

SECTION ON

NEWSLETTER

CLINICAL LEGAL EDUCATION

June, 1983

Reply to: Norman H. Stein
University of Arkansas at
Little Rock School of Law
400 West Markham
Little Rock, AR 72201
(501) 371-2268

MESSAGE FROM THE CHAIR

By
Kandis Scott

It has been said that the most fervent advocate of no-growth is the last one to build in the neighborhood. Now that clinical programs and teachers have been moving into the respectable neighborhood of academic acceptance, we must be wary of assuming the exclusive attitudes of our new neighbors. Clinical education should not become complacent or even comfortable. It should not relax its challenge to the system of traditional legal education or its dedication to service of the unrepresented. Acceptance by the academy is not worth that price.

Law schools now recognize clinical education, at least in the sense that they all offer programs characterized as "clinical". Some schools have improved the employment conditions of clinical teachers so that many lawyers now enter clinical teaching expecting a career. If Proposed Accreditation Standard 405(e) is adopted, this new stability and solidity will grow.

Under this surface of acceptance lies a less attractive reality. Law faculties accept the existence of clinical programs but have nothing to do with them, learn nothing from them and often silently disdain such "trade school" education and the "non-scholars" who teach it. Frustrated by this situation and seeking an improved position in the law school community, some clinical teachers have unconsciously absorbed some of the values and attitudes of traditional teachers. They've become no-growthers.

A symptom of this is the willingness of some who have made their reputations as innovative teachers to criticize newer clinicians who have not published scholarly work. Another clue is the unspoken status which attaches to a clinician who is assigned to teach a traditional course. One also sees the mentality of the traditionalist in the clinicians' increasing focus on classroom teaching rather than individualized supervision or critique.

"Burnout" has reinforced this acceptance of academic attitudes. The exhausting task of one-on-one teaching has driven clinicians to old fashion techniques which may be as inappropriate in the clinical setting as they are ineffective in the classroom. Some have reacted by, in effect, returning to the practice of law, merely assisted by their students. Others have succumbed to simulation rather than actively choosing that approach.

In other words, clinical education today is in danger of becoming an establishment operation, one which has absorbed attitudes and techniques from traditional legal education while being unable to affect that institution deeply.

Contrast this position with the discomfort of the past when law schools did not accept clinical programs or teachers even superficially. Clinical education, although rooted in the apprenticeship model, threatened change to legal education. Unlike traditional courses, clinical classes were small, humane and personalized. Clinicians used the lively, although unpredictable, problems of actual cases rather than the distilled facts of appellate opinions. Our courses were saturated with professional and social values and our students were enthusiastic. These differences still exist, but are muted.

Now clinical education has moved into the suburbs with contracts and environmental law. On the Weber clinicians grill hot dogs and mutter about the outsiders who don't deserve to have a yard. They no longer eat chow mein or chimichangas and demand better conditions. Accomodation rather than change seems to dominate. The irony is that, while clinical education has gained acceptance and greater security and stability, it has lost some of its impact on legal education.

In most schools even clinical programs slow a bit in the summer and give teacher/lawyers a time to reflect on professional values and regain their vitality. This could be the time to restore some of our original vision, to fire up our outrage about the bad parts of legal education. Rather than criticize less effective clinical teachers, let's help them improve their work. Can the Section's Annual Meeting in January facilitate this? What should we be doing in Regional Conferences? How should we focus the next, week-long Teacher Training Conference? Let us direct some energy from our "union" issues to a debate about teaching techniques or the substance of our courses. Derek Bok recently suggested more study of legal systems, the sociological or larger issues in the lawyering process. Clinicians are in the best position to do this. Finally, clinicians who teach traditional courses could develop innovative approaches to the material. Those remaining full-time in clinics might exploit the academic freedom, which will come with tenure or other protected status, to examine and criticize traditional legal education and offer helpful suggestions from the world of practice. Let me know your good ideas so that we can make the Newsletter a forum for them. And besides all that, have a good summer!

This Newsletter is a forum for the exchange of points of view. Opinions expressed here are not necessarily those of the Section and do not necessarily represent the position of the Association of American Law Schools. AALS Executive Committee Reg. 12.4(c).

NOMINATIONS FOR SECTION OFFICERS SOLICITED

The Nominating Committee seeks nominations from the membership for Chair-elect of the Section and two positions on the Executive Committee. Please send your nominations to the committee's chair:

Professor Judy Potter
University of Maine School of Law
246 Deering Avenue
Portland, Maine 04102

AWARDS COMMITTEE SOLICITS NOMINATIONS FOR THE AALS CLINICAL
SECTION AWARD FOR OUTSTANDING CONTRIBUTIONS TO CLINICAL
LEGAL EDUCATION

Sue Bryant, Hofstra, Chair of the Awards Committee, requests that nominations be submitted for the Section's annual award for exceptional service and contributions to Clinical Legal Education. The nominations should be submitted to Sue or to one of the committee members: Jim Countiss, Hawaii; Robert Dieter, Colorado; Walt Heiser, San Diego; Jack Sammons, Mercer; Steve Wizner, Yale. The purpose and criteria for the award are as follows:

Purpose - The purpose of this award shall be to recognize outstanding contributions to the furtherance of clinical legal education. It may be awarded each year to a person who or organization which has supported and encouraged the inclusion, expansion and improvement of intellectually sound, experientially-based learning programs in the nation's law schools. Such efforts are agreed to affect beneficially the improvement of the legal profession by enhancing the professional development of future lawyers.

Recipient Selection Criteria - The Clinical Section Award recognizes individuals who or organizations which have made outstanding contributions to clinical legal education. Such contributions may be in the form of superior clinical teaching, scholarship, leadership, service to the Section or any other accomplishment which the selection committee deems to be a significant contribution to and in furtherance of clinical legal education. If a majority of the selection committee agree upon a nominee, he or she shall be declared nominee of the Clinical Section Award.

Timetable for Nominations and Awards - Nominations for the Clinical Section Award shall be solicited each year through notice in the AALS Newsletter and perhaps the Clinical Section memo. The closing date for nominations shall be July 31. All nominations received shall be distributed to members of the Awards Committee during August. The Awards Committee recommendation on nominations shall be made and forwarded to the Executive Committee of the Section by September 15. The Executive Committee shall review the Awards Committee recommendation by October 15 and shall forward its final recommendation to the AALS Executive Committee in time for its November meeting. As soon as the nomination is approved by the AALS Executive Committee, the nominee shall be advised of the selection by the chairman of the Section or his designee. The Clinical Section Award shall be presented at the annual AALS Convention.

TENURE: WHO HAS IT?

The Tenure and Promotion Advisory Project Committee, chaired by Bill Greenhalgh Georgetown, is compiling a list of schools in which clinical teachers have tenure. This information will supplement that generated by the poll of the Faculty Status Committee and complete the inquiry into the effects of proposed Standard 405(e) on clinical teachers and their law schools. Please respond to:

Bill Greenhalgh
Georgetown University Law Center
600 New Jersey Avenue, N.W.
Washington, D.C. 20001

REGIONAL TRAINING PROGRAMS - SOLICITATION AND ASSISTANCE

Has there been a regional training program or conference for clinical teachers in your area recently? If there has been, the section's National and Regional Training Program Committee would appreciate receiving a copy of the agenda, a list of participants, and copies of any materials for our central file.

If there hasn't been a meeting in your region lately, have you thought about trying to organize one? These meetings are becoming increasingly popular; they are means of organizing, training and re-training ourselves - as well as important sources of encouragement, enthusiasm and support. If you'd like to look over some sample agendas or materials (as sources of inspiration, refinements or whatever), or if you'd like names of organizers or participants so you can discuss planning or get a first-hand review, please let us know.

So - if you have information (agendas, materials, etc.), or would like information, or have any suggestions for ways the section could assist in encouraging or facilitating regional meetings, please write to the Chair of the National and Regional Training Program Committee

Jennifer Rochow
Boston College Law School
885 Centre Street
Newton Centre, MA 02159

UPDATE ON PROPOSED STANDARD 405(e)

AALS Executive Committee Resolution Urges ABA to Delay in Acting Upon Proposed Standard 405(e).

The Executive Committee of the AALS forwarded a resolution to the ABA Council of the Section of Legal Education and Admissions to the Bar which requests that the Council delay taking any action on proposed Standard 405(e) while an attempt is made to enhance the status of clinical teachers through voluntary efforts by each law school.

The entire text of the resolution is set forth below:

Resolution Adopted by the Executive
Committee At Its Meeting on May 19, 1983

The Executive Committee of the Association of American Law Schools recognizes the importance of furthering the quality of clinical legal education by assuring academic freedom of those who teach full time in such programs and the need to attract and retain competent clinical teachers by assuring and regularizing their status at individual law schools. Indeed, the Committee accepts as a given that all teachers now enjoy the protections of academic freedom under ABA Standards. The Executive Committee, however, unanimously urges the Council of the Section of Legal Education and Admissions to the Bar to refrain from adopting proposed Standard 405(e). The Committee proposes instead an alternative approach designed to achieve the same ends as Standard 405(e) without dictating a result that may be unnecessarily inflexible or impractical to implement.

We propose that the Council join the Association of American Law Schools in asking each law school:

- (1) to adjust its policies, if necessary, to assure that full-time clinical law teachers enjoy a status and role that is consistent with attaining high quality personnel and maintaining high quality clinical programs, and
- (2) to report in detail no later than December 1, 1984 on the policies adopted and progress in implementation.

With the information provided, the Council will be in a better position to decide whether there is a need for mandating a specific status and role requirement for those teaching full time in clinical programs, and, if so, how that rule should best be formulated.

There are several advantages to meeting the problems of status and role that may exist by means of a voluntary system followed by a report and evaluation within a relatively short time rather than an immediate mandate by the Council. First, by permitting individual schools to develop solutions geared to their own personnel, the dislocation of clinical programs now in place will be minimized. Second, by permitting individual schools to develop their own solutions, it is likely that a greater variety of satisfactory arrangements will result. Third, the fiscal adjustments that will be necessary at some schools may be phased in without reductions of clinical or other law school programs.

The Executive Committee believes that the process suggested will be less intrusive on law school autonomy and will address more effectively the critical educational issues raised by the status of clinical law teachers.

ABA COUNCIL AND STANDARDS REVIEW
COMMITTEE MEET IN MAY

The ABA Council and its Standards Review Committee met in Washington, D.C., on May 20 and 21, 1983. As was expected, no final action was taken on proposed Standard 405(e).

The Standards Review Committee met on May 20, 1983. Committee Chair Gordon Schaber told the Council, at its meeting the following day, that the Committee would present something to the Council at its July 30th meeting during the ABA annual meeting in Atlanta. Dean Schaber reported that his committee was narrowing the differences of opinion concerning the standard, and promised that the committee would articulate the different positions surrounding the standard before the July meeting. Two members of the committee, Jim Blumstein and Charles Gaivin, both at Vanderbilt, will be responsible for drafting such a document.

At the Council's meeting on May 21, Chair Sandy D'Alemberte suggested that discussion on the merits of the standard should wait until the Council meets in July.

STEIN OUT/HOFFMAN IN AS NEWSLETTER EDITOR

Chair Kandis Scott has appointed Peter Hoffman, Nebraska, to serve as the editor of the Section's Newsletter. Future newsletters will be coming from Peter's office at the University of Nebraska College of Law, 40th and Holdrege, Lincoln, Nebraska, 68583. Norm Stein will continue to help as Editorial Advisor.

GEORGETOWN FACULTY CONSIDERS STATUS OF
CURRENT CLINICAL TEACHERS UNDER NEW POLICY

Last year, the Georgetown University Law Center faculty voted to upgrade the status of clinical teachers by providing substantial equivalence to tenure, on a long-term contract basis. (See June, 1982 Newsletter). This spring the faculty turned to the question of grandfathering into the system the first six of the current clinical teachers not on a tenure track.

On May 11, 1983, the faculty voted to accept Jim Doyle (Criminal Justice Clinic), Laura Macklin (Institute for Public Representation) and David Koplow (Center for Applied Legal Studies) as Assistant Professors. On May 25, they voted to accept Wally Mlyniec (Juvenile Justice Clinic) and Steve Goldblatt (Appellate Litigation Clinic) as Professors and Doug Parker (Institute for Public Representation) as Associate Professor. All these appointments take effect July 1.

LOYOLA, L.A., FACULTY DECISION TO PUT CLINICAL
TEACHERS ON TENURE TRACK

Mary-Lynne Fisher, Loyola, L.A., has summarized the newly adopted standards and procedures governing clinical teachers and their eligibility for tenure track positions and tenure:

Currently at Loyola Law School "clinician" refers to three groups of faculty: Those who spend about half their time supervising in-house clinics and the rest teaching skills courses those who spend most of their time teaching Lawyering Skills, a second year required course in interviewing, counseling and negotiation and those who exclusively teach Civil Procedure Workshop, a required first year research and writing course with a litigation component. In 1982-83 there were ten clinicians, including one visitor, on a faculty of 45.

In March the tenure-track faculty voted to put all clinical positions on the regular tenure track. Current Loyola clinicians who chose to apply went through a standard hiring process of reference checks, faculty interviews and an informal presentation. Eight clinicians were considered this spring. (One resigned to go into private practice and one chose to postpone consideration until next fall). In April the faculty voted to make tenure track offers to five of the clinicians.

The five clinicians will be given standard three-year contracts and will be expected to devote two-thirds or more of their teaching load to clinical subjects. Although published scholarship was not a criteria for selection onto the tenure-track, as it is not for other faculty candidates, such scholarship will be a requirement for receiving tenure, just as it is for traditional faculty. Two of the three clinicians who did not receive tenure-track offers were given one-year non-renewable contracts.

Issues that remain to be decided next year include: 1) tenure standards for clinicians, 2) credit towards tenure for past teaching, and 3) salary equalization.

HANDBOOK ON STATUS OF CLINICAL LAW FACULTY
COMPLETED AND AVAILABLE

Rod Jones, Southwestern, Chair of the Committee on Faculty Status, has compiled the "Handbook on Status of Clinical Law Faculty" for the Section. The handbook contains the results of the poll of the Section's membership which was done by Rod and the committee earlier this year. (See March, 1983 Newsletter) The Handbook also contains the AALS - ABA Guidelines on Clinical Legal Education, AAUP Policy Documents and Reports and memos containing promotion and tenure guidelines from several law schools.

The Handbook can be obtained directly from Rod Jones at Southwestern.

RUTGERS-NEWARK DISCUSSION DRAFT OF
PROMOTION AND TENURE STANDARDS FOR ALL
LAW FACULTY -- A SUMMARY

By Patricia E. Rousseau, Rutgers-Newark

The Rutgers-Newark faculty currently is discussing draft promotion and tenure standards for all faculty. Since over half of the clinical faculty in the four primary clinics are tenure track appointees, the guidelines clearly impact on clinicians. There are no proposals about status for non-tenure track clinical faculty who presently operate under the "three year and out" rule.

The promotion and tenure guidelines as drafted by faculty committee propose a tentative "three pieces of scholarship" quantitative standard for tenure although the proposal contains a proviso that "there is no bright line of sufficiency." The quantitative guidelines expressly provide for some undefined quantity adjustments for clinical faculty.

The guidelines also contain a relatively broad definition of scholarship including publications resulting from professional appointments (e.g., briefs, arbitrations); governmental appointments (e.g., legislative or judicial committees); and "significant scholarly contributions resulting from clinical legal education programs, as evidenced by briefs, memoranda, legislative documents, reports." There is a caveat in a footnote which indicates that "a candidate would be ill-advised to rely primarily on advocacy briefs as evidence of scholarly accomplishment."

Clinicians here are encouraged that the proposed guidelines direct some attention to the differing time demands and duties placed on tenure track faculty in the clinics; we regret, however, that the faculty does not address status of non-tenure track appointees. The failure to address this question rests on the shoulders of clinicians themselves who have been unable to reach consensus on what they want and thus who have initiated no formal proposals or discussions. This uncertainty relates in large measure to our perception that the faculty would be unwilling to do much beyond extending the contract period to six years and to concern about the effect a clinical tenure proposal might have on the promotion and tenure votes of regular tenure track clinical appointees.

In addition to the recognition accorded clinicians in the tenure/scholarship requirements, the guidelines explicitly acknowledge that "significant learning occurs in a variety of settings including work on client cases in a clinical setting." They describe some attributes of effective clinical teaching and address the unique features of the clinical process. To assess and improve teaching effectiveness, the guidelines propose establishing an individual two or three member teaching "committee" for every tenure candidate which will undertake in-depth evaluation of teaching effectiveness based on repeated classroom visits, regular discussions of teaching philosophies and constructive criticisms. These committees should be composed of faculty who are

effective teachers; the evaluation of clinicians should include observation of their "one on one" teaching of student lawyers and the processes used to solve the situations posed by the immediacy of the clinical setting.

The document deals with a myraid of procedural issues posed by the tenure/evaluation process ranging from candidate access to scholarship reviews, both internal and external to the institution, ex parte communication by faculty to the university reviewing authorities outside the law school, and mechanisms, if any, to present dissenting faculty views to those bodies.

The guidelines do offer explicit proposals on both substantive and procedural issues in the tenure and promotion process. They recognize the unique role and responsibilities of clinicians holding tenure track appointments. Whether the faculty will ultimately adopt these guidelines is an open question given the volatile debate which has occurred to date. Clinicians are concerned about the weight university committees and officials will accord to these guidelines in evaluating the contents of a clinician's tenure file which may include non-traditional scholarship in quantities which differ from that submitted by nonclinical candidates.

AALS COMMITTEE ON COURTS SEEKS INFORMATION
ON CLINICAL PROGRAMS IN JUDICIAL SETTINGS

The AALS Committee on Courts, chaired by Dan Meador, University of Virginia, is studying the nature and extent of the relationships and interactions between law schools and courts. A member of the committee, Arthur D. Hellman, University of Pittsburgh, is investigating the particular relationship between the courts and law students in a clinical setting.

Professor Hellman is seeking information from those clinical teachers involved in programs where students are doing work for courts or specific judges, whether it be an extern or intern program. Professor Hellman is generally concerned with the nature of supervision & review in a judicial clinical program; the process for selecting a judge/supervisor; the kinds of tasks in which students are involved; and the various working arrangements that have been arrived at by courts and clinical programs. Quantitative information on the number of law schools having such programs, and the number of courts and students involved, is also needed.

Responses should be sent to:

Arthur D. Hellman
University of Pittsburgh School of Law
3900 Forbes Avenue
Pittsburgh, PA 15260

CONFERENCE ON "OUT-OF-HOUSE INTERNSHIPS" HELD

A working conference on "out-of-house internships", coordinated by Professor Janet Motley, Director of the Clinical Legal Education Program at California Western, was held at the University of San Diego on March 11 and 12. Representatives from McGeorge, Golden Gate, the University of San Francisco, U.C. Davis, Southwestern, the University of San Diego and California Western participated.

The major issues discussed included: 1) selection criteria for internship placements; 2) supervision and quality control; 3) receiving pay and credit for internship work; 4) classroom components for internship courses. Participants shared their experiences in this area and brainstormed about new possibilities. This exchange of information was found to be valuable and the common conclusion was that such interchange on an on-going basis will play an important role in the development of these clinical programs. The participants have agreed to exchange course materials and to work together in this developmental process.

CLINICAL EDUCATION AND COMPUTERS: INTERESTED?

Clinton Bamberger, Maryland, Mike Norwood, New Mexico, and Kandis Scott, Santa Clara, seek to indentify these clinicians interested in computers and clinical education. Please contact Kandis Scott, who will survey the interest of clinical teachers in a program of this kind.

ARTICLE REVIEW

By Paul Bergman, UCLA

Gary T. Lowenthal, "A General Theory of Negotiation Process, Strategy, and Behavior," 31 Kan. L. Rev. 69 (1982).

If Eve did indeed offer Adam an apple in the Garden of Eden, undoubtedly she expected something in return. Ever since that time, people have been making deals, resolving disputes, and stimulating action through a process of behavior called negotiation. Up until the last few years, those who thought and wrote about negotiation emphasized its competitive aspects. Since "more" for one side often meant "less" for the other, both legal and non-legal writers stressed competitive strategies that might result in victory over an outclassed foe.

Then, along came a new breed of negotiation writers- "collaborators," or "problem solvers." These writers stressed that if negotiators cooperate with each other, and if they focus on underlying needs instead of dogmatic principles, they can be better negotiators.

Professor Lowenthal suggests that although more study of collaboration is needed, collaboration and competition are the two fundamental strategy alternatives available to negotiators. While recognizing that in many negotiations a combination of collaborative and competitive strategies are used, Professor Lowenthal examines in one section of the article "the fundamental differences between the extreme forms of competitive and collaborative strategy." He isolates four aspects of the negotiation process: rigidity with which negotiators adhere to stated positions; information flow; communication methods; and the relationship between the negotiators. Professor Lowenthal then analyzes how each of these aspects may vary, depending upon whether a negotiator is using competitive or collaborative strategies.

The article then identifies a number of different negotiation situations, and discusses which bargaining strategy-competitive or collaborative-might be most appropriate in each situation. For example, competitive strategy might be better suited to a "zero sum negotiation," whereas collaborative negotiation might be called for when the attorneys or the parties themselves have an ongoing relationship. Thus, Professor Lowenthal suggests that one may suit the strategy to the situation, and plan prior to negotiation which strategy is most likely to be successful. With this suggestion, he attempts to take a "beginning step" toward a middle ground in the battle for behavioral supremacy between collaborators and competitors.

The article raises issues which are intriguing and fundamental. Lawyers typically "plan" before beginning to negotiate, but usually those plans focus entirely on desired results. The article prods us into thinking about strategies to use during negotiation, rather than simply potential outcomes.

Yet, the middle ground which the article seeks to occupy is itself muddy and largely uncharted. We are all familiar with the usual goal of a "competitor": to get as much as possible for a client. Does a collaborator have a different goal? The article does not explore collaboration, except in its behavioral aspects. Thus, one is left very uncertain as to whether "collaboration" refers to different ends, or whether it is merely an alternative means to perhaps the same end. For example, might one plan to "win" a negotiation by using collaborative strategies? Or, if collaboration is indicative of different outcomes, it is not clear why those same outcomes could not be reached through competitive behavior. Fisher and Ury (Getting to Yes, pp. 84-91), for instance, stress the use of objective criteria to reach compromises which are fair from the standpoint of past experience. Seemingly, those criteria could be used in either competitive or collaborative negotiation.

Moreover, as Williams points out (Legal Negotiation and Settlement, p. 7), there is as yet no consensus on what is meant by an effective negotiator. Is it one who gains the largest share of a pie, or one who produces the "fairest" result? If one's client is satisfied, has one been effective even though less than an optimal result has been reached?

By clouding the distinction between processes and outcomes, the article may move us further away from consensus.

Finally, while the collaborative-competitive distinction may be an important one, there well may be other, more useful ways of thinking about negotiation. For example, might it be useful to think separately about dispute situations and voluntary situations such as business deals? What is the impact of parties' emotional and social-political attitudes on negotiations? Do negotiation principles applicable to parties themselves apply to lawyers and other agents? Negotiation is a complex subject, and we should not lock ourselves into analyzing it solely from a collaborative-competitive standpoint.

The article draws together much of the legal and non-legal scholarship of negotiation. Rather than attempting to push any one model, it suggests that strategy can be suited to the situation. That notion is an important one, and it points to one direction for further analysis by clinicians.

NEWS NOTES

Roy Stuckey, Chair of the Section Membership Committee, has returned to his home base: the University of South Carolina. You can now reach him there at 803-777-2278.

If you are interested in the use of computers in clinical teaching, please tell Kandis Scott, University of Santa Clara, 408-554-1945. If there is sufficient response she will create an ad hoc committee to look into this topic.

Lonnie Rose, University of Kansas, will be a clinical teacher only half time now that he has scored a promotion to Assistant Athletic Director of the university.

THE NEED TO THINK THROUGH CLINICAL COURSE OBJECTIVES*

Professor Peter T. Hoffman
University of Nebraska College of Law

This rapid growth of clinical legal education has been accomplished without the development of any corresponding consensus as to the form and structure of the clinical curriculum. Unfortunately, at many law schools, the structure and focus of clinical courses are more the result of historical accidents and the availability of funding than planned responses to pedagogical objectives. A number of clinical courses exist simply because an agency is willing to provide a source of cases, a professor is interested in a certain area of the law, or funding is available for a particular type of course, rather than because the courses are best suited to accomplishing the goals of clinical education.

This is the antithesis of what clinical education ought to be. An effective clinical course should be the result of rationally selecting and adapting specific means to specified ends. The design of such a course should logically progress through three separate but interrelated steps: (1) the determination of course objectives, (2) the selection of learning experiences to accomplish the course objectives, and (3) the arrangement of those learning experiences to maximize the achievement of the course objectives. These three steps are especially difficult in the design of a clinical course because of the lack of any generally accepted course format.

A teacher supervising clinical students can utilize a number of different learning experiences. The task just as in a traditional classroom setting, is to confront the student with experiences that will accomplish the course objectives. In a traditional law school course, the primary learning experiences often are the reading of appellate opinions and the classroom Socratic dialogue. In contrast, the typical clinical course, by playing the student in a lawyer's role and using individualized supervision, allows the use of a wider range of learning experiences. If an experience does not advance the achievement of any course objective, however, there is no reason for devoting educational resources to it.

Role assumption is the primary type of learning experience used in clinical education. This consists simply of students assuming and performing recognized roles, whether simulated or real, within the legal profession. The role assumed is typically, but not necessarily, that of a lawyer; students may

also act, usually in a simulated context, as judges, jurors, or even clients. Role assumption is not a panacea for the ills of legal education. It is merely a type of learning experience, useful for accomplishing some educational objectives and less suitable for accomplishing others.

The time has come for clinical education to move into a period of solidifying its gains. A first step is thinking through what we are attempting to accomplish through the clinical method of instruction and adapting our courses to reflect this thinking. If we cannot justify the existence of clinical education to ourselves, we will not be able to justify it to our critics.

*Adapted from Hoffman, Clinical Course Design and the Supervisory Process, 1982 Ariz. St. L.J. 277.

Southeast Regional Conference

The University of Tennessee Legal Clinic is planning a regional conference sometime in late November or December, 1983. Exact dates and the specifics of the program will be announced by September 1. The conference will focus on the use of simulation materials in field work settings. Anyone with materials or ideas relating to the general topic is encouraged to contact us. We are particularly interested in materials or tapes exploring the role of women in lawyering.

Susan Kovac
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NEXT NEWSLETTER DEADLINE: September 1, 1983.