

## INTRODUCTION

This project is a part of a multi-year collaboration amongst women clinicians of color and this article is a product of countless hours preparing for and then conducting generative workshops on decolonizing clinical pedagogy at the past three American Association of Law School Section on Legal Education (AALS) conferences, on rounds, seminar, and supervision, respectively. Additionally, we will be conducting a workshop for the upcoming AALS conference on decolonizing clinical pedagogy in the context of docket selection.

The motivation of the collaboration that underlies this piece is to challenge the notion that there is one set way to be a clinician—to challenge orthodoxies. The audience is other clinicians, particularly clinicians of color and women of color clinicians, to give them permission to experiment and even do differently. The goal is to connect critical theory and thinking with tenets of clinical supervision. The goal is not, however, to create a new set of orthodoxies in how to conduct clinical teaching.

The intersection between legal theory and practice is squarely at play in and is an iterative part of supervising students representing real clients in real cases, as supervision is an ongoing dialogue between the student and teacher about that representation.<sup>1</sup> The student's practice is the focus of this discussion, but the teacher frames how that practice is understood through shaping the dialogue to convey both explicitly and implicitly a vision of the law, legal institutions, and lawyering.<sup>2</sup> Despite its centrality in clinical legal education, supervision is the least visible of clinical teachers' activities, as others rarely witness clinicians supervising their

---

<sup>1</sup> Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 N.Y.U REV. L. & SOC. CHANGE 109, 110 (1993).

<sup>2</sup> Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 N.Y.U REV. L. & SOC. CHANGE 109, 110 (1993).

students.<sup>3</sup> However, clinical supervisors have engaged in an ongoing dialogue about supervision among themselves, leading to divergent approaches.<sup>4</sup>

The project of decolonization involves a critical examination of which narratives are told, which histories and doctrines are referenced, and how content is taught.<sup>5</sup> This article strives to connect the critical theory of decolonization to legal clinical teaching, particularly in the context of fieldwork supervision. In doing so, it interfaces decolonization theory with supervision on two levels—from the perspective of the students and of the supervisors.

Scholars have described the project of decolonizing legal education as a set of structural changes to remove hierarchy, question knowledge production, and argue against core parts of legal education that are engaged with uncritically.<sup>6</sup> There is arguably an inherent tension, or some may even say infeasibility, of the project if one believes that “[h]ierarchy, deference to authority, rationalization of power and violence, and mystification of both poverty and wealth...[are] at the core of legal education.”<sup>7</sup> While acknowledging that education, particularly legal teaching, has been and can be wielded in a manner than perpetuates oppression, it also can

---

<sup>3</sup> Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 N.Y.U REV. L. & SOC. CHANGE 109, 110 (1993).

<sup>4</sup> Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 N.Y.U REV. L. & SOC. CHANGE 109, 111 (1993). See also Rebecca West Burns & Bernard Badiali, *Unearthing the Complexities of Clinical Pedagogy in Supervision: Identifying the Pedagogical Skills of Supervisors*, ACTION IN TEACHER EDUCATION 38(2), 156–174 (2016) <https://doi.org/10.1080/01626620.2016.1155097>.

<sup>5</sup> Jed Odermatt, *Decolonising the International Law Curriculum: A Critical Literature Review*, CLS Working Paper Series 2023/05 (City L. Sch., Univ. of London 2023). The project of decolonization is closely related, if not inherent to, indigenous rights, see Elizabeth A. Reese, *The Other American Law*, 73 STAN. L. REV. 555 (2021).

<sup>6</sup> DECOLONISATION, ANTI-RACISM, AND LEGAL PEDAGOGY: STRATEGIES, SUCCESSES, AND CHALLENGES, EDS. FOLUKE I. ADEBISI ET AL. 5 (2024); Patricia Barkaskas & Sarah Buhler, *Beyond Reconciliation: Decolonizing Clinical Legal Education*, 26 J. L. & SOC. POL’Y 1 (2017).

<sup>7</sup> DECOLONISATION, ANTI-RACISM, AND LEGAL PEDAGOGY: STRATEGIES, SUCCESSES, AND CHALLENGES, EDS. FOLUKE I. ADEBISI ET AL. 1 (2024). See also Terri A. McMurtry-Chubb, *Still Writing at the Master’s Table: Decolonizing Rhetoric in Legal Writing for a “Woke” Legal Academy*, 21 SCHOLAR 255, 255 (2019) (arguing that law professors of legal writing are forced to maintain the hierarchy of the legal academy as an elite and closed discourse community by avoiding critiques of colonized formal rhetorical structures that critical thinking, reading, analysis, and writing skills are grounded in.).

be a tool for liberation.”<sup>8</sup> The underlying hope of this article is to offer some thoughts on how to active the latter both for law students and clinicians, particularly clinicians who do not fit the mold of traditional legal educators.

The project of decolonizing clinical pedagogy, and arguably law teaching generally and even many aspects of higher education, is both particularly perilous and critically important in a political climate where there are attacks on accounts of America’s history related to race,<sup>9</sup> LGBTQ+ rights,<sup>10</sup> gender rights,<sup>11</sup> diversity initiatives,<sup>12</sup> science,<sup>13</sup> and the rule of law,<sup>14</sup> among others.<sup>15</sup>

---

<sup>8</sup> Gulika Reddy, *Pedagogy as Advocacy: The Role of Anti-Racist and Decolonial Pedagogy in Advancing Social Justice* DECOLONISATION, ANTI-RACISM, AND LEGAL PEDAGOGY 205 (2023). See also Alison Fischer, *Colonialism, Context, and Critical Thinking: First Steps Toward Decolonizing the Dutch Legal Curriculum*, 18 UTRECHT L. REV. 14 (2022) (stating that law schools, with a goal of teaching doctrine but also critical thinking, are generative spaces to examine how colonialist and racist structures persist.)

<sup>9</sup> Rivka Maizlish, *Erasing the Past: The Trump Administration’s Attacks on History Since 2025*, Southern Poverty Law Center (Feb. 2, 2025), <https://www.splcenter.org/resources/hatewatch/attacks-history-timeline-trump-administration/>.

<sup>10</sup> *Lambda Legal: Trump’s Executive Order for the Department of Education “Actively Puts LGBTQ+ Students in Harm’s Way* (Jan. 29, 2025), [https://lambdalegal.org/newsroom/us\\_20250129\\_trump-executive-order-for-department-of-education-actively-puts-lgbtq-students-in-harms-way/](https://lambdalegal.org/newsroom/us_20250129_trump-executive-order-for-department-of-education-actively-puts-lgbtq-students-in-harms-way/).

<sup>11</sup> Monica Potts, *Trump’s War on Higher Ed is an Attack on Women*, THE NEW REPUBLIC (Feb. 3, 2026), <https://newrepublic.com/article/205897/trump-higher-education-attack-women>.

<sup>12</sup> Jessica Blake, *ED’s DEI Guidance Is Dead, but Trump’s Crackdown Isn’t*, INSIDER HIGHER ED (Feb. 26, 2026), <https://www.insidehighered.com/news/government/politics-elections/2026/02/26/eds-dei-guidance-dead-trumps-crackdown-isnt>; Sonel Cutler, et al., *Tracking Higher Ed’s Dismantling of DEI*, THE CHRONICLE OF HIGHER EDUCATION (Feb. 10, 2026), <https://www.chronicle.com/article/tracking-higher-eds-dismantling-of-dei>.

<sup>13</sup> Kate Langin, *Pressure on the Pipeline: The Trump’s Administration’s Agenda is Likely to Reshape the Scientific Workforce*, (Jan. 22, 2026), <https://www.science.org/content/article/how-trump-s-moves-could-dramatically-reshape-scientific-workforce>.

<sup>14</sup> Jason Rosen & Melissa Quinn, *Justice Department Moves to Drop Defense of Trump’s Executive Orders Targeting Law Firms*, CBS NEWS (Mar. 2, 2026), <https://www.cbsnews.com/news/justice-department-drop-defense-trumps-executive-orders-targeting-law-firms/>.

<sup>15</sup> See generally Jonathan Feingold & Veena Dubal, *Eight Legal Experts on Trump’s Assault on Higher Education*, LAW AND POLITICAL ECONOMY PROJECT, <https://lpeproject.org/blog/eight-legal-experts-on-trumps-assault-on-higher-education/>. Courts have curtailed these efforts, albeit not without damage to higher education institutions’ autonomy and missions. Michael C. Bender & Vimal Patel, *Judge Temporarily Blocks Trump Demand for Student Race Data*, NY TIMES (Mar. 13, 2026), <https://www.nytimes.com/2026/03/13/us/politics/trump-lawsuit-college-admissions.html>; Rose Horowitz, *Trump’s Assault on Higher Education Has Hit a Snag* (Mar. 10, 2026), <https://newrepublic.com/article/205897/trump-higher-education-attack-women>; Lexi Lonas Cochran, *Legal Challenges Hinder Trump’s Education Agenda*, THE HILL (Feb. 8, 2026), <https://thehill.com/homenews/education/5726710-trump-education-courts-dei-harvard/>.

Along this vein, law school clinics operate, of course, within the design and foundational values of legal education.<sup>16</sup> There are elements of clinical education, however, that render it distinctly positioned to endeavor a decolonizing project.<sup>17</sup> First, student learning is experienced through the lens of cases and projects that more often than not encompass clients and/or subject matters involving indigent and marginalized communities.<sup>18</sup> In this context, students are able to witness up close and personally structural subordination and other forms of marginalization. They are also able to see how stock and often oppressive narratives disproportionately affect marginalized communities in the legal system. In this context, supervision by a clinic supervisor is distinct from classroom teaching, in that it involves a delicate balance between giving students the freedom to experiment with the role of being a lawyer serving a client, while ensuring that the client is receiving competent and ethical legal representation.<sup>19</sup>

Second, law school clinicians are disproportionately minorities in comparison to doctrinal law professors.<sup>20</sup> As women clinicians of color, each with at least a decade of teaching experience and each of whom have secured tenure, we have first-hand experiences of struggling with our positionality vis-à-vis traditional clinical pedagogy. As such, our objective is to not only create spaces for anti-subjugation student learning, but also room for non-white and/or non-male clinicians to align their teaching with their identities, lived experiences, and how they are

---

<sup>16</sup> Anne D. Gordon, *Cleaning Up Our Own Houses: Creating Anti-Racist Clinical Programs*, 29 CLINICAL L. REV. 49 (2022).

<sup>17</sup> Jennifer A. Gundlach, "This is a Courtroom, Not a Classroom:" So What is the Role of the Clinical Supervisor?, 13 CLINICAL L. REV. 279, 289 (2006).

<sup>18</sup> See Antoinette S. Lopez, *Making and Breaking Habits: Teaching (and Learning) Cultural Context, Self-Awareness, and Intercultural Communication Through Case Supervision in a Client-Service Legal Clinic*, 28 WASH. U. J. L. & POL'Y 37 (2008). The supervisor should also be aware of their own biases to share their limitations to the student and work on their own cultural competencies to model sensitive representation to the student. *Id.* at 52.

<sup>19</sup> *Id.* [Gundlach] at 294.

<sup>20</sup> Gautam Hans & Deborah Archer, *The Diversity Imperative Revisited: Racial and Gender Inclusion in Clinical Law Faculty*, 26 CLINICAL L. REV. 127 (2019). See also Jon C. Dubin, *Faculty Diversity as Clinical Legal Education Imperative*, 51 HASTINGS L.J. 445 (2000). Note the potential perils of clinicians engaging in a decolonizing project if their status is not secure vis-à-vis doctrinal faculty, which is the case in many law schools without a unified tenure track.

perceived both in the classroom and overall law school setting. That being said, we recognize that the project from both impacting student learning and injecting clinical professors' identity is a more precarious one for clinicians holding unequal status in their institutions.<sup>21</sup>

## **DECOLONIZATION THEORY**

The project of decolonization includes acknowledging and undoing the contemporary ways in which settler colonialism normalizes and perpetuates a pattern of power in which Western European-derived ways of being, believing, knowing, and doing are implicitly or explicitly presented as the standard or norm.<sup>22</sup> It spells out the role of cognitive imperialism, namely the imposition of Euro-centric/Western ways of knowing, teaching, and learning as superior. To decolonize legal education generally is to examine the power relationships that determine content of legal education, policy and decision-making, the law, and legal systems and structures. To generate other ways of thinking, being, and doing, to espouse world views have differing constructs: Axiology (values), epistemology (ways of knowing), logic (principles of reason), and process (practice of reason). The decolonization project rejects whitewashing American history, acknowledging the settler colonial regime of genocide of Indigenous peoples, forced enslavement and cultural genocide of African people as part and parcel to the foundation of the United States.

From the objective of student learning, decolonizing theory aims to recognize and help students identify the structures of settler colonialism, racism, gender oppression i.e. anti-

---

<sup>21</sup> Todd A. Berger, *Three Generations and Two Tiers: How Participation in Law School Clinics and the Demand for "Practice-Ready" Graduates Will Impact the Faculty Status of Clinical Law Professors*, 43 WASH. U. J. L. & POL'Y 129 (2014).

<sup>22</sup> Roderick A. Macdonald & Thomas B. McMorrow, *Decolonizing Law School*, 51 ATLA. L. REV. 717 (2014). See also J. Ryann Peyton, *Decolonizing Legal Mentoring*, 51 COLO. LAW. 18 (May 2022) (stating that colonialism is the maintenance of political, social, economic, and culture domination over people by a foreign power over an extended period, which began on North America in the 1600s when European settlers arrived with the belief that they could exercise permanent and exclusive control, with three foundational principles—Indigenous elimination, anti-Black racism, and immigrant exploitation—that continue to shape the inequities of our modern systems and structures.)

Blackness and vestiges of slavery, erasure/destruction of Indigenous peoples, erasure of and forced assimilation of other oppressed peoples that migrated to the <sup>23</sup>United States. Ideally, clinical teaching would work toward disrupting these structures. Teaching clinical fieldwork through the lens of decolonization theory also advances students' understanding of their individual clients and the wider struggle or justice.<sup>24</sup>

## DECOLONIZING SUPERVISION

Case and project work supervision is an integral space of the clinical educational experience.<sup>25</sup> The manner in which clinicians within a program and across schools design supervision settings vary. Specifically, some clinicians design fieldwork supervision as one-on-one individual or team supervision sessions, while others conduct them more like legal department meetings by meeting with groups of student attorney who take turns discussing their case matters while others provide feedback. Regardless, arguably more than in the other components of a student attorney's clinic experience, the supervision teaching space is the most likely and direct way issues of positionality, power, and structural biases emerge. Overarching elements of supervision pedagogy include: development of student-client representation and student learning and reflections (arcs); the matter, the macro, and the meeting (frames); and assessing capacity and developing learning goals (guide posts).<sup>26</sup>

---

<sup>23</sup> Eduardo R. Ferrer & Kristin N. Henning, *Critical Clinical Frames: Centering Adolescence, Race, Trauma, and Gender in Practiced-Based Pedagogy*, 30 CLINICAL L. REV. 113 (2023).

<sup>24</sup> Madalyn K. Wasilczuk, *The Clinic as a Site of Grounded Pedagogy*, 29 CLINICAL L. REV. 405 (2023).

<sup>25</sup> Seminar and rounds are typically the other components of a clinic. See Jason A. Cade, *Teaching Tomorrow's Lawyers Through A (Semi-) Generalist, (Mostly-) Individual Client Poverty Law Clinic: Reflections on Five Years of the Community Health Law Partnership*, 53 GEORGIA L. REV. ONLINE 143 (2019); Susan Bryant & Elliott Milstein, *Rounds: A "Signature Pedagogy" for Clinical Education?*, 14 CLINICAL L. REV. 195 (2007). Many clinicians design simulations, e.g. interviewing and counseling "clients" played by actors, typically as part of their seminars. See Paul S. Ferber, *Adult Learning Theory and Simulations – Designing Simulations to Educate Lawyers*, 9 CLINICAL L. REV. 417 (2002).

<sup>26</sup> Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 N.Y.U REV. L. & SOC. CHANGE 109, 110 (1993).

By decolonizing supervision, we mean the process by which clinicians are able to engage in the project of reimagining the traditional orthodoxy of clinical supervision in order to center and examine issues of race, power, privilege, and inequality together with our students and clients. Some questions to consider are: what are the roles of directive and non-directive approaches, particularly in surfacing issues of oppression during case supervision?; how can decolonized, antiracist supervision sessions provide room for imagination and humility during difficult and hopefully courageous conversations about power and privilege?; how can we make choices in the supervision setting that help our students more deeply understand the connections between their clients, historical and contemporary structures of racial and other forms of oppression, and the role of the law and legal systems?; how can discussing positionality and the lived experiences of clinical teachers, students, and clients equip students with important analytical tools?

Ultimately, our goal is to examine and apply an iterative pedagogy that we see as essential to building an antiracist and decolonizing clinical teaching practice. Doing so requires an exploration of possible strategies for effectively addressing issues of race, power, privilege, and inequality in supervision sessions with students.

### **THE ORTHODOXY OF NON-DIRECTIVENESS**

The endeavor of decolonizing clinical pedagogy, particularly from the perspective of the identity and positionality of the clinical instructor, requires an examination of perhaps one of the most unquestioned tenets of clinical pedagogy: Non-directive instruction.<sup>27</sup> Non-directive clinical teaching essentially means prioritizing students' responsibility and decision-making in

---

<sup>27</sup> An important, recent, exception is Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211 (2024).

their cases over the clinician providing guidance.<sup>28</sup> Non-directive supervision is the signature pedagogy of clinical teaching, based on adult learning theory, which posits that adults learn best through experience.<sup>29</sup> In clinical courses, there are three main sites of teacher-student interaction and instruction: seminars, case rounds, and supervision.<sup>30</sup> Supervision meetings are central to the planning, performing, and reflection that clinical education is built upon.<sup>31</sup>

Non-directive teaching promotes metacognition, as it helps students to take control of their cases and assume their role as attorneys through a supported process of decision-making under conditions of uncertainty, which results in transferrable lessons through developing their decision-making skills.<sup>32</sup> However, strict adherence to the non-directive model for clinic casework supervision can also conflict with the goal of providing high quality legal assistance to clients.<sup>33</sup> As a result, clinicians will use more directive methods at certain points.<sup>34</sup> As a result, often it would be more helpful to view supervision along a spectrum of directiveness, with the goal of maximizing students' learning while providing competent, ethical, and zealous advocacy to clients.<sup>35</sup> If clinical faculty in casework supervision determines it beneficial to vacillate

---

<sup>28</sup> Serge A. Martinez, *Why Are We Doing This? Cognitive Science and Nondirective Supervision in Clinical Teaching*, 26 KAN. J.L. & PUB. POL'Y 24, 26 (2016).

<sup>29</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 211 (2024).

<sup>30</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 213 (2024).

<sup>31</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 214 (2024).

<sup>32</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 214 (2024).

<sup>33</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 215 (2024); see also James H. Stark, Jon Bauer & James Papillo, *Directiveness in Clinical Supervision*, 3 B. U. PUB. INT. L. J. 35 (1993) (discussing how nondirective clinical supervision can create a tension for clinicians between their educational obligations to students and their professional obligations to their clients).

<sup>34</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 216 (2024).

<sup>35</sup> Michele E. Gilman, *Ten Empowering Strategies for Nondirective Clinical Supervision*, 31 CLINICAL L. REV. 211, 216 (2024).

between directive and non-directive teaching, it could be within a supervision session, as well as over the course of the semester.

While non-directive supervision may result in more critical and internalized learning, it also has pitfalls and its primacy overlooks the strengths of other models. One downside to non-directive instruction particularly for women clinicians and/or clinicians of color is that they are more likely to be perceived as not knowing the answer to students' legal and procedural questions than their white, male counterparts. As an alternative, directive pedagogy in the form of interventionist teaching encompasses the benefits of modelling critical and careful lawyering.<sup>36</sup>

Another potential pitfall of non-directive supervision teaching is that it could be or could be perceived by students to be, at the expense of the clients and de-prioritizing moving their cases forward.<sup>37</sup> To loosen the grip of non-directive clinical pedagogy relates to the decolonizing project insofar as it gives clinicians permission and space to help students make sense of their fieldwork in the context of structural biases and marginalization. It also fosters an atmosphere of knowledge production as collective work.

#### **THE QUESTION OF HOW EXPLICIT TO BE ABOUT THE DECOLONIZATION PROJECT**

Related to the question of directive versus non-directive clinical fieldwork supervision is how forthright to be about decolonization project in the context of supervision. On the one hand, there is a danger, particularly for female clinicians and clinicians of color, to be perceived as over-explaining themselves vis-à-vis their students. On the other hand, there are sites for

---

<sup>36</sup> See Rodney K. Goodyear, *Supervision as Pedagogy: Attending to Its Essential Instructional and Learning Processes*, THE CLINICAL SUPERVISOR, 33(1), 82–99, <https://doi.org/10.1080/07325223.2014.918914> (discussing modeling as one strategy for learning in clinic supervision).

<sup>37</sup> David F. Chavkin, *Am I My Client's Lawyer?: Role Definition and the Clinical Supervisor*, 51 SMU L. REV. 1513 (1998). See also Margaret M. Barry, *Clinical Supervision: Walking That Fine Line*, 2 CLINICAL L. REV. 137, 147 (1995) (noting that non-directive supervision can create a relationship where the student feels that their supervisor is unnecessarily withholding the information they need to move the case forward).

intervention within supervision where clinical faculty can interject concepts and concerns with respect to decolonization. Namely, the intervention could be inherent in how clinicians assist students in the framing of the case and the work involved, or implicit in the manner in which they relate to students. It also can be explicit, whether it be within a supervision or reflection conversation with students, advice about language to use in filings, in determining the balance of questions and assertions, and the degree of evaluative language.

### THE IDENTITY OF THE CLINICIAN

Clinical pedagogical instruction explores the dynamic of supervision in relation to the client, the students, and the legal system.<sup>38</sup> What has been absent from the examination of clinical supervision with respect to decolonization theory, and even in general, is the positionality of the supervisor. Invoking an invisibility of the clinician is perhaps non-problematic if the clinician possess an identity that automatically gives them authoritative status in legal academia. But questions arise of what a veneer of decolonization means if the clinician is part of a minority group. Moreover, deploying a decolonizing project in the supervision setting can be a particularly difficult endeavor for clinicians with non-tenure status, and for clinicians who represent identities that are non-traditional with respect to legal academia.<sup>39</sup>

### [A BIT OUT OF PLACE?]

One related topic involves the traditional clinical legal pedagogical thought that clinicians should refrain from the formality of being referred to as “professor.” The rationale is that the moniker creates a distance between clinicians and students in a manner that hinders the learning.

However, not having this distance can be equally or even more problematic particularly for

---

<sup>38</sup> Ann Shalleck, *the Purple Book*.

<sup>39</sup> Jennifer P. Lyman, *Getting Personal in Supervision: Looking for that Fine Line*, 2 CLINICAL L. REV. 211 (1995).

women clinicians and/or clinicians of color.<sup>40</sup> Another aspect of the clinician-as-supervisor and students' relationship is an expectation that clinicians provide one-way, indeed at times sacrificial, support to the students. Women clinicians, clinicians of color, clinicians with particularly stressful docket given political turbulence, and/or clinicians with caregiving obligations may find it untenable to provide this kind of support to students. Moreover, doing so often provides students with the wrong message or role modelling. Specifically, in a healthy work environment, practicing lawyering engage in a give-and-take collaboration, one that has understanding and compassion for the team as a whole. A decolonizing supervision project could include supervision that is fashioned not in a one-way exchange.

### **REFLECTIONS AND OTHER PEDAGOGICAL TOOLS FOR SUPERVISION**

Students seeking and needing guidance on their case and project matters is only one of the many facets of clinical supervision. Indeed, supervision sessions can be characterized as one of the more open spaces to make choices. Other aspects of supervision include the process and project of agenda setting, norms involving interpersonal practices to facilitate students' full experience and representation in their fieldwork and amongst their peers, student reflections and debriefs, and facilitating collaboration between and amongst students. The project of decolonize clinical supervision pedagogy across these parts of case and project supervision is closely aligned with scholarship that explores how the structure of the work being done for social change relates with the way the work is operationalized.<sup>41</sup>

---

<sup>40</sup> See, e.g., Carol Hay, *Girlfriend, Mother, Professor?* THE N.Y. TIMES (Jan. 25, 2016), <https://archive.nytimes.com/opinionator.blogs.nytimes.com/2016/01/25/girlfriend-mother-professor/>. Since clinicians are disproportionately minorities as compared to doctrinal faculty, not referring to themselves as professor sends a bad message, particularly to students with similar identities who have the opportunity to see themselves in a law school teacher, perhaps for the first time. Some may argue that certain instructors such as adjuncts are technically not professors, but others point out that any instructor is a professor in a class room setting.

<sup>41</sup> ADRIENNE MAREE BROWN, EMERGING STRATEGY: SHAPING CHANGE, CHANGING WORLDS (2017).

## DECOLONIZING ROUNDS (DO NOT CITE WITHOUT PERMISSION)

After the murder of George Floyd in May 2020 and the protests and activism that followed, many of us and our institutions tried to “meet the moment” and address issues of race, racism, structural inequality, and racial oppression more explicitly. As law school professors and clinicians, who held varying degrees of governance power and responsibility, we tried to push our institutions to address structural racism.<sup>42</sup> We re-examined our clinics and curricula; our interactions with clients, students, and colleagues; our case and project selection; and our syllabi, seminar planning, and supervision meetings. Over time, though, enthusiasm and energy for having conversations about race, and trying to implement anti-racist<sup>43</sup> policies and practices faded. The cycle of attention and momentum was dispiritingly familiar, faintly echoing the shooting death of Trayvon Martin in February 2012, the police killings of Michael Brown and Eric Garner in 2014, the #SayHerName<sup>44</sup> uplifting of Black women killed by police, and the “sea change” following George Floyd’s murder that also was receding. The same patterns of reform and retrenchment appeared and reappeared in an infinite loop of contexts. From the position of having our backs against the wall,<sup>45</sup> I have had the privilege of working with amazing collaborators in our clinical community on the continuing project of clinical legal education.

For the May 2022 American Association of Law Schools (AALS) on-line clinical conference, a group of my CUNY Law School colleagues<sup>46</sup> joined forces with Professors Anju Gupta<sup>47</sup> from Rutgers Law School, and Anita Sinha from American University, Washington College of Law to lead a concurrent session titled *Rounds on Race*. On a parallel track, Anita,

---

<sup>42</sup> [https://www.law.cuny.edu/newsroom\\_post/statement-from-black-faculty-of-color/](https://www.law.cuny.edu/newsroom_post/statement-from-black-faculty-of-color/).

<sup>43</sup> Ibram X. Kendi, *How to Be an Antiracist* (2019).

<sup>44</sup> <https://www.aapf.org/sayhername>.

<sup>45</sup> Howard Thurman, *Jesus and the Disinherited* (1949).

<sup>46</sup> My CUNY co-conspirators were Professors Tarek Ismail, Charisa Kiyo Smith, and Nicole Smith Futrell.

<sup>47</sup> Professor Gupta was joined by her Rutgers colleague, Professor Jennifer Rosen Valverde.

Anju, and I were simultaneously in conversation with Professors Norrinda Brown who was then also at Rutgers Law School<sup>48</sup> and Renee Hatcher at UIC Chicago Law School for a potential Clinicians of Color program.

Our conversations at this stage centered on the “rounds” structure for problem-solving conversations which had developed into a kind of orthodoxy at CUNY and American,<sup>49</sup> and is explicated in the “purple book,” *Transforming the Education of Lawyers*<sup>50</sup> which describes rounds pedagogy in detail. Like medical “grand rounds” in which interns and residents travel from room-to-room in a hospital with an attending physician to discuss patient care,<sup>51</sup> rounds in legal education is a teaching tool. Developed originally to discuss client care and representation – focusing on the client/law student dyad – rounds have also been used at American WCL and CUNY among other schools to examine our teaching. Rounds on teaching occurred with the American’s annual groups of practitioners-in-residence, amongst CUNY’s clinical and non-clinical faculty during our professional development committee (PDC) meetings, and the AALS clinical section has also periodically hosted on-line rounds for clinicians at law schools without a culture of engaging in rounds conversations together. The idea of “rounds on race” originated at Rutgers following George Floyd’s murder and the Covid-19 shut down where faculty endeavored to use rounds as a tool for institutional, anti-racist work.

In spring 2022, while recognizing that all of our institutions were plagued with structural racism, the group decided to focus on rounds within a more familiar and perhaps comfortable student supervision or seminar related context. We decided that whoever showed up in our on-

---

<sup>48</sup> Professor Brown joined the faculty at Fordham Law School in 2022.

<sup>49</sup> Susan Bryant & Elliott S. Milstein, *Rounds: A “Signature Pedagogy” for Clinical Education?*, 14 *Clinical L. Rev.* 195 (2007).

<sup>50</sup> Susan Bryant, Elliott S. Milstein & Ann C. Shalleck, *Transforming the Education of Lawyers: The Theory and Practice of Clinical Pedagogy* (2014).

<sup>51</sup> Paul S. Mueller, MD, et al., *Current Status of Medical Grand Rounds in Departments of Medicine in US Medical Schools* (2006) (on file with authors).

line space for the concurrent session would likely have more openness to participating in a “rounds on race” conversation in the context of clinical teaching. As we prepared to lead the group through the traditional five-step rounds process (problem description, problem, definition, goals, proposed solutions, lessons learned), the idea of a “step zero” was born. It originated through hearing colleagues talk about the differential costs that conversations about issues of race have on faculty of color (FOC). Participating in rounds conversations may be experienced as another iteration of a “race tax,” particularly on FOC.

One goal of step zero was to recognize that although we all aspired to come to the Zoom room with openness and a shared ability to speak and to listen, actually, we were all differently situated. Our race, gender, disability, religion, age, and status from tenured to 1-year contract were all parts of our identities, perceived and felt, that impacted how we entered the rounds space. Step zero was designed to explicitly recognize and acknowledge these differences. We wanted to surface the assumption that rounds presented a kind of “level playing field.”

A second goal of step zero was and continues to be normalizing and helping us (and our students) become familiar with identifying the race, power, and privilege of the various parties who were involved in the interaction or issue that is the subject of a rounds conversation. Students and faculty alike are sometimes reluctant to identify the race of their client, the opposing party, opposing counsel, the student’s clinic partner and supervisor, the judge, etc. Even if it may feel awkward, these identifiers are relevant data. Even for rounds that are not explicitly focused on race, these identifiers are important information. As a part of the step five, lessons learned, we considered the meta-questions from that concurrent session: What did we learn about the benefits and possibly the limitations of using a rounds structure to discuss, analyze, and problem-solve issues of race? And, how might we make adjustments?

Following this beginning, our current group solidified and adopted a decolonizing theoretical framework. We are all women of color clinicians who work at public and private institutions in New York City, Newark, Washington DC, and Chicago.<sup>52</sup> Since 2023, we have focused on various aspects of clinical teaching, seeking to use a decolonizing lens to further examine the theory and practice of clinical pedagogy within the structures of rounds, supervision, seminar, and in 2026, case and project selection.

Rounds are peer review and feedback sessions for clinical students' case and project work.<sup>53</sup> Distinct from supervision, where students receive guidance on their docket matters from faculty, "rounds conversations can be more fluid and located in the experience of the entire group."<sup>54</sup> In traditional rounds design, clinical faculty members minimize their intervention and instruction, and instead students lead the discussion. In doing so, again according to traditional design, students are expected to abide by the following steps: (1) description of the case or project; (2) clarifying questions and problem definition; (3) issue identification and goals; (4) proposed solutions and connections to specific problems; (5) and lessons learned.

In the project of decolonizing rounds, we invite a space for clinicians to critically examine the traditional pedagogical tenets and design of rounds as it relates both to the role of faculty and student learning. We invite an exploration of clinical rounds as a starting point for teaching students to practice law in a way that is aligned with reflective and critical lawyering, as well as movements for social justice and change. We also embrace innovations to the rounds

---

<sup>52</sup> Norrinda Brown, Fordham Law School, Director of the Housing & Environmental Justice Litigation Clinic; Anju Gupta, Rutgers Law School, Director of the Immigrant Rights Clinic; Renee Hatcher, UIC Law, Director of the Community Enterprise & Solidarity Economy Clinic; Anita Sinha, American University, Washington College of Law, Director of the International Human Rights Law Clinic; and Donna H. Lee, CUNY School of Law, Co-Director of the Family Law Practice Clinic.

<sup>53</sup> The remainder of this short section on decolonizing rounds primarily edits drafting that Anita did in connection with a book proposal. We are all indebted to her for pushing the writing portion of our decolonizing project forward.

<sup>54</sup> Susan Bryant & Elliott S. Milstein, *Rounds: A "Signature Pedagogy" for Clinical Education?*, 14 CLINICAL L. REV. 195 (2007).

structure that leverage our full resources in the service of dismantling racism, misogyny, and other forms of subjugation as it manifests both in our clinics' projects and case work and the ongoing epidemic of racism and effects of settler and extractive colonialism in our world.

By decolonizing rounds, we aim to reimagine each of the traditional steps of clinic rounds (listed above) to facilitate anti-subjugation student learning. One goal is to provide an opportunity for imagination and humility to emerge during difficult and hopefully courageous conversations. As a starting point, it would be useful to explore what an anti-subjugation clinical program looks like, with the goal of developing a framework for law clinics as adaptive sites working in solidarity with the communities they serve who are moving towards transformation of law and society.

One specific innovation we offer to the rounds structure is starting with what we call a "step zero." Again, before launching into the first traditional step of case/project description, we guide students presenting their matters in rounds to open with a reflection on culture, race, power, and/or privilege identification as it relates to them as individuals and law students vis-à-vis their clients. One rounds experience utilizing the opening with step zero about a clinic project to generate international human rights attention to a man with cognitive and behavioral impairments languishing on death row in Ohio was illuminating and inspiring. Specifically, the students responded to the prompt by de-normalizing the death penalty, emphasizing how the United States is an outlier with respect to other countries in the practice, and connecting capital punishment in the United States to the abhorrent past practice of lynching. The students also owned their own biases around who is on death row, and shared how the project has helped them reconsider what constitutes a disability. With these reflections as the starting point, what

followed was a far more critical, thoughtful, and challenging discussion than if the students would have simply started with the traditional step one.

This is just one example of the value of decolonizing rounds through our reimagined lens. The other aspects of traditional rounds design and pedagogy that can be problematic particularly for women clinicians and/or clinicians of color is positioning the clinical faculty as a neutral and even invisible and silent facilitator. Privilege and hegemonic structural biases translate into white, especially male, authority figures inherently holding power in classrooms, whereas the same presumption do not necessarily translate for clinicians with marginalized identities. Moreover, not intervening when students' comments are intertwined with or otherwise informed by judgments and assumptions is to permit the perpetuation of colonized thoughts and behaviors, negates the value of certain clinicians' perspectives and lived experiences, and sets a damaging example for other students. The objective of challenging this non-interventionist role of clinicians in traditional rounds design is to position clinical professors so that they can foster the recognition of power dynamics and other structural realities between students and their clients. Overall, the project of decolonizing rounds is to create a space and opportunities to pause to focus on gaps in the fact-finding that may be rendered unseen in a colonialized context.

Additional content to explore and flesh out with respect to the decolonizing rounds project are: (1) dismantling knowledge hierarchies; (2) minority perspective surfacing during rounds; (3) and responding to students' critique that a decolonized rounds structure takes up too much time, namely time away from getting to solutions.

Another composite example of the rich and important exploration that is enabled through using step zero in rounds occurred when a student at CUNY led a rounds conversation in a poverty law context, namely juvenile delinquency proceedings in New York City Family Court.

The student was a white cis-gender woman, who was representing a young Black man in front of a judge who was an older white man. This particular judge had adopted a Black child and presided over criminal prosecutions of young people in Family Court with this life experience informing his decision-making. The student expressed frustration that in a particular proceeding, the judge had made “blatantly racist” comments and assumptions about those who appeared in his courtroom, including the student’s client. The client himself did not outwardly react to any of the statements, and following the court appearance, the student was not able to have a conversation with him about what had happened. Nor had the student been able to respond orally to the judge’s comments in the courtroom. The conversation amongst the students, who were about half students of color, was supportive of the presenting student and realistic – maybe more than I would have preferred – about what was and was not possible in the context of individual client representation.

### **DECOLONIZING CASE AND PROJECT SELECTION**

We as clinicians tend to think of docket design, case selection, and project selection as the administrative work that precedes the real teaching. But what cases or projects a clinic takes, and why, are among the most consequential pedagogical choices a clinician makes. The clients whose matters the clinic accepts, the communities whose legal needs it prioritizes, and the kinds of work it deems appropriate for student representatives are among the decisions that shape everything that follows in supervision, rounds, and clinic seminar. The clinic docket defines whose knowledge has value, whose reality shapes the curriculum, and whose struggles are worth the institution’s time and attention. This claim is central to a decolonizing project in case and project selection. Specifically, the project invites clinicians to ask: if the client and the

community are central to the curriculum, not merely the occasion for it, what is the impact on how we design our dockets?

This question has particular force in clinics that serve marginalized communities, which often explicitly aspire to center community need. And yet even in such clinics, docket design can replicate the dynamics the clinic otherwise seeks to challenge. When the architecture of the clinic docket is designed primarily to guarantee certain learning outcomes—experience in a particular substantive area of the law, a particular sequence of experiences throughout the semester, or a particular moment of culmination—the student’s arc can quietly become the organizing principle, and the client’s reality becomes instrumental to it. Yet sometimes this imbalance can be invisible precisely because the clinic’s stated mission is service. The question is not whether the clinic is serving clients—it is—but whether the structure of the docket is organized around what clients and communities need, or around what the pedagogy requires.

One way to see this dynamic clearly is to examine some of the orthodoxies that have developed around what makes a “good” clinical case. The criteria often cited—doctrinal complexity sufficient to generate genuine legal analysis, a manageable scope for student attorneys, a discrete issue capable of resolution within a semester, or a likely court appearance that gives students an experience of advocacy under pressure, to name a few examples—reflect hard-won wisdom about what generates learning. But they also encode assumptions about what learning is for, what lawyering looks like, and whose timeline governs. In some clinics, cases that are too uncertain in outcome, too long in duration, or too politically charged may be filtered out in ways that have a disparate impact on the communities most in need of representation. In the immigration clinic context, a rigorous asylum case with a hearing date at the end of the semester fits the framework. A matter for a client in prolonged detention whose case may shift or

stall, or conversely accelerate unexpectedly, in ways that resist the semester's arc fits it less well. But the second client is of course no less deserving of skilled, committed advocacy.

There are, of course, also institutional forces that can shape docket design. Risk aversion—concern about reputational exposure, donor relationships, or political sensitivities—can sometimes operate as an invisible constraint on what cases and projects clinics can take. As the supervision section of this article describes, these pressures may bear unevenly on clinicians with unequal status. The result is that even a clinician committed to community-centered docket design may find herself navigating institutional constraints that quietly redirect that commitment.

These pedagogical and institutional pressures argue in favor of making the logic of selection explicit, and for subjecting it to the same critical and intentional scrutiny that decolonizing pedagogy applies to supervision, rounds, and seminar.

Our own practice offers an illustration. The Immigrant Rights Clinic I direct was shaped by training I received as a fellow at one of the most respected asylum clinics in the country, at Georgetown Law, where the docket was structured so that each pair of student attorneys would have one significant immigration court hearing before the end of the semester. The subject matter covered in the clinic seminar classes would align temporally (to the extent possible) with what each pair of students was working on at that time. It was a coherent and serious pedagogical model, organized around the conviction that appearing in court on behalf of a real client—with all the preparation, uncertainty, and responsibility that entails—was the experience around which student learning should culminate. I carried that model, with some adjustments, into my own clinic, and it served us well for many years. It is not a model I have abandoned in principle, but this past year, I made a change.

The reasons for the change were not primarily theoretical. In the past few years, the clinic's docket has shifted heavily toward detained clients, whose cases move on timelines that do not wait for semesters and whose legal situations can change rapidly in ways that resist the planned arc. The current political moment intensified the volume and urgency of need in ways that made traditional individual student-client pairings feel inadequate to address what our community was facing. In response, my co-teachers and I restructured the clinic around pods—groups (in contrast to pairs) of students working collaboratively on cases and projects under faculty supervision—with pod composition shifting as the docket's needs evolved. Students did not each have “their” case in the traditional sense. What they had instead was an experience of lawyering as collective, adaptive, community-responsive work—an experience that attempted to reflect what immigrant rights practice looks like in the current moment, and more aligned with a decolonizing pedagogy that centers community reality over institutional design.

The decolonizing framework provided theoretical grounding for a choice that circumstances compelled. If the client and the community are central to the curriculum, then the appropriate response to a moment of escalating need is to let that reality shape the architecture of the clinic. The disruption of the clean semester arc—the loss of the singular hearing, the individual case, and the students' personal culmination—is itself a lesson: that lawyering in solidarity with a community under pressure looks like collective work and shared responsibility, and the clinic docket is one that responds to the community's need rather than to the semester calendar.

It is worth stating explicitly that decolonizing case and project selection does not prescribe a particular model. The pod structure is one answer to one set of conditions. A different clinic, in a different moment, serving a different community, may find that individual

representation with a hearing at semester's end is the most community-responsive choice available. We recognize, of course, that clinicians are already making enormously varied decisions about docket design across different types of clinics, whether they be transactional clinics, clinics involving advocacy and policy projects, clinics where students carry several smaller matters over the course of a semester, or those where students work on a discrete piece of a larger ongoing case, and that this diversity of practice reflects the range of communities served and judgments already being made about how to serve them well. What decolonizing pedagogy prescribes is a posture of responsiveness to community reality over inherited structure, of transparency about the values and assumptions embedded in how we design our dockets, of a willingness to name the pedagogical and institutional forces that constrain selection and to work against those constraints where possible, and of honesty with students about what all of this means. Turning the logic of selection itself into explicit pedagogical content—asking students not just to work on the cases, but to understand why the groupings and cases were organized in this way, at this moment, and, in fact, to participate in the organization of the groupings and cases—is itself a decolonizing act. It invites students to experience the full complexity of what it means to practice law in a clinic that takes seriously its obligations to the communities it serves.