

FIELD NOTES FROM STARTING A LAW SCHOOL CLINIC

STEPHEN R. MILLER*

The goal of this article is to provide guidance for clinicians starting new law school clinics through “field notes” of the author’s experience starting a new Economic Development Clinic. Using personal experience as a reference point by which to discuss the new clinician’s experience generally, the article first discusses the role of clinicians in the contemporary legal academy. Second, the article discusses how to find and choose clinic clients, which is arguably the most difficult part of starting a clinic. This section also offers a digression on framing community and economic development clinics, which the author argues also provides a valuable test case for contemplating client selection in all subject clinics. Third, the article addresses non-client serving components of new clinics, such as class structure, readings, and writings. Fourth, the article addresses the client-serving component of new clinics, including a number of logistical issues in running a clinic that are often a surprise to new clinicians. This section also discusses grading clinics. Fifth, the article addresses publicizing a new clinic. Sixth, the article addresses student recruitment for new clinics. Seventh, the article concludes by discussing ways new clinicians can get to know the legal clinic professorial community.

I. OVERVIEW

This article seeks to expand upon that literature addressing one of the most complex pedagogical challenges in legal academics: starting a new law school clinic. Two years ago, I had the privilege of starting a new Economic Development Clinic at the University of Idaho College of Law (the “Clinic” or “my clinic”). While several challenges I faced made for a daunting experience, the range of these challenges is not atypical of those faced by new clinicians generally. First, I was entering academics straight from practice, unlike some who already have visiting assistant professorships and various fellows programs under their belt before landing a tenure-track position.¹ That meant I

* Associate Professor of Law & Director, Economic Development Clinic, University of Idaho College of Law.

¹ Following the lead of programs like Harvard Law School’s Climenko Fellows program (<http://www.law.harvard.edu/academics/degrees/jd/fylrwp/info-for-prospective-climenko-fellows.html>) and The Law School at the University of Chicago’s Bigelow Fellows program (<http://www.law.uchicago.edu/bigelow/apply>), several law schools now offer LL.M.s in clinical education. See, e.g., *The Maryland LL.M.*, Univ. of Md., Francis King

had no experience in post-secondary teaching but for some guest lecturing here and there, and now I was tasked with creating the Clinic from the ground up. In addition, at least some professors in the College of Law looked quizzically at this strange bird called an Economic Development Clinic and wondered what it would do. What skills would be learned? What projects it would take on? And so I entered into a welcoming, but somewhat baffling, faculty environment where I immediately needed to prove the Clinic's rigor and place in the curriculum. I also had an unusual appointment—a tenure-track position that was half clinical and half doctrinal—and so there was uncertainty and confusion as to whether doctrinal or clinical tenure standards would apply to me. To top it all off, my appointment was located in the College's new Boise campus, some three hundred miles downstate from the University and College's home base in Moscow. Along with several other full-time faculty,² I was literally opening up a new frontier for the College, with all the excitement and politics that entails. Boise was also new frontier for me, as I had lived my entire adult life in either New York City or San Francisco and had never stepped foot in Idaho until my call-back interview. All of these challenges were in addition to the most pragmatic question facing a new clinician—where will I get good clients?—and the most basic pedagogical questions that clinicians must consider—what skills will I teach and how will I teach them?

As I write this article, I have just completed my second year, and I am pleased with where the Clinic stands thus far. Students seem to enjoy the unique nature of the opportunities provided to them, clients seem pleased with the services we provide, and once-skeptical faculty members now seem excited about what the Clinic adds to the curriculum. An ordinance we drafted has been adopted into law. In addition, a major policy report produced by the Clinic, *Area of City Impact Agreements in Idaho*, has received the American Planning Association, Idaho Chapter's Planning Excellence Award for Best Practice. Getting the Clinic to this stable place, however, has been tremendously nerve-wracking for me, and I have had numerous sleepless

Carey School of Law, <http://www.law.umaryland.edu/academics/llm/> (last visited on Oct. 14, 2013) (describing LL.M. with specialization in "Clinical Law"); *David A. Clarke School of Law, Master of Laws (LL.M. Program)*, Univ. of the Dist. of Columbia, , <http://www.law.udc.edu/?page=LLM> (last visited on Oct. 14, 2013) (describing LL.M. "with concentration in Clinical Education, Social Justice, and Systems Change").

² As of this writing, the Idaho Law Boise campus has two tenure-track faculty, an associate dean, one full-time instructor, one part-time externship coordinator, and a number of adjunct instructors. The program is in the process of growing, and will likely be larger by the time this article is in print. To learn more, see Univ. of Idaho College of Law, *Boise 3rd Year Program*, <http://www.uidaho.edu/law/academics/boise> (last visited on Oct. 14, 2013).

nights worrying about the Clinic's trajectory.

It is now with some nostalgia that I look back on the summer before I taught my first class, a time where I found myself talking to the few experienced clinicians I knew, scouring law reviews, and reading various pedagogical websites for little insights that might guide me in the adventure of starting a law clinic. And while I found a number of helpful resources that summer, I was not able to find any article that dealt with the sorts of details that made me fret. This article is my attempt to draft the article I wish I had been able to read that first summer.

I am calling this article a collection of "field notes" because I am going to address some very technical aspects of clinical teaching that are not intended to be a definitive text on starting a law school clinic,³ but rather to address some of the issues I found hardest to uncover and resolve in my first years as a clinician. As such, coverage of all issues necessary for law school clinicians to know will not be the order of the day; this will be a somewhat idiosyncratic selection of topics. In my selection of issues to discuss, I seek to provide for new clinicians answers to questions that dogged me about getting a clinic started and, perhaps more importantly, try to frame important questions for new clinicians that I did not know I needed to ask at the time. In an effort to extract from my personal experience some universal concerns for all new clinicians to consider in the days before teaching a first class, I have also drafted a "A Starter Checklist for New Clinicians," which is located in *Appendix A* to this article. The checklist is not intended to be a definitive list of all items a new clinician must consider but, rather, to provide a starting point for all of the hidden details a clinician will face.

I thought to write this article now because running a clinic is starting to seem easier to me; or at least, the fear of failure does not loom over me the way it did just a few years ago. It occurs to me that the most useful advice for new clinicians could likely come from those of us for whom the challenges of beginning are still fresh and for whom the ways in which we overcame those challenges are equally fresh. In many ways, this will be a highly personal article, but I do believe there are universal aspects to what new clinicians face everywhere that can be gleaned from my experience. I would like to imagine that this article will encourage other young clinicians to write their experiences of beginning and that, in time, the literature on this transitional period will grow, providing a literature of arrival for professors

³ See, e.g., Wallace J. Mlyniec, *Where to Begin? Training New Teachers In The Art of Clinical Pedagogy?*, 18 *CLINICAL L. REV.* 505 (2012) (discussing training of new law school clinicians).

just beginning on the clinical law teaching path.

The article proceeds as follows: Section II of the article will discuss how a clinician finds his or her place in the wonderful, but strange, world of legal academics. Section III discusses how to find and choose clients, which is arguably the most difficult part of starting a clinic. This section also offers a digression on framing community and economic development (“C/ED”) clinics, which I argue also provides a valuable test case for contemplating client selection in all subject clinics. Section IV addresses non-client serving components of new clinics, such as class structure, readings, writings, and the like. Section V addresses the client-serving component of new clinics, including a number of logistical issues in running a clinic that are often a surprise to new clinicians. This section also discusses grading clinics. Section VI addresses the importance of publicizing your clinic, and Section VII addresses student recruitment for the clinic. Section VIII concludes the substantive sections of the article by discussing ways of getting to know the clinical community.

II. FINDING YOUR PLACE IN LEGAL ACADEMICS

A new clinician needs to anticipate that teaching clinical skills in today’s legal academy may result in an identity crisis. While anticipation will not help the clinician avoid the crisis, understanding the nature of what lies ahead can help a new clinician emerge from the crisis more fully formed and productive. For me, the identity crisis came almost immediately because half of my teaching package is clinical and half is doctrinal. In many law schools, the distinction between doctrinal, or substantive teaching, and clinical, or skills-based teaching, is still made in stark black-and-white terms, and it can have real significance in an academic career.

A new clinician needs to think about his or her long-term goals in legal academics from the beginning. The ability to achieve personal goals will be guided by the academy’s prejudices, and so it is important to be clear on what those prejudices are, and how to address them. One important question of identity will be: do you ultimately want to be viewed as a clinical or doctrinal professor? This question has two components: how you will be viewed among your law school colleagues, and how you will be viewed by the legal academy outside your law school. For instance, despite the fact that my course load is evenly divided between doctrinal and clinical courses, the fact that I teach clinically means that most doctrinal faculty at my law school view me as a “clinical” professor, even though the law school has an integrated tenure system with no hierarchical or pay distinctions made between doctrinal or clinical faculties. If you ask the doctrinal faculty

to sum me up in one sentence, however, it would be something like, “the guy who teaches the Economic Development Clinic,” not “the guy who teaches Administrative Law.” Outside of Idaho’s College of Law, I am considered primarily a doctrinal scholar, as I enjoy academic legal writing and enjoy meeting and talking with others who do the same. The conferences I attend are largely attended by doctrinal faculty, and the closest friendships I have formed since joining legal academics have been with doctrinal professors around the country, not clinical faculty. This experience in both the clinical and doctrinal worlds makes me somewhat unusual in the legal academy, although there are certainly other clinicians who teach doctrinally. Despite the rise of skills-based learning as an imperative in legal education, I do not foresee the divide between doctrinal and clinical teaching eroding unless more law schools were to decide, like Idaho Law, to have a unified tenure system that does not differentiate between doctrinal and clinical teaching. In such a system, a doctrinal faculty member might more easily decide to branch out and try clinical teaching, or a clinical professor might be permitted the chance to teach more doctrinal classes without a perceived or real change to a professor’s career prospects. Unless that day comes, new clinicians must decide how to define themselves in relation to the doctrinal and clinical divide, and this is the identity crisis many new clinicians will face.

There are, of course, implications to choosing whether to fall on the clinical or doctrinal side of the legal academic fence. In many law schools, there are distinctions drawn between doctrinal and clinical faculty on issues as important as pay, availability for research funds, voting on faculty matters, and job security. Where such distinctions are drawn, many perceive that clinical faculty are on the short-end of the stick.⁴ But not always, and I am lucky to be at one of those institutions that do not make such distinctions.

All of the clinical and doctrinal politics aside, clinical teaching offers incredible rewards, such as the pleasures of making a real world difference for clients and watching law students morph into lawyers right before your eyes. Clinical teaching provides a daily reminder of what a special thing it is to be able to use legal skills to assist a client that doctrinal teachers seldom witness. It is, however, a lot of hard work supervising clinical students if you really want to make a difference in the kind of lawyers students become.

In talking with other clinicians who also teach doctrinally, many also believe that clinical work takes more prep than doctrinal teaching

⁴ See generally Center for the Study of Applied Legal Education (CSALE): The 2010 - 11 Survey of Applied Legal Education <http://www.csale.org/files/CSALE.Report.on.2010-11.Survey.5.16.12.Revised.pdf> (last visited on October 15, 2013).

in the long haul. For instance, a doctrinal professor preps a course once at great time and effort, but in subsequent years, the doctrinal professor requires less and less time to prep the same material. The doctrinal professor may use that efficiency to then reinvent the course, try out a new casebook, or add a new testing method, but the underlying material builds over time. In clinical teaching, each year the projects are new and the start-up requirements are as demanding as a new client is in legal practice. There are hordes of new facts to learn, large quantities of administrative tasks like record-keeping and time-keeping to undertake, and then there are pesky things like managing of the client relationship, not to mention getting student licenses lined up and on and on. Certainly there are efficiencies that evolve over time for the clinician, but many feel these efficiencies are not to the same degree as for the doctrinal faculty members. Obviously, it is impossible to generalize about the prep workloads of doctrinal and clinical courses, but class prep for the clinician is certainly always a major issue independent of how it compares to doctrinal teaching.

Whatever path a new clinician ultimately forges in the legal academy, it is well worth thinking about these issues of the doctrinal and clinical divide and the benefits and burdens of falling on either side or, as in my particular case, trying to split the baby, early in one's career.

III. FINDING AND CHOOSING YOUR CLIENTS

One of the most difficult, and rewarding, parts of starting a new law clinic is deciding who your clients will be. Before entering the academy, I was in private legal practice in San Francisco. I had great respect for most of my clients. There were some projects I could have done without, but it was the supervising partner's role to determine when and if I was moved to something else. However, in a clinic, that decision is mine. There is a second rewarding component of choosing clinic clients: getting to help those who otherwise wouldn't be able to afford legal services. It is a true pleasure as a lawyer to know that every minute of your time is helping someone who couldn't otherwise get the assistance you are providing, and clinicians get that satisfaction every day. But now that you have this enviable position of choosing clients instead of having clients choose you or chosen for you, how will you choose among all the worthy businesses, organizations, cities, councils and individuals who need help? The demands on your time could be endless, and so even those of us in the role of clinician must make hard choices.

A. *Academic Freedom and Limitations On Client Choice*

Before I wax too poetic about the liberties of the clinician, let me

introduce a healthy dose of reality, which will influence, and circumscribe, a new clinician's choice of clients. Starting a new law school clinic is no small feat of resources; time, money, and administrative resources are devoted in abundance. This is important to realize because it has two commensurate effects. First, your dean, and your clinical supervisor, will be "checking in" with you a lot to "see how things are going."

The powers that be, while they will talk about things like academic freedom and giving you space to grow as a young clinician will also need to satisfy the people that they have convinced to fund the position: donors, state boards of education, university presidents, foundations, and the like. The dean will want to see some results, and he or she is likely to want to be able to tout your wares around town and nationally to the ratings keepers at *U.S. News & World Report*, local newspapers or whoever matters to the law school. As an example, I had an interview with the *Idaho Business Review* scheduled for me two weeks after my arrival in Idaho from San Francisco and a month before my clinic was to have its first class. I don't believe this is unusual; new clinics come at a hefty price, and when a new clinician steps into that role, he or she must be prepared to help make those who made the clinic possible believe they are getting what they paid for, whether that is social justice or immigrants' rights or whatever.

Because of that pressure, the powers that be will have a vested interest in your first clients. My advice is to beware of this and try to please them. Most of all, I believe this means don't take a controversial client your first semester (unless that is what the school wanted from you), and do good work, even if that means cleaning up sloppy student work product before it goes to the client. The dean and your law faculty have chosen you over hundreds of other equally qualified candidates for this amazing opportunity to start a law school clinic: do them the favor of helping them pay the piper. In return, I have found that oversight decreases substantially over time, and this pressure on your client selection will also likely decrease substantially.

Another way to contemplate working with your new faculty is using the clinic to facilitate learning with existing doctrinal teaching objectives. In my case, I was approached by a professor who thought my clinic should work with a nonprofit she headed that provided analysis of state legislature bills, a professor who wanted my clinic to work with Native American tribes she assisted and a professor who wanted my clinic to take on intellectual property-skills based cases. Point being, a lot of other faculty members will have a lot of ideas regarding who your clients should be, so be prepared and be open. In fact, one of my first clients came from a professor who asked me to help out on

a project of his that also happened fit my vision of the clinic: working for a rural local government dealing with the aftermath of the foreclosure crisis. Your colleagues, both clinical and doctrinal, will likely have similar interests in helping you succeed and find clients, some of which will be very helpful.

It is now worth circling back to academic freedom and what it means in the clinical context. Part of academic freedom for clinicians is client choice, no matter how radical those clients may be. Many deans, I realize, will likely disagree, and, in some states, such deans have good reason to get heartburn in equating academic freedom with clinical client choice.⁵ Nonetheless, client choice goes to the heart of what it means to be a clinician—the clinical work is the clinician’s primary academic endeavor. And so, even in light of the pressures that will weigh on you in choosing clients, it is still worth fighting to represent clients in which you believe. There is a reason you chose to be a clinician, after all, and while a sizeable component of that is dedication to student learning, a sizeable component is likely also the ability to choose clients that excite the passions of you and your students. Of course, the reality of academics is that many new clinicians are not tenure-track, and those that are must be able to justify their client choices, and resultant work on behalf of those clients, to a tenure committee. Therefore, even a high-minded vision of clinical academic freedom has its limitations.⁶

B. Making Connections for the Clinic in the Legal Community

The best way to find the kind of clients you want to serve is to meet as many legal services providers and community leaders as you can. When I became a new clinician, I had moved from San Francisco to Boise, Idaho, where I knew no one. I had a lot to learn and quickly. In the two months before classes began, I had get-to-know-you meetings with approximately twenty lawyers and community leaders. I didn’t stop there. Over the course of my first year as a clinician, I had approximately fifty additional get-to-know-you meet-

⁵ See, e.g., Ian Urbina, *School Law Clinics Face a Backlash*, N.Y. TIMES, April 3, 2010, available at http://www.nytimes.com/2010/04/04/us/04lawschool.html?pagewanted=all&_r=0 (Regarding academic freedom and clinical client choice); see also Letter from H. Reese Hansen, Association of American Law Schools President, to Hewlett H. Askew, Consultant on Legal Educ. (June 1, 2010), available at http://www.aals.org/services_newsletter_7presMay10.php. (“One example of outside pressure is the growing number of attacks some law school clinics have faced for representing unpopular clients. Preserving the principle of academic freedom is not only an AALS core value; it is an essential public value.”).

⁶ See Robert R. Kuehn & Peter A. Joy, *Lawyering in the Academy: The Intersection of Academic Freedom and Professional Responsibility*, 59 J. LEGAL EDUC. 97 (2009) (regarding the appropriate balance between academic freedom and professional responsibility).

ings. Sometimes it was just a phone call, but more often it was over lunch or coffee. It was a lot of work, but hardly a chore. I realized immediately that one of the great parts of being a law professor was that almost anyone would take your call, and almost anyone would meet you and tell you what they do. A lot of people, even very high-placed individuals, are interested in being able to say that they are working with a legal clinic at a law school.

In addition, I strongly suggest not limiting engagement with the legal community alone. Many wonderful references for my Clinic have come through community leaders. Finally, unlike me, many new clinicians are hired precisely because they are leaders in the law school's local legal community. These hires are typically expected to draw upon their existing networks to facilitate client development. While I have not been in this position, it still seems worthwhile to me for such new clinicians to re-connect anew with their existing network of allies to see what new possibilities may be open with a change in roles. Further, such new clinicians should also use their new role to meet new people; being an academic opens many doors that are closed to practitioners, and the new clinician with an existing network in a community needs to learn how that role change can redefine his or her community engagement.

C. Client Selection in a C/ED Clinic

In many clinics, the types of clients served, or the type of legal work performed, is strongly circumscribed by the name of the clinic; for example, immigration clinics, environmental law clinics, wage-and-hour clinics, low-income taxpayer clinics, and the list goes on. C/ED clinics are unusual in that they have an overarching vision for the type of community served, but the type of legal work performed, much less the kind of client served, vary widely from clinic to clinic. Here are several ways I came to think about the question of clients for C/ED clinics that I believe will also be illustrative for clinicians starting other types of clinics.

1. Finding a Political Identity

C/ED clinics, by their subject matter, are political. Almost any type of development work involves the political process, whether that is through a project approval or other local government allocation. In addition, C/ED clinics are also political in that they are engaging with communities rather than individual clients; as a result, internal politics of the group will also require attention. The political identity chosen for the C/ED clinic will be important in helping you find the right clients; it will also mean others will be wary of your approach. So, this

is not something to be taken lightly. How much will the clinic advocate for a particular group? Does the clinic have a viewpoint of who should be winners and losers in a particular community issue? Is the clinician comfortable if the clinic's viewpoint is different than his or her own, but perhaps more representative of the students in the clinic?

The key to finding a C/ED clinic's political identity is finding one that meets the following objectives: is it true to the passions of the clinician; is it true to the passions of the students of the clinic; and is it true to the community the C/ED clinic serves. These factors may seem vague, at first, but examples from two clinics will illustrate these tenets. My first C/ED clinic experience was as a student in Professor Mark Aaronson's Community Economic Development Clinic at the University of California, Hastings College of Law ("Hastings CED Clinic"). Hastings is located in the Tenderloin region of San Francisco, a diverse, low-income community surrounded by extraordinary wealth of neighborhoods like Pacific Heights. I would frame the Hastings CED Clinic's dominant political identity as social justice: we read a number of books about poverty and community organizers, like Saul Alinsky, were our guiding lights.⁷

In the year I was at the Hastings CED Clinic, I worked primarily with a community group that was looking for ways to improve safety in one of the roughest and gang-ridden parts of the Tenderloin. The clinic was "true" in each of the ways I mentioned above. It was true to the ideals of Professor Aaronson, who prior to becoming a clinical professor had been a long-time poverty advocate.⁸ It was also true to the students. I have admittedly liberal political leanings, and I was probably the most conservative of the students in the clinic. In other words, the students appreciated and were amenable to liberal policy perspectives and approaches. Finally, it was true to our clients who were equally interested in community organizing. As a result, we were able to offer solutions and work product that were in line with the goals of our clients and that also resonated with the ideals of both Professor Aaronson and those of us who were his students.

I loved that clinic, and Professor Aaronson was an amazing mentor. The Hastings CED Clinic made such a difference in my life that, when I was offered the chance to run such a clinic at Idaho College of Law's new Boise campus, I jumped at the chance. It was upon my

⁷ See generally SAUL ALINSKY, *RULES FOR RADICALS* (1971) (regarding how to effect constructive social change through "speaking truth to power").

⁸ Professor Aaronson served for 13 years as Executive Director of the San Francisco Lawyer's Committee for Urban Affairs, which is now known as the Lawyers' Committee for Civil Rights of the San Francisco Bay Area.

arrival in Idaho that I realized how convenient it had been that all of us in the Hastings CED Clinic were on the same page. One of the aspects of the Bay Area is its almost universal liberal values, but the universality of such values also insulates many law students at schools there from the dominant political conflicts that affect our culture. Few CED clinics are immune from those political realities at the outset, as I soon learned in Idaho.

The political identity issue began with something as fundamental as the clinic's name. The clinic description in the Faculty Academic Register had been an "Economic Development Clinic." From the beginning, I wondered why they left off the "community" in the name of the clinic. Was that a hint of some type? In the end, I decided not because, in the interviews for the position, I had self-consciously structured my proposal for the clinic based on my experience in the Hastings CED Clinic. I added an emphasis on land use and environmental law, both of which were important parameters for the clinic to feel true to my passions. The tagline I developed for the clinic was, "creating economic development that is environmentally sustainable." Since they hired me, I imagined the school had bought into that vision and, as I packed my bags from San Francisco for Boise, I fully intended to ask the dean to add in what I imagined had been left out in naming the clinic: the community.

After two years in Idaho, I have changed my mind. In fact, I have come to believe that I can better accomplish my mission without the "community" in my clinic name, even though community representation is as much what we do as it was in Professor Aaronson's Hastings CED Clinic. Two major factors are at play. First, Idaho is a very conservative state. To say that its governor, legislature, and judicial branches are all controlled by Republicans fails to properly connote the state's conservatism. That does not mean my students, or our clients, are not looking for solutions to community problems; indeed, they are. However, the political identity, and the perceived source of power of those ideas, has a lot to do with the students' willingness to engage with, and our communities' willingness to listen to, potential solutions to the problems they face.

Second, I have come to understand the situation in which Idaho operates far better. It is a state that often finds itself in the bottom quartile on many major economic, social, and educational metrics.⁹ The situation is even more dire if you remove the one economic powerhouse of the state, Boise, from the equation. In rural areas, which

⁹ See *Bottom Rung: Living On Low Wages in Idaho*, STATEIMPACT IDAHO, NPR (2013), available at <http://stateimpact.npr.org/idaho/tag/bottom-rung/> (last visited Oct. 14, 2013) (series detailing Idaho's economic circumstances).

suffer from endemic poverty, low educational attainment, aging populations, job loss, and shrinking populations due to national, even global, urbanization trends, the situation is even more challenging.¹⁰ Idaho suffers from extreme poverty and many of the same institutional barriers to success faced by inner-city low-income neighborhoods like San Francisco's Tenderloin. Perhaps even more insidious, Idaho's poverty is hidden because of its geographic isolation,¹¹ and there is little investment in education or social safety nets relative to other states. At the same time, it is almost verboten in this environment to speak of poverty or community values like social safety nets. Instead, the entire dialogue centers on "economic development." The term is everywhere here and applied to everything that, in a place like San Francisco, would be perceived as social issues. I came to realize that, in Idaho, economic development was a term that could encompass not only the traditional "smokestack chasing" economic development efforts of luring businesses with tax credits and the like, but also the whole panoply of efforts to help local communities find a future for themselves. In other words, the term "economic development" fit the mores and passions of my students. It could also, I realized, be used to fit my own interests, even if under a different banner.

I believe that other C/ED clinics have faced similar definitional issues, and that is likely why there are so many variations on the C/ED theme: community development, community and economic development, community economic development, economic development, among others. I imagine that these same issues of political identity also matter in defining and naming other types of clinics.

2. *Defining C/ED Clinic Project Types*

Although there is great variety in C/ED clinic formation and client selection, I suggest that C/ED clinic project types can be grouped into four basic categories: activist community representation; community building representation; assisting community businesses; and assisting local governments.

Activist community representation. These C/ED clinics are most aligned with the tradition of social justice and movements to assist low-income urban communities. They typically represent either a community nonprofit corporation, or an unincorporated community group, in fighting for community benefits. This means the C/ED clinic necessarily takes an adversarial relation to government and, often, an adversarial relationship to traditional business practices. Projects may

¹⁰ *Id.*

¹¹ *Id.*

ultimately represent a single individual, but only as part of the larger under-represented community, or a larger community group. For example, C/ED clinic projects in this vein could include assisting individuals in low-income communities whose homes have entered, or are at threat of entering into, foreclosure. Alternatively, such C/ED clinics may represent a community group in negotiating a community benefits agreement with a developer.

Community building representation. C/ED clinics that engage in community building representation typically work with non-profit community organizations that are already established as community leaders. The clinic could potentially assist the community organization with starting a new program or provide direct legal services to an under-represented community in a manner facilitated by the community organization. These clinics tend to emphasize community representation and, commensurately, also focus upon the legal and ethical issues that arise in such community lawyering.

Assisting community for profit and not-for-profit corporations. Some C/ED clinics operate on a model that is essentially a small business clinic that serves primarily under-represented communities. As such, the skills learned tend to be those of a typical business lawyer, but with an additional component of service and community representation. Projects of such C/ED clinics could include incorporating a local economic development corporation, or even corporate formation work for a local for-profit corporation that might otherwise not be able to afford legal counsel.

Assisting local governments. These C/ED clinics work with local governments and, at times, can blend into what might be considered a local government clinic. The difference is that C/ED clinics typically work with local governments that serve under-represented communities and thus assist local governments in serving communities in ways the communities could not otherwise afford. For instance, my clinic assisted a rural community in forming an ambulance taxing district to provide the community ambulance service that was then unavailable. In another example, my clinic drafted an administrative enforcement ordinance aimed at low-level misdemeanor and nuisance-type offenses and assisted the county in setting up an enforcement mechanism for the ordinance.¹² Another approach to the C/ED clinic for local governments leverages the general research component of legal memoranda. For instance, in working for a particular client on growth management tools in Idaho, my clinic obtained a large collection of these growth management tools. Upon receiving a waiver from the

¹² TETON COUNTY, ID., County Code, Title 1, Chapter 10 (2012).

client, we published that general background data in a first-of-its-kind 800-page assembly of growth management tools in Idaho.¹³

The above brief analysis of C/ED clinic project types makes clear why such clinics can be hard to categorize and, also, why starting a C/ED clinic presents an unusually difficult question of definition. Furthermore, the same C/ED clinic may also engage in different project types from year-to-year. The following table (Table 1) attempts to summarize the different approaches to C/ED clinics and some of their more salient features.¹⁴

¹³ STEPHEN R. MILLER, ET AL., *AREA OF CITY IMPACT AGREEMENTS IN IDAHO* (2012), at <http://ssrn.com/abstract=2200198>.

¹⁴ See SUSAN D. BENNETT, ET AL., *COMMUNITY ECONOMIC DEVELOPMENT LAW: A TEXT FOR ENGAGED LEARNING* 36-38 (2012) (describing an alternative approach to arranging C/ED clinic project types).

TABLE 1. SUMMARY OF C/ED CLINIC PROJECT TYPES
(Some C/ED clinics engage in more than one project type)

Model	Typical clinic relationship to government	Typical clinic relationship to business	Who is primary community represented?	Secondary community represented?	Example clients
Activist community representation	Adversarial	Adversarial	Under-represented community	Under-represented individuals	Representing community negotiating a community benefits agreement with developer (and city) ¹⁵
Community building representation	Adversarial, Partners	Partners	Small group or neighborhood	Under-represented community	Community development corporations; ¹⁶ building a community response to the mortgage foreclosure crisis ¹⁷
Assisting community for-profit and not-for-profit corporations	Partners	Partners	Private business owned by under-represented community member; non-profit community organization for under-represented community	Under-represented community	Assisting with legal issues in affordable housing; ¹⁸ assisting in redeveloping underutilized properties; ¹⁹ assisting under-represented businesses with business formation and contracts ²⁰
Assisting local governments	Partners	Adversarial, partners	Local government entity; elected officials; administrative officials	Electing community at large; sub-set of electing community; regional community beyond jurisdictional scope of electing officials	Assisting with community-enhancing projects local government could not otherwise pursue, e.g., forming an ambulance taxing district; drafting a development agreement template ²¹

¹⁵ See UCLA School of Law, *The Community Economic Development Clinic*, <http://www.law.ucla.edu/centers-programs/clinical-program/in-house-clinics/Pages/community-economic-development-clinic.aspx> (last visited Oct. 14, 2013) (describing clinic project representing “broad coalition of local groups in Long Beach to negotiate community benefits in connection with the city’s downtown revitalization plan”).

¹⁶ See American Univ., Washington College of Law, *Community and Economic Development Clinic*, <http://www.wcl.american.edu/clinical/community.cfm> (last visited Oct. 14, 2013) (“Under the sponsorship of a community development corporation, clinic students presented a series of seminars to residents on incorporation and tax exempt status.”).

¹⁷ See Yale Law School, *Eugene and Carol Ludwig Center for Community & Economic Development*, <http://www.law.yale.edu/academics/Ludwig.htm> (last visited Oct. 14, 2013) (describing clinic’s multi-pronged efforts involving “city government, counseling agencies, legal assistance agencies and other community organizations” to assist individuals in foreclosure crisis).

¹⁸ See Georgetown Law, *Harrison Institute for Housing & Community Development*, <http://www.law.georgetown.edu/academics/academic-programs/clinical-programs/our-clinics/HIHC/index.cfm> (last visited Oct. 14, 2013) (describing clinic’s efforts to “preserve 800 units of affordable housing and involve \$80 million in development financing”).

¹⁹ See Cleveland-Marshall College of Law, *The Urban Development Law Clinic: Presentations*, <https://sites.google.com/site/cmudlc1/Home/udlc-projects> (last visited Oct. 14, 2013) (describing clinic work in library rebuilding project that involved “litigation and an array of real estate, construction and financing documentation”).

²⁰ See Univ. of California Irvine School of Law, *Legal clinic champions local small businesses*, <http://www.law.uci.edu/news/features/2012/0511-ced-clinic.html> Univ. of Denver, Sturm College of Law, *Community Economic Development Clinic*, <http://www.law.du.edu/index.php/law-school-clinical-program/clinical-programs/community-economic-development-clinic> (last visited Oct. 14, 2013) (“Client work may include drafting corporate formation documents; assisting nonprofit organizations with tax-exempt applications and maintenance of tax-exempt status; drafting and negotiating contracts; acting as general counsel to nonprofit corporations and small businesses. . .”).

²¹ These are all projects undertaken by my clinic at Idaho Law and also described in this article. See also University of Idaho College of Law, *Economic Development Clinic*,

IV. NON-CLIENT SERVING COMPONENTS OF CLINICS

Clinics require a surprising amount of substantive, even doctrinal, teaching. They are also places for a variety of other types of learning that have few natural homes in the law school curriculum, such as working in groups and reflection upon the profession. Although counterintuitive, I suggest to the new clinician preparing a syllabus that it is worth first contemplating the types of non-client serving components of the clinic and, second, contemplating what non-client serving engagement might help shape and mold law students into lawyers. The first is a necessity; the second is important for rounding out the clinical experience. Below are several important nonclient serving components that any new clinician should consider in addressing these two issues.

A. Readings

The most important non-client serving component of a clinical class is the substantive readings. Such readings can have at least the following purposes: provide students a historical background to understand the legal movements or theories out of which the clinic evolved; provide doctrinal instruction in substantive or procedural law that students will need to perform their clinical duties; provide theoretical introductions to specific ethical issues that arise in the area of law to be practiced; and provide context to the complex factual setting in which a clinical client is engaged. How much reading to provide clinical students is always a fraught topic; after all, students have taken a clinic to engage in practice in a structured and protected setting. On the other hand, any area of complex legal practice takes years to master and students have just a few weeks to get up to speed.

Readings are especially fraught in those areas of law for which students have received little formal training. C/ED clinics are especially subject to this problem because such clinics do not focus upon a particular segment of the law, as do many other clinics focusing on tax or immigration. Instead, C/ED clinics focus upon relatively broad goals—empowerment, social justice, development—and then back into the legal tools that are necessary to attain those results. Arguably, this is more like true legal practice than many single-subject clinics, as many clients that need legal work do not need just one single area of legal counsel to achieve their objectives, but rather require lawyers trained in many fields of law to reach the client's goal. While modeling this complexity is a virtue of sorts, it also has the vice of

being difficult to prepare students for the variety of legal and social issues students are likely to encounter in the C/ED clinic, not to mention the field at large.

1. *Introductory Readings*

In my C/ED clinic, I start the year-long class with five weeks of readings. I have varied the topics in the first two years and am still not fully satisfied with the student engagement of these readings. That said, I believe the following categories of readings are valuable.

Local readings. I provide students introductory readings to help them understand important local social and economic trends. In these readings, I make no conscious effort to tie the readings to specific projects; instead, I try to provide my students a base of knowledge about social and economic factors that are affecting the communities in which we will work. My C/ED clinic is located in the largest city of a mostly rural state in the Mountain West. As such, I provide them data on several trends that are dramatically affecting this place. That includes U.S. Census and state government migration data that illustrates the rapid rise of the state's urban population (Boise's population has doubled in the last twenty years and will likely double again in another several decades) and the decades' long slide in rural population. In addition, we discuss the state's precarious financial situation: low wages, low educational attainment, low per capita professional attainment, a state budget smaller than many major American cities, and agglomeration in the region's traditional agribusiness industries. We also discuss bright points: a burgeoning tech sector and Boise's emergence as a hot place to live, including its emergence on "best of" lists.

In addition to this overarching background data, I also have students read the eminent domain case that permitted Boise to tear down its Chinatown to build a hotel and convention center, a case that resulted in the state's *Berman*-equivalent precedent.²² This is a great set of facts in which to discuss issues of social minorities, traditional economic development activities, what role the "community" plays in such issues, and how to define the community. The site of this case also has the benefit of being less than five minutes from the law school, and is an area that many of our students know well. Last year, I also took the students on a walking tour of the area after class.

Of course, these readings would be substantially different if I were in another city. I highlight them in detail here merely to illus-

²² *Boise Redevelopment Agency v. Yick Kong Corp.*, 94 Idaho 876, 499 P.2d 575 (1972).

trate that highly localized readings can teach about national trends in a way that invests students in the issues as part of their personal history and part of the law school's relation to the community.

What is C/ED and what is its relation to legal practice? Many students enter into a C/ED clinic uncertain of what C/ED is. Of course, defining C/ED is contentious even among professionals, especially in terms of drawing lines between traditional economic development and community economic development efforts. Students need some basic introduction to these debates, even if it will not directly affect their client projects. I start by introducing students to the history of traditional economic development strategies, all the way from smokestack chasing to tax breaks to economic gardening.²³ I also discuss who typically participates in traditional economic development activities, including political figures, city staff members, local chambers of commerce and business groups. With that background, students can better understand the C/ED movement and the need to bring the "community" back into the discussion. I introduce these concepts through theoretical readings and also summaries of activities of prominent C/ED groups.

40 C/ED legal tools in two weeks. With a broader understanding of traditional economic development and community economic development activities, the students are then ready to learn about law's role in C/ED efforts. My goal with the next set of readings is to introduce students to the variety of ways that law is integral to C/ED efforts. I have struggled with how to make this transition. There are two general approaches: dig deeply into several legal approaches or, alternatively, briefly review a variety of legal approaches to provide a breadth of knowledge that, admittedly, sacrifices depth. I choose the latter approach with the belief that it is important for students to understand how important law is to C/ED activities and with the assumption that depth of knowledge will come through work with specific clients over the year.

To provide breadth of coverage, I use chapters from two C/ED textbooks and three law review articles that, in total, briefly summarize approximately 40 legal tools that I present, along with a student leader chosen weekly to help assist me, in class over two weeks.²⁴

²³ See EDWARD J. BLAKELY & NANCEY GREEN LEIGH, *PLANNING LOCAL ECONOMIC DEVELOPMENT: THEORY AND PRACTICE* 1-99 (4th ed. 2010).

²⁴ *Id.*; ROGER A. CLAY & SUSAN R. JONES, *BUILDING HEALTHY COMMUNITIES: A GUIDE TO COMMUNITY ECONOMIC DEVELOPMENT FOR ADVOCATES, LAWYERS, AND POLICYMAKERS* 1-46 (2009) (discussing community economic development generally); Richard C. Schragger, *Rethinking the Theory and Practice of Local Economic Development*, 77 U. CHI. L. REV. 311 (2010); Richard C. Schragger, *Mobile Capital, Local Economic Regulation, and the Democratic City*, 123 HARV. L. REV. 482 (2010); Roger A. Clay,

This is admittedly a lot of material to cover. Nonetheless, these 40 or so legal tools represent, collectively, a substantial part of the C/ED legal tools canon. I feel it is necessary for anyone who has taken a C/ED class to emerge having at least heard of these approaches to development.

Community lawyering. Legal, ethical and social issues of representing groups are important topics for those who practice in the C/ED areas of law.²⁵ These issues offer a rich overlay of practical and theoretical issues; however, students often are cool to these issues at first. As such, I give my students just one reading to introduce basic topics of group representation but without belaboring the issue. I believe students can still appreciate the issues of group representation without the need to theorize upfront. Typically, one or more community lawyering issues will arise over the course of the year. At that time, I typically introduce theoretical approaches to handling such dilemmas and discuss in context.

2. Additional Readings

Over the course of the year, I provide additional readings, as relevant to the clinic projects. I also provide two other types of documents that are not always directly relevant to a clinical project.

Samples of transactional documents. Although law school curricula are changing, most still are based upon a litigation model and do not provide students many opportunities to work with transactional documents or even governmental ordinances. To that end, I try to give students opportunities to look through client memoranda, agreements, and other transaction documents and government ordinances as much as possible, both in general introductions to the Clinic and in introductions to specific clients and projects. Because my clinic does not engage in litigation, this is a natural place in the law school curric-

Jr. & Susan R. Jones, *A Brief History of Community Economic Development*, 18 J. AFFORDABLE HOUS. & CMTY. DEV. L. 257 (2009). Some of legal tools discussed by these authors include: various tax credit schemes (New Markets Tax Credits; Low Income Housing Tax Credits; Rehabilitation Tax Credits); tax increment financing; municipal bond financing; Community Development Block Grants; community benefits agreements; tax policies; clawback provisions; impact fees; development agreements; zoning as local protectionism (e.g., anti-big box store ordinances, restrictions on chain stores); comprehensive planning and economic development; business improvement districts and other special districts; sweat equity and development; community development corporations; economic development councils; enterprise zones; housing land trusts; co-housing; microloans; historic preservation as economic development; environmental remediation as economic development (e.g., CERCLA clean-ups); infrastructure projects and development (e.g., roads, Internet, etc.); local hire labor agreements; workforce training agreements; public art fees. A full list of C/ED legal tools is on file with the author.

²⁵ See, *infra*, note 47.

ulum to do precisely this.

News clippings and policy reports. Law students are often amazed when they see that something they are studying is actually occurring in the real world. In my experience, there are often one or two new stories or policy reports each week that directly address something related to a client project. I forward these to students through a group e-mail list and also post them to an electronic class space, such as TWEN.

B. Writing

After two years of teaching in law schools, I've come to believe the greatest disparity in law school students' abilities is found in writing, whether it be within the traditional legal form or even in the ability to draft standard prose necessary for correspondence to clients. Discussions with clinicians at other law schools, even at first tier schools, make me believe this is an almost universal problem. Clinics are one of the places in the law school curriculum where students are supposed to get writing experience, and so, I do all I can to maximize writing opportunities. I have used two forms of non-client serving writing assignments, both to achieve pedagogical objectives and to increase students' writing opportunities.

1. *Bi-weekly Reflection Essays and Blogging*

When I first started teaching my clinic, I knew that I wanted to offer students the chance to be introspective about the legal profession and practice as they were encountering it through work for our clients. I began by requiring students to write a two-page, single-spaced reflective essay every two weeks. In addition to encouraging reflection, I thought the bi-weekly reflection essays would also give students another forum in which to practice their writing skills. To encourage students to engage the assignment, I responded substantively to each student's reflection essay, which took considerable time but I felt also reflected my intention to take the assignment seriously. As for grading, the reflection essay was a requirement for completion of the course but did not otherwise figure into the grade. In other words, I wanted the students to write the reflection essays, but I did not want them spending hours on the essay, as they were supposed to be spending most of their clinic time on client work or reading assignments.

In the first semester, the students did take the assignments seriously and I was pleased with the quality of the essays I received. However, in student evaluations at the end of the first semester, serious grouching about the reflection essays was the only negative com-

ment I received about the course. By second semester, students were grouching in class about the reflection essays. The students' concerns generally fell into the camps of "I don't know what to write about and it takes me an hour to think of what to say" and "I don't know what the expectation is for a reflection essay and so I don't know if I'm going to get an A." While the second element miffed me because I had told them this was an un-graded part of the course, the way in which the reflection essay seemed to give them pause secretly delighted me. Upon further discussion with my students, few had ever been asked to formally reflect upon their education, much less their professional development. I felt a secret pride in being the first to introduce them to Montaigne's art,²⁶ or at least the basic experience of journaling.

That secret pride, however, began to dissipate under what became a revolt by the end of the second semester. Although my class received good reviews from the students, they all agreed that the bi-weekly reflection essays were, in their minds, a waste of time. As I entered into my second year of teaching the clinic, I had a decision to make. On the one hand, I fully believed in the importance of the bi-weekly reflective essay as both a matter of professional development and also as a way for students to practice formal non-legal writing. I also recognized that an assignment that was fervently disliked by students who otherwise enjoyed my class may have missed the mark.

For the second year of my clinic I decided to try an alternative approach: a blog. At that point, I had already been blogging for about six months at *Land Use Prof Blog*,²⁷ and was really enjoying the experience. I decided it would be worth trying to establish a blog about the underlying subjects of the clinic that would be written by the students. After several weeks of fiddling around with blog sites, I bought a domain and *Idaho NEXT: A Blog about Economic Development in Idaho and the Mountain West* was born.²⁸ That next fall, I told students they would be responsible for writing a 250-word blog post on an economic development issue of their choosing. Students then present their blog post to the class in a 3-5 minute discussion at the beginning of each class. It is hard to overstate how popular the blog has been: in student evaluations this year, almost all students specifically listed the blog as one of their favorite parts of the class. The irony for me, of course, is that these blog posts were actually

²⁶ See MICHEL DE MONTAIGNE, *LES ESSAIS* (1580).

²⁷ See *Land Use Prof Blog*, http://lawprofessors.typepad.com/land_use/ (last visited Oct. 14, 2014).

²⁸ *Idaho NEXT: Economic Development in Idaho and the Mountain West*, <http://www.idahonext.com/> (last visited Oct. 14, 2014).

more work than a reflection essay, as the blog posts required research. Nonetheless, there seemed to be something about the blog format that made this writing requirement feel more purposeful and even fun.

In addition to the dramatic change in student attitude toward what was essentially the same bi-weekly writing requirement, I saw the blog perform the following additional benefits. First, the blog required students to find existing C/ED issues in the general and legal press and thus force them to seek out and explore resources for learning about such issues. It also encouraged them to take a stake in C/ED issues of interest to them. I found, there was often significant overlap in what interested the students, and so in-class discussions of the blog posts felt honest and even personal as students related anecdotal local knowledge of important political and legal developments. Second, the blog required students to practice formal non-legal writing that, in this case, would have a potentially worldwide audience. The blog entries were almost always coherent in a way that the bi-weekly reflection essays never were. Students shared their posts with spouses and parents, and it built a community around the blog, which received hits from approximately 50 unique users a week. Finally, as many law firms increasingly rely on social media as a means of marketing, giving students the opportunity to write about legal subjects for a non-legal audience seems an increasingly important aspect of skills-based training. One important aspect in that regard is learning how to write about an area of expertise in a way that does not implicate or violate any privileged communications or work product, and students seemed to enjoy this as an exercise in determining what constitutes the line between general legal knowledge and that which is privileged.

2. *Semester-End Reflection Essays*

The one major disadvantage that I have seen with the blog is does not encourage introspection about legal practice. Because of my belief that reflection on professional experience is an important part of the clinic environment, I now require students to write a two-page, single-spaced essay at the end of each semester, or a total of two such essays over the course of the year-long course. For these semester-end reflection essays, I offer three or four prompts specific to that semester's client representation, but also let the students choose topics of their own devise. By reducing the number of reflection essays, the students seem to take the exercise more seriously. As a result, the reflection essays I received this year were thoughtful and, at times, bordered on prescient. I do still feel that more reflection is warranted.

C. Guest Speakers

Guest speakers other than clients can prove valuable as students often view their advice as being legitimized by “real world” experience. Furthermore, these speakers offer a range of perspectives that broaden student understanding of the subject. I have used a number of guest speakers, once as many as nine guest speakers in just one semester! Difficulties do arise with guest speakers; for instance, they are seldom as directed in their presentation or as attentive to time considerations as the classroom demands. As a result, it is important to tell the guest in advance the amount of time available and make clear to all the learning objectives for the guest’s time.

D. Students Leading Class Discussion

To make students more active participants in learning and give them leadership experience, I also require students to assist me in leading class discussions in weeks when the reading assignments are heavy. Students must also meet with me personally prior to leading class discussion, which allows me to ensure that they have done the reading and, often, also provides an opportunity for additional one-on-one mentoring with the students. This has several benefits. First, it gives students the opportunity to lead a class discussion, which in turn helps them practice leadership in a small group setting, and also requires those students to personally engage with the reading in a more meaningful manner. There is a second benefit of ensuring that a sub-set of the class is extremely prepared for that week’s class, as it assists with an informed discussion.

V. THE CLINIC’S CLIENT-SERVING COMPONENT

Client-serving work, which is the hallmark of any clinic, is, in many ways, the one aspect of teaching a clinic that I think most new clinicians are prepared to handle. The new clinician has been hired, in almost all cases, to run a clinic in a subject area in which the new clinician previously practiced. In many situations, the difficulty level of cases a new clinician will take on will be far below the types of cases the new clinician was previously handling in practice.

As a result, this section of the clinic’s client-serving component does not focus on legal work provided to a client. The challenges presented in such legal work are likely expected by the new clinician. In addition, I have also previously addressed the difficult question of choosing a clinic’s clients and the implicit choices embedded therein.

That leaves for this section some relatively banal but important subjects that, in my experience, can make or break the day-to-day

functioning of the client service. As in practice, attention to these quotidian details is often the difference between those who enjoy legal practice and those who find it overwhelming, between those who provide merely adequate counsel and those who become known as being among the best. With many of these issues, there is no one right answer to creating a great clinical experience; nonetheless, all of these issues must be thought through. This requires attention to a level of logistical detail that can be overwhelming for the new clinician who is likely also managing many other major life changes at the same time as creating a clinic. To that end, the following issues are presented here to assist the new clinician in thinking of the technical aspects of clinical practice that must be addressed.

A. Clinic Student Manuals and Other Policies Affecting Students

When starting a new law clinic, almost all new clinicians will be stepping foot into an existing clinical infrastructure that services already-existing clinics at a law school. These existing policies will at first ease your transition into the clinical setting providing a necessary foundation of support for your new clinic. As the new clinician begins to feel comfortable and begins to contemplate ways to implement his or her vision, these existing policies may seem limiting. And so, it is useful to have frank conversations up front about how much freedom the new clinician will have to deviate from the practice habits of the existing clinical infrastructure.

In many law schools, the general clinic infrastructure is embodied in a clinic manual, which is typically provided to students but can provide a good resource to operations for the new clinician, too. At its most basic level, such a manual will provide details on access to the clinic for students and professors, how professors and students can access administrative support, how to use copiers, where to find supplies, and the like. These manuals lay out ground rules you need to master to get things done.

Several important issues addressed in clinic manuals that will directly affect your clinic, are discussed below.

Client intake. With client intake, it is important to understand whether your students will be required to conduct initial client intake for all clinics or just the clinic in which the student is enrolled. Law schools differ in their approaches, and so you will want to know whether your students must be prepared to assist with intake for other clinics and, if so, what time commitment that entails since this impacts the amount of time the student can spend on your clinic.

File management. File management systems are also complicated when shared across multiple law school clinics. Many law school clin-

ics now use electronic file management systems that are primarily intended for litigation practice. Transactional clinics, just like transactional practitioners, may have trouble using these electronic file management systems efficiently. In addition, these systems often take students considerable time to learn and, they will likely also take you considerable time to learn, unless you have the happy coincidence that your new clinic uses the same file management system as you used in practice. Expect to spend substantial time with the clinic's tech support team learning this process; also expect that your students will have to spend substantial time in the first week or so learning this system. You may consider drafting exercises that require the students to utilize key functions of the file management system in the first few weeks to ensure that they are ready to use the system when clients are handed to them.

Clinic credit allocation. Most law clinics also have some policy that governs how credits for clinics are allocated. For instance, the general clinic policies under which my clinic operates requires students to perform 60 hours of work for every credit hour they receive. As students can take my clinic for 2 or 3 credits per semester, they must either perform 120 hours of work per semester for 2 credits or 180 hours of work for 3 credits. As part of fulfilling the hourly requirement, students in Idaho law clinics keep track of their time—whether it is preparing for class, attending class, working on a client assignment, traveling to visit a client, what have you—in a format similar to law-firm billing in a tenth-of-an-hour units that are entered into our electronic file management system, which in turn tabulates the hours and lets everyone know how students are progressing with meeting the hours requirement. Your law school's method for awarding credits in clinical courses will influence how you operate your clinic. Thus, it is important to understand these requirements upfront before spending too much time on clinical design that could be moot in light of the institutional requirements.

Student bar licenses. In some states, even students who will not represent clients in court must, nonetheless, obtain a student license and be formally registered as practicing under the license of the new clinician. Obtaining these student licenses can be time consuming and also require significant lead time of several months. This should be handled by the law school's general clinic administration; however, the new clinician should be aware of this issue, especially if a student decides to take the course at a late date.

*B. General Clinic Policies Affecting The New Clinician
And The Clinic*

In addition to your law school's policies that govern how your clinic handles basic student issues, you will also want to understand how the institution will support you.

Bar membership requirements. The first policy in this regard is whether you must be a member of the state bar of the state in which the law school is located. In some cases, clinicians can meet this requirement by waiving into a new state's bar or taking just some portion of the state's bar exam, while other states have a waiver for law professors. In addition, the new clinician will want to know whether the law school will pay the state bar dues, continuing education required by that state bar and membership in any state bar sections or other national or professional organizations.

Administrative support. Another important policy is the level of administrative support that your clinic will need and will receive. The administrative assistance dedicated to the new clinic, and the relative talents and training of that staff, will substantially influence the type and amount of work that clinic can take on. Before making commitments to too many clients, it will be valuable to better understand the nature of your administrative support.

Class time, duration, and student meetings. Class time and duration can be another important policy to resolve upfront, as that will also affect how the clinician teaches a course. A new clinician may walk into the first year to discover that class time and duration have already been established. In my experience, however, different types of clinics, and different teaching styles, require different class times and durations. For instance, I like to have one large three-hour block of time in the week to meet with all of the students. At first, some of my colleagues questioned why a clinic needed such a large block. In time, I convinced them that the combination of my clinic's need to start with some doctrinal-style teaching, in addition to the fact that I require students to work in groups, necessitated the extended time. Each clinician is different, but some thought given to class time and duration is necessary to ensure that there is sufficient time to accomplish all of the aspects of the clinic that require full class participation. A second aspect that plays into determining class time and duration is how much time the new clinician will dedicate to individual student meetings. If the clinician is also spending significant time in one-on-one meetings with students, that may militate toward a shorter class duration.

Realities of the "hard money" / "soft money" divide. Another factor that can influence a clinic is whether it is on "hard money"—

funded by the law school and potentially a tenure-track position—or is “soft money” and funded by grants from outside the law school. My experience is with a hard money clinic, and so I cannot speak to the experience of running a grant-funded clinic. Nonetheless, conversations with colleagues that are grant funded make it clear that there is often substantial need to align such a clinic to the interests of the funding source and, moreover, grant funding requires substantial amounts of administrative time to fulfill reporting requirements. For those new clinicians who will be grant-funded, it will be worthwhile to stake out administrative support for grant reporting and grant writing, as this can be another hidden aspect that limits the focus and time dedicated to a clinic.

Staff attorneys. Some clinics also have staff attorneys that specifically manage cases and do the day-to-day work of supervising students under the supervision of a clinical director. Such staff attorneys are typically hired into larger clinics. For those new clinicians charged with starting a larger clinic, understanding the role of the staff attorneys will also be important.

Risk management. Several aspects of your law school, and university-wide, risk management policies will affect operations of your clinic. The most obvious risk management component for a new law school clinician is malpractice insurance. Most law schools maintain malpractice insurance that cover clinic activities; however, if the clinician does legal work outside of the clinic, that clinician will likely need to obtain a malpractice policy to cover those external clients (presuming that such external representation is not prohibited by the law school or does not present a conflict with representation of clinic clients). Less obvious aspects of risk management also affect the clinic. For instance, if a student is practicing under the clinician’s license in the clinic but then also is conducting work for an external attorney for compensation or even as part of an externship, is the clinician potentially liable for any of that work conducted by the law student for non-client serving work? To avoid such risk, it is valuable for the scope of the clinical attorney’s supervision to clearly state that it extends only to representation of clinic clients.

In addition, any field trip off of university property, regardless of whether it is to the local courthouse or to other sites to visit clients, usually implicates university-wide risk management policies. These risk management policies can be complicated. Among those that I have encountered are special car insurance cards to carry in case of an accident, special ways to sign rental car agreements, and liability waivers to be signed by students. While these policies can be tedious, it is worth mastering them early.

Another place where risk management enters the clinic is in the level of formality of client engagement required by university-wide and law school risk management policies. In general, both the university and law school will want some form of written document stating the scope of the representation for a client. That is perfectly reasonable; in practice, it is a requirement that can be difficult to accomplish in a meaningful way with some clients. As my clinic represents a number of local government entities, often in rural areas not accustomed to heightened legal formalities, convincing clients of the need for a formal client agreement can sometimes prove difficult. Another issue with obtaining such an agreement is agency: in most states, local government contractual agreements can be entered into by staff, but are actionable only upon approval by the highest elected body of that local government. And so, if I agree to do a project with a county planning department and obtain a signature from the county planning administrator on an agreement as to the scope of representation, that document is legally meaningless unless it is also approved by the county's commissioners, where it can take weeks, if not months, to get such an approval—a timeframe that would all but kill many projects. In response to this, I typically seek to draft, at a minimum, a confirmatory e-mail regarding the scope of representation and obtain client approval of that scope. This has its risks, of course, and finding a more traditional means of defining client engagement that also is accessible and acceptable to clients remains a work in progress for me.

These examples hopefully illustrate how risk management can be an unexpectedly complicated issue for the new clinician to master. A new clinician should go into the clinic formation process with the expectation that mastering your institution's risk management policies will take some time.

C. Serving and Interacting with the Client

Overseeing student work and negotiating relationships with clients can be complicated matters for a new clinician. Three illustrative examples are discussed below.

Client intake and communication. One hallmark of the general legal aid clinic is that students participate in client intakes and gain experience in the role of understanding a client's problems and creating a plan for representation. In my C/ED Clinic, however, students seldom participate in the client intake. While I would like to change this, I have increasingly come to believe that, for this type of clinic, it is a necessity. First, few of my clients fall into my lap; rather, client relationships have often been cultivated by me over the course of several months and, sometimes, years. In addition, many of my clinic

clients involve government officials who take time to carve off a small part of a larger project for the clinic students to own. My students, in their first few weeks, do not have the subject matter expertise or communication skills to adequately negotiate such work. As a result, I typically own the traditional client intake role.

Once a client has agreed to work with the clinic, I then organize a meeting with the client and the students that is intended to be an enveloping experience for the students. The students read background documents in preparation for meeting with the client and then, typically in day long meetings, we discuss the multiple facets of the project, which permits students in my C/ED clinic to ask the types of questions that they would normally ask in a client intake. This is not a perfect arrangement; however, I believe it makes sense in light of the nature of my clients and, I'd imagine, in light of the types of clients serviced by many other clinics that are not doing general legal aid.

Throughout the semester, I am in contact with the clients to let them know how work on the project is progressing. I typically inform students of the calls, but do not invite students to participate. I view this as part of managing client expectations, just as any attorney in private practice would do, while also giving the Clinic natural space to move at its own pace. I do not invite students to these calls because I am often expressing to the client my sense of how the project is developing, which I do not always want to share with students along the way.

A final aspect of client communication that I view as vital is making clear to the client the length of representation. For the clinician, this can be of particular issue over winter and summer breaks when students are gone. If the client is expecting to, or must, retain services during those times, it is important for the new clinician to know that upfront and for the clinician to make a decision whether to maintain that relationship during the off periods when any counsel for the client would have to come from the clinician alone. In my clinic, I typically tell clients at the very beginning that representation lasts through the end of the school year, and may be extended when the new school year begins. This has not been a problem given my clinic projects, which are often attached to long-term policy decisions of local governments. For clinics where the need for representation is not easily deferred during break periods, this will be a more complicated issue.

Correcting student work and the final product sent to clients. One of the most difficult decisions for me, as a clinician, is how much to correct student work prior to sending it to the client. For many clinics that focus on traditional court cases, students can work either from general templates or from previous templates generated at the clinic

or borrowed from another clinic that does similar work. For my C/ED clinic, almost every project is completely new and the use of forms and templates is limited; however, much of what my clinic does is advise clients on potential approaches they could take and how those choices are advanced, or limited, by applicable law. That means that much of the work product necessarily requires a deep understanding of the client's long-term objectives that frame the legal issues, which, in turn, typically requires legal research that cannot be found in an off-the-shelf template but instead requires students to dig into treatises and confront the true ambiguity of high-level legal work. My students, thus far, have been unprepared for this experience at the beginning of the school year.

In reviewing student work, I know that I must always correct errors of law: we simply cannot send a memorandum to a client that is clearly wrong. However, a trickier question arises where there is ambiguity in the law. In one memorandum written by our clinic, we faced precisely this issue. A clinic student was instructed to provide a client guidance on a particular issue involving development agreements. Unlike many states, Idaho's development agreement statute is limited to situations governing rezoning. At the same time, many Idaho communities use development agreements more broadly where no rezoning is a part of a project, just as development agreements are used in other states, to govern large-scale development. The client's issue involved just such a development agreement not covered by the statute. The clinic student's response was a belief that, because the statute did not address the kind of agreement in which the client sought to engage, such agreements were not permitted, and that was the advice we must offer to the client. At issue was how to advise a client in the absence of statutory authority expressly permitting an action. To the student, such lack of express authority meant the client could not engage in development agreements. At the same time, the practice is widespread in the state, and I knew we needed to address how the client may choose to proceed in light of both the statute and local practice, which relegates such agreements to general contract law. Finding a way to address the student's strict reading of the development agreement statute with practice illustrates the complexity of placing students into the lead advisory role while also recognizing that students' legal instincts still need guidance.

A more mundane aspect of intervening in student work involves student grammar, sentence structure, and tone. As noted previously, many of my students need work with legal writing as well as those skills that would be needed for non-legal writing, such as client communication. I have struggled with how much to edit student writing at

this level because ultimately, I feel that too much editing of this sort leads to students losing a sense of their own work and its value. At the same time, I seek to provide to clients a work product that would equal what they would find if they had gone to the finest law firm in the country, which is the standard to which I held myself in practice. New clinicians will likewise need to determine how much editing of students' basic grammar to perform in an effort to bring student work up to a higher level of practice and clarity, while weighing against such a choice the potential for alienating students from their own work and the project.

Working together in groups. Few places in the law school curriculum offer students a chance to work together in groups with other law students; at the same time, law practice is so demanding, especially at its highest levels, that it necessitates a team approach. C/ED clinics are particularly amenable to providing a group work environment for several reasons. First, C/ED clinics typically require work product that is larger than can be produced by any one student in a given semester. Second, C/ED clinics are typically working with clients that are, in turn, also being asked to work collaboratively to assist a community. The clinic modeling teamwork to the clients, and vice versa, has the mutually reinforcing effect of promoting the importance of group collaboration that is at the heart of effective C/ED movements.

Students forced to work in teams on written projects are given learning experiences they would not otherwise experience in the legal curriculum. First, by requiring students to write together in groups they must learn how to work with colleagues who do not do their work, or who do so with less acumen. In both years I taught the C/ED clinic, I have had both gunners and laggards in my class; some days it felt like half my students should have been clerking for the Supreme Court, while the other half should not have been admitted to law school.

Inevitably, at some point in the semester, the gunners will come to me and complain about the laggards. Their concerns vary: "will the laggards efforts drag my grade down?" is the most common. Once I assure them it will not, and that I am perfectly aware of the varying qualities of work being performed, the conversation then turns to dismay that the laggards are dragging down the work product. This, I find to be a legitimate concern. Of course, one strategy for me would be to group all the gunners together and all the laggards together and we'd have one amazing project and one terrible project. My experience in practice, however, made clear to me that, no matter what level of practice students ultimately engage, they must learn to deal with the person who doesn't want to do his or her work, or who does it

poorly and does not meet deadlines. It seems to me that a skill students need to learn in my class is how to be an effective lawyer, and part of that is confronting under-performing colleagues. Once the gunners are faced with the reality that I am going to make them confront the laggards, but that I will also be at their backs, I have seen them then very effectively resolve tensions and get more out of the laggards than I ever could. This aspect of group work dynamics is almost always included in the semester-ending reflection essays with students saying that, ultimately, they were pleased with the experience of group work, even though it was uncomfortable.

Several other important aspects of practice also emerge out of group work. Students, often leave group work with a greater appreciation for mastering standard legal writing techniques. In writing a large memorandum, I typically assign parts to different student sub-groups. At a certain point, we assemble a draft of all of the different parts of the memorandum and, in the first semester, it is generally below a standard of work I would provide to a client. It is, however, a way that students see other students' writing, often for the first time. They also begin to see that they each have a different style and that, if they each retain that style, then this kind of division of legal work is much harder. In turn, an appreciation of standard legal writing emerges as an essential component of being able to work together as a team.

Students also emerge from group work with a greater appreciation of how to take a large legal project and divide it into manageable tasks. Most writing assignments prior to clinic are managed to be appropriate for one person to accomplish within the scope of the semester. However, there are few legal tasks in practice that come in such a neat size. Helping students see how to divide a project into parts and then, ultimately, assemble a large legal work project is a little like teaching them a bit of magic.

D. Grading

Grading is a complicated subject that could fill pages. Here are some basic considerations for the new clinician.

Relationship to doctrinal grading. In many schools, there is either a mandate or pressure to grade on a curve. Clinical grades are typically higher than in doctrinal classes, something which can cause consternation of doctrinal faculty who worry that students will take clinics just to increase their GPAs. Clinical faculty also worry about grades because, as they know, a variety of factors make it difficult to effectively grade students on any type of metric that would create a perfect

bell curve distribution.²⁹ Moreover, such a distribution in the small class setting of most clinics could create a divisive environment and hamper efforts to encourage collaborative learning. For a new clinician, the important preliminary issue is to be aware of this concern and understand how the particular institution addresses grades in the clinical setting. If the law school imposes any grade distribution requirements on clinics, that may affect the clinic's curriculum, requiring more objective measurement tools. To eliminate these concerns, many clinics have gone to Pass / Fail models, while others essentially grade on an A / B scale.

Group work. As noted earlier in this article, I am a fan of group work. At the same time, it does make it difficult to separate out who should receive the highest grade and who should receive the lowest grade. Often, there are portions of a group project that require more intensive legal analysis while other portions are essentially data collection. What to do if the student given the intensive legal analysis job performs adequately but misses some key issues while the person performing the data collection task does a great job? The variability of project tasks in group work makes it hard to successfully judge the completion of those projects.

How do you know if a student has spotted all the issues? Another fundamental problem with grading law students in clinics occurs when they are asked to conduct research on challenging, murky areas of law. This is common in my clinic. How do I know that a student has "spotted all the issues" in such a setting? Should I be conducting shadow research on all of these projects? Even if the answer is yes, how do I know that I have spotted all of the issues, or that a judge or jury would imagine that what I consider to be issues are objectively the issues that would be at play? This may be less of an issue for clinics where students are performing relatively routine work; however, for those operating clinics such as mine, knowing whether students have truly exhausted an assignment I give them is difficult. For instance, in one case, I had students calling all the counties in Idaho to collect a certain type of growth management tool, which is an agreement signed between each county and the cities within the county's border. Some of my students were obtaining tens of documents, while another student had obtained just two. Was that student just not trying hard enough, or was he faced with particularly recalcitrant county officials? In the end, I came to the conclusion that it was the latter mostly through circumstantial evidence, but I had no hard proof that

²⁹ See Stacy L. Brustin & David F. Chavkin, *Testing the Grades: Evaluating Grading Models in Clinical Legal Education*, 3 CLINICAL L. REV. 299 (1997) (describing experiment comparing graded and pass/fail clinics).

was the case, and there was no way I could verify without, in essence, traveling the path he was supposed to travel in doing the work.

Grading a year-long clinical course. My C/ED clinic is a year-long, two-semester course. This presents several grading challenges that a new clinician should consider in advance. A key concern is whether to issue a grade at the end of the first semester, or whether to only issue a grade at the end of the entire year. By law school requirement, I must provide students a grade at the end of their first semester, which I do not like to do. For good students, receiving a good grade makes them feel they can coast, while for struggling students, a bad grade can make them feel I don't like them, or that somehow they are unable to distinguish themselves in the second semester. Neither seem helpful to me. The value for students in receiving a first-semester grade at Idaho College of Law is that it permits them to drop the class in the second semester and take other classes if they choose. I do not like this because I believe there is a learning arc to my clinic that necessarily requires both semesters to bring it to fruition. The student that leaves halfway has gone only half the journey, and that affects both the individual student who leaves and also the dynamic of the rest of the class. These are policy decisions that, at some schools, will be made by the school itself and in other cases will be made by individual clinicians. I have found ways to lessen some of the negative aspects of mid-year grades by engaging in year-long projects where it is explicit from the outset that high performance in the second semester will be especially rewarded, asking community partners and clients to express support for work completed the mid-year point, and talking individually with those students who receive lower grades about what I want them to improve in the coming semester; nonetheless, it is indicative of how larger school grading policies can have substantive effects on clinical teaching.

VI. PUBLICIZING THE CLINIC'S SUCCESSES

It never hurts to publicize a clinic's success. I am not encouraging needless braggadaccio here; nonetheless, if the new clinician does not make clear the clinic's successes, or at minimum the nature of the cases that the clinic is taking on, there will only be a general sense of what the clinic is performing, and that inability to define what the clinic does leaves it vulnerable in a time when law school resources are strained. Below are several aspects of self-promotion that have worked for me, and which I would recommend.

Photographs. The visual aesthetic of law school is dominated by images of students sitting in rows attentively listening to a professor who is in the midst of a wild gesticulation and full-throated expose.

There are several variations on this theme, such as the well-known justice or member of the bar lecturing at the law school engaged in the same pose. To shake it up, law school promotional material often show something like a moot court scene with law school students dressed professionally and striking Perry Mason poses. What is often missing is pictures of those places where students actually engage with the real world, which is what clinics do best. To that end, I suggest that the new clinician snap as many photos as possible, both for sharing with the faculty, but also for potential promotion of the clinic and the law school. I take pictures any time a guest lecturer speaks in class, any time the clinic takes a field trip, and any time students are presenting before a group. In addition to helping your colleagues understand what it is you do, clinic photographs are a nice addition to a tenure file, as well.

Sharing generally applicable knowledge from client-specific research. As an effort to broaden the impact of my clinic, I am always looking for ways to re-package portions of research conducted for a specific client in a way that would be valuable for a larger community. As noted above, my clinic did this with research for a client on growth management tools in Idaho that, we soon realized, was the largest such collection of these tools ever assembled. With the client's approval, we published these documents, along with a guide to drafting these growth management tools, in an electronic document available for free on the Internet that has been downloaded 125 times, as of this writing, and received many accolades.³⁰ The additional work for the clinic was relatively minimal, but the goodwill generated for the clinic and the law school was immeasurable.³¹

Publicizing nationally. Many clinicians also post their successes on listservs such as "LawClinic."³² Although such forums are likely best reserved for major wins, if a new clinician happens to have such a win, these forums are an appropriate way to get the word out to celebrate.

³⁰ See, *supra* note 13 (providing text of area of city impact and analysis).

³¹ This goal of the clinic is also in line with aspirational goals of lawyering generally. See AM. BAR. ASS'N, MODEL RULES OF PROFESSIONAL CONDUCT: *Preamble & Scope*, ¶ 6, available at http://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct/model_rules_of_professional_conduct_preamble_scope.html ("As a public citizen, a lawyer should seek improvement of the law. . . . As a member of a learned profession, a lawyer should cultivate knowledge of the law beyond its use for clients, employ that knowledge in reform of the law and work to strengthen legal education.").

³² See, *infra* note 50.

VII. RECRUITING FOR THE CLINIC

Maintaining student interest in a clinic is an important objective for a new clinician; however, the new clinician will likely not need to address this until the spring of the first year of teaching. If my experience is a guide, new clinicians will enter into a classroom where students have been given some vague notion that a new clinic will be offered and, based upon a vague course description, some will jump at the chance.

Relationship to doctrinal teaching and prerequisites. Looking forward to future years, however, new clinicians will need to determine how to position their clinic in relation to doctrinal teaching and other clinics. This is arguably one of the hardest aspects of recruiting for the new clinician who wants to extol the virtues of the new clinic, tout its successes, but also must consider integration with the law school's broader team and catalog of offerings.

A related question will be whether the clinician will desire any courses to be required as mandatory prerequisites to the course. Prerequisites can, of course, have the value of raising the practice level of students in clinic; in small law schools, they can also have the effect of driving down the number of potential enrollees in the clinic. Another approach is to make course recommendations but not require them.

Student testimonials. One of the most valuable recruiting tools will be the word-of-mouth from the first-year's clinic students, but that is largely out of control of the clinician. Most law schools have a meeting at which clinicians can "sell" their clinic, and if there are students that seem to have especially enjoyed the first year's clinical offerings, testimonials of those students can prove a strong inducement to other students. As I mentioned above, I am a big picture taker, and I find that pictures of students "in the field" are an effective way to show students that they will not simply be sitting in the classroom all semester.

VIII. GETTING TO KNOW THE CLINICAL COMMUNITY

There are many ways to get to know the clinical community, but understanding the thicket of organizations and what they do can take time. Below is a brief discussion of the most prominent organizations, conferences, and resources that I found of use, and several that I know have been useful to other new clinicians.

A. Organizations and Conferences

There are several major organizations that provide guidance and community to legal clinicians. Regional clinical organizations and

state bar sections can also prove useful resources to new clinicians.

1. Association of American Law Schools (AALS)

The first organization to get to know is the Association of American Law Schools Section on Clinical Legal Education (the “AALS Clinical Section”) for which yearly dues are currently \$15.³³ The AALS is the major organization for law professors, and this section is dedicated specifically to clinicians. In addition, new clinicians may also want to check out other sections of AALS that may relate to the subject matter of the clinic.

In summers, AALS runs several conferences for new law teachers which vary in the frequency with which they are offered. These conferences include the Workshop for New Clinical Law School Teachers;³⁴ the Workshop for New Law School Teachers;³⁵ the Workshop for Beginning Legal Writing Teachers;³⁶ and the Workshop for Pre-tenured People of Color Law School Teachers.³⁷ All of these events are typically run within days of each other at the same location, which means a new clinician could easily attend several of these new events—e.g., both the “clinical” and “doctrinal” conferences—within the same week. Because these conferences have been offered with varying frequency over the past few years, new clinicians should check the AALS website to determine which workshops are offered in a given year.

The large AALS Annual Meeting,³⁸ which is held in early January and attended by thousands of law professors from around the country, is not to be missed. The Annual Meeting typically has events for clinicians in addition to its multitude of other offerings. In the spring, the AALS sponsors the Conference on Clinical Legal Education for the AALS Clinical Section and the section has a number of other activities worth discovering, many of which are accessible to members on the AALS website.³⁹

³³ The Ass’n of Am. Law Schools, Section on Clinical Legal Education, https://memberaccess.aals.org/eWeb/dynamicpage.aspx?webcode=ChpDetail&chp_cst_key=2546c8e7-1cda-46eb-b9f3-174fc509169b (last visited Oct. 14, 2013).

³⁴ The Ass’n of Am. Law Schools, *Workshops for New Law Teachers*, http://www.aals.org/events_nlt.php (last visited Oct. 14, 2013).

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Id.*

³⁸ The Ass’n of Am. Law Schools, *Annual Meeting*, http://www.aals.org/events_annualmeeting.php (last visited Oct. 14, 2013)

³⁹ The Ass’n of Am. Law Schools, http://aals.org/events_calendar.php and http://aals.org/aals_clinical.php (last visited Oct. 14, 2013). For membership and related information about the Section on Clinical Legal Education, see https://memberaccess.aals.org/eWeb/dynamicpage.aspx?webcode=ChpDetail&chp_cst_key=2546c8e7-1cda-46eb-b9f3-174fc

2. *Clinical Legal Education Association*

In addition to the AALS Clinical Section, most clinicians are also members of the Clinical Legal Education Association (“CLEA”) for which yearly dues are currently \$40 for full members and \$15 for associate members.⁴⁰ CLEA offers a number of services of use to young clinicians. CLEA’s website maintains a job listings page,⁴¹ as well as a listing of upcoming conferences.⁴² A “clinician locator” function facilitates finding other clinicians by name, law school, type of clinic taught, and geographic region.⁴³ Members also receive a hard copy of the *Clinical Law Review* which is jointly sponsored by AALS, CLEA and New York University School of Law. CLEA also runs a spring biennial New Clinicians Conference, which was last held in April, 2013.⁴⁴ Like the AALS Clinical Section, CLEA also has a number of other activities worth discovering, which are accessible to members on the CLEA website.

3. *Regional Clinical Organizations and Conferences*

In addition to the AALS Clinical Section and CLEA, most parts of the country are also served by regional clinical law faculty organizations, which typically organize some way for faculty to learn from each other. For instance, Idaho Law clinicians typically attend the Northwest Clinical Law School Conference held each fall for clinicians in the Pacific Northwest region of the country. Other regions host similar conferences that will prove a great way to get to know clinicians in your region.

4. *State Bar Sections and ABA Sections*

Another resource for new law clinicians is the state bar association and, in particular, any sections that may have relevance to the new clinician’s area of practice. This can be especially valuable if, like me, you have moved to a new state to take your clinical post and do not have local connections with the practicing bar. These sections can be a valuable source for potential guest speakers, volunteers to assist with specialized clinic projects, and resources for the clinician on peculiar aspects of practice in a new state. Sections of the American Bar

509169b (last visited on Oct. 14, 2013).

⁴⁰ Clinical Legal Ed. Ass’n, *About Membership*, <http://www.cleaweb.org/> (last visited Oct. 14, 2013).

⁴¹ *Id.* at *Jobs*.

⁴² *Id.*

⁴³ *Id.* at *Clinician Locator*.

⁴⁴ Clinical Legal Ed. Ass’n, *New Clinicians Conference 2013*, <http://www.cleaweb.org/events?eventId=645814&EventViewMode=EventDetails> (last visited on Oct. 14, 2013).

Association (the “ABA”), of course, may also be relevant. The ABA also maintains a Clinical Skills Committee, which “reviews, disseminates, and makes recommendations with respect to the role of skills training in law schools, including programs of instruction and the status of teachers.”⁴⁵

5. *Organizational Dues*

My law school pays all dues that are considered necessary for my clinical position, such as general AALS dues and state bar dues, as well as some other dues. AALS and state bar section dues, as well as other professional dues, are not paid by many law schools. It is worth having the dues conversation upfront so you don’t pay for dues otherwise paid for by your school, and also don’t end up in disciplinary trouble with a bar for dues you thought your law school was paying but isn’t. In choosing which organizations and sections to join, my suggestion is to join as many as possible at first, and then whittle down from there. The value of the sections, in particular, is often highly dependent upon the ambition of the particular officers at any given moment. As such, the organizations quickly can take on the persona of their respective leaders, for good and ill.

B. *Readings and Listservs*

There are several readings in the legal clinical canon that I would recommend to the new clinician. First, the free BEST PRACTICES FOR LEGAL EDUCATION: A VISION AND A ROAD MAP, by Roy Stuckey and others,⁴⁶ provides curriculum-wide approach to envisioning how skills training can be implemented into the entirety of the law school curriculum. Chapter 5 focuses on “best practices for experiential learning,” and new clinicians will find a number of practical ideas in this chapter.⁴⁷ Second, CLEA produces the free *Handbook for New Clinical Teachers* (the “*Handbook*”), which is an excellent resource for new clinicians.⁴⁸ The *Handbook* also has an excellent selected bibliography of suggested readings for new clinicians, which is an excellent resource.⁴⁹

Listservs are also a way that clinical faculty communicate to each

⁴⁵ Am. Bar Ass’n, Section of Legal Education and Admissions to the Bar, Clinical Skills Committee, https://www.americanbar.org/groups/legal_education/committees/clinical_skills.html (last visited Oct. 14, 2013).

⁴⁶ ROY STUCKEY, ET AL., BEST PRACTICES FOR LEGAL EDUCATION (2007), and *Executive Summary* available on line at http://law.sc.edu/faculty/stuckey/best_practices/best_practices-cover.pdf (last visited Oct. 14, 2013).

⁴⁷ *Id.* at 165-197.

⁴⁸ CLEA HANDBOOK *supra* note 4.

⁴⁹ *Id.* at 19-27.

other around the country. The dominant clinical listserv is LawClinic, which is hosted by Washburn University School of Law, and can be subscribed to upon verification of teaching status.⁵⁰ Other listservs and web-based resources are listed in the *Handbook*.⁵¹ These listservs can be invaluable resources. For instance, this past spring, I was looking for readings on community lawyering but was having a hard time finding readings that connected with my students. I sent an e-mail to the LawClinic listserv, and within a week, had a bibliography of some 25 great article suggestions submitted to me by others from the listserv, a bibliography I later shared with the listserv and on the blog I write.⁵² While I think it is best to use these listservs sparingly, in the right circumstances they can really help a new clinician in a bind. Moreover, many of those more experienced clinicians who e-mailed me about the community lawyering reading confided in me that they had the same difficulty with finding appropriate readings on the subject. Such communications, however they are obtained, can help eliminate some of the sense that a new clinician inevitably feels of being out on a limb all alone.

Finally, a new clinician just entering the academy will hear, from time-to-time, oblique references to “the Carnegie Report,” more formally known as EDUCATING LAWYERS: PREPARATION FOR THE PROFESSION OF LAW, which is a comprehensive study of legal education conducted by the Carnegie Foundation for the Advancement of Teaching.⁵³ The report is a substantial reference point for legal education of which new clinicians should be aware because it addresses the importance of skills-based training and provides a framework for doing so.

IX. CONCLUDING REMARKS

Starting a new law school clinic requires a combination of both high-minded intellectualism and a willingness to grapple with details that are offered in few other places in the legal academy. The chance to start a new law school clinic is an exhilarating, confusing, and challenging experience. Though I also teach doctrinally and have had some success publishing law review articles, starting my clinic remains the accomplishment of which I feel most proud in my two years in

⁵⁰ To subscribe, go to <http://lists.washlaw.edu/mailman/listinfo/lawclinic> (last visited Oct. 14, 2013). Verification is required.

⁵¹ CLEA HANDBOOK, *supra* note 4 at 28-30.

⁵² Land Use Prof *supra* note 27 *at* (Feb. 28, 2013) http://lawprofessors.typepad.com/land_use/2013/02/readings-on-community-lawyering-.html.

⁵³ See WILLIAM M. SULLIVAN ET AL., EDUCATING LAWYERS: PREPARATION FOR THE PROFESSION OF LAW (2007). *Summary* available on line at http://www.carnegiefoundation.org/sites/default/files/publications/elibrary_pdf_632.pdf (last visited Oct. 14, 2013).

Fall 2013]

Field Notes from Starting a Law School Clinic

177

legal academia. I believe many new clinicians will feel similarly after a few years.

The experiences of my clinic are bound by the particulars of place, my abilities, my students' abilities, and my law school's resources. Still, the premise of this article has been that these particular experiences are at least instructive, and perhaps even indicative, of the types of issues a new clinician will face in starting a new clinic.

If this article has been of use to a new clinician, then I hope he or she will consider writing his or her own narrative of arrival into the clinical legal academy in a few years, when starting a clinic has become part of the new clinician's own life narrative. The variety of law school clinical offerings and law school settings makes universalizing experiences an almost impossible task. That makes encouraging the telling of such personal narratives of the early years of legal teaching of particular import to the clinical legal community. While no one narrative can tell the whole story of the transition into the clinical legal academy, a series of five, ten, or more such essays may one day prove a means of rounding out the picture of this extraordinary path of arrival into the academy.

APPENDIX A

*A Starter Checklist for the New Law School Clinician*⁵⁴

- I. Finding and choosing clients
 - a. Understand expectations and limitations on client selection that may be imposed by funding sources, deans, supervisors, or others with oversight of clinic
 - b. Consider collaboration with professorial colleagues, if possible
 - c. Have get-to-know-you meetings with local community leaders, both legal and non-legal, relevant to your practice area
- II. Non-client serving components of clinics
 - a. Student readings
 - i. Substantive class readings
 1. Historical and background necessary to understand clients or the field
 2. Introduction to variety of legal tools in the field
 3. Professional ethical dilemmas in the field
 - ii. Additional readings
 1. News clippings and policy reports (distributed by TWEN or listserv)
 - b. Writing
 - i. Reflection essays (bi-weekly, end of semester)
 - ii. Blogs
 - c. Guest speakers
 - d. Students leading class discussion
- III. Client-serving clinical component
 - a. Understand student clinic manuals and existing law school policies
 - b. Client intake
 - c. File management
 - d. Clinic credit hour allocation policy
 - e. Student bar licenses
 - f. Bar membership requirements
 - g. Administrative support available to clinic
 - h. Class time and duration
 - i. Individual student meetings (frequency and duration)
 - j. Is the clinic “hard money” or “soft money”? Is the clinic a tenure-track appointment?

⁵⁴ Modeled on Philip G. Schrag, *Constructing a Clinic*, 3 CLINICAL L. REV. 175, 245-47 (1996) (Appendix: Checklist of Issues In Constructing a Clinic).

Fall 2013]

Field Notes from Starting a Law School Clinic

179

- k. Risk management
 - i. Malpractice insurance
 - ii. Students practicing under a clinician's license also working for other attorneys
 - iii. Field trips
 - iv. Formality of client agreements
- IV. Interacting with the client
 - a. Does clinician or student handle intake of client?
 - b. How much will clinician refine or revise student work sent to client?
- V. Encouraging group work among students
- VI. Grading
 - a. Relationship to doctrinal grading
 - b. How to evaluate open-ended, real world legal work
 - c. Year-long course issues and mid-year grades
- VII. Publicizing the clinic's successes
- VIII. Recruiting
 - a. Relationship to doctrinal and other clinics
 - b. Prerequisite courses
 - c. Student testimonials
 - d. Showing, not telling, what the clinic does (e.g., photographs)
- IX. Becoming a part of the legal academy
 - a. Understand the role of clinical faculty at your institution, both formally and in practice
 - b. American Association of Law Schools (AALS)
 - i. Join AALS Section on Clinical Legal Education
 - ii. Attend one or all of AALS summer sessions for new law school professors: AALS Workshop for New Clinical Law School Teachers; AALS Workshop for New Law School Teachers; AALS Workshop for Beginning Legal Writing Teachers; and AALS Workshop for Pretenured People of Color Law School Teachers
 - iii. Attend AALS Annual Meeting in January
 - iv. Attend AALS Conference on Clinical Legal Education in Spring
 - c. Clinical Legal Education Association (CLEA)
 - i. Join CLEA online
 - ii. Read *CLINICAL LAW REVIEW*
 - iii. Attend biennial New Clinicians Conference (last held April, 2013)
 - d. Regional clinical organizations

- i. Join regional clinical organizations and attend events
- e. State bar and American Bar Association (ABA) sections
 - i. Join relevant clinical and subject-area sections of state bar and ABA
- f. Listservs
 - i. Join “LawClinic” listserv, operated by Washburn University School of Law
- g. Readings on clinical practice
 - i. CLEA *Handbook For New Clinical Teachers* (see also *Handbook* at 19-27, for a bibliography of suggested readings for new clinicians)
 - ii. BEST PRACTICES FOR LEGAL EDUCATION: A VISION AND A ROAD MAP