) and the influence of the family unit in managing risk. The mock court helped students consider how services might need to adapt to ensure families are equipped with Video of student playing the role of district nurse and giving evidence in the mock court. In Mr Davies' case, his mother may have benefited from a carer's assessment and signposting to support groups, such as Al-Anon, which supports families and carers of people addicted to alcohol.

Student Holly Brown reflects on her participation in the simulation.

'How has the mock court experience helped me in my practice'? Newly registered mental health nurse Holly Brown talks about her time in the Coroner's Court As a third-year mental health nursing student, I helped to develop the first mock court simulation and then played the part of the patient's ex-wife. We followed the rules of a real Coroner's court, such as directing our answers to the coroner. There was a sense of anxiety in the court, but this just added to the authenticity of the experience. Although 'giving evidence' was nerve-wracking, I would now feel more comfortable if I had to attend a real Coroner's Court. When discussing the case, we were encouraged to think creatively, particularly about the links between mental and physical health. Working with students from the other fields of practice enabled us to share our knowledge and experiences; I was able to apply my knowledge of mental health disorders when thinking about the effects on physical health - such as how low motivation can prevent engagement with treatment – while learning more about diabetes care and management from the adult nursing students. I am now a registered mental health nurse and often reflect on this experience in my practice; when service users present with physical health concerns, I remind myself to think creatively about risk and the links between mental and physical health, as well as the importance of listening to others involved in the person's care. I now help facilitate the mock court sessions for third-year nursing students, and mock medical records have been added to the simulation, which the students can refer to when giving their evidence. This highlights how vital good documentation and record-keeping are in clinical practice, as you will need your notes to help you answer questions if you have to attend a Coroner's Court for real.

Authenticity and evolution of simulation

Autopsy and toxicology reports enhance students' critical thinking skills. Since the initial simulation, the mock coroner's court has been delivered about ten times to the whole cohort of third-year nursing students, in groups of about 30. On advice from a Coroner's Court representative, it was adapted to include autopsy and toxicology reports. Students in later sessions used these to enhance their critical thinking skills by discussing what may have contributed to Mr Davies' death – the toxicology report showed high levels of alcohol in his system, for example – and gain a deeper understanding of biological systems. Every student has a 'role' in the court proceedings. The mock court simulation has also been adapted based on feedback from the students – the second time we ran it we used the 30-minute video from the original simulation, with the students acting as the 'court' in a classroom. But this did not feel immersive enough, so I transcribed the script from the video so that some of the students could 'play' the characters when we ran the session a third time in a classroom. Others act as observers, making notes on the timeline of events and actions of the professionals involved, and any other information. This ensures everyone has a role, which increases engagement and makes the simulation more authentic. There was also a lot of enthusiasm for the mixed field approach to the sessions, with students from the four different fields able to share their knowledge and learn from each other.