

Columns: Teaching Health Law

Bridging the Theories and Practices of Healthcare and Law: A Student-Led Interprofessional Mock Trial Integrating Pharmacy Practice and Legal Education

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Abstract

This article describes a student-led interprofessional mock trial designed to explore the legal and regulatory dimensions of pharmacy practice through collaboration between law students and pharmacy students at the University of Mississippi. Developed by the Interprofessional Education (IPE) Board, the mock trial provides an immersive learning experience that simulates real-world legal proceedings involving pharmacists. Students work in interdisciplinary teams to create original case files including fact patterns, deposition transcripts, and trial evidence — based on scenarios involving professional misconduct, medication errors, or regulatory violations. Faculty advisors from both the law and pharmacy school provide guidance to ensure accuracy and educational value. The mock trial involves multiple rounds judged by legal and healthcare professionals, offering students a dynamic platform to develop professional communication, critical thinking, and collaborative skills. Law students gain practical insight into healthcare law while pharmacy students deepen their understanding of legal accountability, compliance, and the stages of a professional liability lawsuit. This interdisciplinary mock trial approach can especially be beneficial to law schools and law students desiring practical skills in healthcare and malpractice litigation, given that — unlike medical schools' and pharmacy schools' clinical programs — law schools' courses involving medical liability issues frequently do not have a clinical component offering practical experience in malpractice litigation. In sum, this article offers a descriptive account of the mock trial, highlighting its structure, implementation, and replicability.

Keywords: Interprofessional Education; Mock Trial Simulation; Pharmacy Law; Health Law Education; Law School and Pharmacy School Teaching Methods

About This Column: Teaching Health Law is edited by Brietta R. Clark, JD, Fritz B. Burns Dean of Loyola Law School, Loyola Marymount University. She can be reached at brietta.clark@lls.edu.

Background

Medical malpractice litigation and pharmacy malpractice litigation represent a critical intersection between healthcare and the legal system. In 2024, the National Practitioner Data Bank recorded 11,388 medical malpractice payment reports.¹ Some studies estimate that approximately 400,000 medical errors occur yearly in hospitals and approximately 200,000 deaths that are preventable occur from medical errors each year.² Therefore, it is vitally important that law schools, pharmacy schools, and other healthcare professional schools adequately cover malpractice litigation in their

curricula. Although law students at many law schools have access to Law and Medicine courses, and perhaps other professional liability courses, most of these courses do not have a clinical or practice-skills component. Therefore, many law students will have limited exposure to the complexities of healthcare delivery systems and the interprofessional dynamics that influence patient outcomes and legal accountability.

Interprofessional education (IPE) is a cornerstone of health professionals training, fostering collaboration among future practitioners to improve patient outcomes and system efficiency.³ Mock trials, as presented in this article, offer a dynamic, immersive, experiential learning environment where law students, pharmacy students, and perhaps students from other healthcare disciplines can engage in realistic mock proceedings. These simulations enhance understanding of the legal system; cultivate critical thinking, communication, and teamwork skills; and can provide a

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powerful educational strategy to promote interprofessional collaboration.

Research supports the efficacy of interprofessional mock trials in promoting behavioral change among healthcare providers. A study published in the *Journal of Urgent Care Medicine* found that, after viewing a mock trial, a significant number of the physician and physician assistant participants reported intentions to improve their clinical documentation and practice habits.⁴ Medical residents have also reported feeling more comfortable about the litigation process after watching a mock trial.⁵ Additionally, nurse educators have used mock trials to improve patient safety and outcomes.⁶

Despite their demonstrated value, interprofessional mock trials involving pharmacy and law students (and perhaps other healthcare professional students) remain underutilized. To date, the authors are aware of few examples of mock trials being incorporated into curriculum requirements for pharmacy students. At one institution, students participated in a mock trial, but this experience involved only pharmacy students.⁷ Two additional examples were interprofessional, but neither process involved students collaborating to both create a case file and execute the mock trial.⁸ This article describes the development of case file materials, execution, and outcomes of an interprofessional mock trial, highlighting a replicable model of interdisciplinary education.

Purpose and Objectives

In 2018, the Schools of Law and Pharmacy at the University of Mississippi initiated an interprofessional mock trial to introduce law students and pharmacy students to a cooperative, integrated approach to health law. The initial mock trial involved faculty advisors from each discipline creating a medical malpractice case involving pharmacists and guiding students through the legal process. While this demonstration allowed students a glimpse of the relevant legal proceedings, doctrines, and theories, it did not meet the purpose of promoting interprofessional core competencies of communication, teamwork, roles and responsibilities, and values and ethics because most students were passive participants in the learning activity. In 2019, the faculty advisors shifted from a faculty-led approach to a student-led initiative. This approach led to a two-semester process that starts with students working together to develop a medical malpractice case file and concludes with a mock trial competition in the following semester.

To operationalize this vision and ensure meaningful engagement across disciplines, the following objectives were established to guide both participants and observers in the mock trial experience.

The objectives for the mock trial participants include:

1. Demonstrate ethical integrity and professionalism in all aspects of case file development, mock trial preparation, and courtroom simulation.
2. Clearly articulate one's professional role and scope of practice.
3. Collaborate effectively to resolve all legal and medical issues.
4. Practice active listening that encourages ideas and opinions of other team members.
5. Apply collaborative reasoning and decision-making.
6. Recognize and value the diverse expertise, experiences, and roles of team members from both law and pharmacy backgrounds.

The objectives for mock trial observers/jurors:

1. Identify the role of pharmacists as expert witnesses and contributors to the legal process in healthcare litigation.
2. Analyze how interprofessional communication and collaboration can influence patient outcomes and legal accountability.
3. Reflect on the importance of ethical conduct, documentation, and communication in mitigating legal risk in pharmacy practice.
4. Evaluate the courtroom dynamics and legal strategies used to present and challenge evidence.

These objectives are especially important for law schools and law students who are interested in healthcare and medical liability issues, but do not normally have access to practical experience with these issues while in law school — as do some students in healthcare-related professional schools. The learning experience from the mock-trial approach is limited only by the creativity of the law faculty advisors and the participating law students. This approach would allow law faculty advisors and law students — in collaboration with pharmacy advisors and pharmacy students — to create innovative fact patterns that blend the normal doctrinal approach of teaching healthcare-related courses with a practical-skills component that expands law students' learning experience. For example, prior fact patterns have allowed the development of creative strategies to present various theories regarding medical informed consent. Other topics could be worked into a fact pattern, including physician-assisted suicide, access to drug prescriptions for gender-affirming care, access to healthcare and managed care, and almost any issues involving healthcare or bioethics — with the only limitation being the creativity and diligence of the advisors and students.

Methods

Participants and Structure

Each spring, first-year pharmacy students (P1) and first- and second-year law students (L1 and L2) are invited to join the Interprofessional Education Board (IPE Board), a student-run organization that is responsible for development and implementation of a health law mock trial.⁹ Pharmacy students participate as part of a required course; however, law students' participation is voluntary. The IPE Board was, in part, created to encourage law student involvement. The establishment of the Board elevated the visibility and credibility of the mock trial, aligned the Board's work with the work of comparable student groups within the law school, and provided consistent law student involvement. The IPE Board elects a law student and pharmacy student to serve as the mock trial co-chairs each year. These students serve as the main point of contact for students and faculty advisors throughout the process.

Mock Trial Development Process

The mock trial development follows a structured, multi-phase process encompassing two semesters. Pharmacy students begin in the spring by researching pharmacy practice laws for three specific regulatory focus areas: roles and responsibilities of pharmacy personnel; regulations governing various types of pharmacy settings; and rules related to dispensing, counseling, and clinical responsibilities for pharmacy practice. It is important to note that, at that time, the first-year pharmacy students do not have any formal legal training because they do not complete their required pharmacy law course until the third year of the curriculum; therefore, they must obtain the relevant law from the law students and their own legal

research. The students utilize this research to create hypothetical fact patterns in which a pharmacy malpractice event has occurred involving a pharmacist or pharmacy setting.

In late spring, the pharmacy students present their fact patterns to the law students for feedback and discussion. The law students evaluate the fact patterns for legal viability. The fact patterns must have appropriate evidence and legal arguments for both plaintiff and defendant. A formal vote is conducted by the entire IPE Board to approve the fact pattern that will be utilized for that year's mock trial. To date, all cases have involved civil liability rather than criminal prosecution. Case examples include inappropriate medication monitoring and dosing by a pharmacist, inappropriate vaccination administration by a pharmacy intern, and incorrect intravenous medication admixture by a pharmacy technician.

In the fall semester, students complete final case preparations, including creating deposition transcripts, expert witness reports, physical evidence including medical and pharmacy records, a complaint and an answer, and jury instructions. Law students work as a committee to draft deposition transcripts and jury instructions but provide individual complaint and answer submissions that are judged by a law school faculty advisor. A certificate is awarded after the mock trial to the law student(s) with the best complaint and best answer. Pharmacy students compose expert witness reports and create realistic evidence such as prescriptions, medication labels, patient medical records, and policies and procedures. These are evaluated by pharmacy faculty advisors, and an award is presented after the mock trial to the students who prepared the best expert witness report.

Mock Trial Execution

The mock trial occurs on a designated date during the fall semester. Prior to the trial, six law and six pharmacy students are selected to serve as official jurors. The official jury members are sequestered at the beginning of the mock trial and periodically dismissed by the judge when necessary to resolve objections. This official jury is responsible for determination of the final verdict. The rest of the audience is divided into additional juries consisting of twelve members, with special consideration to ensure at least one law student is on each jury. These additional juries provide unofficial verdicts and feedback during the debrief.

The final mock trial is executed in a simulated courtroom setting. Audience attendance is mandatory for first-year pharmacy students and optional for the entire law school study body. Historically, the combined attendance has been approximately 100–150 students, with pharmacy students comprising a substantial portion of those attending.

During the trial, certain law students serve as the attorneys, while pharmacy students act as lay and expert witnesses. The above-referenced juries are composed of pharmacy and law students who are not members of the IPE Board. A local judge or practicing attorney volunteers to preside over the proceedings. To determine the students who participate in the final mock trial, an internal competition among teams comprised of IPE Board members and volunteering law students (from the entire student body) is completed the week prior to the final mock trial. Each team is comprised of two law students paired with one or two pharmacy students. During the internal competition, the students compete in a condensed mock trial format, with each side presenting an opening statement, conducting a direct examination of its witness, and a cross-examination of an opposing witness. The top two teams proceed to compete in the final mock trial. A coin toss decides

which team will serve as the plaintiff and the defendant. The final mock trial lasts approximately three to three and a half hours. To manage time effectively, each side is allowed to call a maximum of two witnesses. Traditional mock trial sequence, rules, and decorum are followed. At the conclusion of the closing arguments, the judge provides jury instructions and dismisses the official jury for deliberations. During this time, the students in the audience discuss their interpretation of the proceedings and reach their advisory verdicts on the merits. Subsequently, the official jury returns to the courtroom and delivers its verdict on the merits that determines the winning team. The pharmacy school and law school faculty advisors, utilizing a rubric to evaluate student performance during the trial, confer a Best of Law Award and a Best of Pharmacy Award for the best individual performances of the law student and pharmacy student members of the competing teams.

Debrief and Reflection

Following the mock trial, the faculty advisors and the presiding judge lead the students through a debrief discussion. The debrief begins with the judge providing comments to the competing students and allowing for audience questions regarding rulings during the trial. The advisors provide clarification of fundamental law and/or clinical concepts that may have been raised during the case. In addition to the debrief, all pharmacy students submit a written reflection. The reflection addresses what students learned from the experience and how the knowledge gained would inform their future professional practice. The law students do not submit a written reflection because their participation is voluntary and not a component of a formal course, as exists for the pharmacy students.

Evaluation

All students are asked to provide feedback via an electronic, anonymous survey immediately after the mock trial. Over 95% of students responded that they found the mock trial to be educational. When asked more specific questions related to content, 83% of students responded that they somewhat or strongly agreed that the mock trial was thought-provoking and engaging. A majority of the students believed they had a better understanding of pharmacy malpractice after the experience.

Pharmacy students complete an additional written reflection after attending the mock trial. The students are asked to provide comments on how they will use the knowledge gained from participating in the mock trial in their future professional practice. Several key themes were identified in the reflections including personal accountability, critical role of documentation, need for proactive communication, and prioritizing patient safety and individualized care. Students reported coming away with a heightened awareness of the legal and ethical implications of their actions, as well as a commitment to patient-centered care.

It is believed that the law students gained most of the same relevant values and insights as discussed above. Additionally, substantially all of the law students appreciated the experience of developing the case file and participating in a mock trial involving healthcare law issues, an opportunity that they frequently do not have unless they are a member of a trial advocacy board. The opportunity to participate in the trial gives law students the confidence that they can do trial work after graduation and it provides a better understanding of the importance of discovering and using facts, doctrines, and theories before and during a trial.

Lessons Learned

Each year, the faculty advisors as well as the participating students identify opportunities for improvement in the mock trial. One of the early changes made to the trial involved the jury selection process. The first year involved only a select number of students participating in the jury. While this mimicked a real-world courtroom, the feedback suggested students who were not selected as jurors were not as actively engaged in the trial proceedings. To mitigate this concern, a change was made to create multiple juries so that each student would have a vote in the outcome of their jury's verdict on the merits. This solved the lack of engagement problem but created imbalance in the jury pool. The audience has historically been composed of law students and pharmacy students, with ratios ranging from 1:5–1:10 law to pharmacy students — because attendance is mandatory for first-year pharmacy students and is voluntary for law students.

Additionally, pharmacy students demonstrated a bias for the defendant, who is usually a pharmacist, regardless of the merits of the legal case presented by the plaintiff and the defendant. In an effort to remove bias, one official jury is selected with an equal number of pharmacy and law students as described above. This has resulted in a more balanced opportunity for the law students who represent the plaintiffs alleging malpractice. Ongoing steps have been taken to increase law students' participation.

To our knowledge, this is the only mock trial involving pharmacy and law students in which the students create all of the mock trial case materials. The choice to design the mock trial in this way is to reinforce collaboration between the two disciplines and allow the students to learn from each other. While the faculty advisors still believe this is the most effective approach, there are several limitations to this choice. Many of the students participate in the mock trial more than once during two separate academic years to obtain more trial experience. This requires the IPE Board create a new case file each year. Pharmacy students in particular have limited clinical and legal knowledge as first-year students and need significant guidance to create a well-developed pharmacy malpractice case file. Many of the case ideas were not real-life and significant revisions were required from faculty advisors. This became frustrating for both faculty and students. To manage this issue, pharmacy students are now given legal case vignettes to research and expand into a fact pattern. This ensures the topic is appropriate for the mock trial and gives students a clear research plan.

The case creation process is multifaceted and time-consuming. Law and pharmacy students have varying academic calendars, which often conflict. For the first few years, the faculty advisors allowed students to create their own to-do lists and calendars for deadlines. While this created a sense of autonomy for the students, their timelines were often too ambitious for the amount of time required to complete the project, and their to-do lists were incomplete. Now, the IPE Board's leadership team has a "how-to" guide that includes major items to complete as well as a recommended timeline. The timeline has also been adjusted to recommend that the IPE Board selects the fact pattern of the case by the end of each spring semester, in preparation for the mock trial in the fall semester. This allows students to work on the components of the case file over the summer if they would like; however, no official due dates occur until the fall semester begins.

When the mock-trial approach started in 2018, it was an advisors-led initiative where the pharmacy school and law school advisors recruited a group of pharmacy students and law students

to conduct a mock trial, with the advisors doing most of the planning and other arrangements while the law school's Trial Advocacy Board members conducted the mock trial. However, in 2019, the advisors decided the initiative would be more efficient in recruiting students, planning, and executing the mock trial if the advisors created the IPE Board to operate as a student organization, with both law students and pharmacy students serving as officers. The student organization model has worked well because the IPE Board has developed policies and procedures to formalize the process of recruiting students, developing the case files, and conducting the preliminary and final rounds of the mock trial competition. However, there are some advantages and disadvantages of each approach.

An advisors-led approach gave the advisors more control of the entire process; however, it was more time-consuming for the advisors because they had to be more hands-on in the planning and execution of all stages of developing and executing the mock trial. In contrast, the student organization approach has allowed a more structured process with student officers doing a substantial amount of the work of planning, developing, and executing all aspects of the process. However, one disadvantage of the student organization model is that the quality and commitment of the student leaders have varied from year to year, which is normal for many organizations. Therefore, this model requires that more attention be given to selecting high-quality student leaders who will place the above-discussed objectives above their own self-interests.

Another important factor has been that the funding for the various activities has come directly from the pharmacy school and law school, and not from student activity fees or other student organization funding sources. In other words, because of the value and benefits of this interdisciplinary collaboration between the pharmacy school and law school, these schools have enthusiastically provided any necessary funding of the various stages of the process as if the development and execution of the mock trial is a regular course offered by each school.

Along this line, the pharmacy school has formalized its participation by making the mock trial a component of one of its courses, while the law school, instead, allows law students to receive independent study Z credit for their participation. (However, other workable options are that a law faculty advisor could create a course with the mock trial component or incorporate the mock trial as one component of an existing Law and Medicine or similar course.)

Expansion to Include Other Schools and Disciplines

Despite that presently only the pharmacy school and law school are involved in this interdisciplinary collaboration, there is the possibility that other disciplines and schools (such as the medical school, nursing school, and perhaps even the business school or other non-healthcare related schools) could be added to the collaboration and the IPE Board — with the only limitation being that new fact patterns would have to include issues and components that would benefit these new collaborating schools. For example, in addition to fact patterns involving only pharmacy malpractice issues, the fact patterns could be extended to also include physician and nursing malpractice issues, and perhaps negligence issues that students from other schools or disciplines would encounter, such as business organization and employer-employee issues.

Conclusion

As the legal landscape of healthcare grows increasingly complex, law and health-related schools must prepare graduates to navigate the nuanced intersections of clinical practice and legal accountability. The interprofessional mock trial described in this article represents a novel educational model that immerses law and pharmacy students in the realities of healthcare-related malpractice. By engaging in the full arc of case development, trial preparation, and courtroom simulation, students develop a deeper understanding of professional roles, legal accountability, and ethical practices. The experience not only enhances students' communication, critical thinking, and teamwork skills, but it also cultivates a culture of mutual respect and shared responsibilities across disciplines. Reflections and feedback consistently demonstrate the trial's impact on students' professional identity formation and their preparedness to navigate complex, real-world challenges. This model offers a replicable and adaptable framework for institutions seeking to enrich interprofessional education and promote meaningful integration of law and healthcare curricula.

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