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Foreword: 2012 Clinical Legal Education Symposium

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FOREWORD

Leigh Goodmark†

On September 22, 2011, the University of Baltimore School of Law's Clinical Program and the *University of Baltimore Law Review* welcomed leading clinical scholars and thinkers to campus to discuss their work on clinic pedagogy and practice. Over the course of a theoretically rich and exhilarating afternoon, Professors Susan Brooks of Drexel Law School, Binny Miller of the Washington College of Law at American University, Margaret Johnson of the University of Baltimore School of Law, Rachel Camp of Georgetown Law School, and Catherine Klein and Lisa Miller of the Columbus College of Law, Catholic University of America presented papers discussing how to teach professionalism, the role of clinic directors, and the importance of multi-dimensional lawyering. In this issue of the *University of Baltimore Law Review*, you will have the opportunity to read two of those papers—the paper by Professors Johnson, Camp, Klein, and Miller (as well as Professor Margaret Martin Barry) is forthcoming in the *Clinical Law Review*—and share some of the excitement generated by the symposium. In addition, this Clinical Symposium issue features a paper by Professors Robert Jones of the University of Notre Dame School of Law, Gerard Glynn of the Dwayne O. Andreas School of Law, Barry University, and John Francis of Washburn Law School, who were unfortunately unable to join us for the live symposium.

At the live symposium, Professor Susan Brooks presented her paper, *Meeting the Professional Identity Challenge in Legal Education Through a Relationship-Centered Experiential Curriculum*. Professor Brooks's paper begins by noting a crisis in professional identity among lawyers, undermining the profession's traditional values of civility, judgment, and commitment to service. Professor Brooks suggests that clinical education is essential to addressing this crisis and advocates a model of clinical education that allows law students to move along a continuum of practice as they grow into their roles as attorneys. Brooks argues that all law students should engage in a course of clinical education that evolves from

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performing in simulations, to acting as a mentee to an experienced attorney, and then to taking the first chair on behalf of a live client. But simply providing this clinical experience is not sufficient, Brooks explains. Instead, the clinical experience should be grounded in a lawyering framework that teaches students to appreciate their clients in the context of their lives, one that stresses the importance of interpersonal issues and procedural justice. Only by marrying what Brooks calls the “experiential learning helix” with this type of relational lawyering can clinical education truly be effective and enable law schools to produce the kinds of lawyers that will overcome this crisis in professional identity. Brooks has no doubt that clinical education is up to this task—as she writes, “[T]he challenge of helping law students become civil, collaborative, caring, competent, and committed professionals is indeed achievable”¹

Little has been written about student mistakes in clinical practice, but, as Professors Jones, Glynn, and Francis note, a crucial component of educating ethical, competent lawyers is helping them to learn from and overcome their mistakes. In their article, *When Things Go Wrong in the Clinic: How to Prevent and Respond to Serious Student Misconduct*, Professors Jones, Glynn, and Francis seek to address this gap in the clinical literature by “documenting the types of misconduct that students commit, exploring why serious misconduct occurs, examining whether such conduct can be anticipated and reduced by prescreening and monitoring potentially problematic students, and suggesting how misconduct might be addressed once it occurs.”² Using their survey of 147 clinical educators to explore the various forms of misconduct engaged in by clinic students, Professors Jones, Glynn, and Francis examine the common causes of student misconduct, suggest ways to minimize such misconduct, and provide guidance for clinicians on how to respond constructively to student errors. The authors address the responsibilities of clinical professors not just to their students but also to their clients, law schools, and the legal profession.

None of the important work of clinical legal education can be done without a strong programmatic framework. Professor Miller examines one crucial part of that framework: directors of clinical

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1. Susan L. Brooks, *Meeting the Professional Identity Challenge in Legal Education Through a Relationship-Centered Experiential Curriculum*, 41 U. BALT. L. REV. 395, 402 (2012).
 2. Robert L. Jones, Jr., Gerard F. Glynn & John. J. Francis, *When Things Go Wrong in the Clinic: How to Prevent and Respond to Serious Student Misconduct*, 41 U. BALT. L. REV. 441, 443 (2012).

education programs. Again considering a little-explored area of clinical legal education, Professor Miller charts her own experience as a clinic director, using her narrative to highlight the ambiguity and complexities of the duties and role of the clinic director, the unpredictable time demands created by the job, and the challenges of managing the clinic “family”—students, staff, faculty, and administrators. While the job of the clinic director may be “herding cats,”³ as Miller notes, without the work of clinic directors, clinical education could not achieve its dual goals of educating students to be lawyers and providing clients with desperately needed legal services.

The University of Baltimore has long been recognized for the strength of its clinical program. We are proud to bring you these important contributions to the literature on clinical pedagogy and practice and look forward to the conversation that these interesting and innovative articles will spur.

3. Binny Miller, *Herding Cats: Role Ambiguity, Governance, and Law School Clinical Programs*, 41 U. BALT. L. REV. 513 (2012).

