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Dear Colleagues:

Thank you for reading the below, incomplete draft. While I have been thinking on the question of supervision dynamics for some time, I have not written on the topic until beginning this project earlier this term. I'm therefore looking forward to the discussion, as I am still at an early stage and will benefit from hearing about your own experiences in clinical supervision.

More specifically, I am curious to learn if others struggle with the questions I pose in the draft and whether and how you explain the supervisory relationship to your students. I am also interested to learn if readers find the guidance analogy helpful, or if another frame might prove more useful.

Thank you again and with all best wishes.

Cheers,

Gautam



Supporting Roles
G.S. Hans*

Graduation day remains one of my happiest moments each year, even after many years of wearing billowy recycled robes and hats that mess up my hair. Many students take advantage of the opportunity to bring their families and law school friends and faculty together, but one such meeting gave me pause. At the reception a few years ago, a student introduced me to their family breathlessly. “I loved taking Gautam’s clinic, talking to him about our cases and work — it was just like therapy.”

I know only I heard the record scratch in my head, but hopefully my horror didn’t register on my face. As a heavily therapized neurotic, I could understand my student’s association of clinic, and in particular supervision, as akin to therapy. Clinical supervision sessions differ so drastically from other forms of law school instruction, with more intimate and personal discussions. Supervisors need to understand our students’ preconceptions, motivations, and reactions to clinical work. Many of us ask non-directive questions to learn how and why our students do (and don’t do) things. For our students who have undergone some forms of therapy, our approach might resemble those experiences.

Of course, we are decidedly *not* therapists. Nor are we trained to be. I wanted to tell my student and their family that I didn’t intend for my clinic students to see me that way, and that the relationship between clinic supervisor and student is quite different. I wanted to say “It’s not therapy, it’s not like doctrinal classes, it’s not like a summer job, it’s not, it’s not, it’s not...”

I said nothing, in part because derailing the moment with my own anxieties would have bucked all propriety. But mostly I realized that a litany of descriptions of what I was *not* would hardly help anyone understand what the clinic supervisor/student relationship *is*. Upon reflection, I found it hard to conceptualize a fulsome description that avoided a negative definition (delineating the relationship through negative comparisons). Certainly I could explain non-directiveness — though there’s that negative connotation again! — but that constitutes only a portion of what clinicians undertake in supervision. What defines the relationship between a clinic

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supervisor and student, and how could I better explain it to avoid the therapy trap with future students?

The question did not feel like something I could ignore. Supervision serves as one of the primary pillars of clinical legal education. Students new to clinic likely envision casework when they imagine what constitutes the clinic experience. Seminar sessions resemble other law school classes, particularly first-year legal writing, in exposing students to lawyering skills. But supervision remains distinct and novel for most clinic students, without an obvious antecedent in law school, other academic experiences, or professional environments.

This Essay explores what conceptual frameworks exist for defining the faculty/student relationship in clinical supervision. The low student-to-faculty ratio adopted by most clinical programs stems from the need to develop individualized, specific faculty/student relationships during a student's clinical experience.¹ Clinical faculty could theoretically supervise many more students and serve more clients than they currently do. That would likely satisfy deans, administrators, and funders who balk at the purported high-cost and low-enrollment model that currently dominates.

But a high-service model would dilute the ability of clinical faculty to structure supervisor-student relationships with sufficient time and attention for individual students. Ideally, we help individual clinic students grow as new lawyers, public-interest advocates, and collaborators. If clinical education provides a unique opportunity for students during their law school experiences — distinct from other courses, externships, and summer employment — we must preserve the attention and support that clinical faculty provide through supervision. Or so the gospel goes.

What, precisely, do we cling to when we insist on the clinical model and its supervision structure? Put another way, what constitutes the essential qualities of clinical supervision and specifically the relationship between supervisor and student? Most clinical faculty aspire to a non-directive supervision model in which students, rather than faculty, take the lead on strategizing and implementing client goals. Yet the non-directive approach only provides part of the picture; it

¹ The most recent triennial survey conducted by the Center for the Study of Applied Legal Education (of which I am a board member and survey author), from 2022–23, reported that the median student-teacher ratio for clinical education is 8:1. Center for the Study of Applied Legal Education, *2022–23 Survey of Applied Legal Education* at 28.

informs the relationship between faculty and student vis-à-vis the client, but not how faculty and students should relate in the larger clinical experience. Client work dominates the clinic experience, but not to the exclusion of other elements (e.g. collaboration between students, seminar dynamics, and professional identity formation).

This Essay thus seeks to conceptualize how clinical faculty and students should or can relate during a student's clinical experience. Surprisingly, this question remains underexplored in the scholarly literature, particularly in recent years. Most scholars who engage with supervision dynamics focus on the non-directiveness of supervision or on challenges that inevitably arise when students take on casework (including the inexperience of students or collaboration challenges). This Essay addresses a separate, related issue: how to characterize and structure the relationship between faculty and clinical students, and how to describe that relationship to students new to clinical education.

First, some caveats. I do not believe one piece of scholarship can comprehensively define an instructional relationship; my hope is that that this Essay will spur others to take on the subject. One might also contend that multiple options exist to frame the relationship, with corresponding strengths and weaknesses. The vast range of clinical experiences, and the differing needs and focuses of individual clinical programs and law schools, also pose challenges to any attempt to distill the dynamics of supervision to a single, or a few, models. Perhaps we should leave it to individual clinical instructors, in their wisdom and experience and specific role, to figure it out without a pedagogical directive.

While every instructor must chart their own path through the challenges of clinical teaching, shared pedagogical principles have and should continue to help guide both new and experienced teachers. Our shared commitment to non-directive supervision provides a persuasive example. The non-directive approach remains the *goal*, but no instructor or clinic can implement it at every moment when a supervisor and student interact. Some clinics struggle to employ non-directiveness at all. Other imperatives, particularly duties to clients, may require providing more directed supervision to students, or even overriding student decisions or approaches. That does not obviate the need for a non-directive model, but merely demonstrates that implementation of the model requires flexibility depending on specific circumstances.

The Essay begins in Part I by examining existing legal scholarship on clinical supervision and the dynamics between supervisors and students. Part II describes potential frames for the relationship between clinical supervisors and students, drawing upon other clinical scholars, other disciplines, and common social relationships, ultimately finding that no one extant frame can encompass the elements of clinical legal supervision. Part III develops a frame centered on *guidance*, in which clinical faculty guide students through their project work and development as new lawyers, drawing upon themes developed throughout the Essay.

An obvious challenge in developing a frame centered on guidance remains calibrating the level of abstraction so that a spectrum of supervisors and students can find the frame helpful without becoming too specialized. In drawing upon existing clinical scholarship to help define what guidance means, the Essay seeks to thread the needle of generality and specificity to help define a relationship with a wide swath of instantiations across practice areas and clinical programs. Whether the Essay strikes the right balance between abstraction and precision remains, of course, up to the reader to ultimately determine. Given the range of views and approaches in clinical education, I hope some readers will take the opportunity to engage and refine what the Essay sets forth in their own teaching and scholarship.

I. Clinical Supervision in Legal Scholarship

The modern version of clinical legal education dates to the late 1960s.² Since that time, scholars have extensively described dynamics within clinical programs. Much of the early clinical scholarship focused on clinical design and theory, pedagogical inquiries, and approaches to client representation in the setting of a law school. The early modern clinicians were often building the plane in mid-air, designing and iterating clinical offerings whilst responding to internal and external pressures. The scholarly descriptions thus seem quite distant from contemporary practices, though it has had direct influence on how clinical faculty conceptualize and teach today. With respect to supervision dynamics, most scholars focus on the non-directive components of supervision and the interactions students have with clients and other actors in the legal system, though some writers explore the relationships between students and supervisors.

² Many clinicians have extensively documented the modern history of clinical legal education. See, e.g., Minna Kotkin, *Clinical Legal Education and the Replication of Hierarchy*, 26 *Clinical L. Rev.* 288, 289–291 (2019).

In a pair of articles, *Report from a CLEPR Colony* and *Scenes from a Clinic*, Michael Meltsner and Philip Schrag describe in extensive detail their choices and the consequences of designing clinical offerings at Columbia Law School in the 1970s.³ These articles explore foundational questions of clinic design in the early years of the modern clinical legal education movement. Meltsner and Schrag focus on clinic size, student selection, casework, structural considerations, and supervision. In describing supervision, Meltsner and Schrag focus primarily on the non-directive nature of the relationship, but also delve into some larger role-related issues. For example, they describe “the role of facilitator” when exploring how supervisors help students develop their legal skills and roles; they also gesture to the effects of Socratic teaching on the confusion that students may have about the role of the clinical teacher when compared to other law school instructors.⁴ The summaries of their student interactions describe a collaborative dynamic in which faculty members guide students without active intervention, but Meltsner and Schrag don’t set forth an active frame for how they define the relationship.⁵ This is somewhat surprising given the depth with which they explore the other aspects of their clinic. Given that this scholarship describes design choices for some of the very first clinical programs, the volume of material that Meltsner and Schrag set forth necessitates some selectivity in what topics receive more attention.

A subsequent article, “The Learning Contract in Clinical Education,” that Schrag wrote alongside Jane Aiken, David Koplow, Lisa Lerman, and Sandy Ogilby on learning contracts in clinical education refers to some aspects of supervision that the learning contracts seek to codify.⁶ The authors define some potential roles for the supervisor with regards to the students, namely “catalysts,” “resources,” and “process consultants” — but not “leaders” — that ties into the non-directive nature of clinical education that the learning contracts seek to foster.⁷ The article repeatedly refers to the instructors as “advisors” to their students, whom they label as “interns.”

³ Michael Meltsner & Philip G. Schrag, *Report from a CLEPR Colony*, 76 COLUM. L. REV. 581 (1976); Michael Meltsner & Philip G. Schrag, *Scenes from a Clinic*, 127 PENN. L. REV. 1 (1978).

⁴ *Scenes from a Clinic*, *supra* note 3, at 22–23.

⁵ Some discussion of role occurs in both pieces; for example, in *Report from a CLEPR Colony*, the authors describe how students struggle with the role of the instructor as a non-directive colleague. *Report from a CLEPR Colony*, *supra* note 3, at 626.

⁶ Jane H. Aiken, David A. Koplow, Lisa G. Lerman, J.P. Ogilvy, and Philip G. Schrag, *The Learning Contract in Clinical Education*, 44 MD. L. REV. 1047 (1985).

⁷ *Id.* at 1060.

This indicates how the authors conceptualize the relationship between the two groups albeit in ways that downplay the control that the advisors wield in practical and ethical ways over their students. From a contemporary perspective, the connotations of both titles have different meanings, demonstrating how the need for role definition has changed over the intervening four decades.

Writing more specifically on supervision, Peter Toll Hoffman notes “the dynamics of supervision and of the supervisory relationship elude precise definition.”⁸ Kenneth Kreiling encourages clinicians to develop positive relationships “characterized by mutual respect, trust and openness,” warning that a low-quality relationship may become controlling rather than facilitative.⁹ Kreiling also cautions instructors from seeking to serve as therapists, given that teaching and therapeutic responsibilities likely create tensions even if a supervisor could work as an effective therapist.¹⁰

While much of the early scholarship on clinical supervision focused either on core design principles or descriptions of how to implement a clinical program, some use extended narratives or metaphor to explore possible frame for supervision relationships. Michael Meltsner, James V. Rowan, and Daniel J. Givelber describe supervision through a metaphor of the leader of a bike tour.¹¹ In their description, the clinical supervisor functions as the bike tour leader at the head of a heterogenous group of cyclists, with varying backgrounds and experience levels, evaluating different choices.¹² The authors note, with some chagrin, that “supervision appears to be one of those activities, like human relations and exercise of good judgment, which many conclude is essential but unteachable.”¹³ Nevertheless, they coalesce on a few propositions — communication, mentoring, interdependence, and collaboration — common to professional legal supervisory relationships that seem relevant to clinical supervision.

⁸ Peter Toll Hoffman, *The Stages of the Clinical Supervisory Relationship*, 4 ANTIOCH L.J. 301, 302 (1986).

⁹ Kenneth R. Kreiling, *Clinical Education and Lawyer Competency: the Process of Learning to Learn from Experience Through Properly Structured Clinical Supervision*, 40 MD. L. REV. 284, 300 (1981).

¹⁰ *Id.* at 301.

¹¹ Michael Meltsner, James V. Rowan, and Daniel J. Givelber, *The Bike Tour Leader's Dilemma: Talking About Supervision*, 13 VT. L. REV. 399 (1989).

¹² *Id.* at 404–07.

¹³ *Id.* at 408.

Though the authors' bike tour leader analogy has metaphorical force, I find it too obscure to provide a persuasive frame for most supervisors or students, as well as eliding the role of the client in clinical work. They do discuss the interrelationship between supervision and mentorship, and the variety of forms that effective supervision can take.¹⁴ But while the elements help instruct the relationship, the overall package (particularly with the authors' focus on law firm practice) seems too niche to clarify the supervision mystery for a wide array of clinical participants.

In a pair of Essays in the *Clinical Law Review*, Margaret Barry and Jennifer Lyman describe a pair of vignettes they created for the 1995 AALS Section on Clinical Legal Education Meeting to explore the "fine line" of clinical supervision.¹⁵ Both Barry and Lyman identify elements familiar to clinical supervisors. Barry describes the supervisor's role as "akin to that of mentor with a twist; one whose guidance is driven by the desire to foster self-reliance and competence but who has the power to become more directive, and will do just that, if the client's interests are at risk."¹⁶ Lyman notes the tendency to "loose usage of terms of psychology and psychiatry" in connection with clinical supervision.¹⁷ Intriguingly, Lyman also hypothesizes that some clinicians may find appealing the "traps and dangers" of learning more about their students, precisely because the "intensity" of supervisor-student connections reflects the similar intensity of relationships between lawyers and clients.¹⁸ This observation reinforces the perception that supervisor-student relationships not only form a core part of what clinical education seeks to foster, but also its connection to the overall client dynamics central to clinical experiences.

Ann Shalleck published perhaps the definitive early statement on supervision, "Clinical Contexts: Theory and Practice in Law and Supervision," in 1993.¹⁹ Shalleck sought to scrutinize supervision to aerate its assumptions and articulate a larger vision from the process; the Article uses an extended case file to create a simulation of clinical work that explores various supervision questions and dynamics. Shalleck's exploration largely focuses on the pedagogical rather than the

¹⁴ *Id.* at 425–431.

¹⁵ Margaret Martin Barry, *Clinical Supervision: Walking That Fine Line*, 2 *CLINICAL L. REV.* 137 (1995); Jennifer P. Lyman, *Getting Personal in Supervision: Looking for that Fine Line*, 2 *CLINICAL L. REV.* 211 (1995).

¹⁶ Barry, *supra* note 15, at 146.

¹⁷ Lyman, *supra* note 15, at 227n.57.

¹⁸ *Id.* at 229.

¹⁹ Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 *N.Y.U. REV. L. & SOCIAL CHANGE*, 109 (1993).

theoretical. She confines her analysis to discussing various instructional choices that the supervisor made in her scenario and does not extensively examine the theoretical justifications for specific choices; in essence, she focuses more on the “how” than the “why” of supervision. That does not erase the valuable contributions Shalleck makes; rather “Clinical Contexts” provides a well-known example of how scholarship on supervision has tended to focus more on implementation than theory. Perhaps because, as Shalleck notes, “the particular characteristics of supervision will, therefore, constantly change,”²⁰ clinicians have shied away from broad pronouncements about student-supervisor dynamics given the increasing heterogeneity of clinical settings.²¹

Kathleen A. Sullivan dives into the nature of intimacy in “Self-Disclosure, Separation, and Students: Intimacy in the Clinical Relationship,” exploring how the relationship between students and supervisors necessarily develops an element of intimacy that both parties must negotiate.²² For Sullivan, four qualities (proximity, trust, mutuality, and self-disclosure) constitute intimacy in social relationships.²³ These qualities, she argues, exist in clinical relationships, but the question of self-disclosure remains most fraught given the power and control the supervisor exercises over the student. Sullivan observes that in some ways this puzzle echoes the dynamics of a therapist and a patient, recalling the question of whether that analogy (or others) provide useful insight for clinicians.²⁴ Sullivan also identifies the challenges of intimacy in the clinical setting and uses feminist scholarship to inform how clinicians might engage with those challenges.

I situate Sullivan’s valuable and remarkably reflective intervention on intimacy as a corollary to the non-directive element so often remarked upon in clinical scholarship. While non-directiveness remains a lodestar for clinical faculty, intimacy seems equally pervasive and worthy of the instructor’s attention. Intimacy serves as non-directiveness’ twin. The specific architecture of clinical supervision that allows for ethical non-directive supervision creates, almost by default, a level of intimacy natural to individuals working collaboratively in proximity for an extended period. But unexamined, unacknowledged intimacy — particularly for law students new to live

²⁰ *Id.* at 179.

²¹ Shalleck herself disclaims focusing on student-supervisor relationships explicitly in supervision, arguing that the focus of supervision should be on cases themselves. *Id.* at 181n.163.

²² Kathleen A. Sullivan, *Self-Disclosure, Separation, and Students: Intimacy in the Clinical Relationship*, 27 INDIANA L. REV. 115 (1993).

²³ *Id.* at 119.

²⁴ *Id.* at 131.n53.

client work and accustomed to the vastly different gestalt of other law school courses — can create stumbling blocks. Implicit in Sullivan’s argument lies the need for clinical faculty to identify the intimacy in the room; faculty cannot merely ignore it or rely upon non-directiveness to explain away how students should contemplate intimacy or how all parties might contextualize it. While Sullivan does not provide an obvious path or frame, her analysis gives a persuasive argument for proactive contemplation of the messiness of intimacy — at least on the supervisor’s part.

In the decades since these scholars first explored and defined clinical supervision, the literature has not advanced much beyond synthesis and application of supervision principles to new contexts or new educational dynamics.²⁵ For example, in “Where to Begin?: Training New Teachers in the Art of Clinical Pedagogy,” Wally Mlyniec describes supervision as the “essence” of clinical legal education.²⁶ In exploring how the Georgetown clinical fellows program inculcates clinical values in its fellows through a year-long pedagogy course, Mlyniec describes the swath of clinical scholarship on supervision as potentially overwhelming.²⁷ But here too, like other recent commentators, Mlyniec focuses on the implementation of supervision and the theory underlying it, rather than the questions of relations between the parties in supervision and how that relationship gets formed.²⁸

Though incomplete, the scholarly record described herein shows the strengths of scholarship of clinical supervision and some of the lacunae. At the very least, supervision warrants reexamination not only from an ends-oriented approach but also as the site of interaction that helps shape law students’ conception of the roles that they assume not just in clinic but in practice as well. The extant clinical scholarship described in this Part informs the remainder of the Essay, which both synthesizes the core elements of clinical supervision described by scholars and attempts to construct a model based on existing social frameworks. This model, based on guidance,

²⁵ For example, Alistair Newbern & Emily Suski and Colleen Shanahan & Emily Benfer have both written on the dynamics of supervision for millennial students. See Alistair E. Newbern & Emily F. Suski, *Translating the Value of Clinical Pedagogy Across Generations*, 20 CLINICAL L. REV. 181, 202–03 (2013); Emily A. Benfer & Colleen F. Shanahan, *Educating the Invincibles: Strategies for Teaching the Millennial Generation in Law School*, 20 CLINICAL L. REV. 1, 14–15 (2013).

²⁶ Wallace J. Mlyniec, *Where to Begin?: Training New Teachers in the Art of Clinical Pedagogy*, 18 CLINICAL L. REV. 101, 113 (2012).

²⁷ *Id.* (“Supervising students has been the topic of far too many articles to name.”).

²⁸ *Id.* at 110 (“The main lessons to be learned are that supervision is intentional, that choices have to be made, and that techniques have to be appropriate.”).

seeks to explain how the combination of non-directiveness and intimacy can become cognizable to both students and supervisors as they develop their supervision relationship.

II. Developing a Supervision Frame

What do scholars think “happens” in clinical legal supervision? A few common elements emerge from the literature described in Part I:

- **Non-Directiveness:** The core component of clinical supervision, consistently and constantly emphasized, remains the non-directive nature of interactions. Though non-directiveness itself remains contested as a *viable* standard for every student-supervisor interaction, it remains the “gold standard” for most clinical instructors.
- **Observer-Participant:** Clinical faculty observe what happens between students and clients, between teammates, and between students and other actors (e.g. opposing counsel, judges, and other entities). Clinical faculty also *participate* in those interactions, either to shape relationships, intervene in specific situations, or take over from their students.
- **Networked Dynamics:** Clinical faculty in supervision must consider their relationship with an individual student, as well as how the student relates to other students (and other supervisors, if any). They must manage an interrelated series of dynamics and ensure that each actor within the system (including clients) remains functional and collaborative.
- **A Different Relationship/Appeals to Authority:** Nearly all scholars acknowledge that the relationship between the supervisor and the student likely differ from the antecedents students may have experienced in their first-year courses or in other law school classes. As a result, supervisors must affirmatively work to resist their own automatic impulses and those of their students, particularly when students look to supervisors for answers or directions.

Supervisors must consider these elements when meeting students new to clinic and bringing them into the experiential space. In doing so, supervisors may not necessarily explain the above aspects, but rather rely upon a shorter description (usually invoking non-directiveness) to communicate to students how to imagine their interactions with supervisors. The remainder of this

Part explores what existing models students and supervisors might consider in creating a scaffold to explain the relationship between the two parties. Because such analogies cannot fully explain or define supervision dynamics, it concludes that obvious frames (like the therapist model) remain somewhat rhetorically unsatisfying.

Most law students who enroll in clinic understand, prior to their first interactions with their supervisors, that their relationship with their supervisor will differ markedly from their experiences in other law school classes. The large lectures common to most first-year J.D. courses have very little resemblance to clinical courses; students accustomed to a professor lecturing with Socratic questioning will soon find clinic quite different. Students' relationship with their professors definitionally differs in an environment where faculty may not know much, if anything, about individual students' goals or legal interests.

The case method employed by most professors teaching lecture classes does not develop student skills beyond legal research and analysis and, even then, without application to live client matters. Doctrinal courses do not primarily guide students on how to develop as lawyers; they instead mandate the development of legal reasoning skills without individualizing the process or the relationship between the instructor and student.

Small legal writing courses, which nearly all law schools require first year J.D. students to complete, more closely resemble clinical courses, albeit with major differences. Students develop legal skills, particularly focusing on research, writing, and oral advocacy, but with limited individuation. Legal writing instructors, because of the nature of their curriculum, cannot respond to individual student needs by making modifications. Nor can they necessarily employ a non-directive approach throughout the period of instruction, given the volume of material and the pedagogical requirements of the course. While legal writing instructors do guide students in developing as new lawyers, the simulated nature of the course avoids the unpredictability of legal practice. That unpredictability inherent to clinical courses complicates the relationship between instructor and student; in legal writing, by contrast, all parties sense that the instructor remains in a stable position as the director of the academic experience who knows where the endpoint will lie.

Other law school experiences, therefore, provide incomplete insight into how students and faculty can conceptualize the supervisor/student relationship in clinic. The term “supervision” itself does not contribute significant rhetorical value. Most law students come to clinic in their second or third years, after at least one summer of professional legal experience under the supervision of a practicing attorney. That supervision, of course, looks quite different from what clinicians practice in clinical settings. Lawyers who supervise summer interns do not necessarily conform to a non-directive approach, nor do they necessarily allow students to take the lead on legal representation.

Without an obvious antecedent in legal experiences, can other relationships help students and supervisors understand how to relate in the clinical experience? Many students will have experienced coaching, most commonly in the realm of athletics. Coaches evaluate how athletes perform in practice and during live events; they help their athletes integrate the mental and physical components of whichever sport they coach. Coaches must also balance team dynamics and differing skill levels among members of a team. They both assist individuals and the overall group in improving their performance. Coaches almost certainly have more experience (perhaps even as a former athlete) than their team members and can think strategically and longitudinally about the aspects of the game. They learn about a situation both from their athletes’ descriptions and their own impressions. Coaches might also bring a specific tactical framework to their role and to the sport that they may impart, directly or not, to their students.

But coaches do not necessarily employ a non-directive approach in training athletes, instead delivering specific feedback. And coaches don’t join athletes on the field, instead remaining on the sidelines throughout. Clinicians must sometimes engage in legal practice alongside their students or after the semester ends in ways that coaches don’t. The same critiques hold for other relationships that students may have had experience with — music conductors, academic advisors in secondary school or college, or professional mentors from prior work experiences.

Using a metaphor related to coaching, I’ve often told my students that when it comes to actual lawyering they should consider me the lifeguard at the pool. They do the swimming, but no one is at risk of drowning. While I find this explanation useful, to my mind it only encompasses

the non-directive component of supervision rather than the overall dynamic. The lifeguard doesn't give the swimmer feedback on their technique or take over swimming laps once the guests leave for the day.

What about the therapist model? Students in supervision reveal much of their responses (and potentially their feelings) regarding their clients, their classmates and teammates, and supervisors. Many clinical faculty guide students through questions rather than commands, and must at times reveal little about their own perceptions or responses to their students' statements. This resembles some relationships between therapists and clients, in which the client must chart their own path with the assistance of the therapist.

Therapists, though, generally only learn about their clients through the statements and impressions of their clients. Clinical supervisors witness firsthand nearly all aspects of their students' experiences in clinic, forming their own direct impressions of what transpires between students on a team and between students and their clients. Moreover, clinical supervisors are active participants in *shaping* experiences. They participate in ways that therapists do not, and influence outcomes and interact with other students and clients.

Both the therapist and coach analogies fail in obvious ways to encapsulate the dynamics between supervisors and students, largely because both analogies do not describe well how the supervisor interacts with other participants in the clinical experience *beyond* a specific student. Put another way, the universe of the clinic extends beyond how a supervisor and student interact. The supervisor participates in other ways beyond a specific student relationship, and any analogy must address the supervisor's role in those dynamics as well.

What features remain appealing about these two analogies? First, many students will have experiences with coaches or therapists, and the comparison may make intuitive sense to them. Both roles have become cultural touchstones; even those students who have never played on a team or talked about their feelings on a couch will understand what the analogy means.

Second, the indirect guidance of the therapist, the real-time and reflective assessment of the coach, and the view of the long game that both have encapsulate aspects of the supervisor and student relationship. Fundamentally, students understand that their supervisors see things they

don't and understand lawyering more holistically. That vision and understanding underlies some of what clinical education should provide to students — knowledge transfer that introduces the macro and micro of legal practice.

Any analogy must acknowledge that the connection between student and supervisor forms just one part of the constellation of the clinical model, in which both individuals interact with and engage multiple other parties in complex and intertwining ways. Each individual student may not recognize how the supervisor interacts with other students, or that the supervisor must also manage client relationships and potentially other interpersonal dynamics (co-counsel, opposing attorneys, or other supervisors or instructors within the clinic).

Exploring alternative forms brings us full circle. Another word for a leader who must develop a relationship with everyone under her supervision while keeping in mind the dynamics for every other supervised individual is a “teacher.” But returning to the specific and unique requirements of clinical instruction shows why the teacher-student relationship forms a necessary, but insufficient element of the supervisor-student relationship. We — both students and instructors — need more to develop a common understanding and theoretical basis for the relationship among all parties in clinical teaching.

III. The Guidance Frame

In considering Meltsner, Rowan, and Givelber's bike tour leader analogy, I reflected on whether a similar, broader analogy might more effectively capture the characteristics of supervision described above. As discussed *supra*, I consider this analogy too abstruse for most clinical faculty or students (most of us have not cycled the Alps). But its value stems from the active participation of both parties, leader and cyclist, in the activity.

In considering how the bike tour leader directs the group, I realized that the idea of guidance more generally could address some of the criticisms I had of the bike tour analogy, including the lack of a client analogue. Having a guide — a tour guide, a museum guide, a mountain guide — creates a similar dynamic as with the bike tour leader, but with a less specific comparison that also allows for engagement with location that brings the client dynamic into the metaphor. Most of us have worked with guides in our personal lives, making it a more applicable analogy than others discussed in Part II.

[The remainder of this part will develop the guidance analogy more fully and consider how the other analogies described in Part II compare to this one. It will also acknowledge some shortcomings, including the critique that it is too general to prove useful.]

Conclusion (TK)