



Authentic learning environment –
Role play on giving oral evidence in Court

Medical Expert Witness Training

A Collaboration between the Academy of Medicine, Singapore (AMS), The Law Society of Singapore (LSS), Singapore Academy of Law (SAL), Singapore Medical Association (SMA) and State Courts of Singapore (State Courts)

COURSE OBJECTIVES

- A. To acquire the knowledge and skills in writing medical expert reports.
- B. To be aware of the skills and pitfalls in giving oral evidence in court as an expert witness.
- C. To acquire practical skills by being directly observed and coached in providing oral evidence in court.

Day 1 (19 March, Saturday)

Venue: Academia, L1-S3,
20 College Road, Singapore 169856

1 pm	Registration (Lunch will be provided)
1.30 pm	Opening Address
1.50 pm	Course Overview
2 pm	MCQ Quiz (Part 1)
2.15 pm	Seminar 1: In General – Medical Expert
2.45 pm	Seminar 2: Instructions and Writing an Expert Report, Preparing for Court and Professional Issues
3.25 pm	Tea Break
3.45 pm	Seminar 3: Testifying in Court – What to Expect and Courtroom Skills
4.15 pm	Question & Answers
4.45 pm	MCQ Quiz (Part 2)
5 pm	Assignment & Instructions: Drafting an Expert Report
5.15 pm	End of Day 1

Day 2 (9 April, Saturday)

Venue: State Courts,
No. 1 Havelock Square, Singapore 059724

8.30 am	Registration
9 am	Course Overview
9.10 am	Seminar: Common Pitfalls in Writing Expert Reports
10 am	Morning Tea Break
10.20 am	Roleplay: Giving Oral Evidence in Court
2 pm	Lunch
2.30 pm	Closing Remarks/Debrief
3.30 pm	End of Day 2

CME Points: Max. 6 (pending approval from SMC)

Limited to 60 doctors.

30 participants will be given the opportunity of being directly coached by judges and lawyers in giving oral evidence in court
Registration closes on 7 March 2016, Monday, or when all vacancies have been taken up.

Please return this slip for *Medical Expert Witness Training* to Denise Tan, **Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 62231264, fax: 62247827 or email: denisetan@sma.org.sg.** A confirmation email will be issued to all applicants.

Name: _____ MCR no.: _____ Year of graduation: _____

Contact no.: _____ Email: _____

Mailing address: _____

Please tick the following:

- A. SMA member: Yes No
- B. AMS member: Yes No
- C. GP Specialist (please include specialty: _____)

Registration fee: \$450* (Inclusive of GST) *For SMA/AMS members (in good standing), \$350 will be refunded upon completion of the training

Mode of Payment

- Credit Card
VISA/ Master Card no.: _____ - _____ - _____ - _____
Expiry date: _____ / _____ CVV2/CVC2 no.: _____
- Cheque (payable to Singapore Medical Association)
Bank: _____ Cheque no.: _____
Signature: _____ Date: _____

