



SECTION ON

CLINICAL LEGAL EDUCATION

NEWSLETTER

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This NEWSLETTER is a forum for the exchange of points of view. Opinions expressed here are not necessarily those of the Section on Clinical Legal Education and do not necessarily represent the position of the Association of American Law Schools.

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* Visiting

**Annual Meeting Program, AALS Section on Clinical Legal Education,
January 1993, San Francisco, CA.**

**Robert Dinerstein, American University, Chair
Minna Kotkin, Brooklyn Law School, Program Chair; Richard Boswell
(Hastings), Barbara Bezdek (Maryland), David Gottlieb (Kansas),
Mary Wolf (Indiana--Indianapolis), Committee members**

Tuesday, January 5, 1993, 6:00 PM--8:00 PM, Plaza B (Lobby Level), San Francisco Hilton:

Open meeting of the Section Executive Committee and informal cashbar/ hors d'oeuvres reception.

Wednesday, January 6, 1993:

9:00 AM - 12 Noon:

Topic: Multiple Perspectives on the Clinical Experience

Moderator: Mary Wolf, Indiana University

Speakers: Keith M. Harrison, University of Denver
Kenneth R. Margolis, Case Western Reserve University
Abbe Smith, Harvard University
Jane M. Spinak, Columbia University

Program Summary:

This program explores some of the different teaching skills and priorities that clinicians bring to the live client experience. The session will begin with the presentation of a simulated case study, involving both civil and criminal representation. Participants will then choose among four concurrent sessions in which the speakers will address the following topics within the context of the same problem:

- ♦teaching theory: techniques of supervision designed to assist students in skill development, with particular emphasis on case theory and the integration of law and fact.
- ♦lawyering theory: the definition and development of representational norms and theories from the clinical experience.
- ♦legal systems theory: using the clinical experience to critically explore law making and legal institutions.
- ♦difference theory: the exploration of issues of difference that arise in the clinical experience and may inhibit effective client representation.

The groups will then reassemble to share their different perspectives and to consider the integration of these theories into a multi-dimensional clinical teaching approach.

12:15 PM - 1:45 PM Luncheon

(Advance reservations and separate fee of \$20
to Karen Tokarz: Make checks payable to AALS)

2:00 PM - 3:15 PM Concurrent Small Group Discussions

- Topics:
- Clinical Externship Programs
Facilitator: Paula C. Johnson, University of Baltimore

 - New Teachers Workshop
Facilitator: Barbara L. Bezdek, University of Maryland

 - Evaluation of Students in the Clinic
Facilitator: Naomi R. Cahn, Georgetown University

 - Clinical Scholarship Workshop
Facilitator: Anthony V. Alfieri, University of Miami

 - International Linkages in Clinical Education
Facilitator: Louise G. Trubek, University of Wisconsin

3:30 PM - 5:00 PM Joint Program of AALS Committee on Curriculum and Research and AALS Section on Clinical Legal Education

Robert Dinerstein, Chair, Section on Clinical Legal Education
Taunya Lovell Banks, Chair, Committee on Curriculum and Research

Topic: "The Client's Voice: Using Narrative in Traditional and Clinical Teaching."

Moderator: Minna J. Kotkin, Brooklyn Law School

Speakers: Clark D. Cunningham, Washington University
Nancy Morawetz, New York University
David Ray Papke, Indiana University
Margaret M. Russell, Santa Clara University

Program Summary:

In recent years, law teachers have been drawn to the power of narrative in both scholarship and pedagogy. Storytelling serves to illuminate and contextualize legal doctrine and institutions. It brings into focus questions of morality and disempowerment. In the traditional classroom, literature is often the source of narrative exploration. Clinicians, on the other hand, regularly explore client narrative and its relationship to legal advocacy. This panel will explore the themes common to both endeavors.

5:00 PM - 6:00 PM Section Business Meeting

Thursday, January 7, 1993:

9:00 AM - 12 Noon:

As in the past, Committee meetings will be held from 9:00 to 12:00 noon. Announcements of room assignments will be made during the program on Wednesday.

MESSAGE FROM THE CHAIR

by Bob Dinerstein (American)

ONE PERSON'S SPLINTERING IS ANOTHER'S DIVERSITY OR THE BIG-TENT APPROACH TO CLINICAL EDUCATION

The following column has very little to do with the recent Presidential election, except that it is such a novelty to have a Democrat in the White House that I just had to mention it.

But actually, as we ask those great clinical questions popularized by clinician extraordinaire Admiral James Stockdale--Who am I? Why am I here?--we can begin to see that the recent campaign really may have some lessons for us as clinical teachers. I am thinking in particular of the problems the Republican Party had at its convention and the ensuing punditry over whether or not the Republicans really were a big-tent party open to multiple perspectives.

Once upon a time, the clinical movement seemed to have a unity of vision and purpose. Born in its modern form out of the activism of the late 1960's, clinical education sought to make legal education more relevant to the educational needs of law students and the legal needs of poor clients. As David Barnhizer and others have written, the first wave of clinical teachers came overwhelmingly from civil legal services, public defender, and, to a lesser extent, public interest backgrounds. For the most part, clinicians were seen--and in many respects saw themselves--as lawyers, not scholars, and their low status within the academy reflected this perception.

Clinicians knew little about simulation in the early days of clinical education. Meaningful simulation of lawyering tasks implies an underlying theory of the constitutive elements of lawyering. In the early days, it was not clear that clinicians knew enough about lawyering to articulate those elements. To make this obser-

vation is not to indict clinical education but rather a philosophy of legal education that could seemingly thrive while spending almost no time analyzing lawyers' work. Clinicians came to the academy imbued with a sense of the importance of that work and, over time, became the principal exponents of the need for law schools to make it a fit subject for study. But in the beginning we did not know enough.

Also in the beginning days there was deep skepticism about farm-out or out-house programs. Clinicians did not yet have the term externship in their lexicon, let alone a vision of programs that could systematically expose students to the world of legal work while also providing the support and supervision necessary to assist students in becoming active, discriminating supervisees. Rather, these programs were seen as pale imitations of in-house programs with their full-time lawyer-teachers whose commitment to an educational mission was critical to their work. Many clinicians worried that farm-out programs

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were simply ways for law schools to seem to pay attention to law practice while not being willing to spend the resources necessary, or supervise the product sufficiently, to make the commitment a meaningful one.

It may seem unnecessary to add, but in the beginning there was also little attention paid to what we now know as alternative dispute resolution. Even if the term had been in general usage, clinicians had a difficult enough time getting law schools to focus on the most traditional kind of dispute resolution, litigation, let alone alternative means of resolving disputes. Most typically, law schools had general civil legal assistance and criminal clinics, both of which were heavily litigation focused. Despite the existence of some specialty clinics, such as prisoners' rights or men-

tal disability clinics, the more generic clinics were the rule.

Thus, if we were to transport our selves back in time to those halcyon days of the late 1960's and early 1970's, we would quickly conclude that in-house, live-client programs that focused on litigation were synonymous with the term "clinical education." Indeed, the modifiers in the above sentence would have been difficult to understand for clinicians who would have thought of them as superfluous qualifiers to the unified vision of high-quality clinical education that prevailed.

Though the above sketch is incomplete and in many ways simplistic, I include it to provide some perspective on the current state of affairs in clinical education. When discussing contemporary clinical education, we now distinguish among live-client, in-house programs, externship programs, and simulation courses or programs. Many schools have elements of all of these clinical formats, and a growing number of individual clinicians engage in or have engaged in all of these clinical activities. Clinicians have had to re-think their responses to clinical methodologies that they rejected previously, not only because of changes in the programs themselves but because of changes in their own sense of how best to disseminate clinical knowledge to students. Even for those who remain committed to their particular approaches, the openness to new ideas invigorates one's teaching and places it on a surer footing.

The range of legal subject-matter in clinical programs has expanded greatly, so that it is no longer uncommon to find elderlaw programs, tax, small business and other transactional clinics, legislative and administrative advocacy clinics, immigration clinics, international clinics, domestic violence clinics, housing clinics and so on. While litigation is still the predominant mode of clinical training, alternative dispute resolution clinics are beginning to develop as well.

The goals of our clinical teaching also are increasingly varied. The

initial focus on service to poor clients and development of professional responsibility were long ago joined by a focus on skills training. But even as skills training itself has become more sophisticated, and our understanding of the underlying lawyering skills more nuanced, other clinical goals have developed, such as teaching students about interpersonal communication skills, the impact of role, systemic analysis and reform, and how to learn from experience and deal with unstructured situations. If anything, the problem for clinicians is to determine how to limit the number of goals in our teaching so that we do not attempt to accomplish too many things and thereby teach nothing well.

The situation of clinical teachers also has changed, of course, even if not quickly enough for many of us. The old system of a tenure-track clinical director with non-status young staff attorneys under the director's supervision is a thing of the past. Nowadays, clinical teachers are more likely to have their own professional and personal relationships with their non-clinical colleagues, whether or not they are on a tenure track or have long-term contracts. The clinical director functions more as coordinator and less as translator between groups that in the past seemed to have little in common. Nowadays, when a non-clinical faculty member asks the clinic director "what does the clinic think?" he or she is likely to get an answer like "The clinic doesn't think anything; individual clinicians have their own perspective on the question. Why don't you ask them?"

Inevitably, the clinical community also covers a broader age range than in the early days. Just as Mick Jagger has long since had cause to regret his statement that he hoped he would not be singing rock and roll at age 40, so too clinical teachers who could not imagine still going to trial courts at age 50 with twentysomething-aged law students have had to rethink their stance. Moreover, clinical education has now been around long enough so that we can boast of colleagues who have been

at it for twenty-five years even as we welcome into our midst the increasing number of younger, less-experienced clinicians. And as I've noted in this space previously, some of our colleagues have even advanced to deanships, a phenomenon that reminds one of Pogo's line, "We have met the enemy and they are us."

One result of these and numerous other changes I could delineate is that there is no longer (if there ever was) a unified "clinical perspective" on legal education and lawyering questions. Moreover, for many of us, it is no longer enough to affiliate solely with the broad community of clinical educators. This felt need for multiple affiliation not only reflects itself in the proliferation of non-clinical communities in which we travel--such as ADR, feminism, critical legal studies, critical race, public interest, legal services--but within the clinical community itself.

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best when we recognize our
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communities...***

The increasing diversity within our midst was nowhere more apparent than at the May 1992 clinical teachers' conference in Albuquerque, New Mexico, which attracted over 275 people, a record number of participants at an AALS-sponsored conference. It fell to me to make various announcements at the conference about groups of clinicians that wished to meet sometime during the week. In addition to the many section committees that wished to meet--and that reflect an important affiliation of their own--I had requests to announce gatherings for clinicians who taught in criminal defense clinics, clinicians who taught in prisoners' rights clinics, and clinicians who taught in immigration law clinics, among others. New clinicians--that is, clinicians with two years or fewer as clinical teach-

ers--also wanted to meet separately. A new group of clinicians of color formed and had a well-attended breakfast meeting. Clinicians interested in the special issues that arise in ADR clinics met, and subsequently sought to establish a separate committee of the section to deal with those issues. Clinicians interested in the new clinical journal also met to discuss various matters related to that new enterprise. I am sure that I am leaving out some groups but you get the point.

More than one person commented to me at the conference that the proliferation of sub-group meetings suggested a growing fractionalization within the clinical movement. Clearly, not everyone can feel included within every one of these groups. But it is up to us to use these groups not as means of exclusion but rather as supplements to our common identification as clinicians. If I am a clinician who teaches in a criminal defense clinic and want to meet with clinicians who do likewise, my desire to share approaches and ask questions of my colleagues need not indicate any hostility to meetings of clinicians who teach in clinics in which different concerns arise. If new clinicians want to meet as a group it need not mean that they feel that clinicians as a whole disrespect them or have nothing to offer but rather that they recognize they have special concerns that may not be addressed in more polymorphous groups. The list could go on.

At bottom, the increasing differentiation of our work into its various multi-layered components reflects a maturation of clinical education and its practitioners. We are now able to formulate issues at a level of detail that demands more finely-tuned analyses and hence more specialized approaches. This process leads to greater sophistication in our approaches to teaching and lawyering, which can only benefit our students, clients and colleagues.

Yet as we celebrate the advantages of clinical diversity we must not fall into a kind of clinical identity politics in which we become not one section but 100, each with its separate agenda

and position statement. We can and must remain free to criticize each other's approaches to clinical education without implying that those with whom we disagree are not real clinicians. We must be open to formats at conferences and workshops that respond to clinicians' needs for specialized programs and presentations while at the same time resisting the temptation to only associate with those with whom we already agree. We should have an open and vigorous debate on whether representing poor clients, individually and systemically, should remain a cornerstone of clinical education or whether a skills focus with a broader clientele should prevail. In fact, even to present these choices in this binary form rings false, for if clinicians cannot always "do it all" we frequently can do a great deal.

One of the most wonderful things about clinical education is the sense in which it continually grows and adapts to the needs of our students, clients, and colleagues. We nurture the growth process best when we recognize our mutually reinforcing needs to be part of both large and small communities, soaking up the wisdom our many talented colleagues have to offer. We thrive when we embrace the big tent.

Along these lines. . . (you knew a segue was coming, didn't you?). . . let me put in plug for our upcoming annual meeting program, which as always serves as an excellent barometer of the state of the clinical community. Minna Kotkin (Brooklyn), as chair, and the other members of the annual meeting planning committee--Barbara Bezdek (Maryland), Richard Boswell (Hastings), David Gottlieb (Kansas), and Mary Wolf (Indiana at Indianapolis)-- have put together a terrific program that I believe will appeal to a broad range of section members. The meeting schedule is reproduced elsewhere in this Newsletter. The committee has devised some different approaches in the program, including a jointly-sponsored session with the AALS Committee on Curriculum and Research. I hope to see you at the program on January 6,

as well as at the reception (and open meeting of the Section's executive committee) on January 5 from 6:00 to 8:00 PM, and at the business meeting on January 6 following the section's program.

And to all of you who worked so hard this year to make the Section a success. . . THANKS! □

Other News From the Chair:

News from the AALS

1. At last year's business meeting, the Section approved the following proposed change in the Section's by-laws. Article VI, Section 2 would be amended as follows (new language is underlined):

In addition to the purposes described in AALS Executive Regulation 12.6(d), beginning with the 1985 AALS Annual Meeting section dues and other section income may be spent for a reception for section members at an AALS annual meeting, workshop or teaching conference, any deficiency in a meal guarantee, for a section survey, section directory, enhanced newsletter, or regional teacher training conferences. Before the activity is undertaken, the section's Executive Committee must authorize the expenditure of dues or other income for it. Beginning in April of 1992, up to \$2000 of section dues and other section income from sources other than the general funds of the Association may also be spent on any other activity that serves the purposes set out in Article I, Section 2, or enhances section activities in areas previously enumerated, provided that the expenditure is approved in advance by the section's Executive Committee by unanimous vote. In authorizing payment of an expenditure, the section chair must determine that the particular expenditure was authorized by the executive committee and is consistent with the section's bylaws and AALS policies. The Executive Committee with the prior approval of the AALS Executive Committee may also authorize the expenditure of section income for other specific purposes.

Pursuant to AALS by-laws, the Section's proposed amended bylaw was submitted for approval in early 1992 to the then AALS Executive Director, Betsy Levin. Dean Levin did not act on the amendment before leaving office. The current AALS Executive Director, Carl Monk, has disapproved the proposed amendment in its current form. The proposed bylaw amendment therefore is not in effect.

The proposed language was an attempt to provide the Section with flexibility in its expenditure of non-Association funds, that is, funds generated by members' dues. In particular, one goal of the language was to allow for the possibility of providing some financial contribution to clinical teachers whose schools--whether because of the clinician's tenuous faculty status, the school's hostility to clinical education, or the school's financial difficulties--would not pay for their attendance at AALS conferences and workshops.

Without attempting to speak for Carl, it appears that his principal concern with the proposed amendment as written is the breadth of the language. Carl indicated fewer concerns with the notion of paying for attendance at AALS conferences if we could devise appropriate criteria for distributing the funds. Clearly, there are some equity issues that we would need to address in any criteria we might adopt. For example, do we attempt to cover the greatest number of people by giving each applicant a relatively small amount of assistance or do we cover fewer people but provide greater (and therefore more meaningful) assistance to those selected? How do we (and should we) distinguish between law schools that cannot pay for clinician attendance at meetings, because of legitimate budget limits, and those that would pay if they knew no other entity would do so? Should there be a limit to the number of times a particular clinician or clinicians from a particular school should be eligible? Does it make sense to restrict the category of reimbursement to something uniform, such

as the AALS registration fee, or leave it more open and include the possibility of reimbursement for transportation, lodging, etc.?

To provide guidance on these and related matters, I have appointed a subcommittee of the Section's Executive Committee, consisting of Sandy Ogilvy, Karen Tokarz and Jane Aiken, to attempt to devise criteria for conference/workshop reimbursement. The subcommittee hopes to have a proposal ready for consideration at the upcoming annual meeting. If you wish to have input into the drafting process, please contact Sandy, Karen or Jane within 10 days after the receipt of the *Newsletter*, with any ideas you may have.

As for the broader question of section expenditures and section autonomy, Carl indicated a desire to have the AALS consider these issues for all AALS sections. In the first instance, the appropriate forum for our concerns is the AALS Committee on Sections and Annual Meeting. We should make sure that this committee receives input from us on ways in which sections can be granted more autonomy. Please send me any ideas you have on this important question.

2. At the request of the Section, the AALS Executive Committee has approved the establishment of a liaison relationship between the Section and CLEA. The existence of this relationship will facilitate the exchange of information between the two groups, through newsletters, informal exchanges, etc. In addition, with prior approval of the AALS, the Section may co-sponsor a program with an entity with which it has such a relationship.

We also had requested that the AALS approve a liaison relationship with the ABA Section on Legal Education and Admissions to the Bar. The AALS Executive Committee rejected this request on the theory that the entire AALS has a liaison relationship with the ABA Section, and that, therefore, it would be inappropriate for an individual section to establish one. As a fallback, we requested that the AALS approve a

relationship with the Skills Training Committee of the ABA Section. The AALS rejected this request as well.

While this action is disappointing, there is some indication that the overall examination of section autonomy described above will also extend to consideration of liaison relationships. In the meantime, we will continue to explore, within the current structure, ways to exchange information and work with outside organizations as appropriate. This newsletter will continue to provide relevant information about ABA activities regarding accreditation standards and interpretations, the MacCrate Task Force Report, and so on.

3. With respect to the MacCrate Task Force Report, the AALS plans to name a committee to formulate its response. The committee will be composed of the 1993 chairs of various AALS standing committees, including the committee on clinical education (to be headed by Dean Elliott Milstein of American), professional development, curriculum and research.

4. Finally, you may recall that last year the Section, at Jeff Hartje's request, asked the AALS to reconsider and update as necessary the 1980 AALS-ABA Guidelines on Clinical Legal Education. This request was referred to the standing committee on clinical education, which hopes to have a proposal sometime after its meeting in January. Presumably, any effort to revise the now-outdated guidelines will take into consideration such developments as the Section's report on the future of the in-house clinic and the MacCrate Task Force Report. □

Section Award

The Awards Committee, consisting of the Section's executive committee and Peter Hoffman, chair, has awarded the section's 1993 award to Roy Stuckey (South Carolina), longtime stalwart in clinical circles. The award will be presented at the section's annual meeting luncheon on Wednes-

day, January 6. At this writing, it is not clear whether we will be able to feed Roy at the luncheon, but the award will be constructed of an edible substance just in case. Congratulations Roy! □

FROM THE CHAIR-ELECT by Karen Tokarz

We have tentatively scheduled an all day meeting for clinic directors for May 5, the day before the 1993 AALS Clinical Conference in Washington, D.C. We are in the planning stage. Karen Tokarz and Peter Joy are co-chairing for the moment and looking for others to join the planning committee. Contact one of them if you are interested. More details to follow.

Seed money is available from the Clinical Section for regional conferences in 1993. An ad-hoc Regional Conference Resource Committee is available to help with planning. Contact Karen Tokarz.

Reservations for the AALS Clinical Section luncheon on Wednesday, January 6 should be sent to Karen Tokarz, Washington University School of Law, Campus Box 1120, St. Louis, MO 63130. Send checks in the amount of \$20 made out to AALS. □

COMMITTEE REPORTS

NOMINATIONS COMMITTEE by Susan Bryant (CUNY)

The nominations committee has selected the following individuals to fill vacancies during 1993.

Nominated for chair-elect is Sandy Ogilvy (Catholic). Nominated to fill the open positions on the Executive Committee are Homer LaRue (Maryland, visiting at D.C. School of Law) and Antoinette Sedillo Lopez (New Mexico).

This year the Nominations Committee consisted of Susan Bryant (CUNY), chair; Linda Morton (Cal.

Western);Kandis Scott (Santa Clara); Dean Rivkin (Tennessee); Margaret Barry (Catholic); and Ann Juergens (William Mitchell).□

COMMITTEE ON ADR CLINICS

By Carol Liebman and Cheryl McDonald, Co-Chairs

A Committee on ADR Clinics has been created by the chair and chair-elect of the AALS Clinical Section. Professors Cheryl McDonald of Pepperdine Law School and Carol Liebman of Columbia Law School will chair the committee which will have its first meeting on Thursday, January 7, 1993, during the AALS annual meeting in San Francisco. All interested faculty are invited to attend the meeting.□

COMMITTEE ON CLINICAL SCHOLARSHIP

by Anthony V. Alfieri & Marie Ashe, co-chairs

The Committee on Clinical Scholarship will present a Concurrent Small Group Discussion Workshop on clinical scholarship at the 1993 Annual Meeting on January 6, 1993 at 2:00 - 3:15 P.M. Ann Juergens (William Mitchell: 612-290-6351) and Linda Morton (California Western: 619-239-0391) will present works in progress entitled Valuing Clients in the Law School Clinic and Enhancing Clinical Goals with Feminist Pedagogy. Please contact the authors directly for copies of thier papers. Persons interested in submitting a paper, serving as a commentator, or participating in future workshops, should contact or send papers to Marie Ashe (Boston UniversityL 617-353-5327) and Tony Alfieri (University of Miami: 305-284-2735).□

FINANCIAL RESOURCES COMMITTEE by Daniel L. Power, Co-Chair

On August 17, 1992, I sent a letter to every dean of the law schools in the A.A.L.S. which sets forth some recent dramatic developments in the Title IX Law School Clinical Experience Program. By means of our Clinic Section's *Newsletter*, I want to ensure that each of you receives the same information; hence, I'm repeating the contents of that letter:

On July 23, 1992, President Bush signed the re-authorization legislation of the Higher Education Act of 1965. As you know, the Title IX Law School Clinical Experience Program is part of this legislation.

During the re-authorization legislation process, we were able to effect two major changes in the Title IX legislation which will improve the Law School Clinical Experience Program substantially. First, the maximum amount allowable for a law school grant has been increased from the present \$100,000 level to \$250,000. Second, the law now authorizes the awarding of grants to continue law school clinical programs; previously, it was necessary either to initiate a new program or to expand an existing program.

In enacting these major developments, Congress was responding to the recommendations formulated by the law school clinical professors who attended the first National Title IX Law School Clinical Experience Program Evaluation Conference which was held at Drake University in September 1990.

The House of Representatives originally acted favorably on our recommendations. The Senate did not. Hence, it was necessary to convince the Senate conferees to recede from the Senate's original action and to concur with the House of Representatives' version of the Act.

At the May 1992 Conference of the Clinical Section of AALS in Albuquerque, New Mexico, clinical professors from the Senate Conferees'

states were mobilized to contact their respective senators. Thanks to their effective efforts, the Senate did recede from its position and concurred in the House of Representatives' action.

The authorized level of appropriations for the program has been raised to \$10,000,000. As you will recall, the appropriations level for Fiscal Year 1992 was raised to a level of \$8,000,000 from a previous amount of \$5,885,000 in Fiscal Year 1991.

Much more work remains to be done. The Department of Education will have to draft new regulations to reflect accurately these major changes in the law. It is incumbent upon us to ensure that the Department receives as much assistance as possible in developing the new regulations so that they both reflect what is intended by Congress and are done as expeditiously as possible so that the consequence issuance of the request for proposals is not delayed. In the near future, I will be requesting various person, institutions, and organizations to assist us in providing the financial resources to convene the appropriate group of seasoned clinical professors in Washington, D.C., to assist in drafting the necessary regulations.

[Dan Power's report was submitted for inclusion in the April *Newsletter*, but was left out in error -ed.]□

IN-HOUSE CLINIC COMMITTEE by Peter Joy, Chair

Two important events will take place in 1993. First, the "Final Report of the Committee on the Future of the In-House Clinic," has been accepted for publication by the Journal of Legal Education. Second, the first Directory of In-House Clinical Programs will be distributed to clinical section members.

The Journal of Legal Education plans to publish the Final Report in an issue that should reach every legal educator by late spring or early summer. The Final Report was adopted by the Clinical Section and released in October, 1991. It reviews the status

of live-client clinics and contains, among other components: statements concerning the pedagogical goals of in-house, live-client clinics; data concerning the number of students participating in live-client clinics; information concerning the status and teaching loads of clinical faculty; and guidelines for in-house, live-client clinical programs.

The Final Report will be published in its entirety, and it will be read with interest by those re-examining legal education in the wake of the recently released "Statement of Fundamental Lawyering Skills and Professional Values," of the ABA Task Force on Law Schools and the Profession: Narrowing the Gap (The MacCrate Report). For those who need a copy of the Final Report before it appears in the Journal of Legal Education, you may request a copy from the AALS.

The Director of In-House Clinical Programs will be distributed in draft form at the annual AALS meeting in January. It is anticipated that the directory will later be distributed to all members of the Clinical Section during the spring. The directory will contain descriptions of over 200 individual clinics in the more than 75 schools that provided information concerning their programs. The directory will be updated annually or bi-annually.

Finally, there will be a meeting of the In-House Clinic Committee during the AALS meeting on the morning of January 7, 1993. If you are a committee member, or would like to become a committee member, please attend. The time and location will be announced in the AALS meeting materials. □

MEMBERSHIP

by David F. Chavkin, Chair

Membership in the Clinical Section costs \$10 and is on a calendar year basis. Beginning with the first 1993 issue, only members of the Clinical Section will receive the Clinical Section *Newsletter* and only members of the Clinical Section will be able to take advantage of such great features

as travel to exotic places and discounts on Clinical Section merchandise.

This issue of the *Newsletter* contains a new membership form. During 1992, the entire membership list was transferred to a computerized data base. The data requested on the membership application is the critical next step in this process. The information maintained in the data base will allow us to provide additional services to the clinical education community. For example, a school that is considering establishing a new live-client domestic violence clinic will be able to get information on all of the domestic violence clinics currently in operation and the names of the clinicians working in that area.

To join the Clinical Section for the first time or to renew your membership, send your completed membership form along with a check, payable to AALS, for \$10 to Dave Chavkin, University of Maryland School of Law, 500 W. Baltimore Street, Baltimore, Maryland 21201. If you have any questions about membership, please feel free to call (410) 706-2895. □

POLITICAL INTERFERENCE GROUP

By Keith Harrison and Chuck Weisselberg, Co-Chairs

The Political Interference Group (PIG) assists clinicians who experience outside interference with their programs. PIG gathers support for programs under attack and may assist in litigation on behalf of law school clinics. PIG also serves as a resource for clinicians. PIG maintains a repository of information, so that clinicians with problems of outside interference can get quick answers to their questions.

This past year has been very quiet for PIG. Though we have answered several individual inquiries, we have not had to come to the defense of any program. Early in the year, we had reports of a potential problem. It appeared that some public law schools may have experienced difficulties collecting attorneys' fees in civil cases.

To ascertain the extent of the problem, we worked with the Section's Attorneys' Fees Committee and prepared a survey of clinical programs. We received only a handful of responses. This indicates to us that there has not been a widespread problem of interference with the recovery of attorneys' fees. □

TENURE AND PROMOTION COMMITTEE

by Stacy Caplow (Brooklyn) and Rodney Uphoff (Oklahoma)

The Tenure and Promotion Committee will meet at the AALS Annual Meeting in San Francisco. Please check with one of us for the time and date of the meeting when you arrive at the conference.

We have compiled an impressive list of tenured or senior clinical faculty members willing to serve as evaluators of clinical programs or clinical scholarship. Anyone interested in receiving the list should contact Stacy. At this point, the Tenure and Promotion Committee does not intend to forward the list to any dean or school unless requested by a clinician at the school. We would, however, ask the Section's Executive Committee to consider the issue of wider dissemination of this list.

Our Committee also discussed developing standards relating to the employment and status of clinical faculty. Given the diversity of policies at various schools and the conflicting interests of clinicians, we have abandoned the notion of creating such standards. Nonetheless, the Committee feels there may be merit in generating a statement of good practices regarding clinicians similar to that prepared by the Section on Women in Legal Education. The following draft represents our initial effort to develop such a statement. We invite comments both on the wisdom of creating such a statement and on the merits of this particular draft. We would also welcome suggestions about the most effective way to publicize and formalize the final version of the statement. Anyone with prior experience with

the policies of the AALS or ABA should share them with us. Comments should be sent to Stacy Caplow of Brooklyn. Anyone interested in discussing the issue is welcome to attend the Committee's meeting in San Francisco.

**STATEMENT OF GOOD
PRACTICES RELATING TO
CLINICAL EDUCATORS**

[While the ABA uses the more inclusive term "professional skills" to encompass teachers of live-client and extern clinics as well as simulation courses, the greatest problems concerning employment conditions and status appear to have arisen for clinicians who are actively engaged in client representation with all of the demands of law practice and the responsibilities of the academic to ensure that education is occurring. Therefore, these standards primarily are intended to provide guidance for that sub-category of professional skills instructor, but obviously they can be extended to a broader group, if appropriate.]

1. Since accredited law schools must have written policies setting forth the way in which decisions on faculty appointment, promotion, retention and tenure are made, such policies also should take into account the particular types of appointment and other status decisions that affect clinicians if they differ from the non-clinical faculty. Upon joining the faculty, or in the case of a clinician hired without faculty status, at the time employment begins, a copy of the written policies should be given to every clinician.

2. Because a variety of clinical appointments are possible, each clinician, whether or not technically a member of the full-time faculty, should be provided a written statement of the school's description of the job for which the person was hired.

3. A system of peer support for early development of teaching skills is important, particularly in a school where there are few, if any, experienced clinicians. In the absence of a viable on-site peer support system,

schools should actively support attendance at professional development meetings and workshops sponsored by the AALS and other organized clinical groups.

4. Evaluations of teaching, scholarship and service should be provided to clinicians on the same basis as all other comparable faculty members, preferably by individuals with some familiarity with clinical teaching techniques and/or clinical scholarship, to the extent that these different methodologies make evaluation more difficult. These evaluations should be delivered formally in connection with a status decision and informally at other times.

5. While inclusion and participation in law school governance by clinicians is desirable, the faculty and deans should protect junior faculty from being recruited to participate in too many service related activities that do not leave enough time to clinicians to learn how to teach and write or to properly supervise students and serve their clients.

6. Clinical faculty members, whether or not on a tenure track, should be provided adequate support for research commensurate with the expectations of the school for scholarship as a means of attaining some form of job security. This support should include adequate clerical and research assistance, including computers, space, student researchers, as well as fair access to research stipends.

7. Since the rigors of client representation usually conflict with the more solitary, uninterrupted process of scholarship, clinicians who carry caseloads should be able to be relieved periodically from their representational responsibilities in order to be productive scholars, if that activity is in their best professional and/or personal interest. This relief might take the form of release time in a given semester or finding and funding alternative arrangements for summer responsibilities. Another possible way to recognize the different demands on clinicians is to extend the timing of the traditional tenure or alternative

long-term employment status decision.

8. Given the typically small student-faculty ratio of clinics and the inevitably greater personal contact, clinicians are often called upon to provide emotional and personal support to students in ways unfamiliar to other faculty. Given their typical "real world" backgrounds, clinicians often face greater demands on their time in activities that are frequently not given much credit by other faculty members such as being moot court judges and coaches, being asked to give legal advice to other members of the school community, or career counseling advice to students. To the extent that these demands exist, they should be recognized as valuable and time-consuming contributions.

9. Faculties should not discriminate against research topics that have not been the subject of traditional academic work. The same openness should apply to the methodology and the format of the scholarship and the nature of the journal in which the work is published. Clinical writing often involves an analysis of the operation of law in the legal system, or uses empirical or anecdotal data as the basis for the theoretical discussion. Clinicians may also spend considerable time developing creative and innovative written and electronic teaching materials that could easily be viewed as scholarship. Schools should find ways to expand their definition of scholarship to accommodate these differences without compromising their standards concerning the quality of the work.

10. Given the time-consuming nature of client representation, schools also should take into account the amount of time it has made available to its clinicians for scholarship when evaluating the volume of writing as well. Standards for judging productivity should not be based on unreasonable expectations.

11. During any evaluation process, schools should be willing to recognize that there may not be anyone on their existing faculty competent to evaluate the teaching effec-

tiveness, program design, or scholarship of the clinical faculty. If that situation arises, schools should call on the expertise of experienced clinicians from other schools rather than conduct an uninformed evaluation. □

AMONG OURSELVES

The *Newsletter* regrets to report the death of **Gerard Plater** (D.C. School of Law) on November 16, 1992. At the time of his death, Gerard was visiting at Syracuse University College of Law. □

Wayne Boyce has been appointed Clinical Director at Arkansas-Fayetteville. □

Alan Kirtley (Washington) has been honored for excellence in teaching at Washington. □

The University of Tennessee College of Law held its annual Honors Banquet and Awards Program, Friday, October 16, at the Radisson Hotel in Knoxville. Awards were presented to students and faculty for their extraordinary scholarship achievements during the year. Dean Richard S. Wirtz presided over the event. **Gary L. Anderson** of Creston, Iowa, was one of the faculty who received an award.

The law firm of Bass, Berry and Sims established an award to be presented annually to a faculty member in recognition of outstanding service to the Bench and Bar. Professor of Law Gary Anderson became the first recipient of this award due to his work with the Tennessee Association of Criminal Defense Lawyers. He teaches criminal advocacy, criminal law, criminal procedure, evidence, and trial practice.

He had earlier in the month received an award from the Tennessee Association of Criminal Defense Lawyers for his work on TACDL's writing competition, indigent defense work and parole eligibility review board work. □

Steve Ellmann (New York Law School) is a member of the 1993 program committee for the Law and Society Association. □

OF INTEREST TO CLINICIANS

The Law and Social Work Alliance

The University of Maryland Law School has offered a clinical law program which provides practice experience for its student attorneys since the early 1970's. Through their work with clients, Law Clinic faculty quickly recognized the increasing difficulties of those living in poverty. Collaborative planning by both the School of Law and the School of Social Work resulted in an innovative, interdisciplinary model for the provision of legal and social work services.

Since the fall of 1988, a field placement for graduate social work students became incorporated into the Clinical Law program. Together social work and law students learn to assist indigent clients with a diverse range of legal and social work matters. Our interdisciplinary work addresses relevant social and legal issues identified specifically by serving homeless individuals and families, juveniles and adults involved in the court system, children with special educational learning needs, individuals who are HIV infected or have the AIDS virus, families experiencing domestic violence and those involved in tenant-landlord disputes. Specific social work intervention includes, but is not limited to, client advocacy, assessment, information and referral services, community organizing, benefits assistance, as well as short term counselling.

Our collaborative clinical experience offers an opportunity for enhancing both professions understanding of each other's perspective and to develop an appreciation for the inher-

ent value in each other's practice.

Anyone interested in exchanging information or ideas about Clinical Law programs as a field setting for graduate social work education, please contact Anne Anthony, L.C.S.W. (410)706-7356 or Rick North (410)706-3837, University of Maryland at Baltimore, Clinical Law Office, 510 West Baltimore Street, Baltimore, Maryland 21201-1786. □

AALS Clinical Legal Education Spring Workshop, May 6-8

The spring 1993 Clinical Legal Education Workshop will be held Thursday, May 6 - Saturday, May 8, 1993 at the McLean Hilton, McLean, Virginia.

Topics include: Introducing Underlying Conceptual Dimensions in the Classroom (Proof, Strategic Decision-Making); Implementing Conceptual Dimensions in Casework (Proof, Introducing Students to Negotiation Models in Actual Cases); Goals Beyond Skills Training (Service Objective, Social Justice Objectives, Challenging Students Preconceptions); Can We Do It All?: The Need to Make Choices and Set Goals; Where Do We Go From Here?: Identifying Means of Implementing Choices Through Curricular Change, Teaching Emphasis or Case Selection.

Confirmed Workshop Faculty Include: David A. Binder (UCLA); Robert G. Burdick (Boston Univ.); Robert Dinerstein (American); Conrad Johnson (Columbia); Paula C. Johnson (Northern Illinois); Gerald P. Lopez (Stanford); Laura W.S. Macklin (Georgetown); Holly Maguigan (NYU); Albert J. Moore (UCLA); Beatrice A. Moulton (Hasitings); and Randall D. Schmidt (Chicago).

The Planning Committee for the Workshop consists of Jane H. Aiken (South Carolina); David A. Binder (UCLA), Chair; Stefan H. Kreiger (SMU); and Jose L. Martinez (New Mexico). □

Planning Committee seeks presenter.

The Planning Committee for the 1993 Clinical Workshop seeks a presenter for an evening program on clinical scholarship. Since the workshop focuses on skills and setting priorities in clinical programs, the committee is looking for someone working on scholarship that deals with either or both of these areas. This is an opportunity to share your ideas with fellow clinicians and to get their input. If you are interested in presenting a work in progress, please contact the Program Chair, David Binder at UCLA as soon as possible. □

Teaching Analysis of a Legal Problem

The AALS Section on Legal Reasoning, Research and Writing is sponsoring a program focusing on techniques for teaching analysis of a legal problem at the AALS Annual Meeting on Thursday, January 7 at 1:30. The program is titled: "Teaching Legal Analysis: Why it's so hard and how can we do it better."

Some students learn legal analysis fairly easily, but many do not catch on so well. What are the skills these students lack? Why doesn't our teaching always reach them? What can we do differently in order to help them? Modern learning theory may hold some of our answers. A panel of three speakers will offer both diagnosis and concrete teaching suggestions.

Dr. Linda Wightman has a Ph.D. in Educational Testing and is the Vice President for Test Development and Research at the Law School Admissions Service.

Philip Meyer is Associate Professor and Director of Legal Writing at Vermont Law School. He is a veteran teacher of legal writing, and has taught creative writing and narrative theory.

Paula Lustbader teaches legal writing and directs the Academic Resource Center at the University of Puget Sound School of Law. The Academic Resource Center, which she founded, is one of the most comprehensive academic support programs in the country. □

CLEA Discussion of MacCrate Report Planned During Annual Meeting

If you're going to be in San Francisco for the AALS, you should know that on Friday, January 8th, CLEA (the Clinical Legal Education Association) is sponsoring a working discussion: *The Implications of the MacCrate Report for Law Schools -- Curricular Design and Teaching Methodology*. If you haven't yet received your copy of the report, ask in your Dean's office for a purple paperback entitled "Legal Education and Professional Development - an Educational Continuum." This CLEA panel will begin at 8:30, immediately following the breakfast for Women in Legal Education. We will meet in the Pan Pacific Hotel (between the Hilton and Nikko). A detailed announcement will be sent to each Dean for circulation to all faculty, and the upcoming CLEA newsletter will address the topic in greater depth. See you there. □

St. Thomas wins Title IX Grant

St. Thomas has been awarded a federal grant under Title IX of the Higher Education Act to fund a new Immigration Clinic. □

St. Mary's Clinics Gain Grants

St. Mary's Poverty Law and Immigration Clinics received grants from the U.S. Department of Education, Legal Services Corporation, and Texas Equal Access to Justice Foundation (IOLTA) for the 1992-93 academic year. □

SALT Annual Conference -- Workshop Announced

The Society of American Law Teachers (SALT) is devoting its annual Teaching Conference to the subject of "Integrating Class, Gender, Race, Disability and Sexual Orientation Into Our Teaching and Course Materials." The Conference will be held on May 22-23, 1993, at N.Y.U. Law School.

The primary focus of the conference will be on developing teaching

techniques and materials for addressing issues of difference and diversity in a variety of subject areas, including: clinical courses; civil procedure; constitutional law; contracts; criminal law; evidence; first-year legal research and writing courses; property; and torts. Attendees of the conference will break up into small groups, consisting of faculty members who teach in the same subject area, to discuss techniques for dealing with issues of difference and diversity in their respective fields.

The coordinators of the clinical section of the conference are Randy Hertz (N.Y.U. Law School) and Charles J. Ogletree (Harvard Law School).

The clinical legal education groups will address a wide range of issues relating to simulation courses and live-client fieldwork, including:

-- What role should clinical teachers play in developing course materials on, and raising issues of, difference and diversity in clinical courses?

-- When questions regarding bias or stereotyping arise in a clinical course (through the teacher's prompting, student questions or comments, or otherwise), how can clinical teaching methods be used effectively to address these questions?

-- For those clinical legal educators who wish to write about these issues, how can they best achieve the dual goals of using teaching experiences as data for scholarship and using research and scholarship to inform one's teaching?

-- How can clinical teachers anticipate, plan for, and respond to, the likely reactions of students when issues of diversity and difference arise in the classroom, simulation exercises, live-client fieldwork, or other settings?

-- What are the limitations of clinical teaching methods, if any, in addressing issues of difference and diversity when they arise in the classroom or other settings?

The small group discussions will examine these issues and consider insights and ideas emerging from previous conferences and workshops on

addressing issues of diversity and difference in clinical courses (particularly the AALS Clinical Workshops in Washington, D.C., in May, 1991, and in Albuquerque in May, 1992).

There will be a particular emphasis on developing concrete materials such as: plans and scripts for simulation exercises and role plays; syllabi for courses; lists of innovative teaching techniques; and a research agenda for scholarship. The conference will also provide an opportunity to compile bibliographies of already-existing works, such as published books and articles, unpublished manuscripts, works in progress, teaching materials, and videotapes.

To facilitate planning for the small group sessions, clinical teachers who plan to attend should notify either coordinator as early as possible, preferably by January 1, 1993.

The coordinators would welcome suggestions of topics to address, and types of materials to produce, at the conference. In addition, the coordinators would appreciate information about already-existing materials on the subject of addressing issues of diversity and difference in clinical courses (teaching materials, videotapes, articles, bibliographies, etc.), accounts of successful and unsuccessful attempts to deal with such issues in clinical courses, and any ideas and strategies for addressing the issues effectively.

Materials and information can be sent to either coordinator:

Professor Randy Hertz, N.Y.U. School of Law, 249 Sullivan Street, New York, N.Y. 10012, Phone: (212)998-6434; FAX (212)995-4031 or Professor Charles J. Ogletree, Harvard Law School, 208 Griswold Hall, Cambridge, MA 02138, Phone: (617)495-5097; FAX: (617)495-1110. □

Tennessee and Southern Illinois Received Title IX Grants

Southern Illinois's Legal Clinic received a grant from the U.S. Department of Education for the development and implementation of an

alternative dispute resolution program. The Tennessee Legal Clinic has received a three year grant to establish a program to assist homeless persons. □

Elder Law Journal Inaugurated

The University of Illinois College of Law has announced the inauguration of a new law journal devoted to the needs of older Americans and their legal problems. "Elder law," as this legal specialty has become known, is a response to the growing demand for attorneys in such diverse areas as living wills, Medicaid planning, nursing home placement and even Alzheimer's disease. The first issue of the *Elder Law Journal*, scheduled to be published in 1993, will likely cover issues such as tax provisions of special interest to senior citizens, Social Security, Medicare and Medicaid, long-term care, and ethical considerations in advising elderly clients. □

Loyola - New Orleans Street Law Program Announces New Service

The Loyola University School of Law has expanded its street law program to offer a seminar to members of New Orleans' hearing-impaired community. The program, sponsored by the Loyola Street Law program and the New Orleans Deaf Action Center, offered a sign language presentation of the topic of "Introduction to Law and the Legal System." Launched by Assistant Professor Catherine Clark in 1991, the Street Law Program provides Loyola law students who teach New Orleans high school students to think about the underlying reasons for laws and to see that laws can protect rights as well as take them away. □

Law and Society Association Annual Meeting, May 27-30, 1993

The 1993 Annual Meeting of the Law and Society Association will be held in Chicago, Illinois at the Stouffer Riviere Hotel, Thursday, May 27 through Sunday, May 30th. The Program Committee invites proposals for presentation and discussion of all aspects of research on topics that link

law and society, in the broadest sense of these terms.

The theme of this year's meeting is *Culture and Inequality*. The theme encourages a wide-ranging exploration of the intersections of law, culture and inequality, and, at the same time, encourages reflection on the role of sociolegal scholarship in changing these realities. Since its inception, the Law and Society Association has been concerned with the nature, as well as the uses, of law in society. The theme expresses the longstanding tradition of the annual meeting as an arena for an international group of scholars to discuss theory and practice in the social sciences, humanities and law in relation to lived experience, research practices, pedagogical foundations and commitments to reform. □

AALS Poverty Law Section Program Announced

The 1993 Annual Meeting Program for the Poverty Law Section of the AALS will focus on the contributions of non-poverty law teachers to teaching about poverty. Titled "Hardship Visible: Teaching About Poverty and Class Through the Law School Curriculum," the program will provide a forum for discussion of how, and why, teachers of conventional classroom courses choose to remind their students of the presence of "the other America." Speakers Daan Braveman (Syracuse), Okianer Dark (Richmond), and Joan Williams (American), will describe how they raise the issue of the impact of legal doctrine and structures on poor people in their required and elective courses. Bill Chang (Hawaii) will respond as our Speaker-Commentator and present his own examples. The program leaves lots of time for discussion, to encourage exchange of syllabi, exercises, and ideas. □

PUBLICATIONS BY CLINICIANS

Barnhizer, David. The Purposes of the University in the First Quarter of the Twenty-first Century. 22 Seton Hall L. Rev. 1124 (1992). □

Boldt, Richard C. (Maryland). The Construction of Responsibility in the Criminal Law. 140 U.Pa.L.Rev. 2245 (1992). □

Calvo, Janet M. (CUNY). Spouse-based Immigration Laws: The Legacies of Coverture. 28 San Diego L.Rev. 593 (1991). □

Chavkin, David (Maryland). 'For Their Own Good': Civil Commitment of Alcohol and Drug Dependent Pregnant Women. 37 South Dakota L. Rev. 701 (1991). □

Cunningham, Clark D. (Washington Univ.-St. Louis). Why American Lawyers Should Go to India. 16 Law & Social Inquiry (Journal of the American Bar Association) 777 (1991). □

Cunningham, Clark D. (Washington Univ.-St. Louis). The Lawyer as Translator, Representation as Text: Towards an Ethnography of Legal Discourse. 77 Cornell L. Rev. 1298 (1992). □

Ellmann, Stephen (New York Law School). Client-centeredness Multiplied: Individual Autonomy and Collective Mobilization in Public Interest Lawyers' Representation of Groups. 78 Va.L.Rev. 1103 (1992). □

Freamon, Bernard K. (Seton Hall). A Blueprint for a Center for Social Justice. 22 Seton Hall L. Rev. 1225 (1992). □

Genty, Philip M. (Columbia). Procedural Due Process Rights of Incarcerated Parents in Termination of Parental Rights Proceedings: A Fifty State Analysis. 30 J. Fam. L. 757

(1991-92). □

Herr, Stanley (Maryland). Human Rights and Mental Disability: Perspectives on Israel. 26 Israel Law Review 1 (1992). □

Herr, Stanley (Maryland). No Place to Go: Refusal of Life-Sustaining Treatment by Competent Persons with Physical Disabilities. 8 Issues in Law & Medicine 3 (1992) (lead author). □

Menkel-Meadow, Carrie (UCLA). The Power of Narrative in Empathetic Learning: Post-modernism and the Stories of Law, (Reviewing Patricia J. Williams, The Alchemy of Race and Rights.) 2 UCLA Women's L.J. 287 (1992). □

Miller, Binny (American). Who Shall Rule and Govern? Local Legislative Delegations, Racial Politics and The Voting Rights Act. 102 Yale L.J. 105 (1992). □

Rains, Robert E. (Dickinson). Robert's Rules of Litigation. 28 TRIAL 90 (Oct. 1992). □

Rogers, Nancy (Ohio State) with Stephen B. Goldberg & Frank E.A. Sander. Dispute Resolution: Negotiation, Mediation, and Other Processes. (Little, Brown and Company, 1992). □

Sammons, Jack L. (Mercer). Giving Advice: ABA Formal Advisory Opinion 90-358. 12 Miss. C. L. Rev. 143 (1991). □

Solomon, Robert A. (Yale). The Clinical Experience: A Case Analysis. 22 Seton Hall L. Rev. 1250 (1992). □

Sullivan, J. Thomas (Arkansas-Little rock). Teaching Appellate Advocacy in an Appellate Clinical Law Program. 22 Seton Hall L. Rev. 1277 (1992). □

Tarr, Nina W. (Washburn). Two Women Attorneys and Country Practice. 2 Colum. J. Gender & L. 25 (1992). □

White, Lucie E. (UCLA). Seeking "...the Faces of Otherness...: a Response to Professors Sarat, Felstiner, and Cahn. 77 Cornell L.Rev. 1499 (1992). □

FACULTY POSITIONS AVAILABLE

The American University, Washington College of Law seeks applications for a visiting professor position in its Public Interest Law Clinic for Academic Year 1993-1994. The Public Interest Law Clinic is a live-client clinical program currently focusing on housing and veterans' cases. Responsibilities include co-teaching one non-clinical course during the academic year. Minimum qualifications include a J.D. degree, outstanding academic record, and four years' experience as a lawyer. Desired qualifications include prior experience or training as a clinical teacher, legal publications, and participation in AALS clinical teachers' conferences and workshops. Applications consisting of a curriculum vitae and cover letter should be sent to Professor Paul Rice, Chair, Faculty Appointments Committee, with a courtesy copy to Professor Robert Dinerstein, Director of Clinical Programs, The American University, Washington College of Law, 4400 Massachusetts Avenue, N.W., Washington, D.C. 20016. □

The Bridgeport School of Law at Quinnipiac College seeks applications and nominations for the position of Dean. We are looking for a person willing and qualified to take advantage of a unique opportunity to lead an ongoing, successful law school to its next level of excellence.

The law school, formerly part of the University of Bridgeport, is provisionally approved by the American Bar Association and is a member of the Association of American Law Schools. Currently located in Bridgeport, Connecticut, the law school will move to a newly constructed facility

on Quinnipiac's Hamden campus by the fall of 1995. The law school has a student body of 660 and a full-time faculty of 34.

The candidate should have extensive and successful law school teaching experience and an established reputation for legal scholarship. Administrative experience is desirable. The Dean is the chief administrative and executive officer of the law school and a member of the faculty. The Dean reports to the Provost of Quinnipiac College.

Candidates for the position should submit a letter describing their interest and qualifications, a resume, and the names and phone numbers of three references to: Professor Robert C. Farrell Chair, Dean Search Committee, Bridgeport School of Law at Quinnipiac College, 303 University Avenue, Bridgeport, CT 06604-5769.

Review of applications will begin on November 23. The new Dean will assume the position on July 1, 1993. □

University of California, Hastings College of Law, invites applications for a full-time, tenure-track, clinical teaching position in connection with Hastings' new in-house legal clinic, which will commence operation in January, 1993. Applicants should have several years of civil practice experience (trial experience preferred but not mandatory) or equivalent experience as a clinical teacher. The clinic will initially handle a variety of administrative and consumer cases. The successful applicant will be a full-time member of the Hastings faculty, appointed as an Assistant Professor and eligible for clinical tenure. Applications or inquiries should be directed to Professor Calvin Massey, Chairperson, Faculty Appointments Committee, University of California, Hastings College of the Law, 200 McAllister Street, San Francisco, CA 94102. □

Columbia Law School seeks proposals from clinical faculty who would be available for a semester or a year as a visitor on our clinical faculty. One option is to join our Family Advocacy

Clinic during the spring 1994 semester to engage in its ongoing docket and course work. Beyond that, we are open to suggestions permitting collaborative or individually-taught clinical offerings in any area of law or practice. Visit depends upon availability of Law School funding. Send letter-form proposals to Conrad Johnson, Clinical Professor of Law, Columbia Law School, 435 West 116th St., New York, New York 10027. □

The University of Connecticut School of Law seeks applications from persons with excellent academic records and high promise of intellectual achievement for a tenure-track position as Director of Criminal Clinical Programs, beginning September 1, 1993. Preference will be given to applications from persons with significant teaching experience in a law school criminal clinic. Contact James H. Stark, Associate Dean for Academic Affairs, University of Connecticut School of Law, 65 Elizabeth Street, Hartford, Connecticut 06105-2290. □

George Washington University is seeking a clinical teacher/attorney to supervise an advanced law school clinical program involving District of Columbia and Federal trials and appeals. D.C. Bar membership as of July 1, 1993, is desirable, and membership shortly thereafter is required. Experience with criminal and civil trials and appeals and in clinical teaching (or comparable litigation supervision), as well as knowledge of D.C. and Federal practice, are all desirable. Salary negotiable. If interested, send a resume to Professor Todd Peterson, chair, Clinical Affairs Committee, George Washington University, National Law Center, 720 20th Street, N.W., Washington, D.C. 20052. □

Hofstra School of Law has a visiting professor position as the Director of its Criminal Justice Clinic during the 1993-94 academic year. Responsibilities include supervising student representation in misdemeanor cases, teaching the seminar portion of the

clinic, and serving as the administrator of the Criminal Justice Clinic. Visiting faculty members may also teach other academic courses depending on the candidate's interest and institutional needs. The position is available for the entire 1993-94 school year, although a semester visit will be considered. Minimum qualifications include outstanding academic record, and four years experience as a lawyer. Preference will be given to applicants with prior teaching and supervisory experience in criminal clinical programs. Rank and salary will be commensurate with experience. Interested applicants should send their resumes and cover letters to Professor John DeWitt Gregory, Hofstra University School of Law, Hempstead, NY 11550. □

The University of Maryland School of Law seeks candidates for a tenure-track position to begin in the fall semester of 1993. A strong academic background and a record of scholarship or the promise of scholarship are essential, as is sufficient practice experience to demonstrate the ability to supervise students engaged in client representation. The position will require the candidate to integrate theory in the classroom with the experience of actual representation. Background in clinical education, poverty or civil rights law, or lawyering process is desirable. Contact: Professor Robert Suggs, Chair, Appointments Committee, University of Maryland School of Law, 500 West Baltimore St., Baltimore, MD 21201. □

The University of Maryland School of Law seeks candidates for a grant-funded position. A strong academic background and significant practice experience is essential. The position will require the candidate to recruit and coordinate the efforts of Legal Services and pro bono attorneys who will in turn supervise students. Responsibilities will include teaching a classroom component on legal services delivery systems integrated with students' experience of actual representation. Background in

clinical education, poverty or civil rights law, or lawyering process is desirable. Contact: Professor Robert Suggs, Chair, Appointments Committee, University of Maryland School of Law, 500 West Baltimore St., Baltimore, MD 21201. □

The University of Papua New Guinea. Applications are invited for the post of Gadens Professor of Law - (W/181001) in the Legal Clinical Programmes (LCP) Department of the Faculty of Law from eminent legal scholars. The position is available immediately.

The LCP Department is a new department created in 1992 and is responsible for teaching clinical subjects towards the LL.D degree and offers the Diploma in Magisterial Studies Programme. There are plans to offer other diploma and certificate programmes.

The successful applicant will be expected to provide leadership to the Department plan and introduce diploma and certificate programmes and participate in the teaching of undergraduate and postgraduate students of the Law Faculty. The successful applicant may be specialized in any major field of public or private law but must have adequate experience in the practice of law; he/she will be expected to encourage and guide younger scholars in any discipline of law; and any experience in teaching in developing countries would be an advantage.

Applications are also invited for the post of lecturer in legal clinical programmes (W/181005). Applicants should have adequate practical experience and will be expected to teach courses leading towards diploma and LLB clinical programmes, the subject areas of which include court systems and procedures, roles and functions of magistrates, prosecutors (especially police prosecutors), evidence, trial practice, criminal procedure, and other clinical related courses.

Applications will be treated as confidential and should include a full

curriculum vitae, a recent small photograph, the names and addresses of three referees and date of availability. In order to expedite the appointment procedures, applicants are advised to contact their referees to send confidential reports directly to the University without waiting to be contacted. Applications should be forwarded to the Deputy Registrar (Staffing), PO Box 320, University PO NCD, Papua New Guinea. □

The University of Tennessee College of Law invites nominations and applications for the position of Director of Clinical Programs, a twelve-month, tenure-track position.

Candidates must possess a J.D. or comparable law degree, and satisfy the requirements for admission to the Tennessee Bar. A distinguished record of clinical teaching or practice-related experience and of scholarship is highly desirable. Candidates must be willing to undertake the management responsibilities of an in-house teaching clinic engaged in the representation of clients. Management experience, particularly in a clinical or legal services setting, is advantageous but not essential.

The Legal Clinic is an integral part of the educational program offered by the College of Law. Under the leadership and supervision of the Director and four full-time faculty members, students represent non-paying clients and not-for-profit organizations in civil and criminal matters.

Nominations and applications (including a letter of intent, a complete CV, and the names and addresses of at least three references) should be sent to: Professor John L. Sobieski, Jr., Chair, Clinic Director Search Committee, The University of Tennessee, College of Law, 1505 W. Cumberland Avenue, Knoxville, TN 37996-1800.

The Search Committee will begin considering applications by November 30, 1992 and continue to do so until completion of the search. □

Washington University School of Law at St. Louis is seeking to fill two tenure-track positions effective the 1993-94 academic year. Potential clinical courses include live-client supervision (criminal, civil, legislative, administrative possibilities - open to development) pretrial practice, trial, and other skills courses. Both new and experienced teachers are encouraged to apply.

Clinical teachers are fully integrated into the faculty and typically teach at least one non-clinical course each year. Beginning next academic year, the law school plans to shift to an annual 3 course teaching load; one available option will be to teach 2 courses per semester for 3 semesters and then take the fourth semester off for research and writing (in effect a sabbatical every-other year). Clinical teachers are not required to supervise cases between semesters or over the summer.

The law school hopes to make at least one offer by early November; therefore interested candidates should submit their resumes as soon as possible. A resume and cover letter indicating primary teaching interests should be sent to: Professor Karen L. Tokarz, Director of Clinical Education, Washington University School of Law, Campus Box 1120, One Brookings Drive, St. Louis, MO 63130-4899.

For more information about these positions contact Karen Tokarz (314-935-6414) or Clark Cunningham (314-935-6413). □

William Mitchell College of Law invites applications for two tenure-track faculty positions. An important consideration in our hiring is our wish to further diversify the faculty by hiring persons of color or members of other groups that have been underrepresented in legal education.

Candidates should possess outstanding academic credentials, a commitment to excellence in teaching and scholarship, and an interest in building a working relationship between the law school and the legal community. We generally prefer can-

didates with two or more years of practice experience.

William Mitchell is a fully accredited (ABA and AALS) independent law school located in St. Paul, Minnesota (adjacent to Minneapolis). The College offers full- and part-time programs to over 1000 students.

There are 36 full-time members of the faculty, eleven of whom are women. Forty-five percent of our student body are women. Many of our students are older and many of our students work while going to law school. Our flexible course scheduling and on-site child care center allow students and faculty to mix family and careers.

The curriculum emphasizes the acquisition of lawyering skills and reflection on the ethics of lawyering, in addition to legal theory.

Please send your resume and cover letter indicating your teaching interest: Neil Hamilton, Co-chair, Faculty Appointments Committee, William Mitchell College of Law, 875 Summit Avenue, Box 9, St. Paul, Minnesota 55105. □

OTHER POSITIONS AVAILABLE

American Bar Association. Applications are invited for appointment to the position of deputy/associate consultant on legal education to the American Bar Association. The Office of the Consultant on Legal Education of the Section of Legal Education and Admissions to the Bar of the American Bar Association is located at Indiana University in Indianapolis, Indiana.

The deputy/associate consultant position might be described as comparable to that of a law school deputy or associate dean on a national scale. The deputy/associate consultant would participate with, and act on behalf of, the consultant on legal education in all matters relating to the law school approval process and the work of the

Section of Legal Education and Admissions to the Bar of the American Bar Association. The deputy/associate consultant would represent the consultant and the section at various meetings of related organizations and at meetings of the section committees.

The deputy/associate consultant is responsible for overseeing the compilation and distribution of ABA-application. Activities include developing approved law schools' demographic data including financial data, degrees, enrollments, credit hour requirements, library data and preparation of statistics on legal education questionnaires and supervising data input quality control, tabulation, output and distribution in various formats. Other activities are production of the annual questionnaire and publication of the Review of Legal Education on an annual basis.

The deputy/associate consultant is also responsible for planning and coordinating workshops and conferences, including training workshops for chairpersons of site evaluation teams, members of site evaluation teams, representatives of law schools undergoing site evaluation, and workshops for associate and assistant deans on law school accreditation and law school administration. Another responsibility is the monitoring and periodic review of summer foreign programs conducted by ABA-approved law schools, and programs of cooperative foreign study.

General Qualifications: The deputy/associate consultant must hold a law degree from an ABA-approved law school and must have law school administration and/or teaching experience. **Compensation:** The salary is competitive.

Terms of Appointment: It is hoped that the person will serve for a period of at least two years. The position of deputy/associate consultant is a full-time, 100 percent FTE, twelve-month appointment.

Applications: Send letter of application with resume to James P. White, Consultant on Legal Education to the American Bar Association, Indiana

University, 550 West North Street, Indianapolis, Indiana 46202. Inquiries concerning the position and the program of law school accreditation should be submitted in writing to the consultant's office. □

Georgetown University Law Center is accepting applications for Fellowships in its various clinical programs. The Fellowships last two years and pay in excess of \$25,000 per year. At the end of the two years, the Fellow is awarded an LLM degree in Advocacy. We are accepting applications for Fellows to work with the Appellate Litigation Clinic, Criminal Justice Clinic, Juvenile Justice Clinic, Center for Applied Legal Studies, Harrison Institute, the Institute for Public Representation, and Street Law.

Georgetown also administers the Women's Public Policy Fellowship Program. This is a one year Fellowship that does not lead to an LLM degree.

Recent graduates as well as those graduating in June, 1993, are invited to apply. Persons interested should apply directly to the clinical program in which they are interested. Applications are due in December.

For more information, contact Professor Wallace Mlyniec, Associate Dean for Clinical Education, Georgetown University Law Center, 111 F Street, N.W., Washington, D.C. 20001. Tel. 202-662-9590. □

All employers listed here are affirmative action/equal opportunity employers; women and minorities are especially encouraged to apply for these positions.

ESSAY

A RETURN TO SKILLS by Peter T. Hoffman, Nebraska

Something strange is happening in clinical legal education. While the rest of legal education is finally beginning to debate with some seriousness the merits of skills training as a part of the law school curriculum, the clinical community seems to be studiously ignoring skills as a subject no longer of importance. Of course skills training continues to be at the center of most clinical courses around the country, but we talk less and less about skills at our meetings; likewise, we write less and less about how our students and lawyers can more effectively represent their clients or about how we can best teach skills to our students.¹

Let me give some illustrations of what I am talking about. While skills have been on the programs for the last several AALS Clinical Section Annual Meetings, Workshops and Conferences I attended, they have been a small part of the whole and certainly not the main focus of the presentations. The same thing occurred during the small group discussions where skills were mentioned but occasionally and then only in passing. Similarly, while a number of articles are being published about clinical legal education, little of the current writing has much to do with skills, either about how to perform better the various skills or how to teach them. In short, skills is an endangered species in the clinical environment.

Why is skills training no longer the centerpiece of clinical education or, at least, at the center of what is of interest to us? The clinical movement was founded on the need to teach skills to law students and to better prepare our students for the practice of law. Whether it was Jerome Frank calling for a clinical lawyer school or William Pincus and the Council on

Legal Education for Professional Responsibility urging "the teaching of standards for the performance of the basic skills involved in service to a client and a cause by a lawyer," skills have been at the center of what clinical teachers are doing. What has always distinguished clinical legal education from the traditional law school curriculum was, among other things, our rejection of the Langdell case method emphasis on legal analysis and reasoning as the only legitimate objective of legal education. Instead we argued for and taught a broader range of objectives, foremost of which was skills training.

Based on what I hear being reported in the small group discussions at the clinical meetings, many clinical courses no longer focus on the teaching of skills. Instead, these courses concentrate on a variety of objective that can be grouped under the rubric of understanding the experience of being a lawyer, particularly the psychological and societal aspects of that experience. A review of recent articles about clinical education reveals a similar focus as well as a linking of clinical legal education with other contemporary currents in legal education such as critical legal studies, deconstructionism, law as literature, law as narrative, and other schools of jurisprudence.

Please do not misunderstand me. The concern by many clinical teachers with topics beyond skills training is important and desirable. Similarly, much of the current literature is excellent scholarship and well worth reading. Several years ago a president of the AALS argued that clinical legal education should be relegated to a side show and was not entitled to be in the big top of legal education (his metaphor, not mine). I am not making a similar argument concerning clinical legal education and skills. Our umbrella should be broad enough to encompass a wide variety of objectives and interests besides skills. My point is much more limited: In broadening the scope of clinical legal education, we should not ignore skills training as being at the center of what

we are doing.

I suspect that many of you are now thinking that I am engaging in hyperbole and no doubt I am overstating the case somewhat, but look at the record. The clinical community, by ignoring that should be our natural area of interest, has effectively ceded skills to other areas of the law school curriculum or even to areas outside of the law school. Take a look at what has happened to trial advocacy and negotiations, two core skills subjects that are no longer considered by many academics to be part of clinical legal education. There are now separate AALS sections for Alternative Dispute Resolution and Litigation and, if you attend any of their meetings, you will see only a small overlap with the faces of the clinical Section meetings. At a number of law schools, many lawyering skills classes are not even taught by clinical teachers, but by other members of the faculty or adjuncts. Further, much of the interesting empirical research on these subjects is occurring in university departments rather than law schools.

Nor is the clinical community contributing much in the way of new ideas about how to teach skills to our students. Using trial advocacy as an example, many of the exciting ideas in this area are coming from such groups as the National Institute for Trial Advocacy. In recent years, NITA has developed new programs on deposition practice, motion practice, appellate advocacy, expert witnesses, and negotiations as well as continuing with its original advocacy and advanced advocacy programs. In addition, each year NITA gathers together its program directors and teachers to discuss how the different programs can be improved. For example, at a recent meeting the subject of discussion was whether and how to teach witness preparation. When did you ever hear of anything like that happening at a clinical meeting? When did you ever hear of witness preparation even being a topic worthy of discussion among clinical teachers?

As far as I can tell, no group in

clinical legal education is undertaking a similar serious examination of any aspect of lawyering skills or how to teach them. Think back and ask yourself when was the last conference, workshop or annual meeting where the dominant focus was on skills.

Many of you are probably thinking, "But what about the MacCrate Task Force Report? Doesn't that show that skills are still important?" I sincerely hope the report generates a new interest in skills, but please note that the report is coming from outside the clinical community (albeit several of its members are clinical teachers). As I said before, legal education is beginning to take skills training seriously; the failure is with us.

I have a very pragmatic reason in hoping for a renewed interest in skills. The long term survival of clinical legal education can best be ensured by our ability to justify to our traditional academic colleagues, the bar and the public that our students who have taken a clinic course are better able to represent clients than those who have not. I do not believe that legal education will continue to devote the resources necessary to support clinical legal education in exchange for anything less. Certainly our claim on educational resources will weaken if our only justification for existence is a claim that our students understand the affective aspects of lawyering.

To paraphrase the title of William Twining's essay, clinical legal education needs to be taking skills seriously.² Skills should be recognized as the core of clinical legal education and not as a topic whose day has passed. One simple way of doing this is to make skills the focus of one of the upcoming clinical meetings. A meeting focusing on skills could highlight not only new techniques of teaching skills, but also what new skills models have been developed. The MacCrate Task Force Report could serve as the focal point of such a program and once again push skills to the forefront of clinical legal education. If you agree, please let our Section leadership know; if you don't

agree, they should know that as well.

1. I am defining skills quite broadly to include legal reasoning and analysis, problem solving, and professional responsibility as well as the more traditional skills of interviewing, counseling, fact investigation, negotiating, drafting and advocacy. For other definitions, among many, see Report of the Task Force on Law Schools and the Profession: Narrowing the Gap, LEGAL EDUCATION AND PROFESSIONAL DEVELOPMENT--AN EDUCATIONAL CONTINUUM Chapt. 5 (1992); Report of the AALS-ABA Committee on Guidelines for Clinical Legal Education, GUIDELINES FOR CLINICAL LEGAL EDUCATION Guideline II.B. (1980).
2. Twining, *Taking Skills Seriously*, 4 J. Prof. Legal Educ. 1 (June 1986). □

ENDNOTES

I plan to publish three issues of the *Newsletter* in 1993. Please plan to contribute to each issue. Don't depend on your colleagues to notify the *Newsletter* of activities, publications and other goings-on. I especially seek job announcements, essays, and case reports. Please mark your calendar with the following deadlines:

spring 1993 issue: March 12, 1993

fall 1993 issue: August 20, 1993

winter 1993 issue: November 5, 1993

Several years ago the *Newsletter* published a Clinical Supervision Survey written by Jim Stark and Jon Bauer at Connecticut School of Law. Their article, entitled "Directiveness in Clinical Supervision," analyzing the results of the survey will be published soon in the new Boston University Public Interest Law Journal. In the mean time, Jim and Jon have asked that the raw results of the survey be published in the *Newsletter*. I am happy to comply.

QUESTIONNAIRE ON CLINICAL CASE SUPERVISION
(Annotated with Results)

n = number of respondents
who answered question
c = number of respondents
who wrote comments
pertaining to question

For each question, please circle only one answer. Circle the best answer even if you agree with none of, or more than one of, the choices. Comments in the margin are welcome.

1. Most people learn to perform tasks best when:
- 19% a. they receive clear instruction on how to perform the task in question before doing it
- 1% b. they emulate successful role models
- 31% c. they perform the task in question and then reflect on the success or failure of their performance
- 49% d. people's learning styles vary so much that there is no one best way for most people to learn

n = 103 c = 15

2. The supervising attorney in a law school clinic is responsible for ensuring a lawyering product for the client that is:
- 22% a. the best that the student(s) can reasonably accomplish, utilizing their own skills and resources to the fullest, as long as their work is at least minimally competent
- 78% b. the best that students and supervisors can reasonably accomplish, utilizing their combined skills and resources to the fullest

n = 104 c = 12

3. Which of the following best describes the proper decision-making relationship between a student and a supervisor in a law school clinic?

- 23% a. the supervisor has the last word on particularly difficult or important decisions
- 42% b. students and supervisors cooperate naturally and spontaneously in the decision-making process
- 8% c. students and supervisors negotiate in advance the kinds of decisions that will be made by students and the kinds of decisions that will be made by the supervisor
- 27% d. students are required to make decisions on their own and all reasonably competent student decisions are final

n = 101

c = 18

4. When supervising attorneys express their views on tactics, it becomes less likely that students will take responsibility for making decisions in cases.

- (12% a. strongly agree
- 71% ((59% b. agree
- (24% c. disagree
- 28% ((4% d. strongly disagree
- 1% e. no opinion

n = 105

c = 6

5. The relative decision-making responsibilities of supervisor and student should vary according to the supervisor's assessment of the particular student's abilities.

(22% a. strongly agree

87% (

(65% b. agree

(11% c. disagree

11% (

(0% d. strongly disagree

2% e. no opinion

n = 105

c = 6

6. Supervisors should generally assume greater responsibility for decision-making when students are new to the clinic and less responsibility as time goes on.

(15% a. strongly agree

71% (

(56% b. agree

(24% c. disagree

26% (

(2% d. strongly disagree

3% e. no opinion

n = 106

c = 5

7. Supervisors should withhold information and advice from passive students to force them to become more active.

(2% a. strongly agree

38% (

(36% b. agree

(48% c. disagree

58% (

(10% d. strongly disagree

4% e. no opinion

n = 101

c = 17

8. In general, the more complex the case, the greater the supervisor's role should be in the decision-making process.

- (7% a. strongly agree
- 64% ((57% b. agree
- (28% c. disagree
- 29% ((1% d. strongly disagree
- 7% e. no opinion

n = 106

c = 12

9. In general, even if supervising attorneys know the law, they should make students find it themselves.

- (22% a. strongly agree
- 76% ((54% b. agree
- (19% c. disagree
- 19% ((0% d. strongly disagree
- 5% e. no opinion

n = 104

c = 12

10. The ideal role for a clinical supervisor in an initial client interview is:

- 4% a. coequal participant
- 7% b. active intervenor to ensure major interview goals met
- 46% c. intervenor only in cases of serious student error or oversight
- 9% d. passive observer
- 34% e. not present

n = 106

c = 13

11. Throughout the supervisory relationship, supervising attorneys should freely share their ideas on tactics with students.

(14% a. strongly agree

74% (

(60% b. agree

(25% c. disagree

26% (

(1% d. strongly disagree

0% e. no opinion

n = 105

c = 14

12. In general, supervising attorneys should not share their ideas on tactics with students until students have developed and articulated their own tactical ideas.

(15% a. strongly agree

69% (

(54% b. agree

(28% c. disagree

29% (

(1% d. strongly disagree

2% e. no opinion

n = 105

c = 10

13. As long as a student's written work product is legally and tactically sound and reasonably clear, supervisors should not make stylistic changes.

(3% a. strongly agree

44% (

(41% b. agree

(47% c. disagree

54% (

(7% d. strongly disagree

2% e. no opinion

n = 105

c = 15

14. In general, decisions on ethical matters should be made by students, except when those decisions
- 14% a. clearly violate ethics codes
 - 40% b. possibly violate ethics codes
 - 36% c. do not violate ethics codes, but nevertheless seem inappropriate to the supervisor
 - 7% d. in general, decisions on ethical matters should be made by the supervisor
 - 3% e. no opinion
- n = 106 c = 8

15. More often than not, anxiety is conducive to effective learning.
- (2% a. strongly agree
 - 22% (b. agree
 - (53% c. disagree
 - 73% (d. strongly disagree
 - (20% e. no opinion
 - 5% e. no opinion
- n = 100 c = 12

16. In general, important tactical decisions should be made by students, except when those decisions are
- 12% a. positively harmful to the client
 - 51% b. clearly less effective than other available choices
 - 13% c. somewhat less effective than other available choices
 - 22% d. not optimal for the client
 - 2% e. no opinion
- n = 103 c = 7

17. When priorities are in conflict, the highest priority of a clinical program is to promote student growth and learning, not to provide the best possible legal service to the client.

- (7% a. strongly agree
- 23% (
- (16% b. agree
- (50% c. disagree
- 74% (
- (24% d. strongly disagree
- 3% e. no opinion

n = 105

c = 13

18. Of the following possible goals of a law school clinic, rate the following in terms of their importance in your program (1 = very important; 2 = important; 3 = of little significance; 4 = not significant at all)

		Mean	
		<u>Rating</u>	<u>%</u> *
a.	teach students generalizable lawyering skills	1.32	97%
b.	provide high quality service to clients	1.39	98%
c.	teach efficient work habits	2.05	76%
d.	train students to accept professional responsibility for clients	1.17	99%
e.	make legal services available to under-represented groups	2.22	64%
f.	teach effective collaboration	2.10	77%
g.	provide a critical perspective on legal institutions	2.05	69%
h.	train future lawyers in a particular area of practice	2.94	28%
i.	explore feelings associated with being a lawyer	1.98	81%

* percentage of respondents who rated goal as being important or very important

		<u>Mean</u>
		<u>Rating</u> <u>%</u> *
j.	teach students to learn from experience	1.37 98%
k.	encourage students to do public interest or pro bono work in their future careers	2.01 77%

n ranged from 96 to 103

* percentage of respondents who rated goal as being important or very important

19. In your relationship with clients, describe the extent to which you regard yourself as committed to the goal of client-centered decision-making.
- | | | |
|-----|----|---|
| 23% | a. | wholeheartedly committed |
| 53% | b. | strongly committed, with minor reservations |
| 18% | c. | somewhat committed |
| 6% | d. | significant reservations |
| 0% | e. | not committed at all |

n = 107

c = 103

20. In terms of professional self-image, indicate, in percentage terms, the extent you see yourself as a:

Mean Response:

- | | | | |
|----|---------------------------|---|-----|
| a. | teacher | — | 49% |
| b. | lawyer | — | 34% |
| c. | scholar | — | 12% |
| d. | other (specify) ___% | | |
| | (total should equal 100%) | | |

21. In my clinical supervision, I am more directive with students than I think I should be.

(0% a. never

9% ((9% b. rarely

54% c. sometimes

(37% d. often

37% ((0% e. always

n = 107

c = 0

22. In my clinical supervision, I am less directive with students than I think I should be.

(4% a. never

61% ((57% b. rarely

38% c. sometimes

(1% d. often

1% ((0% e. always

n = 106

c = 0

23. I worry about directiveness issues in my clinical supervision.

(0% a. never

8% ((8% b. rarely

48% c. sometimes

(40% d. often

44% ((4% e. always

n = 106

c = 1

24. In my clinical supervision, I tell students what the law is, even if there is time for students to find the law themselves.

- (3% a. never
44% (
(41% b. rarely

48% c. sometimes

(8% d. often
8% (
(0% e. always

n = 106

c = 5

25. When a student is examining a witness at a hearing or trial, I ask the witness questions of my own.

- (32% a. never
83% (
(51% b. rarely

12% c. sometimes

2% d. often

3% e. not applicable in my clinic

n = 105

c = 14

26. When sitting in with students on client interviews, I am an active participant.

- (5% a. never
46% (
(41% b. rarely

29% c. sometimes

12% d. often

13% e. not applicable in my clinic

n = 106

c = 10

27. When reviewing students' written work product, I make minor editorial changes (such as stylistic changes in wording or punctuation.)

(0% a. never

15% ((15% b. rarely

28% c. sometimes

(40% d. often

57% ((17% e. always

n = 107

c = 5

28. In my clinical supervision, I allow students to make decisions I personally disagree with.

(3% a. never

30% ((27% b. rarely

59% c. sometimes

(9% d. often

11% ((2% e. always

n = 105

c = 8

29. I tend to assume more responsibility for decision-making in cases where students step into an ongoing case, than in cases where students start from the beginning with a new client.

(5% a. strongly agree

56% ((51% b. agree

(36% c. disagree

40% ((4% d. strongly disagree

4% e. not applicable in my clinic

n = 102

c = 6

30. I vary my directiveness with particular students depending on their own preferences or learning styles.

- (1% a. never
- 8% ((7% b. rarely
- 37% c. sometimes
- (48% d. often
- 55% ((7% e. always

n = 106

c = 8

31. What kinds of decisions are you more likely or less likely to allow students to make? What are your criteria for allowing students to make decisions? .

n, c = 70

32. How would you describe the ideal decision-making relationship between a student and a supervisor in a law school clinic?

n, c = 70

33. If you are more directive with your students in practice than you would like to be, rate, in terms of importance, all the factors that influence you. (1 = very important; 2 = important; 3 = of little significance; 4 = not significant at all)

				Mean Ratings	% *
a.	time pressures			1.53	93%
b.	student discomfort with nondirective process	2.68	42%		
c.	my discomfort with nondirective process	2.72	46%		
d.	concern for client interests	1.37	97%		
e.	desire to see my ideas implemented			2.97	25%
f.	impatience with students	2.64	38%		
g.	concern about my reputation or reputation of clinic			2.63	51%
h.	desire to relieve student anxieties	2.52	55%		
i.	others? _____	—			
	_____	—			
	_____	—			

n ranged from 87 to 90

* percentage of respondents who rated factor as important or very important

34. If you are less directive with your students in practice than you would like to be, please state why.

n, c = 22

35. If you have been influenced in your thinking about directiveness in clinical teaching by any particular experiences you have had, please describe them.

n, c = 40