"HERE'S WHAT WE DO": SOME NOTES ABOUT CLINICAL LEGAL EDUCATION

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I. INTRODUCTION

FOR THE PAST DECADE WE HAVE BEEN ENGAGED in developing the Yale Law School clinical program. From time to time academic colleagues, practicing lawyers, and even non-lawyers have asked what we do. Our answer usually begins, "Here's what we do," and describes a program in which teacher-practitioners supervise law students who, while taking regular academic courses, provide legal services to clients with real legal problems in a busy law office located inside the law school. By design, most of the students participating in the program are in their second semester in law school. Clinical work is therefore part of the first-year program for two-thirds of the students at Yale. The student practice rules of the state and federal courts in Connecticut[1] permit supervised second and third-year law students to appear in court. As a result, our students regularly argue motions, try cases and handle appeals in both civil and criminal cases. Clinical seminars and a simulated Trial Practice course supplement the casework. Finally, we will say how much we enjoy clinical teaching, how competent and responsible the students are and how important we believe clinical experience is for law students.

Until we were invited to do so, however, we never could bring ourselves to put down on paper some of our thoughts about legal education in general, and clinical legal education in particular, gleaned from years of working in the field. These notes represent a beginning in that direction.

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[1] *See* Appendix, Summary of Student Practice Rules, 29 CLEV. ST. L. REV. 817 (1980).

II. A HISTORICAL NOTE

Half a century ago, at the University of Southern California, John Bradway started the first legal clinic in a modern law school.[2] Justin Miller, then the dean of the law school, observed:

> At Southern California the most important innovation has been the close union of legal aid society work with legal education by the mechanical device of bringing the legal aid society into the law school building and operating it as a part of the law school curriculum, under the direction of a man who is both director of the clinic and Professor of Law.[3]

Bradway's description of the purpose of the clinic and its role in the education of lawyers reflected his view that clinical work should be a part of, and not separate from, the law school curriculum:

> Under the watchful care of attorneys who are connected with the Clinic and members of the Law School Faculty, the student sees the case in action rather than as a dead thing lying in the Case Books and, in addition to gathering the extremely valuable knowledge which he needs as to the fundamental structure of the law and its scientific development, he comes to appreciate the fact that the task of a lawyer deals with elements of human nature which are not found in the scientific development of Case Book law, but which can only be learned by experiencing a series of cases.[4]

Beyond this general educational goal, Bradway urged that law school clinical programs had to meet specific educational objectives which could not be accomplished in traditional casebook courses, including learning to:

> A. Make decisions where the situation calls for responsible determination.
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> B. Plan a campaign at law, including gathering the necessary

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[2] J. BRADWAY, A HANDBOOK OF THE LEGAL AID CLINIC OF THE UNIVERSITY OF SOUTHERN CALIFORNIA (1930); Bradway, *The Beginning of the Legal Clinic of the University of Southern California*, 2 S. CALIF. L. REV. 252 (1929); Bradway, *Legal Clinic as a Law School Course*, 4 S. CALIF. L. REV. 230 (1930); Bradway, *New Developments in the Legal Clinic Field*, 13 ST. LOUIS L. REV. 122 (1928). Later Bradway organized a similar clinical program at Duke Law School. *See* J. BRADWAY, LEGAL AID CLINIC, DUKE UNIVERSITY: INSTRUCTION TO STUDENTS (1938); J. BRADWAY, LEGAL AID CLINIC INSTRUCTION AT DUKE UNIVERSITY (1944); J. BRADWAY, CLINICAL PREPARATION FOR LAW PRACTICE—A MANUAL FOR LAW STUDENTS (1946).

[3] Miller, *Foreword* to J. BRADWAY, A HANDBOOK OF THE LEGAL AID CLINIC OF THE UNIVERSITY OF SOUTHERN CALIFORNIA (1930).

[4] J. BRADWAY, *Preface* to A HANDBOOK OF THE LEGAL AID CLINIC OF THE UNIVERSITY OF SOUTHERN CALIFORNIA ii-iii (1930).

facts, marshaling the facts and legal theories, determining the goal and means; and then carry out the plan to a reasonable conclusion.

C. Think of the client as a human being and not as an impersonal element in a hypothetical set of facts.

D. Become sensitive to ethical considerations.

E. Know something about the limit of effectiveness of legal tools in solving human problems, and the need for, and methods of, securing interprofessional cooperation in client-serving.

F. Realize some of the potentialities of the lawyer as a socio-legal engineer.[5]

At the same time that Bradway was organizing and carrying out his clinical legal education experiments at the University of Southern California, and later at Duke University, Jerome Frank, one of the "legal realists" on the Yale Law School faculty, was waging his own campaign for clinical training in law schools. In 1933 Frank bemoaned the artificial quality of the Socratic case-method:

> The trouble with much law school teaching is that, confining its attention to a study of upper court opinions, it is hopelessly oversimplified. Something important and of immense worth was given up when the legal apprentice system was abandoned as the basis of teaching in the leading American law schools. . . . [I]s it not plain that, without giving up entirely the casebook system or the growing and valuable alliance with the so-called social sciences, the law schools should once more get in intimate contact with what clients need and with what courts and lawyers actually do?[6]

Writing for the Yale Law Journal in 1947,[7] Frank, then occupying a seat on the Second Circuit Court of Appeals, restated his views about the "deficiencies of American legal education," and lamented that "[n]o one has ever paid much attention to those views."[8] In a footnote at the end of the article Frank commented that one of Bradway's writings had recently come to his attention,[9] but only after his article had gone to press:

> Inexcusably, I have previously been unaware of the clinical

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[5] J. BRADWAY, CLINICAL PREPARATION FOR LAW PRACTICE: A MANUAL FOR STUDENTS 5 (1946).

[6] Frank, *Why Not a Clinical Lawyer-School?*, 81 U. PA. L. REV. 907, 913 (1933). Interestingly, at the time Frank wrote this article he was not aware of Bradway's work. See note 10 *infra* and accompanying text.

[7] Frank, *A Plea for Lawyer-Schools*, 56 YALE L.J. 1303 (1947).

[8] *Id.* at 1303.

[9] *Id.* at 1344 n.104. Frank had just recently read J. BRADWAY, CLINICAL PREPARATION FOR LAW PRACTICE: A MANUAL FOR STUDENTS (1946).

> teaching methods . . . which apparently [Bradway] has used for some years; . . . In large part, those methods supply what I consider wanting in most university law schools. I say "in large part," because it seems that (1) the clinical work . . . comes late in the student's law-school career, (2) is not closely integrated with "social studies," psychology and philosophy, and (3) does not stress the importance of policy making in general and of reform of trial-court fact-finding in particular.[10]

Frank should be forgiven for his lack of knowledge of Bradway's work. During the time when Frank was writing, only the two schools where Bradway taught had legal clinics in operation. All other university law schools had ignored Frank's preaching that legal clinics under faculty supervision should be conducted within the law schools.

As for Frank's criticisms of Bradway's methods, something more needs to be said. His criticisms of Bradway's clinical process were threefold: 1) that the third year was too late in a law student's career to introduce clinical work; 2) that Bradway's method failed to stress interdisciplinary cooperation; and 3) that the clinics did not emphasize judicial reform.[11] Only the first, relating to the delay of the initiation of clinical studies, was applicable specifically to clinical programs. The other two, the failure to stress interdisciplinary cooperation and judicial reform, were equally applicable to the standard academic curricula of most law schools. Indeed, the introduction of social sciences and policy studies into the law school curriculum was a major goal of the legal education reformers of that day.[12]

Today, Bradway and Frank would find much in contemporary legal education to vindicate their early efforts. Most American law schools now have in-house legal clinics where law school faculty members serve as supervising attorneys and clinical teachers for law students providing direct legal services to clients.[13] However, Frank's critiques might still be applicable since most contemporary law school clinical programs, like Bradway's, are still offered late in a student's law school career and do not include interdisciplinary work and policy studies. Thus, clinics continue to stand apart from the law school curriculum and fail to incorporate modern innovations in legal education.

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[10] Frank, *A Plea for Lawyer-Schools*, 56 YALE L.J. 1303, 1344 n.104 (1947).

[11] *Id.*

[12] *See, e.g.*, Keyserling, *Social Objectives in Legal Education*, 33 COLUM. L. REV. 437 (1933); Lasswell & McDougal, *Legal Education and Public Policy: Professional Training in the Public Interest*, 52 YALE L.J. 203 (1943).

[13] Major credit for this revolution in American legal education is owed to William Pincus and the Council on Legal Education for Professional Responsibility, Inc., the leading advocates and underwriters of clinical legal education during the past decade. *See generally* W. PINCUS, CLINICAL EDUCATION FOR LAW STUDENTS (1980). *See also* Bogomolny, *Prefatory Remark*, 29 CLEV. ST. L. REV. 345 (1980).

III. A THEORETICAL NOTE: THEORY OF PRACTICE—PRACTICE OF THEORY

Jerome Frank once stated: "An interest in the practical should not preclude, on the contrary it should invite, a lively interest in theory. For practices unavoidably blossom into theories, and most theories induce practices, good or bad."[14] In our view clinical programs are not justified simply because they might serve as a solution to the problem of redundancy and boredom in the third year, a transition from the abstractions of law school to the realities of law practice, or a workshop for training in practical skills. Clinical programs must involve more than was provided by the old apprentice system; it is too late for law schools to return to their trade school origins. The modern lawyer needs to be better-educated in the law school than was his historical counterpart in apprenticeship.

It is essential, however, to recognize that clinical programs do offer an educational experience which is different from and simply cannot be provided in the traditional law school curriculum. While not seeking to force the analogy, one need only consider the respective functions and activities of a hospital clinic, a laboratory, a library, and a classroom to appreciate the significant differences in the content and methodology of learning in those settings. Our central belief, taken for granted in medical education, is that professional education involves the constant interaction of the theoretical and the practical, not just in the classroom and the library, but also in those settings where the profession is actually practiced.

Law students participating in clinical programs learn the fact-finding and dispute-resolution processes. While these processes sometimes lead to trials and occasionally to appellate court opinions, which once in a great while find their way into law school casebooks, the learning to be achieved in the clinic can only be done in the practice setting. Students in these programs are able to examine the relationships between legal doctrine as described, applied and argued in regular law school courses, and the actual work of practicing lawyers, trial courts and administrative agencies.

It is not entirely true that students learn by "doing" only in the clinic. They do learn how to read, analyze, distinguish, and construct arguments from appellate court opinions in their regular courses. However, it is also true that to study appellate court opinions by any method, even moot court, is not to study the life of the law. Appellate court opinions fail to disclose many important elements of a legal controversy as it unfolded and was resolved. Only by actually observing and participating in what transpires in the law office and the courtroom (and in the corridor outside the courtroom), and by engaging in the actual prac-

[14] Frank, *A Plea for Lawyer-Schools*, 56 YALE L.J. 1303, 1321 (1947).

tice of interviewing clients and witnesses, conducting discovery, negotiating, and drafting, can the law student acquire this essential part of his legal education.[15]

Law students need a broader education in the law than can be provided in traditional, or even innovative, classroom courses. For part of the time while they are in law school and attending regular courses, they need to get their noses out of books, and their heads out of the clouds so that they may study the major aspects of the legal process which cannot adequately be learned from edited appellate court opinions, law review articles and treatises. A student's work with clients on real cases under faculty supervision is an educational experience which should occur during law school and be part of and resonant with the general law school curriculum. The experience should include interdisciplinary work with "consultants" and "expert witnesses" from other specialized fields and the study of public policy as it impinges upon and is generated by the legal process. Further, that experience should emphasize issues of legal ethics and professional responsibility as they are confronted in actual practice, not as artificial rules to be snickered at in the classroom.

IV. THE PURPOSES AND GOALS OF A CLINICAL PROGRAM

A clinical program should have two related goals. First, the program should introduce students to the workings of the legal system through concentrated interaction with clients under the supervision of law school faculty. This introduction to clients should take place as early as possible in law students' careers.[16] Early experience with the legal system will help students to understand better the concepts developed in traditional classroom courses. The students will, in turn, be able to contribute with some degree of sophistication to classroom discussions.[17]

The second goal of a clinical program is to provide a laboratory in which students and faculty study, in depth, particular substantive areas of the law. It is possible through a sustained and comprehensive com-

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[15] "*It is absurd that we should continue to call an upper court opinion a case.* It is at most an adjunct to the final step in a case (*i.e.* an essay published by an upper court in justification of its decision)". Frank, *Why Not A Clinical Lawyer-School?*, 81 U. PA. L. REV. 907, 916 (1933) (emphasis in original).

[16] *See* note 10 *supra* and accompanying text.

[17] This "resonance" between the classroom and the clinical experience has been a major curricular product of the program at Yale. Students are initiated into the clinical program in their second semester of law school. Many students continue their clinical work through their second and third years. Because the program's current projects assist prisoners, mental patients, and children, the value of clinical experience has been evident from the classroom discussions of students taking courses in criminal law, family law, procedure, and evidence, or seminars dealing with civil commitment, child custody, and criminal justice.

bination of practice and research to develop a profound understanding of the legal theory, economic implications and social dynamics of a given segment of the legal system. Clinical programs provide a broader view of legal problems than is typically available through classroom study.[18] Students are not only introduced to various parts of the legal system or to the inner workings of an agency, but also come to comprehend the relationships among these segments and to use their knowledge of the workings of the system in their attempts to assist clients. By representing many clients with a wide variety of problems, students quickly develop a perception of core issues, including many which, for a variety of reasons, rarely find their way into court decisons and thus, ultimately, into law school casebooks and classrooms.

This laboratory function of a law school clinical program leads not only to a better understanding of a particular part of the legal process but should also result in efforts to reform that process. Law reform can be accomplished through litigation and other means; a good clinical program generates information and data conducive to reform efforts in many areas. For example, in Yale's Mental Hospital Legal Services Project, students developed knowledge and experience by representing patients at commitment hearings. The students then undertook a campaign to update and revise Connecticut's criteria for commitment to mental institutions and the commitment procedures. Over a period of five or six years, the students drafted legislative proposals and brought law suits which resulted in a substantial rewrite of Connecticut's commitment laws.[19]

Further examples come from our clinic's Prison Legal Services Project. There students learned about the federal parole system by representing clients seeking parole release. Their knowledge, in turn, led them to generate ideas for reform of the federal sentencing and parole system. These ideas were presented at a seminar attended by federal judges and officials of the Justice Department, the United States Parole Commission and the Bureau of Prisons. The seminar's participants developed a bill which served as the basis for an early draft of the sentencing and parole provisions in the proposed new Federal Criminal

[18] For example, by representing inmates in the federal prison system, students have to learn first-hand about all phases of the criminal justice system, from arrest and indictment through trial or guilty plea, from sentencing to prison and parole. To assist inmates, students must interact with judges and clerks, United States Attorneys, the United States Department of Probation, the Bureau of Prisons, and the Parole Commission. By using local rules, agency-wide regulations, and federal statutes, students learn to interpret legal materials other than court opinions to find solutions to—or at least explanations of—clients' legal problems. Furthermore, students generally have to prepare materials on behalf of clients. Practice in legal writing is extensive.

[19] *See* CONN. GEN. STAT. ANN. §§ 17-178, 183, 194c *et seq.*, 205b *et seq.*, 206a *et seq.* (West 1960).

Code. Another product of this seminar was a Yale Law Journal project written by three of the most experienced members of the prison project.[20] This note won the prize for the best student piece in 1975 and is probably the most often cited scholarly reference in court opinions involving challenges to the theory or application of the rules and regulations of the United States Parole Commission.[21]

It is particularly gratifying that many law students who participate in the clinical program also write notes and comments on subjects arising from their clinical experiences.[22] A successful clinical program should be a fertile seed-bed for ideas leading to scholarly articles.

The program should also provide an opportunity for students to obtain legal experience on a national level. For example, in addition to representing inmates in district courts and courts of appeal, students in both the prison project and mental health projects have participated in writing *amicus* briefs in United States Supreme Court cases drawing on their clinical experience. Also, the Supreme Court has recently decided a case brought by students in the program, *Connecticut Board of Pardons v. Dumschat.*[23]

As a result of these experiences, and from writing law journal notes and undertaking empirical research, Yale students have come to see themselves as national commentators on agency operations. The educational value of across-the-board contact with an administrative agency is enormous. Students draft comments on rules and regulations proposed by the Department of Justice. They act as gadflies and lobbyists as well as legal representatives of prospective parolees. In short, they function not as passive recipients of a preset curriculum, but as architects of their own work.

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[20] Project, *Parole Release Decisionmaking and the Sentencing Process*, 84 YALE L.J. 810 (1975).

[21] *See* Greenholtz v. Nebraska Penal Inmates, 442 U.S. 1, 31 n.12 (1979) (dissent, Marshall J.); U.S. v. DiRusso, 535 F.2d 673, 676 (1st Cir. 1976); U.S. v. Yazbeck, 542 F.2d 641, 643 (1st Cir. 1975); Moore v. Nelson, 611 F.2d 434, 437 (2d Cir. 1979); U.S. v. Torun, 537 F.2d 661, 664 n.6 (2d Cir. 1976); Block v. Potter, 631 F.2d 233, 240 n.8 (3d Cir. 1980); U.S. v. Solly, 559 F.2d 230, 233 (3d Cir. 1977); Franklin v. Shields, 569 F.2d 784, 788 n.5 (4th Cir. 1978); Payton v. U.S., 636 F.2d 132, 139 (5th Cir. 1981); Ruip v. U.S., 555 F.2d 1331, 1333 (6th Cir. 1977); U.S. ex rel. Richerson v. Wolff, 525 F.2d 797, 800 n.3 (7th Cir. 1975).

[22] Project, *Parole Release Decisionmaking and the Sentencing Process*, 84 YALE L.J. 810 (1975); Note, *Lawyering for the Child: Principles of Representation in Custody and Visitation Disputes Arising from Divorce*, 87 YALE L.J. 1126 (1978); Note, *The Mental Hospitalization of Children and the Limits of Parental Authority*, 88 YALE L.J. 186 (1978); Note, *Procedural Safeguards for Periodic Review: A New Commitment to Mental Patient's Rights*, 88 YALE L.J. 850 (1979); Note, *The Role of Counsel in the Civil Commitment Process: A Theoretical Framework*, 84 YALE L.J. 1540 (1975).

[23] ____ U.S. ____, 101 S. Ct. 2460 (1981).

V. DESIGN AND IMPLEMENTATION OF A CLINICAL PROGRAM

The two aims described above—the in-person introduction to clients and to the legal system, and the opportunity to study at least one area of the law in depth—should be the central aims of a clinical program. They are also the two functions such a program accomplishes best. To achieve these ends, a law school must address two central questions about the design and implementation of such a clinical program. First, how can a law school best provide the clinical experience to as many students as possible while still affording the high level of teaching and supervision necessary to make the experience educationally worthwhile? Second, how can a law school best integrate the clinical program into the rest of the law school curriculum so as to take advantage of the unique properties of the clinical experience? The first question involves three related considerations: whether the programs should operate inside or outside the law school, whether costs can be kept at a reasonable level and whether the adequate level of supervision needed to ensure effective learning can be provided.

We are proponents of "in-house" clinical programs, where, to the extent possible, all teaching and supervision is done by members of the faculty. Several considerations support this view. First, it is difficult to find outside placements for students in which the supervising attorneys are good teachers. Most lawyers who practice are not really interested in teaching, and even when they are, they often are not able to take sufficient time to give students adequate instruction in the broader issues relevant to their areas of practice.

Second, in almost every outside placement there arises an irreconcilable tension between the demands of clients and the educational needs of students. Legal aid offices, public defenders, and private lawyers perceive that their first duty is to their clients, as indeed it is. Students are often shunted to paralegal duties and given little responsibility. The limited roles result not because students are unable, with training, to handle advanced tasks, but because the office works most efficiently when students do the routine work. On the other hand, in law school programs, the focus is on giving the student a worthwhile educational experience as well as on providing legal services to clients. In practice this means that while the client still comes first, the law school clinic is run with an understanding that the caseload will be adjusted to reflect the fact that students cannot be as efficient as experienced attorneys. Cases are selected with an eye to their value to the student as well as to the needs of the clients seeking assistance. Of course, tensions between client and student needs still exist even in the most carefully structured programs from the students' perspective these tensions can be resolved better in a law school program than in actual law offices.

Third, it is extremely difficult when dealing with a multitude of outside placements, to make sure that supervision is adequate, let alone uniformly good. It is practically impossible to ensure that in field offices

substantive teaching is carried out in a structured coherent manner. It simply is not an adequate solution to divide responsibilities so that substantive instruction and simulated exercises are given in the law school classroom while practical training is provided in field offices. The whole point of the clinical experience is to merge and intertwine the substantive and practical aspects. Separating these teaching functions frequently leads to conflict between the "academicians" and the "practicing lawyers" and creates the impression, in the students' minds at least, that "theory" and "practice" are only distantly related.

"In-house" clinical programs unfortunately are expensive. In order to have a viable program, a law school must commit itself to funding a practicing law office, with all of the clerical support, word-processing machinery, and lawyering supplies that such an office needs. It is much less expensive to send students to law offices already in existence. Since we believe that "in-house" programs are vastly superior in educational value to "farm-out" programs, we believe law schools should be prepared to invest in clinical programs.

Two major attributes of Yale's program make it less expensive per student than many of its counterparts. The first is the use of a tier system in which experienced students act as junior supervisors. The second is the selection of custodial institutions as the setting for providing services.

Since Yale students begin their clinical experience in the second semester of law school, second and third-year students who remain with the program are available to help train new students. Each advanced student is responsible for supervising two or three first-year students. The experienced students pass on the "tribal lore" of the programs, edit first drafts of complaints and memoranda and assist in research and interviewing. Using the advanced students as "senior associates" stretches the supervisory capabilities of the faculty. These advanced students are also better able to handle the more complicated cases, and frequently have opportunities to appear in court at hearings and appellate arguments. More important, giving advanced students such responsibility develops the confidence to provide real leadership within the program. The students elect Directors, and this "Board of Directors" of the Legal Services Organization makes decisions about caseload, supervision and office routine. Thus, students not only learn how to assist clients but also gain experience in managing a law office.

The provision of services to institutionalized clients also affords substantial economic savings. Clients in institutions tend to have problems which fall into recognizable patterns, and consequently the initial training of students is easier than it might otherwise be. Perhaps most significant, interview schedules are easy to arrange, because the clients are all in one place. Moreover, the advantages of dealing with institutions are not only economic. One major goal of both our prison and mental hospital projects is to teach students how institutions and agencies function. The closed institution is a particularly appropriate model for

study. Students see first-hand the subtle (and sometimes not-so-subtle) struggles between the keepers and the kept, and begin to understand some of the social dynamics involved in such institutions. In addition, when working with institutionalized clients, students learn the skills necessary to deal with administrative bureaucracies, a valuable lesson and one hard to acquire any way other than through experience.

Another important feature of the clinical model is the classroom component. Ten years ago, we believed that training in lawyering skills would be the most important function of the classroom sessions. Over the years, we have come to understand that substantive law, including interdisciplinary work and policy study, surrounding the students' area of practice is indispensable to the success of the program. Of course, a good clinical program will provide both substantive teaching and skills training, but over time our emphasis has become primarily substantive.

Our focus on the "substantive" rather than the "practical" aspects of representing our clients is dictated by several factors. First, without background in the law surrounding a particular area of practice, a student cannot begin to understand or deal with a client's problems. Second, because most of our cases do not actually go to court, it has turned out to be more efficient for us to teach "lawyering skills" such as direct and cross examination and oral argument on a one-to-one basis rather than to devote scarce classroom time to these exercises. Third, limited resources have forced us to choose between providing equal amounts of substantive instruction and advocacy skills training. This lawyering training is primarily in the areas of interviewing and negotiating, and uses simulated exercises drawn from client files. Fourth, every time a student is taken to court, intensive individualized preparation for the tasks involved is done. We have found that focused practice for a real situation, rather than generic "skills" training, works best.

Of course, at Yale, as at other law schools, there is a widespread student demand for training in courtroom skills. This demand is expressed by many non-clinic students. In response to this demand a trial skills training course is provided for a large number of students, generally 140 to 160 participants. Using two simulated cases, this course provides students practice in the tasks of advocacy. The clinical faculty, together with a group of outstanding trial lawyers from outside the law school, supervise small groups of students in practice sessions, generally with only a short lecture before and a demonstration by experienced lawyers afterwards. The use of only two case files is important because it focuses the students upon one of the most important lessons to be learned: that trials are entities, not collections of isolated exercises in direct or cross examination. We attempt to show that the development of a theory of the case and a plan for implementing it are crucial to the enterprise of advocacy.

The trial advocacy course is quite different from our clinical seminars. In fact, we do not see this course as "clinical" in the same sense as the prison, mental health, or child advocacy programs. Trial practice

courses are often perceived to be "clinical" because those who teach in clinical courses frequently also teach trial advocacy. The aims of our trial practice course are limited, and the emphasis is upon giving students the maximum "on their feet" training in trial skills.

With respect to the second major issue—how best to integrate a clinical program into a law school curriculum—Yale has been less successful. Many of the faculty, certainly Yale's, bear more than a slight resemblance to Robinson Crusoe, each on his or her own island, independent of each other and free to teach essentially what they please. On the other hand, the clinical programs which work with clients are such excellent laboratories for studying various areas of the law that it is wasteful and inefficient not to exploit these programs to their fullest. Students in the clinical programs develop an insight into procedure and into the structure of administrative process as well as being exposed to a discrete and fairly specific body of substantive law. Students also come into daily contact with ethical problems worthy of discussion and study. In recent years, our interest has turned to the obvious next step for clinical programs—to explore ways to use the clinical experience to illuminate the rest of the curriculum, and vice versa. Both the clinical faculty and the academic faculty need to view the clinical program as part of the well-educated law student's education, and not as an alternative form of legal education separate and apart from the rest of the curriculum.

IV. CONCLUSION

Professional education should involve a constant interaction of theoretical instruction with practical training. The study of an appellate court opinion fails to reveal many important aspects of a legal controversy as it developed and eventually was resolved. This gap in legal education can only be closed by establishing a clinical curriculum integrated into the general law school course of study.

Clinical legal education has two related goals. First, it should introduce students to the functioning of the legal system through concentrated interaction with clients. Second, it should provide a laboratory setting where students and faculty can study particular substantive areas of law in depth.

In developing clinical programs law schools must address two pivotal questions. First, how can a law school maximize student participation while minimizing program costs? Second, how best can a law school integrate its clinical program with its general curriculum?

At Yale the use of an in-house clinic has been deemed preferable because it provides a higher level of supervision and ameliorates the tension existing between client demands and student needs. The expenses of the programs have been reduced by using a tiered system where more experienced clinical students supervise incoming students, and by providing services primarily to institutionalized clients.