

OPENING UP THE IN-HOUSE:
A MODEL FOR COLLABORATIVE HOLISTIC SERVICES AND
EDUCATION IN LAW SCHOOL CLINICAL PROGRAMS

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ABSTRACT

Individual in-house clinics too commonly operate autonomously behind separate walls. These barriers impair the meaningful holistic representation of clients and the educational opportunities of clinic students. This article provides an argument and framework for opening the doors between clinics to enrich clinic student education and enhance client representation. Part I identifies the benefits of holistic inter-clinic collaboration for both clinic students and the clients they serve. Part II shares a model for how to integrate education and client service across practice areas of clinical programs. A forthcoming article, published separately, will further describe how clinical programs can be improved by removing silos in evaluation and creating unified programmatic-level clinical student and course assessment tools, which can in turn also illustrate the essential value of clinic to legal education.

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INTRODUCTION

An elderly woman trudges across the wintry tundra of the law school's long courtyard, hunched against the wind whipping off the Great South Bay and tugging the hand of a boy about eight years old. The pair is welcomed through the glass doors of a warm and bright professional office. A smiling law student greets them, takes their coats, and gets them cups of coffee and hot chocolate. She urges the boy to take a toy to play with from the cart of colorful offerings at reception. She shows them into a small conference room to talk.

Two law students from the Senior Citizens Clinic begin by talking with and counseling their client, Ms. B, about the stated reason for her appointment: to complete her will and advance health directives. They assure her that they will handle the matter in the coming two weeks. Ms. B seems grateful for this help but also seems distracted. When the students invite her to share any other concerns she has, she tells them that she and the child, her grandson, have been evicted from their rental housing. And that her grandson, for whom she is a legal guardian, has accompanied her to the clinic office because he was suspended from school that day. Because the Senior Citizens Clinic regularly collaborates with other clinics at the school, the students know just what steps to take next. They have learned to assess the range of legal and social services needs a client may bring to the clinical program and how some of these needs can be addressed through the school's other clinics.

Students working with those other clinics are brought in to assist the family too. Ms. B, it turns out, is a veteran. However, because of her less-than-honorable service discharge, she is not eligible for special veterans housing. The Veterans Clinic helps her apply for a discharge upgrade and obtain critical benefits to secure housing for her family.

Education Justice Clinic students learn that Ms. B's grandson's verbal outbursts in his second-grade class precipitated his school suspension. A law student and social worker from the clinic explore with the family whether the child's behavior can be attributed to the stress of the family's recent homelessness and an unaddressed developmental disorder. The clinic works with Ms. B to identify gaps in the grandson's special education services and challenge the suspension.

Thanks to a partnership with the clinic, students and faculty from the University's School of Occupational Therapy meet with the grandson to evaluate him and advise the clinic on a better program of school services for his disability. The clinic sues the school district to get these services for the child and to limit the school from further exclusionary discipline.

This family's intersecting civil legal and health challenges become a topic for "grand case rounds" in a session of the law school's Advanced Clinic. The students leading the discussion focus on the systemic problems caused by the lack of affordable housing in the county, and brainstorm ways to provide interdisciplinary support to address this crisis. They create plans for the clinical program to push policy and legislative proposals for affordable veterans housing and support the organizing work of local grassroots community groups around the issue.

The clinical program, in partnership with statisticians in the broader university, is conducting empirical studies to assess the effectiveness of this collaborative team model on client and community outcomes and on educational outcomes for clinic students. The clinical program's innovations are then shared more broadly with legal services providers and legal educators to improve access to justice and prepare better practice-ready attorneys.

The kinds of multi-faceted and complex problems presented by Ms. B are commonplace among the clients of law school clinical programs. Her story is one of many that have come through the doors of the law school clinic I direct. While clinic clients may arrive with a narrowly defined legal issue, many in fact need a host of legal and interdisciplinary supports. Unfortunately, few clinical programs approach clients in the way Ms. B was represented. To seize the educational opportunities that clients present for clinic students, and to provide the most impactful services to those clients, law schools should create open and intentional inter-practice collaborative systems and train students to navigate working with colleagues in other practice areas and professions. This article proposes a framework for that vision.

I. HOLISTIC PRACTICES IMPROVE CLINICAL PROGRAMS

A. The Holistic Model Grew Out of Efforts to Improve Criminal Defense Practice and Relies on Inter-Legal Practice and Interprofessional Collaboration Teams, an Approach for Which In-House Clinical Programs are Uniquely Suited

Holistic approaches to lawyering center the client as a “whole person,” to avoid attorney hyperfocus on single discrete legal issue at the expense of a client’s broader autonomy and wellbeing.¹ At the turn of the 21st Century, The Bronx Defenders² and other criminal defense offices pioneered a model of holistic defense representation.³ In holistic practices, a team of interdisciplinary lawyers and mental health professionals provide integrated legal and social services to indigent criminal defendants under one roof.⁴ In

1. Katherine R. Kruse, *Fortress in the Sand: The Plural Values of Client-Centered Representation*, 12 CLINICAL L. REV. 369, 420–21 (2006); See Michael Pinard, *Broadening the Holistic Mindset: Incorporating Collateral Consequences and Reentry into Criminal Defense Lawyering*, 31 FORDHAM URB. L.J. 1067, 1071 (2004).

2. *The Center for Holistic Defense*, BRONX DEFENDERS, <https://www.bronxdefenders.org/holistic-defense/center-for-holistic-defense/> [https://perma.cc/326E-SEKP] (last visited Apr. 9, 2024).

3. “In September of 1997, eight public defenders squeezed into a small storefront office between a Radio Shack and a Rent-A-Center across the street from the courthouse in the South Bronx to practice a new kind of public defense.” Robin Steinberg, *Heeding Gideon’s Call in the Twenty-First Century: Holistic Defense and the New Public Defense Paradigm*, 70 WASH. & LEE L. REV. 961, 962 (2013); See generally Pinard, *supra* note 1, at 1071.

4. [H]olistic defense relies on an interdisciplinary team of experts, including criminal attorneys, social workers, civil attorneys, investigators, and legal advocates, who work side-by-side to address all aspects of a client’s case, thus providing seamless access to legal services and nonlegal services under one roof [. . .] working in teams enables advocates to have dynamic, interdisciplinary communication about the client and his case. [. . .] advocates are cross-trained in every discipline (criminal law, civil law, immigration, and social work) so that they have an interdisciplinary skill set, meaning that they can recognize the numerous issues clients face, ask the right questions, and make the appropriate referrals to other advocates on the team—depending on the client’s situation and priorities. [. . .] a holistic public defender office [also] has a robust understanding of, and connection to, the community served; it is (ideally) located in the community, making its services accessible to clients and familiarizing its staff with the underlying issues that drive poor people into the criminal justice system. Moreover, a holistic defender office conducts outreach, education, organizing, and policy work in partnership with clients and other community members to create large-scale change in the community.

Steinberg, *supra* note 3, at 963–64. Holistic defense services further recognize that “an indigent client may be best served by a team of professionals that addresses a range of the client’s needs rather than simply a heroic solitary lawyer who represents a defendant solely at criminal trial.” James M. Anderson, Maya Buenaventura, & Paul Heaton, *The Effects of Holistic Defense on Criminal Justice*

the decades following this innovation, many criminal defense offices embraced some form of holistic services.⁵ The utility of holistic services for criminal defendants is well established. Among other important benefits, the holistic approach to defense helps clients understand and mitigate the collateral consequences of criminal convictions when deciding how to proceed on their case.⁶ Inter-practice collaborative work on cases has not, however, been widely adopted or studied in civil legal services offices. This can be explained in part by Supreme Court jurisprudence on the right to counsel. While the Court's decision in *Gideon v. Wainwright*⁷ ushered a wave of funding reforms that facilitated a proliferation of the holistic criminal defense model,⁸ there has been no analogous constitutional recognition of a "civil *Gideon*" right to counsel.⁹ Additionally, the case volume-dependent funding relied on by most civil legal services offices¹⁰

Outcomes, 132 HARV. L. REV. 819, 821 (2019).

5. See Steinberg, *supra* note 3, at 1009.

6. For an overview of the theoretical underpinnings of the holistic defense model and empirical analysis demonstrating that holistic services reduce incarceration time for criminal defendants, see Anderson, Buenaventura, & Heaton, *supra* note 4, at 820. See Steinberg, *supra* note 3, at 1007–09 (citing to procedural fairness literature, results from client satisfaction surveys, acquittal rates, and "case and life outcome" rates to support the success of the holistic representation model). For a longitudinal, retrospective analysis with findings that indicated that holistic defense was "significantly associated with improved outcomes among juvenile clients, including increased mental health assessment resulting in treatment, increased employment and educational attainment, and decreased odds of recidivism," see Stephen Phillippi et al., *Holistic Representation in Juvenile Defense: An Evaluation of a Multidisciplinary Children's Defense Team*, 39 BEHAV. SCIS. & L. 65 (2021). See McGregor Smyth, "Collateral" No More: The Practical Imperative for Holistic Defense in A Post-Padilla World . . . or, How to Achieve Consistently Better Results for Clients, 31 ST. LOUIS U. PUB. L. REV. 139, 153 (2011) (sharing internal data from Bronx Defenders on enhanced case and life outcomes through use of holistic services). Studies have also demonstrated that juvenile delinquency defendants benefit from holistic representation. Stacie Nelson Colling et. al., *Defending the Whole Child: Education Advocacy As an Integral Part of Holistic Juvenile Defense*, 20 SEATTLE J. FOR SOC. JUST. 199, 217–18 (2021). *But cf.* Brooks Holland, *Holistic Advocacy: An Important but Limited Institutional Role*, 30 N.Y.U. REV. L. & SOC. CHANGE 637 (2006) (challenging utility of a holistic defense for institutional criminal defense organizations because focus on non-criminal litigation services may detract from trial practice priorities that lead to better outcomes for defendants in their criminal cases).

7. 372 U.S. 335 (1963) (ruling that criminal defendants are entitled to appointed counsel).

8. See *infra* note 42.

9. See Robert J. Derocher, *Access to Justice: Is Civil Gideon A Piece of the Puzzle?*, AMERICAN BAR ASSOCIATION (July 2008), https://www.americanbar.org/groups/bar-leadership/publications/bar_leader/2007_08/3206/gideon/; See, e.g., *Lassiter v. Dep't of Soc. Servs. of Durham Cnty., N. C.*, 452 U.S. 18 (1981) (declining to recognize constitutional right to counsel in termination of parental rights proceedings when parent's liberty is not in jeopardy).

10. JoNel Newman, *Re-Conceptualizing Poverty Law Clinical Curriculum and Legal Services Practice: The Need for Generalists*, 34 FORDHAM URB. L.J. 1303, 1309–10 (2007) ("Because [Legal Services Corporation] and other funders of legal assistance to the poor often place a premium on the

impedes the adoption and study of a holistic model in civil legal practices that serve clients who cannot afford private counsel.¹¹

Unfortunately, holistic inter-practice work has also not been widely adopted by law school clinical programs on a programmatic level. Some individual clinics use holistic defense or multi-disciplinary practice models within that specific clinic, typically through hosting a social worker or other specialist on staff to work collaboratively on the clinic's cases.¹² Other individual civil and poverty law advocacy clinics perform work that involves multiple practice areas.¹³ However, clinical *programs*¹⁴ do not

total number of clients served, handling a large number of cases in a particular specialty can be very attractive to legal aid programs.”) (citations omitted); *See infra* note 30–32.

11. *See* Deborah J. Cantrell, *A Short History of Poverty Lawyers in the United States*, 5 LOY. J. PUB. INT. L. 11, 34–35 (2003) (noting that poverty lawyers face pressure to engage in “rescue lawyering” to triage crushing caseloads and meet funding demands which prevents them from adopting “community,” “rebellious,” or “holistic” lawyering models). While some civil legal services self-identify as “holistic,” *cf.* Blake Strode, *A Holistic Approach to Legal Advocacy*, BRENNAN CTR. FOR JUST. (Sept. 7, 2021), <https://www.brennancenter.org/our-work/analysis-opinion/holistic-approach-legal-advocacy> [<https://perma.cc/2NMM-NTTA>], there is less literature or empirical study of holistic civil representation compared with holistic criminal defense. *See supra* note 6 for description of holistic criminal defense studies; *see also* Shaun Ossei-Owusu, *Civil vs. Criminal Legal Aid*, 94 S. CAL. L. REV. 1561, 1613 (2021) (advocating for integration of civil-criminal services within legal offices that represent the poor). However, one study outside the criminal context demonstrated that “multidisciplinary” services provided by a law practice to respondent parents in child welfare proceedings afforded benefits, including a reduction in time for subject children in foster care and increases in child safety. Martin Guggenheim et al., *Providing Parents Multidisciplinary Legal Representation Significantly Reduces Children’s Time in Foster Care*, AM. BAR ASS’N, https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/providing-parents-multidisciplinary-legal-representation-signifi/ (June 3, 2019).

12. *See* ROBERT R. KUEHN, MARGARET REUTER, & DAVID A. SANTACROCE, 2019-20 SURVEY OF APPLIED LEGAL EDUCATION, CTR. FOR THE STUDY OF APPLIED LEGAL EDUC. 33 (“Sixteen percent of clinics operate interdisciplinarily — students, faculty, or practitioners from disciplines other than law participate using their non-law discipline. The most common non-law disciplines are social work and psychology.”). For examples of multidisciplinary clinics focused on particular legal areas or populations, *see* Margaret Martin Barry, Jon C. Dubin & Peter A. Joy, *Clinical Education for This Millennium: The Third Wave*, 7 CLINICAL L. REV. 1, 71 n.284 (2000); *cf.* *Legal-Social Work Collaboration*, STANFORD L. SCH., <https://law.stanford.edu/legal-social-work-collaborative/#slnav-clinic-collaborations> [<https://perma.cc/3ZFF-ZNRF>] (last visited Apr. 9, 2024).

13. These individual clinics tend to have a team of faculty and/or staff who supervise student work in multiple civil contexts. *Cf.* *Civil Practice Clinic*, PENN LAW, <https://www.law.upenn.edu/clinic/civil/> [<https://perma.cc/W4YK-YFCZ>] (last visited Apr. 9, 2024) (citing the clinic’s work in housing, disability, and employment rights and profiling multiple faculty); *The Legal Clinic at UT Law*, UNIV. OF TENN. COLL. OF L., “Advocacy,” <https://law.utk.edu/clinics/> [<https://perma.cc/4Q86-FRXH>] (last visited Apr. 9, 2024) (citing the Advocacy Clinic’s work in “legal disputes involving criminal, housing, and juvenile law”).

14. As used in this article, “clinics” refer to individual clinic courses that are offered within a broader “clinical program” that contains multiple such clinics.

systematically provide formalized team-based or intra-program legal services to clients.¹⁵

Clinical programs are, however, uniquely positioned to innovate and examine holistic models, and should seize the dual advantages presented by their university's resources and theoretically, ample time and careful attention devoted to each client.¹⁶ Moreover, clinical programs that integrate work across clinics can cultivate better attorneys who more effectively navigate the dynamics of a law firm or legal services office and maximize the effectiveness of their representation.¹⁷

This article does not propose that law schools adopt a "general practice clinic." Instead, by gathering existing literature on holistic defense work, community lawyering, and poverty law clinics, it advocates that greater collaboration among clinical programs' diverse specialty law practice clinics will improve service to clients and education of students. The objective is not to eliminate specialty practice subject-matter (or specific demographic or community-focused) clinics within in-house clinical programs. Instead, these clinics should work together consciously and systematically through formalized integration of occasional case work, case rounds, and unified assessment schemes. By maintaining specialty clinics, but collaborating at the programmatic level, clinical programs can avoid

15. For a description of the most common clinic structures, including "Clinics Organized Around Lawyering Tasks: General Practice," "Subject-Matter Clinics," "Membership in Group and Holistic Representation," "Community Lawyering and Human Rights Clinics," and "Hybrid Clinics," see Susan Bryant & Conrad Johnson, *Fieldwork*, in *TRANSFORMING THE EDUCATION OF LAWYERS: THE THEORY AND PRACTICE OF CLINICAL EDUCATION* 269-75 (Susan Bryant et al. eds., 2014).

16. See ROY STUCKEY ET AL., *BEST PRACTICES FOR LEGAL EDUCATION: A VISION AND A ROAD MAP* 179 (2007) (cautioning law schools to limit responsibilities of clinical faculty to ensure effective teaching and case work); See Kaas et al., *Implementing Effective Education in Specific Contexts*, in *BUILDING ON BEST PRACTICES: TRANSFORMING LEGAL EDUCATION IN A CHANGING WORLD* 199 (Deborah Maranville et al. eds., 2015) ("Because their professional commitment is to the educational process, clinical educators have greater detachment from and opportunities to assess the dominant norms of legal practice in their community. Their position as academics who study both the theory and the practice of law gives in-house clinical educators opportunities to develop and implement best practices for high quality clinical legal education.").

17. See David F. Chavkin, *Spinning Straw into Gold: Exploring the Legacy of Bellow and Moulton*, 10 *CLINICAL L. REV.* 245, 268 (2003) ("Subject-matter clinics essentially stamp on the client's forehead the words 'disability law case' or 'civil rights law case' or 'family law case.' Instead of recognizing that the problem that draws the client to the clinic needs to be addressed in a broader context, our clinic structures often prevent students from considering that broader context in fashioning a solution.").

both the disadvantages of hyper-specialization¹⁸ experienced in specialty clinics and over-generalization experienced in general practice clinics.¹⁹

B. Clinical Programs are Well Positioned to Innovate and Study the Effectiveness of Holistic Models

In live in-house clinics,²⁰ law students are responsible²¹ for real (“live”) clients or matters and perform this work under the supervision of clinic faculty. The cases belong (“in-house”) to the law school rather than to an external organization.²²

18. For example, hyper-specialization can result in the inability of students to recognize and reflect on the transferability and intersectionality of their work. *See* Bryant & Johnson, *supra* note 15, at 271 (“By specializing in one substantive area, students may have difficulty transferring the knowledge gained from their clinic experiences to other contexts. So, while the teachers may see how facially neutral rules work to the disadvantage of clients because of race, gender, or class in other substantive areas of the law such as public benefits, domestic violence, or landlord-tenant cases, it is harder to be confident that students will transfer their learning to other doctrinal contexts as they move forward in their careers.”).

19. For example, this might include the inability of students to recognize and respond to the important nuances of their specialty. *See id.* at 270–73 (“General practice can be inefficient as lawyers are constantly learning new forums and law. Clinical students may spend an inordinate amount of time researching law and learning practice knowledge necessary to handle a client’s case, decreasing the time they have to develop other skills. Worse, some local practice knowledge gained through experience may be needed for competence and supervising faculty may be ‘flying blind’ along with the students in not knowing that it exists. Addressing low-income clients’ problems often requires sophisticated systems knowledge and general practitioners often have only surface contextual knowledge. . . . [T]o engage in social justice work, students need sophisticated system knowledge, a depth in the law or system being challenged that is developed by more experiences within the same system.”).

20. For an overview of the contemporary version of in-house clinics, see Kaas et al., *supra* note 16, at 110, 191 (“[H]igh quality [in-house] law clinics are distinguished by the combination of four features: students handling real legal matters for real people, acting in role, under the supervision of professional teachers hired by the law school with adequate time and expertise to engage in intensive supervision, using a well-developed pedagogy.”).

21. *See* David F. Chavkin, *Am I My Client's Lawyer? Role Definition and the Clinical Supervisor*, 51 SMU L. REV. 1507 (1998) (proposing that clinicians maximize student autonomy over their cases to the extent ethically possible); Bryant & Johnson, *supra* note 15, at 261 (“Perhaps, the most important clinical design principle is ensuring that students exercise responsibility to solve clients’ problems. This principle creates an essential transition moment as the student moves from student to professional [...] Precious learning opportunities when a student first exercises responsibility and learns what it means to be a professional.”). *But see* Serge A. Martinez, *Why Are We Doing This? Cognitive Science and Nondirective Supervision in Clinical Teaching*, 26 KAN. J.L. & PUB. POL’Y 24 (2016) (advocating that directive supervision for novice trainees may be appropriate based on research from other professions, and suggesting that clinicians base pedagogical decisions about level of directive supervision based on empirical analysis).

22. *See Report of the Committee on the Future of the in-House Clinic*, 42 J. LEG. EDUC. 511

In-house clinical programs are designed with the education of law students as their primary purpose.²³ As a consequence, case volumes should be small so that clinic students and faculty can concentrate intensively on individual clients.²⁴ Most law school clinics are in-house,²⁵ and most clinical programs are home to multiple practice areas.²⁶ In-house clinical programs thus present an ideal setting for collaborative, multi-practice attention to clients. Client-centered representation,²⁷ which focuses on a client in their broader life context and pursues the client's legal and non-legal goals, is a near-universal approach in clinic education,²⁸ and likewise well-suited to a holistic model.²⁹

(1992) ("The in-house clinic further supplements the definition of clinical education by adding the requirement that the supervision and review . . . be undertaken by clinical teachers rather than by practitioners outside the law school. Although the clinical movement began with practitioners used as supervisors, many clinical teachers came to believe that student supervision by practitioners was problematic for a methodology in which teaching was not incidental to the enterprise but rather its primary function. While a practitioner might be a superb lawyer, she would be unlikely to have the training, experience, or time to devote to the teaching role that a full-time clinical teacher would.").

23. Elliot S. Milstein, *Clinical Legal Education in the United States: In-House Clinics, Externships, and Simulations*, 51 J. LEGAL EDUC. 375, 376 (2001); see Kaas et al., *supra* note 16, at 110, 198–99 (advancing that the "primary professional duty" of clinicians is to "educate students").

24. See Bryant & Johnson, *supra* note 15, at 264–65 ("Student fieldwork should allow students sufficient time to reflect on their practice experience. Reflection is an essential clinical learning process and a limited number of cases properly supervised enable students to learn reflection when students have sufficient time to plan and make decisions and to reflect on their choices and actions.").

25. See KUEHN, REUTER, & SANTACROCE, *supra* note 12, at 29 (Only nine percent of clinics surveyed were "hybrid" clinics, meaning they were "located off campus in a host office that is not operated by the school," thus we can assume that the remainder of law school clinics are in-house).

26. See *id.* at 6–8 (providing data that demonstrates that vast majority of U.S. law schools have at least one clinic, and most focus on more than one practice area).

27. David Chavkin defines client-centered representation as the recognition of "the uniqueness of the individual being represented and understanding that the legal problems for which the individual is seeking assistance occur within a constellation of unique goals and needs. In this setting, the goal of 'client-centered' representation is to maximize the ability of the client to make informed decisions among a range of options and to develop a 'theory of the client' designed to maximize the likelihood (but not guarantee) that the client's goals can be achieved. I use the term 'theory of the client' rather than 'theory of the case' to remind students that clients are not 'cases,' but rather unique individuals with a range of legal and non-legal problems, needs and goals." Chavkin, *supra* note 17, at 268 n.79; see Ann Shalleck, *Theory and Experience in Constructing the Relationship Between Lawyer and Client: Representing Women Who Have Been Abused*, 64 TENN. L. REV. 1019, 1035 (1997).

28. See Kruse, *supra* note 1, at 370 n.5.

29. See Janet Weinstein, *Coming of Age: Recognizing the Importance of Interdisciplinary Education in Law Practice*, 74 WASH. L. REV. 319, 325 (1999).

Law school clinics, when funded by “hard money,”³⁰ also avoid many challenges suffered by grant-funded civil legal services providers, which can be limited in their ability to practice holistically. Nationally, civil legal services for the poor are financed primarily by the Legal Services Corporation.³¹ This funding model encourages attorneys to carry large client volumes and discourages the inter-practice holistic provision of services.³² Clinicians, by contrast, are attorneys with (theoretically) more opportunity to collaborate with other in-house practices.³³

Due to smaller case volume, clinicians also (depending largely on the structure of their faculty appointment³⁴) have more opportunity to engage in empirical study.³⁵ Moreover, a clinical program’s access to the resources of

30. Most clinic faculty have salaries that are funded through “hard money” dedicated from the school’s institutional budget. See KUEHN, REUTER, & SANTACROCE, *supra* note 12, at 58 (“[In 2019-2020,] [t]he sources of salaries for instructors are: ‘hard money’ — tuition dollars, endowment income, or, at a public institution, state subsidies (78%); ‘soft money’ — grants or other external funding (9%); and a mix of ‘hard’ and ‘soft’ money (13%).”).

However, some law clinics rely on Legal Services Corporation and other external “soft money” funding and face similar challenges to other civil legal services offices. See Nancy M. Maurer, *Handling Big Cases in Law School Clinics, or Lessons from My Clinic Sabbatical*, 9 CLIN. L. REV. 879, 893 (2003) (“At Albany Law School, our reliance on grants and soft money to support clinic programs adds to the [disincentives to dive deep on clinic cases]. There is pressure from grants, contracts and funding agencies as well as from the community to serve ever larger numbers of clients over a large geographic area. We are encouraged by granting agencies to ‘keep the numbers up’ and we may receive more ‘credit’ in the eyes of grant providers for handling multiple short-term cases than one large case.”) (citations omitted).

31. *Who we are*, LEGAL SERVS. CORP., <https://www.lsc.gov/about-lsc/who-we-are> (Last visited Apr. 9, 2024) (“LSC is the single largest funder of civil legal aid for low-income Americans in the nation.”).

32. See Newman, *supra* note 10, at 1309–10.; See Deborah Rhode, *Access to Justice: Connecting Principles to Practice*, 17 GEO. J. LEGAL ETHICS 369, 395 (2004) (“In a world of severe resource constraints, the [Legal Services Corporation]’s priority on increasing the number of individuals served gets in the way of full assistance to any single client.”). Leigh Goodmark identifies funding among other difficulties in creating integrated services programs for poor people that include legal services. Leigh Goodmark, *Can Poverty Lawyers Play Well with Others?*, 4 GEO. J. ON FIGHTING POVERTY 243, 257 (1997) (“[T]he idea of integrating legal services with other social services has lost currency, in part because of the problems lawyers encountered in being part of an integrated strategy, and in part because, as a result of those problems, social service professionals no longer see a need to include lawyers in their programs for combating poverty.”).

33. See STUCKEY ET AL., *supra* note 16, at 179 (cautioning law schools to limit responsibilities of clinical faculty to ensure effective teaching and case work); Kaas et al., *supra* note 16, at 199.

34. See STUCKEY ET AL., *supra* note 16, at 192.

35. Wendy A. Bach & Sameer M. Ashar, *Critical Theory and Clinical Stance*, 26 CLIN. L. REV. 81, 92, 94 (2019) (noting “[clinicians]’ lower caseloads create the potential for theoretical engagement” but cautioning that “many clinicians may use their time with other highly laudable goals, such as focus on pedagogy, institutional services, and innovations in public interest practice” and further drawing attention to how job security and privilege within the law school institution is necessary for this level of research and scholarship).

law schools and broader universities enable clinical programs to assess the educational and client outcomes of holistic civil models through research and empirical analysis.³⁶ In spite of these advantages, *systematic* inter-clinic collaboration on clients and matters has not been widely adopted³⁷ or examined in clinical programs,³⁸ and the effectiveness of holistic models for civil legal services has not been formally studied.³⁹

i. Holistic Services Benefit the Client Community

Clients enjoy distinct benefits when they access multiple services in one physical location with a team of people that coordinates their legal strategy

36. See Jeffrey Charn & Jeffrey Selbin, *The Clinic Lab Office*, 2013 WIS. L. REV. 145, 162 (2013) (“Most clinics are located within large research institutions that can provide the requisite labor, expertise, and detachment to undertake serious, replicable research efforts. We want answers and researchers want access. Experts can help us collect, analyze, and interpret various kinds of data, including: (1) existing data, generated for purposes other than study; (2) survey data, gathered through questionnaires or interviews; (3) field research in a naturally occurring environment, such as clinics; and (4) experiments, which isolate and test one or more variables.”) (citations omitted); Bach & Ashar, *supra* note 35.

37. The University of Tennessee Advocacy Clinic is one of a very small number of clinics with systematic and formalized inter-clinic work. The Tennessee Advocacy Clinic is co-taught by multiple faculty who represent clients in various practice areas. The clinic areas collaborate through a joint seminar and case rounds. The program strives to expose students to two to three legal areas during their semester in clinic, both on the civil and criminal/juvenile defense side. See Videoconference Interview with Joy Radice, Dir. of Clinical Program, Univ. of Tenn. Sch. of L. (Aug. 25, 2022). The University of Maine Cumberland Legal Aid Program also regularly collaborates between the Youth Justice and Refugee and Human Rights clinics on Special Immigrant Juvenile Status matters. See Toby Guerin et al., Looking Within: Exploring Inter-Clinic Collaborations, 2023 AALS Clinical Conference, (Apr. 28, 2023), https://clinical.aals.org/wp-content/uploads/sites/3/2023/05/2023_aalsclinical_presentation_participant.pdf [<https://perma.cc/GV26-TC4M>].

38. Many in-house clinical programs have elected to operate autonomously from one another. See Newman, *supra* note 10, at 1308 (noting evolution in recent decades towards specialization in law school clinics and pointing out that “[m]ost law schools with significant clinical offerings include clinics specialized by subject-matter”) (internal citations omitted). Some clinical programs have specific clinics that maintain a broader focus. These clinics are often housed within clinical programs with other specialty practices, and are commonly referred to as “community law clinics.” Cf. *Community Law Clinic*, PENN STATE DICKINSON LAW, <https://dickinsonlaw.psu.edu/community-law-clinic> [<https://perma.cc/4XG3-WUND>] (last visited Apr. 9, 2024); *Community Law Clinic*, STANFORD LAW CLINIC, <https://law.stanford.edu/community-law-clinic/> [<https://perma.cc/T2TQ-SMY2>] (last visited Apr. 9, 2024). However, these clinics are not clinical programs with multiple specialties, but rather are individual clinics that cover multiple practice areas and approaches to lawyering.

39. Charn & Selbin, *supra* note 36, at 147 (calling for civil justice research to improve national legal services delivery systems and noting lack of “critical information about the demand, supply, and efficacy of existing models”).

and associated services.⁴⁰ This utility has been explored in research on medical-legal partnerships,⁴¹ scholarship praising “integrated service programs,”⁴² and holistic criminal defense literature.⁴³ Physical accessibility of various necessary services is particularly important for the indigent clients that clinics represent.⁴⁴ Moreover, it is increasingly recognized that a lawyer’s professional responsibility includes identifying and addressing when a client’s issues cross legal practices. Even the Supreme Court’s interpretation of effective assistance of counsel has developed to mirror the principles of holistic defense practice in acknowledgement that some level of holistic advocacy is necessary to the competent practice of law, at least in criminal cases.⁴⁵

40. See Rhode, *supra* note 32, at 410 (“[O]pportunities for ‘one-stop shopping’ are of particular benefit to certain low- as well as middle-income groups, such as elderly, juvenile, domestic violence, or immigrant clients whose needs call for diverse professional skills.”); Susan Drisko Zago, *Riding Circuit: Bringing the Law to Those Who Need It*, 12 FLA. A & M U.L. REV. 1, 41 (2016) (“Medico-legal partnerships work well because they treat the whole client who is in crisis and is seeking help. ‘No single profession, including medicine and law, has the answer to these dilemmas.’ Social workers have been very effective as partners in these collaborations. Other professionals, such as librarians, should also be included to provide a holistic approach. Very often if there is a legal issue that has bubbled up to the surface, there is another series of problems, such as food insecurity, unemployment, domestic violence, untreated medical issues, child custody, labor and employment problems, and illiteracy or lack of education to name a few.”) (internal citations omitted).

41. See Zago, *supra* note 40, at 41; *infra* Section II.D; *infra* text accompanying notes 125–27 (citing literature on medical-legal partnerships and multidisciplinary practices which demonstrate that integrated interdisciplinary legal services that collaborate with social services and/or medical practices can improve outcomes for clients and patients.)

42. See generally Goodmark, *supra* note 32 (sharing advantages of an “integrated service program” model with legal and social services in public schools).

43. See *supra* text accompanying note 6.

44. See Newman, *supra* note 10, at 1312 (noting how unbundled or specialized legal services in distinct offices has a particularly detrimental effect on the poor who benefit most from centralized access to services).

45. In 2010, the Court issued a decision that the Sixth Amendment guarantee of effective assistance of counsel includes the right to be informed about the immigration consequences of their cases. *Padilla v. Kentucky*, 559 U.S. 356 (2010). Then, in 2012, the Court issued two rulings holding defense counsel to elevated Sixth Amendment standards in counseling clients about non-criminal consequences of plea deals. *Missouri v. Frye*, 556 U.S. 134 (2012); *Lafler v. Cooper*, 556 U.S. 156 (2012); See Gabriel J. Chin, *Making Padilla Practical: Defense Counsel and Collateral Consequences at Guilty Plea*, 54 HOW. L.J. 675, 675-76 (2011) (“Padilla’s clear implication is that defense attorneys should warn clients about other serious consequences--the ‘collateral consequences’--that flow automatically from a criminal conviction, even if they are not technically denominated criminal punishment.”). However, scholars have posited that the Court used *Padilla* to create a right without a remedy: the consequences of violating the duty to advise are minimal, and a lack of sufficient funding for the defense bar ensures that fulfilling the duty is practically unmanageable. See Malia Brink, *A Gauntlet Thrown: The Transformative Potential of Padilla v. Kentucky*, 39 FORDHAM URB. L.J. 39, 52–53 (2011). Notably, however, states have entered agreements for enhanced funding for holistic services.

ii. Holistic Services In Clinic Afford Educational Benefits to Clinic Students

The autonomous specialization of clinics into silos harms both clients and law students.⁴⁶ A core premise of legal education is that lawyering methodology is taught “for transfer.”⁴⁷ In clinic, therefore, while students may work in one specialized practice area, the method they develop to plan, execute, and reflect on their performance should transfer to any other legal practice.⁴⁸ Dismantling barriers between clinics as students participate in this process enhances their recognition that the method they apply to their

For example, in New York, a 2015 case, *Hurrell-Harring v. New York*, led to major reforms of New York State’s provision of indigent defense services. *Hurrell-Harring et al. v. State of New York (Challenging New York State’s Failure to Provide Adequate Public Defense Services)*, NYCLU, <https://www.nyclu.org/en/cases/hurrell-harring-et-al-v-state-new-york-challenging-new-york-states-failure-provide-adequate> [<https://perma.cc/4RQV-9XNK>]. Funding from the settlement agreement in that case allowed the Suffolk County Legal Aid Society to develop a holistic practice model for criminal defense. See Todd Shapiro, *Laurette Mulry: A Holistic Approach to Helping Suffolk’s Indigent Clients*, DAN’S PAPERS (Aug. 10, 2022), <https://www.danspapers.com/2022/07/laurette-mulry-helping-suffolk-indigent/> [<https://perma.cc/SL3X-LV4U>] (“[T]he Hurrell-Harring decision . . . led to extra funding for public defender offices throughout the state to increase the level of services. This was a perfect time for Mulry to launch her holistic approach, something that she passionately believes in. She hired social workers to work alongside the public defenders.”).

46. See Chavkin, *supra* note 17, at 268 (“Despite the fact that most of us pay at least lip service to the goal of teaching our students to become client-centered lawyers, we design our clinics in the surest way to frustrate this goal. Subject-matter clinics essentially stamp on the client’s forehead the words ‘disability law case’ or ‘civil rights law case’ or ‘family law case.’ Instead of recognizing that the problem that draws the client to the clinic needs to be addressed in a broader context, our clinic structures often prevent students from considering that broader context in fashioning a solution.”); see Daria Fisher Page, *A Pedagogy of Anxiety: The Dangers of Specialization in Legal Education and the Profession*, 44 J. LEGAL PROF. 37, 62–74 (2019) (detailing the hazards of specialization in legal education and the profession, including that it reinforces the “fiction of the discrete legal problem”).

47. See Shaun Archer et al., *Reaching Backward and Stretching Forward: Teaching for Transfer in Law School Clinics*, 64 J. LEGAL EDUC. 258, 269 (2014); See Deborah Maranville, *Transfer of Learning*, in REVISITING THE CHARACTERISTICS OF EFFECTIVE EDUCATION 90, 91 n.9 (Deborah Maranville et al. eds., 2015) (citing to law clinic scholarship on teaching for transfer and advocating that teaching for transfer be expanded to the general law school curriculum); see also Mary Nicol Bowman & Lisa Brodoff, *Cracking Student Silos: Linking Legal Writing and Clinical Learning Through Transference*, 25 CLINICAL L. REV. 269, 272 (2019) (“The importance of transfer has been implicit in the recent call for law schools to produce “practice-ready lawyers.”).

48. Susan Bryant, Elliott Milstein, & Ann Shalleck, *Learning Goals for Clinical Programs*, in TRANSFORMING THE EDUCATION OF LAWYERS: THE THEORY AND PRACTICE OF CLINICAL PEDAGOGY, 13, 28–29 (Susan Bryant et al. eds., 2014) (“The clinic promotes learning that encourages students to see individual professional tasks not as isolated activities but as part of a lawyering process. Experiencing professional skills as part of the process of lawyering, students gain insights about how performance in one task shapes opportunities in other tasks and, in the process, learn how to improve multiple skills. . . . Students see that skills learned for one task can be deployed to accomplish others.”).

own clinic transcends specific practice area⁴⁹ and can be applied universally in their future legal careers.⁵⁰

Barriers between practices are also unnecessary in clinical programs. Compared with other legal services providers, law school clinics offer the dual advantages of more time to dedicate to each client and close faculty supervision of work.⁵¹ This permits clinicians to carefully shape the educational experience students derive from their case work. Clinicians can seize the opportunity posed by a client who presents with a simple legal “issue” and create systems that encourage students to understand the client and their single issue in a broader context, identifying the client’s other social and legal needs. Clinics can work *together* to serve these diverse needs without students or faculty falling prey to practicing “outside” their scope or expertise by handling them alone. Law students gain substantial educational benefits through collaboration on these cases between practice areas⁵² and with other non-lawyer professionals and professionals-in-training such as student doctors and health professionals,⁵³ and social work

49. See Tonya Kowalski, *True North: Navigating for the Transfer of Learning in Legal Education*, 34 SEATTLE U. L. REV. 51, 55 (2010) (“[B]ecause human beings tie their learning to very specific patterns, any solution to the transfer problem in law school must involve the search for highly inclusive meta-schematics that can span multiple contexts...”).

50. See Bryant & Johnson, *supra* note 15, at 263 (urging clinicians to plan field work experiences that permit “students to form understanding and flexible use of lawyering frameworks” and noting that “to learn robust and flexible frameworks, students need to see them functioning in multiple contexts”).

51. See Charn & Selbin, *supra* note 36, at 153 (“Clinicians have developed and refined a sophisticated pedagogy based mostly on modest caseloads and discrete aspects of lawyering, including best practices for teaching and training law students.”).

52. See Heidi K. Gardner, *Collaboration in Law Firms: The new wave of client service*, HARVARD L. SCH.: CTR. ON THE LEGAL PRO. (2015), <https://clp.law.harvard.edu/knowledge-hub/magazine/issues/teamwork-and-collaboration/collaboration-in-law-firms/> [<https://perma.cc/LW5G-DD2T>] (identifying benefits, for firms and clients, of lawyers who are able to navigate inter-practice work skillfully in private practice); see also Newman, *supra* note 10, at 1311, 1312 (sharing a common lament that, by specializing, lawyers “lose familiarity with the client’s total situation, decreasing the lawyer’s ability to see a client’s problems as a whole, rendering the lawyer’s judgment thinner and more abstract” and pointing out how this trend negatively affects clients who do not receive all the services necessary to remove legal barriers to their basic human needs).

53. See Stacey-Rae Simcox, *Lightening the VA’s Rucksack: A Proposal for Higher Education Medical-Legal Partnerships to Assist the VA in Efficiently and Accurately Granting Veterans Disability Compensation*, 25 CORNELL J.L. & PUB. POL’Y 141, 181–84 (2015) (identifying theoretical educational benefits to law and medical students from interdisciplinary collaboration in cases, including skills “translating medical information” to a “legal standard,” and noting that “law students specifically gain the invaluable experience of learning and working with members of other professions, which is a skill that most attorneys will need during their careers”); Elizabeth Tobin Tyler, *Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality*, 11 J. HEALTH CARE L. & POL’Y 249, 254 (2008) (noting benefits of “medicolegal” education and

and other mental health trainees and professionals.⁵⁴

A holistic model of representation transcends practice areas and addresses the whole client. It should also account for the historical, cultural, and community context in which clients exist.⁵⁵ This awareness helps lawyers develop critical cross-cultural competence and recognize the bias and racism that impact legal and social systems. For example, the influence of intergenerational trauma, colonialism, and poverty on Native communities are not typically part of law school curricula, but recognition of these patterns and context are critical to competent legal representation of Native women. Law students can develop some of this necessary awareness through a holistic approach to cases.⁵⁶ And as of 2022, law schools must provide opportunities for law students to recognize the impact of racism and bias on their clients and how to navigate cultural differences in their work as lawyers. In 2022, the ABA adopted new standard 303(c), which requires law schools to educate “law students on bias, cross-cultural

medical-legal clinical partnerships, including that “practitioners become holistic problem-solvers, not narrow specialists”); *see also* V. Pualani Enos & Lois H. Kanter, *Who's Listening? Introducing Students to Client-Centered, Client-Empowering, and Multidisciplinary Problem-Solving in a Clinical Setting*, 9 CLINICAL L. REV. 83, 127 (2002) (describing a multi-disciplinary student team approach to domestic violence work in a hospital emergency room and the benefits of interprofessional training on listening skills); *see also* Goodmark, *supra* note 32, at 259 (“[A]n integrated service program also helps to prevent lawyer and service provider ‘tunnel vision.’ The problems of the poor are multi-faceted and require multi-faceted solutions. The physical closeness of lawyers and other service professionals helps combat a natural (though unfortunate) tendency to focus solely on the problems that fall within the professional’s field of expertise.”).

54. Robin G. Steinberg, *Beyond Lawyering: How Holistic Representation Makes for Good Policy, Better Lawyers, and More Satisfied Clients*, 30 N.Y.U. REV. L. & SOC. CHANGE 625, 631 (2006) (identifying the educational and strategic case advantages lawyers gain in understanding and communicating with clients through collaboration with social workers and other mental health professionals, and noting “many lawyers resist multidisciplinary practices; they may fear losing control and power over the case and client. After all, nothing in their prior experience fosters a collaborative work style—whether with other lawyers or with other professionals. . . . By shifting the focus from case need to client needs, advocates learn that they must rely on others in order to reach the myriad of consistently-present needs—social, economic, legal, and psychological—of each client. For in the end, lawyers may know what is best in the courtroom, but they do not always grasp what is best for the client.”).

55. *See* Joanna Woolman & Sarah Deer, *Protecting Native Mothers and Their Children: A Feminist Lawyering Approach*, 40 WM. MITCHELL L. REV. 943, 979–82 (2014) (holistic representation of Native women should “include an awareness of the historical trauma experienced in Native communities”).

56. *See id.* at 982 (noting that an attorney’s representation of Native women is enhanced by becoming trauma and colonialism-informed, and this can be accomplished by engaging in holistic advocacy models).

competency, and racism.”⁵⁷ Holistic clinical work that addresses racial bias and community context is a good opportunity to help satisfy this standard.

Clinicians have also found that multidisciplinary perspectives improve lawyering.⁵⁸ Interprofessional skills are necessary to the competent practice of law but are not covered by standard curricula in legal education. Building interprofessional education opportunities into clinic is an obvious step toward correcting this deficiency.⁵⁹

Clinical education is a natural home for holistic approaches thanks to its historical and pedagogical roots. Clinics grew out of an early 20th century “generalist” vision for the practice of law with the premise that clinical programs would duplicate the services of a general practice law firm.⁶⁰ This early vision was revisited in the late 20th Century by Gary Bellow, one of the founders of modern clinical education,⁶¹ who proposed that clinics

57. Kim Diana Connolly & Elisa Lackey, *The Buffalo Model: An Approach to ABA Standard 303(c)'s Exploration of Bias, Cross Cultural Competency, and Antiracism in Clinical & Experiential Law*, 70 WASH. U. J.L. & POL'Y 1 (Jan. 5, 2023).

58. Clinicians have long drawn from behavioral science theory to augment both their teaching and representation, and have found success, for example, in importing therapeutic jurisprudence principles into clinic student practices. See Bruce J. Winick & David B. Wexler, *The Use of Therapeutic Jurisprudence in Law School Clinical Education: Transforming the Criminal Law Clinic*, 13 CLINICAL L. REV. 605 (2006); See Donald N. Duquette, *Developing A Child Advocacy Law Clinic: A Law School Clinical Legal Education Opportunity*, 31 U. MICH. J.L. REFORM 1, 7, 19–20 (1997) (describing a Child Advocacy Clinic at the University of Michigan taught by clinical law faculty and University psychology faculty, as well as occasional medical and social work faculty, noting “[l]aw students benefit from these interdisciplinary collaborations by realizing that they need more than good legal and analytical skills to be a good lawyer”); see also Robert G. Madden, *From Theory to Practice: A Family Systems Approach to the Law*, 30 T. JEFFERSON L. REV. 429, 438, 452 (2008) (suggesting that “family systems theory” and other social work and social science frameworks can enhance attorney effectiveness, and proposing that legal education and lawyers strive for a “multidisciplinary focus”); see generally Marjorie A. Silver, *Love, Hate, and Other Emotional Interference in the Lawyer/client Relationship*, 6 CLIN. L. REV. 259 (1999).

59. See Lisa Radtke Bliss et al., *Interprofessional Education*, in BUILDING ON BEST PRACTICES: TRANSFORMING LEGAL EDUCATION IN A CHANGING WORLD, 389–99, 397 (Deborah Maranville et al. eds., 2015) (compiling research on advantages of Interprofessional Education for students and trainees, identifying relevant interprofessional learning outcomes for legal education, and proposing that clinics could be sites for interprofessional instruction).

60. See Newman, *supra* note 10, at 1305 (maintaining that lawyers for the poor should be “generalists” and citing Jerome Frank, *Why Not a Clinical Lawyer-School?*, 81 U. PA. L. REV. 907 (1933), in which “Frank characterizes the work of his proposed law school clinic” to include “virtually every kind of service rendered by law offices”).

61. Gary Bellow, *Legal Education Programs Founder, Dies at 64*, THE HARV. GAZETTE (Apr. 20, 2000), <https://news.harvard.edu/gazette/story/2000/04/gary-bellow-legal-education-programs-founder-dies-at-64/> [https://perma.cc/2T53-FMNU].

should be modeled on the “teaching hospital.”⁶² In this setting, clients (like hospital patients) access an array of necessary services and students learn in a thriving, dynamic workplace in which connections among practice areas are readily apparent. Law faculties have continued to borrow from medical education and the teaching hospital setting when proposing new practices for legal education.⁶³ Medical education has the advantage of a common core requirement of at least one year of clinical work in multiple specialties within this type of interdisciplinary “teaching hospital” environment.⁶⁴

Formal integration across clinic practices also more closely replicates the kind of work law students will be doing when they become practicing attorneys.⁶⁵ The necessity for inter-practice collaborative skills applies to lawyers in private practice with sophisticated corporate clients⁶⁶ as well as the poor.⁶⁷ Clients suffer when lawyer training fails to expose students to

62. See William H. Honan, *Gary Bellow, 64, Advocate Of Legal Services for the Poor*, N.Y. TIMES (Apr. 15, 2000), <https://www.nytimes.com/2000/04/15/us/gary-bellow-64-advocate-of-legal-services-for-the-poor.html> [perma.cc/BKE9-T39P]; Beverly Balos, *Conferring on the MacCrater Report: A Clinical Gaze*, 1 CLINICAL L. REV. 349, 353 (1994) (citing to author’s own notes from Bellow’s presentation at a conference on the MacCrater Report, which took place from September 30 through October 2, 1993, in Minneapolis, Minnesota).

63. See, e.g., *Teaching Hospitals and Teaching Teachers: Clinical Education Models in Medicine and Teacher Training*, HARVARD L. SCH.: CTR. ON THE LEGAL PRO. (Feb. 2020), <https://clp.law.harvard.edu/knowledge-hub/magazine/issues/clinical-legal-education/teaching-hospitals-and-teaching-teachers/> [perma.cc/VD5M-SDEW].

64. See *id.* (“[The required core clinical rotation year] is one of the most memorable of medical school, and it’s a time when students develop increasing competence and confidence in their clinical skills and begin to explore different types of medicine that might attract their passion and interest.”) (quoting Ed Hundert, Dean of Medical Education, Harvard Medical School).

65. See MARY LU BILEK ET. AL, TWENTY YEARS AFTER THE MACCRATER REPORT: A REVIEW OF THE CURRENT STATE OF THE LEGAL EDUCATION CONTINUUM AND THE CHALLENGES FACING THE ACADEMY, BAR, AND JUDICIARY 10 (2013) (questioning “whether the current educational model [in law schools] prepares students to operate in the collaborative, cross-discipline, problem-solving mode that is experienced in practice. Is our current emphasis on individual study and individual performance and the competition it inspires developing the skills and style necessary for future work?”).

66. Gardner, *supra* note 52 (recounting results of empirical research that demonstrates “[W]hen firms can get their partners to collaborate across practices, offices, jurisdictions or other internal boundaries, the financial gains to the firm are unambiguous. . . . [C]lients are continuing to globalize and confront more-sophisticated technological, regulatory, economic and environmental demands (to name just a few). As a result, their problems have become, to borrow a term from business, *VUCA* (volatile, uncertain, complex and ambiguous). Most of their problems transcend traditional practice areas and disciplinary silos, and crisscross geographies and jurisdictions.” These benefits also accrue to individual attorneys: “rainmakers who collaborate—that is, share the work that they originate—end up with significantly bigger books of business than those who tend to hoard work.”).

67. See Newman, *supra* note 10, at 1315; see Stacy L. Brustin, *Legal Services Provision Through Multidisciplinary Practice-Encouraging Holistic Advocacy While Protecting Ethical Interests*, 73 U. COLO. L. REV. 787, 792 (2002) (“A multidisciplinary model can respond to the myriad needs of those

multiple practice areas, and how to navigate providing legal services in an integrated fashion.⁶⁸ Inter-clinic collaboration also enriches law students' understanding that there are multiple solutions to client "problems."⁶⁹

Concern for the gap in law students' preparation for the real world of collaborative practice is not new; in 1979, the American Bar Association Section of Legal Education and Admissions to the Bar issued its landmark "Report and Recommendations of the Task Force on Lawyer Competency: The Role of Law Schools," (commonly known as the "Crampton Report") and noted "[s]ince lawyers today commonly work in teams or in organizations, law schools should encourage more cooperative law student work."⁷⁰ In 1992, The American Bar Association Section of Legal Education and Admissions to the Bar reiterated the importance of the fundamental skill of "collaborating with other attorneys in the same office or other offices" in its "Task Force on Law Schools and the Profession: Narrowing the Gap" (commonly known as the "MacCrate Report").⁷¹ The authors of the MacCrate Report urged that specialization not come at the expense of a grounding in general legal practices and theory: "competent representation of a client still requires a well-trained generalist—one who has a broad range of knowledge of legal institutions and who is proficient

who are poor or marginalized by their social, medical, or psychological circumstances.").

68. See Newman, *supra* note 10, at 1315 (quoting Raymond H. Brescia, Robin Golden & Robert A. Solomon, *Who's in Charge, Anyway? A Proposal for Community-Based Legal Services*, 25 *FORDHAM URB. L.J.* 831, 855 (1998)) ("[S]pecialization is so ubiquitous in the legal services community that 'staff within a single program may not even know the entire scope of representation provided by the office,' making it impossible or at least unlikely that a client will receive full service even in a large office with many specialty departments.").

69. See also Gerald P. López, *Transform-Don't Just Tinker with-Legal Education*, 23 *CLINICAL L. REV.* 471, 531–32 (2017) (criticizing the Langdell case method and theorizing that legal education would benefit from more open ended and interactive case methods used by, for example, business schools because these methods allow students to "generate more alternative ways of characterizing problems and solutions, and choose more ably from among them"); AM. BAR ASS'N, *LEGAL EDUCATION AND PROFESSIONAL DEVELOPMENT – AN EDUCATIONAL CONTINUUM, REPORT OF THE TASK FORCE ON LAW SCHOOLS AND THE PROFESSION: NARROWING THE GAP* 124 (1992) [hereinafter *LEGAL EDUCATION & PROFESSIONAL DEVELOPMENT*] (highlighting the importance of general exposure to diversified practice and skills because "any problem presented by a client (or other entity employing a lawyer's services) may be amenable to a variety of types of solutions of differing degrees of efficacy").

70. AM. BAR ASS'N, *REPORT AND RECOMMENDATIONS OF THE TASK FORCE ON LAWYER COMPETENCY: THE ROLE OF LAW SCHOOLS* 4 (1979).

71. *LEGAL EDUCATION & PROFESSIONAL DEVELOPMENT*, *supra* note 69, at 201.

at a number of diverse tasks.”⁷² Collaboration skills are recognized as fundamental to clinic pedagogy⁷³ and central to effective lawyer training.⁷⁴

The model I propose in this article is structured so that in-house clinics operate as holistic civil legal services offices. This model shares similar goals and some methodology with “community lawyering” clinics, which “collaborat[e] with client communities and community groups to identify and address client community issues. [Community lawyering] assumes a community perspective in the consideration of legal problems.”⁷⁵ For example, community law clinics situate clinic offices in communities that they serve, offer a range of legal and social services, and foster interdisciplinary collaboration.⁷⁶ Another essential aspect of community lawyering is its “integrated approach” to clinic education, incorporating various lawyering strategies to address community needs, such as coupling direct representation with policy advocacy.⁷⁷ However, community lawyering clinics tend to be discrete entities that operate within a broader clinical program. Community law clinics “focus. . . within a specific geographical community, define their work based upon the needs of particular community group, and . . . [partner] with local community organizations or larger social movements.”⁷⁸ In contrast, the holistic model proposed in this article positions the community law clinic as one among several specialty clinics that collaborate programmatically with others. Like other specialty clinics, the community law clinic provides students with unique opportunities to engage in specific approaches to legal work and reform.

72. LEGAL EDUCATION & PROFESSIONAL DEVELOPMENT, *supra* note 69, at 124.

73. See DEBORAH EPSTEIN, JANE H. AIKEN, & WALLACE J. MLYNIEC, *Collaboration*, in THE CLINIC SEMINAR 403 (2014) (“collaboration is a central lawyering skill”).

74. Susan Bryant, *Collaboration in Law Practice: A Satisfying and Productive Process for a Diverse Profession*, 17 VT. L. REV. 459 (1993); see Janet Weinstein et al., *Teaching Teamwork to Law Students*, 63 J. LEG. EDUC. 36, 40 (2013) (noting law schools’ responsibility to meet current demands that lawyers in firms be competent to engage in teamwork); Sophie M. Sparrow, *Can They Work Well on A Team? Assessing Students’ Collaborative Skills*, 38 WM. MITCHELL L. REV. 1162 (2012).

75. Karen Tokarz et al., *Conversations on “Community Lawyering”: The Newest (Oldest) Wave in Clinical Legal Education*, 28 WASH. U. J.L. & POL’Y 359, 363–64 (2008); See generally Juliet M. Brodie, *Little Cases on the Middle Ground: Teaching Social Justice Lawyering in Neighborhood-Based Community Lawyering Clinics*, 15 CLINICAL L. REV. 333 (2009) (providing pedagogical foundation for neighborhood-based community lawyering clinics).

76. See Tokarz et al., *supra* note 75, at 359.

77. See Marcy L. Karin & Robin R. Runge, *Toward Integrated Law Clinics That Train Social Change Advocates*, 17 CLINICAL L. REV. 563 (2011).

78. Tokarz et al., *supra* note 75, at 363–64 (internal citations omitted).

The holistic model for clinics proposed by this article is also distinct from a “general” legal practice model. In the holistic model, one legal organization offers several legal practices under one roof, with lawyers and other professionals collaborating between those practices.⁷⁹ By contrast, a general legal practice has less distinction between specialty areas and the lawyers or students who provide those services. General practice is not a good fit for clinical programs:

General practice presents challenges for all lawyers and special challenges for students and supervising faculty. General practice can be inefficient as lawyers are constantly learning new forums and law. Clinical students may spend an inordinate amount of time researching law and learning knowledge necessary to handle a client’s case, decreasing the time they have to develop other skills. Worse, some local practice knowledge gained through experience may be needed for competence and supervising faculty may be ‘flying blind’ along with the students in not knowing that it exists.⁸⁰

Accordingly, Section II of this article will identify ways that clinical programs can integrate work across practice areas without sacrificing the important educational and client service benefits of maintaining specialty clinics.

II. HOW CLINICAL PROGRAMS CAN OPEN THE DOORS SEPARATING CLINIC PRACTICES TO ENRICH THE EDUCATION OF THEIR STUDENTS

To best serve communities and educate law students, it is not sufficient to simply arrange for a variety of practice areas within a clinical program.⁸¹ Clinical programs should do more to ensure clients receive more complete services and that students are able to collaborate with their colleagues in other practices. For clinical programs that wish to capitalize on the advantages of holistic work and inter-practice collaboration, below are a

79. *See supra* Section I.A.

80. *See* Bryant & Johnson, *supra* note 15, at 270.

81. “[For poor clients], simply having access to a range of services is insufficient [...] low-income populations need enhanced services that respond to their individual needs in a collaborative way.” Goodmark, *supra* note 32, at 246.

series of proposed reforms that I have made as Director of Clinical Programs at Touro University Law Center to formally integrate our educational and service work. These proposals do not eliminate specific practice area clinics. Indeed, individual practice area-specific clinic experiences are critical foundations for student learning. The objective is, instead, to integrate the work done among these clinics so that students attain increasing exposure to other practice areas and disciplines while also building an increasing level of independence and responsibility for their clients.

A. Set Up a Collaborative Office

As in any legal services office with a commitment to social justice and the representation of vulnerable and low-income clients,⁸² in-house clinic offices ideally are located in proximity to the client community⁸³ and offer a culturally and linguistically friendly environment.⁸⁴ Clinical programs can further facilitate collaborative inter-practice work through physical setting by eliminating distinct segregated office spaces for each in-house clinic in favor of, where practical, open spaces. Touro's clinical program has an open central common space of tables and computer terminals where students

82. See Jon C. Dubin, *Clinical Design for Social Justice Imperatives*, 51 SMU L. REV. 1461 (1998).

83. Proximity of legal services offices to the community they serve and partner with is central to "community lawyering." Tokarz et al., *supra* note 75, at 370. However, clinicians have cautioned that "In small rural towns of the past, urban neighborhoods bound by invisible racial lines, or suburbs where a church or school was the center of activity, it may have been relatively easy to draw lines and to think of community in terms of geography. But conditions have changed. Commercial globalization and transportation mobility have led to a reconfiguring of our geographical and cultural community bases. While geography is still highly relevant, it often requires expert mapping to understand the fundamental aspects of any particular community. Understanding the way in which boundaries may be constructed and deconstructed informs the ways community practitioners must approach their work." *Id.*

84. Holistic models for neighborhood-based legal services provide a good foundation for collaborative in-house clinics, with minimal physical separation between practices and professionals on teams, and inviting, welcoming orientation to community members and clients. Robin Steinberg advocates that a neighborhood holistic public defense office "should create space that reflects a new office culture that is open, warm, and welcoming. Small things like magazines for clients, toys for their children and a water cooler can make all the difference. In addition, the design should minimize barriers between clients and the staff work space. If it can be done without doors, so much the better. The new message is clear: clients are welcome here and we exist to serve their needs." Robin Steinberg et al., *Cultural Revolution: Transforming the Public Defender's Office*, 29 N.Y.U. Rev. L. & Soc. Change 123, 127 (2004). Clinical education is familiar with this type of setting, and can draw from the layout. See Tokarz et al., *supra* note 75, at 360, 369 (describing roots of clinical education practices in storefront urban law offices modeled on social justice-oriented legal services providers).

from all clinics (and paralegal student interns from our local community college) work and converse,⁸⁵ and with private offices that are also available for client meetings and phone calls when necessary. Students in different clinics are often strategizing together about cases.

As with any law firm or legal office, shared space and shared cases necessitate common office policies and practices, including:

- Centralized case management and conflict-checking software and regular review of potential conflicts throughout the program for both clients and students and other workers in the program;
- Common office policies around attire, file maintenance, and reception;
- Standardized intake and retainer agreements; and
- Shared orientation or “boot camp”⁸⁶ to introduce students to the space and to the law practice.⁸⁷

These policies ensure ethical workplaces. By teaching students these good practices and establishing the expectation that they must be respected, programs also help students gain direct understanding of the complex responsibility lawyers have to identify and troubleshoot conflicts as a member of a multi-practice legal office.⁸⁸

85. Open common spaces are helpful, but it is better to also carve out place for privacy to work. David Brook cautions against fully open office plans. David Brooks, *Opinion: The Immortal Awfulness of Open Plan Workplaces*, N.Y. TIMES (Sept. 8, 2022), <https://www.nytimes.com/2022/09/08/opinion/open-plan-office-awful.html> [https://perma.cc/AW7E-6YPN]. See also Farhad Manjoo, *Opinion: Open Offices Are a Capitalist Dead End: One story from WeWork's inevitable blow-up: Our offices offer few spaces for deep work*, N.Y. TIMES (Sept. 25, 2019), <https://www.nytimes.com/2019/09/25/opinion/wework-adam-neumann.html?action=click&module=RelatedLinks&pgtype=Article> [https://perma.cc/B2FC-GA2E] (citing literature and reporting anecdotes on the distracting nature of open office plans).

86. While the Clinic Seminar and its associated Teacher's Manual does not suggest boot camps be used at clinic program level, it contains helpful guidance on how to approach orientation to clinic which is not practice-specific. See Epstein, Aiken, & Mlyniec, *supra* note 73.

87. See Kaas et al., *supra* note 16, at 213 (identifying pedagogical benefits of maintaining common standards for professionalism and case management among clinics within a program and the joint teaching of lawyering skills and combined program-wide “boot camps”).

88. See *id.* (clinical programs that operate as a single firm “may adopt joint policies and procedures relating to client representation and office practice that cut across all clinics, regardless of the nature of the clinic's practice. This approach helps students understand the need for policies and procedures to follow in law offices. It will also help students who learn in different clinics and from

B. Use Inter-Clinic Simulations

Joint simulations among multiple clinics can also foster student learning. Each semester Touro's clinical program conducts several inter-clinic simulations. The culmination of these simulations is a mock trial, with clients from the Education Justice Clinic and the Senior Citizens Clinic positioned as opposing parties.⁸⁹ The Education and Senior clinics conduct several joint seminars that cover litigation and negotiation skills. Students then represent their clients in pretrial negotiation. Touro's Mediation Clinic students then join the simulation to mediate the case. The experience of pretrial negotiations and mediation deepen the students' understanding of the context of adversarial litigation and the skills necessary beyond trial work.⁹⁰ Finally, at the conclusion of the semester, the students litigate a full simulated trial. The jury panel includes a diverse cross-section of senior citizens and youth from the local community and includes former clients of both clinics.⁹¹ The lay jurors then critique the clinic students' trial performances with greater depth of perspective because they represent different constituencies in the community and client population.

Inter-clinic simulations provide the further advantage of evaluation of participating students by involving multiple faculty members, each with close knowledge of the simulation. This diversity of evaluators enhances the reliability of feedback that students receive on their mediation and trial performances.⁹²

different clinical educators to understand that although individual lawyers within a firm may practice independently, certain aspects of law practice within a firm or other legal office environment (even a small one) are necessarily standardized.”).

89. For an overview of this simulation and access to its associated materials, see Touro Law Center, *Donnelly v. Grant Mock Trial Packet*, (Nov. 15, 2022), <https://touro.box.com/s/dobz7veq5up77zyx97vvr80swrwp5gt8>.

90. The MacCrate report advised “a lawyer should have an understanding of the potential functions and consequences of [litigation or alternative dispute resolution] in relation to the client’s situation and objectives.” LEGAL EDUCATION & PROFESSIONAL DEVELOPMENT, *supra* note 69, at 191.

91. Melina Healey, *Students Participate in Inter-Clinic Mock Trial*, CLINICAL PROGRAMS NEWSL. (Spring 2023) (on file with author).

92. See Anne D. Gordon, Better Than Our Biases: Using Psychological Research to Inform Our Approach to Inclusive, Effective Feedback, 27 CLINICAL L. REV. 195, 245 (2021) (Multiple assessors in dialogue can increase reliability of assessment and reduce bias through “calibration” or “rater reliability sessions” commonly used by large organizations).

C. Create an Advanced In-House Clinic

Most clinical programs offer an “advanced clinic” option⁹³ in which students in a specific clinic may continue their case work after they complete their initial clinic term. Around half of students enrolled in schools with advanced clinic options attend an associated advanced clinic seminar,⁹⁴ but the advanced seminar is typically limited to students in a single clinic practice and maintains the initial term’s focus on that practice area. Integrating the in-house clinics into a combined required advanced clinic seminar deepens and scaffolds learning and build students’ inter-practice collaborative skills.

In 2021, Touro’s created the first “Advanced In-House Clinic.” In Touro’s model, advanced students from all the in-house clinics are eligible to enroll in Advanced Clinic after one semester in their specialty practice area. Advanced In-House Clinic students assume a greater range of responsibilities on case work in their practice area under the supervision of their individual clinic professor. However, the Advanced Clinic students also convene for an integrated inter-clinic seminar and, where possible, work with other clinics on casework through consultation and representation.⁹⁵ This allows students who have already experienced a deep dive into a clinic specialty area during their initial semester to expand their scope and collaboration.

Touro students have expressed high levels of satisfaction with learning collaboration skills from their experience in Advanced In-House Clinic.⁹⁶ Students in Advanced Clinic can also be, as detailed below, assigned as the “Senior Associates” in the clinic “firm” and help supervise new clinic

93. “Sixty-three percent of clinics permit students to enroll for an additional term(s) beyond the mandatory term of enrollment, typically for three credits (38% of clinics), two - 36 - credits (29%), or four (19%). The median percentage of students taking a clinic for an additional term(s) is 20%.” KUEHN, REUTER, & SANTACROCE, *supra* note 12, at 35–36.

94. *Id.* (“Of students taking a clinic for an additional term(s), 54% are required to attend a classroom instructional component.”).

95. See Melina Healey, Touro University Law Center, *Spring 2024 Advanced Clinic Syllabus* (2024) (on file with author).

96. See Touro University Law Center, *Touro Law Clinical Program Mandatory Anonymous Spring 2021 Evaluations*, Q.38 (on file with author) (responding to statement “Clinic helped me learn to collaborate with colleagues on case work,” majority of Advanced Clinic students rated “strongly agree,” which was the highest affirmative rating. This evaluation was distributed to and completed by all students throughout the clinical program).

students, identify cases for cross-clinic collaboration,⁹⁷ plan Advanced Clinic simulations and case rounds, participate in firm-wide strategic planning, and bear responsibility for planning the monthly full clinical program “Grand Rounds.”

i. Advanced Clinic Students Deepen Their Learning and Client Work as the Clinic’s “Senior Associates”

In the Touro Advanced Clinic model, in addition to collaborative work on cases, advanced students assist in supervision of new clinic students as “Senior Associates” on cases.

Touro’s multi-tiered approach to clinical learning, in which trainees are charged with increasing levels of independence and sophistication in work combined with a growing role in teaching novice learners, is derived in part from medical education.⁹⁸ This model also duplicates and prepares students for the structure of law firms.⁹⁹ An educational experience in which students navigate increasing levels of responsibility for their cases and oversight of more junior attorneys or support staff is beneficial for their future careers.¹⁰⁰

97. Work of this kind with other practice areas on clients and matters helps new lawyers develop critical knowledge of how their client can benefit from other practice specialties in the office. *See* Gardner, *supra* note 52 (“Lawyers need to know not only what their colleagues do, but also enough about those services to understand how that expertise might benefit their own clients. Help partners develop this “T-shaped knowledge”—that is, broad familiarity with a range of areas to complement their own deep expertise in a specific domain—by exposing them to one another’s client work.”).

98. Resident physicians are licensed physician trainees pursuing full board certification in their medical specialty. Residents supervise the clinical experiences of medical students, but also themselves work under the supervision of “attending” physicians until they are fully licensed. This is a multi-tiered approach to clinical education because, while they are still technically in training themselves, residents are also responsible for supervising the clinical work of, teaching, and assessing the medical students’ performances. *See* Matt Rutz et al., *Factors that Contribute to Resident Teaching Effectiveness*, CUREUS (2009) (“Medical residents perform many roles during their training including learner, practitioner, and educator. As residents progress through training, the role of educator becomes more important.”).

99. *See* Sally Kane, *Top Law Firm Jobs and Career Paths*, LIVEABOUT, <https://www.thebalancecareers.com/legal-jobs-part-i-lawyer-careers-2164537>

[<https://perma.cc/F9CP-8WF6>] (last updated Aug. 13, 2019) (outlining private law firms’ typical career trajectory and hierarchy from “Summer Associate” to “Of Counsel Attorney”).

100. For a theoretical framework musing how this might work in legal education, see Claudia Angelos et al., *The Deborah Jones Merritt Center for the Advancement of Justice*, 82 OHIO ST. L.J. 911, 924 (2021) (“Students’ responsibilities for clients and cases are increasingly challenging as they advance [in their law school careers]. At the most novice level, students participate in planning, observe senior students and lawyers in client interactions and other meetings, attend dispute resolution settings, document meetings and observations, and develop reflection questions for themselves and the student-lawyers they observe. At the intermediate level, students take the lead on the planning and execution of

ii. Advanced Clinic Students More Effectively Collaborate Using Inter-Practice Case Rounds.

“Case rounds” are an embedded “signature pedagogy”¹⁰¹ of clinical education in which students learn from the problems and opportunities presented by the case work of their fellow students.¹⁰² During case rounds sessions, an individual student or student pair leads discussion or simulation based on issues that arise in their cases in real time.¹⁰³ Case rounds in law school clinics are typically limited to participation within a specific clinic specialty.¹⁰⁴ While this practice-specific limitation is helpful for building emerging student skills and expertise, it fails to capitalize on the educational

some tasks, such as interviewing, investigation, witness preparation for trials and hearings, drafting of pleadings, drafting of letters to clients and co-counsel, and some court appearances, negotiation, and counseling. At the advanced level, under supervision, students plan and execute all tasks; for example, complex client counseling, substantial court appearances and hearings, meetings with adversaries or counterparties, and negotiated settlements or agreements. At all levels, students engage in case rounds to identify client goals, engage in strategic planning, solve problems, and reflect on performance and outcomes.”).

See also V. Pualani Enos & Lois H. Kanter, *Who's Listening? Introducing Students to Client-Centered, Client-Empowering, and Multidisciplinary Problem-Solving in A Clinical Setting*, 9 CLINICAL L. REV. 83, 122–31 (2002) (sharing how a domestic violence clinic situated upper-level graduate and law students as “team leaders” with supervision of first year law and novice graduate students in multidisciplinary practice model focused on DV cases).

101. See Susan Bryant & Elliott S. Milstein, *Rounds: A “Signature Pedagogy” for Clinical Education?*, 14 CLIN. L. REV. 195 (2007).

102. See Elliott S. Milstein, *Clinical Legal Education in the United States: In-House Clinics, Externships, and Simulations*, 51 J. LEGAL EDUC. 375, 377 (2001) (“[Rounds] are conducted in a seminar format and focus on the students’ experience in their cases. Students are called on either to present a case in preparation for group input on the decision-making necessary to the next actions in the case or to report on an event that has occurred in the case. The group process is used sometimes to look forward, by helping a team make a strategic decision, and sometimes to look back, analyzing the relationship between a result and the actions the legal team took to produce the result. The empirical data collected by each student is shared with the group so the students can begin to develop a more general and theoretically sound approach to lawyering. Among the topics that are discussed are professional values, legal ethics, strategy, tactics, and the process of reflection.”).

103. Bryant & Milstein, *supra* note 101 at 207 (the authors urge clinicians to use rounds to “recognize a learning moment arising from an immediate, timely issue in a student’s on-going lawyering.”)

104. *C.f. id.* at 203–07 (describing a typical “Bankruptcy” clinic rounds). The University of Maine Cumberland Legal Aid Program is among a few programs that avoids this trend by occasional inter-clinic case rounds and requires a program-wide “Lawyering Skills” course for all clinic students. See Guerin et al., *supra* note 37; *Lawyering Skills for Clinical Courses*, UNIV. OF ME. SCH. OF L., <https://mainelaw.maine.edu/academics/academic-program/jd/second-and-third-year/> [<https://perma.cc/MGL3-QKLF>].

benefits of inter-practice exposure during clinic.¹⁰⁵ The Advanced Clinic at Touro, by contrast, integrates case rounds among the participating clinic specialties. During Advanced Clinic case rounds, students engage in structured reflection and consultation with each other about their cases; review and provide feedback on drafts of written submissions; discuss possible strategic and ethical choices that must be made on cases; and “moot” each other to prepare for upcoming court appearances, hearings, or other advocacy. In addition, Advanced In-House Clinic students select substantive issues or professionalism topics for more focused examination than is possible in the practice-specific semester-long clinic. They also make recommendations for improvement to firm-wide policies and practices.

Students are best situated to benefit from integrated case rounds after they have already completed an initial specialty-specific clinic term with experience in case rounds specific to that practice area.¹⁰⁶ This scaffolding allows students to become comfortable with the unique methodology and format of case rounds before they are asked to consider legal practice in the unfamiliar contexts of a new specialty area. Susan Bryant and Conrad Johnson caution that in case rounds, “if the cases are too dissimilar, or the case similarity occurs at a highly abstract level, students may have difficulty transferring their learning to other settings.”¹⁰⁷ However, when they are in Advanced Clinic, they can start to build these more abstract connections more readily.

Inter-practice case rounds yield significant advantages to clients as well as students. Exposure to the work of other clinic students improves cross-referrals between clinics. Students become familiar with other practice areas and can more readily identify when a client has a suitable legal issue for another clinic practice within the program.¹⁰⁸

105. See *supra* note 65–69 for benefits of inter-practice exposure. Inter-clinic case rounds also help students identify that the problem solving they do in a specific practice is transferable to other practice areas.

106. Case rounds in a specific clinic allows students to “develop contextual thinking at the same time parallel work allows the teacher to focus on particular skill development. For example, a mediation clinic’s seminar, rounds, and supervision can focus on developing the listening and re-framing skills that mediators need while in advocacy clinics skills needed for persuasion in informal settings will get more attention.” Bryant & Johnson, *supra* note 15, at 270.

107. *Id.* at 264.

108. See *supra* note 97 and accompanying text.

One recent Advanced Clinic case rounds at Touro focused on an organizational client that the Not-for-Profit Clinic was representing. The board of the nonprofit disagreed about whether to dissolve the organization, raising dilemmas surrounding “who is the client” in entity representation and how the student-lawyer should be communicating with the entity and its board members. This exposed students in the other specialty clinics, all of whom were in clinics that represent individual clients, to the complex responsibility of lawyers representing entities.

iii. Advanced Clinic Students are Responsible For Grand Rounds

Traditional case rounds, as described above, are typically isolated within each clinic.¹⁰⁹ Touro’s clinical program uses traditional case rounds within specific clinics regularly (including within the Advanced Clinic seminar). However, the Touro program has also innovated case rounds by drawing from the older “grand rounds” model of medical education. Grand rounds are a traditional educational activity commonly found in medical and healthcare settings. The term originally referred to the presentation of specific medical cases in front of an audience with the aim of improving clinical skills and sharing knowledge. In 19th Century medical school grand rounds, resident physicians would present a patient to a large audience of faculty, medical students, and other trainees from multiple specialties.¹¹⁰ It was an all-comers event for doctors and doctors-in-training at teaching hospitals. After the resident presentation, medical faculty would probe the

109. The University of Tennessee School of Law Advocacy Clinic is team taught by multiple faculty with each faculty having one or two specialization areas. The students working under each faculty member all join for seminar and case rounds, and thus engage in larger inter-practice case rounds during their time in clinic. Students in some other law school clinics have presented during “grand rounds” in hospital settings, but these presentations have been topical and focused on delivering training to medical providers rather than clinical-program based examination of specific cases. Videoconference interview with Joy Radice, Dir. of Clinical Program, Univ. of Tenn. Sch. of L. (Aug. 25, 2022); see Emily A. Benfer et al., *Advancing Health Law & Social Justice in the Clinic, the Classroom and the Community*, 21 ANNALS HEALTH L. 237, 249 (2012) (sharing that clinic students in a medical-legal partnership clinic presented on substantive legal issues to medical providers during medical grand rounds sessions).

110. See Shaifali Sandal, Michael C. Iannuzzi, Stephen J. Knohl, *Can We Make Grand Rounds “Grand” Again?*, 5 J. GRAD. MED. EDUC. 560, 560–63 (2013) (providing overview of history of grand rounds in medical education and compiling existing literature that evaluates effectiveness of modern model).

resident's diagnosis and treatment strategy in a classic "Socratic" interactive learning session.¹¹¹

Medical grand rounds evolved during the intervening centuries into a different format and now primarily use "passive learning" through specialty-specific topical lectures within specific departments rather than a collaborative, patient-centered dialogue.¹¹² Unfortunately, this lecture style instruction has led to decreased engagement and attendance among medical trainees, drawing critique from medical educators and calls for reform.¹¹³ Clinical law programs should resurrect a version of the traditional medical grand rounds. In Touro's clinical law version of grand rounds, Advanced Clinic students are responsible for preparing periodic program-wide educational sessions based around their clinic's casework. Each month, these grand rounds provide a venue for sharing critical client cases or community issues with the broader clinical program.

The rapid growth of interactive technology has made rounds more accessible to a wider audience. For example, students in Touro's remote clinics and part time clinics, many of whom are not able to be on campus,

111. See Lawrence K. Altman, *The Doctor's World: Socratic Dialogue Gives Way to PowerPoint*, N.Y. TIMES, Dec. 12, 2006, http://mjota.org/images/ NYT_PowerPont_presentationsGrandRounds.pdf [<https://perma.cc/E3VW-5W7G>].

112. See *id.*; Robert Wachter, *How to make your medical grand rounds thrive*, (Jan. 27, 2010), <https://www.kevinmd.com/2010/01/medical-grand-rounds-thrive.html> [<https://perma.cc/NL3G-K2C4>] ("[G]rand rounds changed over the past generation. Most Medical Grand Rounds (MGR) devolved into staid and formulaic weekly clinical or research updates – the very essence of passive learning.").

113. See Sandal, Iannuzzi, & Knohl, *supra* note 110; Mark B. Stephens, Mindi McKenna, & Kim Carrington, *Adult Learning Models for Large-group Continuing Medical Education Activities*, 43 FAM. MED. 334, 334 ("[I]nteractive (39%) and procedural (27%) formats were more effective than lecture (24%) in helping health care professionals retain information. A similar response pattern was noted for which CME activities were more likely to change individual practice patterns. More physicians correctly answered board-type questions when attending interactive sessions compared with traditional lectures."). This critique of "didactic" rather than "clinical" focus in grand rounds has been echoed in literature on medical education in the United Kingdom. See Maham Stanyon & Shahid Anis Khan, *Requiem for the grand round*, 15 CLINICAL MED. 10, 10–11 (2015).

can access grand rounds through videoconference platforms. Clinical programs can also join for case rounds at an inter-program level¹¹⁴ or among various disciplines.¹¹⁵

Inter-clinic work through Advanced Clinic case rounds and grand rounds, and junior/senior associate student pairings provide a critical opportunity for collaboration, which is among the most important learning outcomes for any program of legal education.¹¹⁶ These methodologies also “scaffold” and “interleave,” and thus enhance, clinic student learning.¹¹⁷

“Scaffolding” in education refers to the temporary supports and frameworks that educators utilize with students as they encounter new concepts or areas, as when a math teacher leverages students' existing arithmetic knowledge to aid their comprehension of algebra.¹¹⁸ Advanced Clinic case rounds and grand rounds structure the exposure of students to new practice areas so that they can employ the legal strategies learned in their own clinics to those new practice areas. This helps students scaffold more productively by avoiding “surface-level features such as specific facts” and “create broader and more effective frameworks for storing their learning.”¹¹⁹

114. See MELINA A. HEALEY, LAW TEACHING STRATEGIES FOR A NEW ERA: BEYOND THE PHYSICAL CLASSROOM (Tessa L. Dysart & Tracy Norton eds., 2021) (sharing that videoconference capacity enabled Touro's cross-clinic and cross-program case rounds, and even interdisciplinary case rounds with experts from other fields which allowed clinics to explore “broader themes or challenges in legal work” and “mitigate[d] the risks associated with overreliance on case rounds or hyper-focus on specific cases as a teaching tool in clinic”). Of course, clinical programs must be vigilant about preserving client confidentiality during any rounds session, particularly with rounds that extend beyond a particular in-house clinic program and include outside consultants, and experts, or other unaffiliated clinics.

115. For a description of a medical-legal partnership clinic that employed interdisciplinary case rounds in which advanced students from each profession acted as team leaders and were responsible for rounds presentation, see Enos & Kanter, *supra* note 53 at 127–29 (employing a structured rounds format very similar to the case rounds structure proposed in Bryant & Milstein, *supra* note 101).

116. STUCKEY ET AL., *supra* note 16, at 119–20 (identifying “Encourage Collaboration” as one of the key principles for “create[ing] and maintain[ing] effective and healthy teaching and learning environments” because “lawyers today commonly work in teams or in organizations”). Structured cooperative learning experiences also lead to “greater transfer of what is learned within one context to another.” *Id.* The authors of BEST PRACTICES also theorize that students assuming junior/senior associate roles enhances their preparation for practice because “[i]n the role of law firm partners and supervisors, [law students] put pressure on each other to meet deadlines, to produce their best work, and to be accountable to affected third parties.” *Id.* at 88.

117. Archer et al., *supra* note 47, at 266.

118. *Id.* at 265.

119. Bowman & Brodoff, *supra* note 47, at 291.

Periodic cross-clinic exposure, which builds in frequency as students progress in clinic, also provides an opportunity for interleaving where study is performed on multiple related topics (e.g., math and physics) for shorter periods of time. This process allows for greater ‘cross-pollination’ between topics and allows students to unconsciously create their own scaffolded frameworks [...] not only is a diverse course of study prudent to ensure attorneys-in-training are able to intelligently engage a wide variety of legal topics, but evidence also indicates course diversity increases a student's ability to effectively learn--and apply--each discrete topic studied.¹²⁰

D. Invite More Folks to the In-House Through Interdisciplinary Team-Based Clinics

Clinical programs benefit from removing silos between clinics, but can further gain by removing silos between clinical programs and the other programs within the university and community in which they exist. While inter-practice collaboration enhances law student education, *interprofessional* collaboration also affords distinct benefits to clinical program students and clients.¹²¹ To take advantage of these benefits, some universities have used existing interdisciplinary resources to create medical-legal partnerships in which law clinics provide legal services within a healthcare setting.¹²² Other law school clinics host a social worker or other mental health expert within the clinic.¹²³ In both models, interprofessional education benefits law students,¹²⁴ client outcomes¹²⁵ and medical-legal

120. Archer et al., *supra* note 47, at 265.

121. See Bliss et al., *supra* note 59 at 391–95 (identifying benefits of interprofessional education, including enhancing professional identity formation, team and leadership skills, and improved perspective on client problems).

122. These collaborative medical-legal partnership programs have been designed to benefit particular populations, including the elderly, veterans, and children. See JoNel Newman, *Miami's Medical-Legal Partnership: Preparing Lawyers and Physicians for Holistic Practice*, 9 IND. HEALTH L. REV. 471, 480–81 (2012); Kaleia Edmundo & Jessica Limbacher, *Raising the Bar to Help Veterans*, 308 N.J. LAW. 48; Simcox, *supra* note 53, at 179; Tyler, *supra* note 53, at 254.

123. The University of Chicago's Mandel Legal Aid Clinic has at least one social worker on staff. See Robin. I. Mordfin, *Social Work and the Clinic*, *University of Chicago Law School*, <https://www.law.uchicago.edu/news/social-work-clinic> [<https://perma.cc/XDH6-RDZE>] (last visited Apr. 9, 2024). The Mandel Clinic's Criminal and Juvenile Justice Clinic has a social worker and enrolls social work students. See *Criminal and Juvenile Justice Clinic*, UNIV. OF CHICAGO: THE L. SCH. (May 29, 2009), <https://www.law.uchicago.edu/clinics/mandel/juvenile> [<https://perma.cc/D3W7-TFQU>].

124. See Bliss et al., *supra* note 59.

125. See, e.g., Barbara A. Babb, *An Interdisciplinary Approach to Family Law Jurisprudence:*

partnerships improve health outcomes for patients¹²⁶ and patients' well-being and access to vital social welfare services.¹²⁷

These partnerships must be structured to ensure clinic students and faculty abide by the lawyer's professional and ethical responsibilities, particularly the duty of confidentiality and zealous representation.¹²⁸ However, clinicians should embrace the opportunity to engage students in learning how to navigate these boundaries with other professionals. After all, lawyers must become comfortable with seeking guidance from other experts and with understanding when and how they must keep client information confidential.

Any holistic or interdisciplinary office will face challenges in reconciling and coordinating the goals and perspectives of team members involved in a client's case. Leigh Goodmark emphasizes this tricky aspect of collaboration in "integrated service program" settings, which "feature collaboration between medical, mental health, and social work professionals and, most important, families, with each ceding some of their sovereignty

Application of an Ecological and Therapeutic Perspective, 72 IND. L.J. 775 (1997); Paula Galowitz, *Collaboration Between Lawyers and Social Workers: Re-Examining the Nature and Potential of the Relationship*, 67 FORDHAM L. REV. 2123 (1999); see generally Jane A. Aiken & Steven Wizner, *Law as Social Work*, 11 WASH. U. J. L. & POL'Y 63 (2003).

126. See Laura K. Abel & Susan Vignola, *Economic and Other Benefits Associated with the Provision of Civil Legal Aid*, 9 SEATTLE J. FOR SOC. JUST. 139, 154 (2010) (identifying early studies which "imply that . . . providing legal assistance through a medical-legal partnership can improve clients' health"). Evidence in medical research literature suggests that a medical-legal partnership model can be effective in improving patient health outcomes and minimizing social determinants of health. Robert Sege et al., *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*, 136 PEDIATRICS (SPECIAL ISSUE) 1, 97-106 (2015). For an overview of early studies suggesting positive outcomes of medical-legal partnerships, see Dayna Bowen Matthew, *The Law as Healer: How Paying for Medical-Legal Partnerships Saves Lives and Money*, CTR. FOR HEALTH POL'Y AT BROOKINGS, Jan. 2017, at 15-16; TIRSHA BEESON, BRITTANY DAWN MCALLISTER, & MARSHA REGENSTEIN, MAKING THE CASE FOR MEDICAL-LEGAL PARTNERSHIPS: A REVIEW OF THE EVIDENCE (2013); see generally *Resources*, NAT'L CTR. FOR MEDICAL-LEGAL P'SHIP, <https://medical-legalpartnership.org/resources/> [<https://perma.cc/3NEV-87ZV>] (providing ongoing updated compiled peer-reviewed studies on medical-legal partnerships and descriptions of different models in use).

127. See Dana Weintraub et al., *Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients*, 21 J. OF HEALTH CARE FOR THE POOR AND UNDERSERVED, 157, 157-68 (2010) (citing "study suggests that adding an attorney to the medical team increases awareness of and access to social and legal services").

128. For an overview of restrictions on lawyers participating in "Multidisciplinary Practice" (MDP) work and a defense of expanded MDP laws, see Stacy L. Brustin, *Legal Services Provision Through Multidisciplinary Practice-Encouraging Holistic Advocacy While Protecting Ethical Interests*, 73 U. COLO. L. REV. 787 (2002).

in order to jointly provide for the family or child's welfare."¹²⁹ The specific challenge a lawyer faces in "ceding" sovereignty in client work arises from the duty of zealous representation, which requires that a lawyer strive to achieve her client's objectives.¹³⁰ When there is a team, inevitably tensions arise in how best to define and achieve these objectives. On interdisciplinary teams, there may even be divergent professional obligations. Each team member must coordinate their advice and explain their role, lest the client receive conflicting or confusing guidance.

The challenges of interprofessional partnerships in law practice have been particularly well explored in the context of social workers who are embedded in law school clinics.¹³¹ An attorney's job is to advance and advocate for the client's stated preferences and counsel the client on the most effective way to achieve those goals.¹³² Social workers have a different mission to "promote the well-being of clients."¹³³ While "in general, clients' interests are primary,"¹³⁴ social workers also "may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others."¹³⁵ Additionally, "social workers' responsibility to the larger society or specific legal obligations may, on limited occasions, supersede the loyalty owed clients, and clients should be so advised."¹³⁶ Much has been written about the virtues of collaboration between social workers and lawyers.¹³⁷ But conflicts of ethics and goals between the two professions are also an important concern,¹³⁸ and law clinics must account

129. Leigh Goodmark, *Can Poverty Lawyers Play Well with Others?*, 4 GEO. J. ON FIGHTING POVERTY 243, 248 (1997).

130. See MODEL RULES OF PRO. CONDUCT r. 1.3 cmt. (AM. BAR ASS'N 1983).

131. See Paula Galowitz, *Collaboration Between Lawyers and Social Workers: Re-Examining the Nature and Potential of the Relationship*, 67 FORDHAM L. REV. 2123 (1999); Alexis Anderson, Lynn Barenberg, & Paul R. Tremblay, *Professional Ethics in Interdisciplinary Collaboratives: Zeal, Paternalism and Mandated Reporting*, 13 CLINICAL L. REV. 659, 661 (2007).

132. Cf. N.Y. RULES OF PROF'L CONDUCT R. 1.2 (2009).

133. CODE OF ETHICS OF THE NAT'L ASS'N OF SOC. WORKERS R. 1.01.

134. *Id.*

135. CODE OF ETHICS OF THE NAT'L ASS'N OF SOC. WORKERS R. 1.02.

136. CODE OF ETHICS OF THE NAT'L ASS'N OF SOC. WORKERS R. 1.01.

137. See, e.g., Babb, *supra* note 125; Galowitz, *supra* note 130. See generally Aiken & Wizner, *supra* note 125.

138. See, e.g., Lisa A. Stranger, *Conflicts Between Attorneys and Social Workers Representing Children in Delinquency Proceedings*, 65 FORDHAM L. REV. 1123 (1996); Brigid Coleman, *Lawyers Who Are Also Social Workers: How to Effectively Combine Two Different Disciplines to Better Serve Clients*, 7 WASH. U. J.L. & POL'Y 131, 142-51 (2001).

for this when structuring partnerships of any kind. This commonly arises in holistic criminal defense practices.¹³⁹ Some social workers take the view that a client's "best interests" should supersede the client's own stated preferences, particularly when the client is young or impaired.¹⁴⁰ So, for example, a social worker might urge a defendant to face her drug addiction and to plead to a sentence that would make treatment available, even while the defense lawyer might counsel that the defendant had an excellent chance of beating the charge at trial. Unless a holistic office is careful to delineate and circumscribe social workers' role, their professional mission can conflict with counsel's duty to pursue the clients wishes. Clinics must take into account state laws on mandatory reporting and each profession's obligations in crafting their partnerships, though these partnerships can, and have, been done successfully.¹⁴¹ Some clinics approach the dilemma by characterizing the social worker's role as a member of the "legal team"; others have lawyers screen cases thoroughly before involving the social worker.¹⁴² Clinics which employ team models must also heed (or even advocate for change to) relevant state restrictions on "Multidisciplinary Practice."¹⁴³

Touro values interprofessional collaborations in clinic. In addition to employing a social worker, Touro has created several novel and successful interdisciplinary partnerships. Each year, Touro hosts paralegal interns from Suffolk County Community College to work collaboratively with Touro

139. *Id.* at 148.

140. "The best interests model requires the social worker to decide what is best for the client and advocate that course of action, whether or not it purports with the client's wishes." Coleman, *supra* note 137, at 131 n.6.

141. For discussion of successful work models that can assist with navigating the ethical and confidentiality dilemmas that can emerge from attorney-social work collaborations, see Galowitz, *supra* note 130. See also Anderson, *supra* note 130, at 660 (proposing that the social worker serve as a "consultant" to the legal team and positing that in that model, "the social worker ought not be covered by the state mandated reporting laws if the lawyers are not so covered. If the social worker, by contrast, provides social work services to the law firm's client, the state reporting laws will apply, and the collaboration must account for the resulting conflict in confidentiality duties.").

142. See Melina Healey, *Considerations in Building a Legal-Social Work Clinic Partnership*, GOOGLE DOCS (Apr. 28, 2021), <https://docs.google.com/document/d/1odgx7JPP16a3LwynXTap1J0SWUJfCdtSvCZn5NAL4IU/edit> [<https://perma.cc/A62Z-AJ44>] (handout provided as part of Harmonizing Lawyers and Social Workers in Clinical Practice Presentation at AALS Clinical Conference).

143. For examination of American Bar Association Model Rules of Professional Conduct restrictions on Multidisciplinary Practices (MDP)s and how this impacts non-profits in different states, see *supra* note 128.

staff and students in the clinical program as part of the paralegal's externship course, teaching students from both professions how to navigate working together.¹⁴⁴

In another interprofessional partnership, Touro's Education Justice Clinic represents children with disabilities in special education advocacy, and as part of this work, the clinic partners with Touro's Graduate School of Applied Behavioral Analysis (ABA) and Occupational Therapy (OT). Faculty and clinical students from these health sciences schools serve as expert consultants and witnesses in the clinic's cases. ABA and OT are critical professional services in particular for children with autism.¹⁴⁵ This collaboration has allowed law students to understand more about the nature of their clients' disabilities and the types of educational and support services to seek when advocating with school districts. Clinic students have also been able to use ABA and OT professionals as expert witnesses in litigation, which has helped the Education Justice Clinic obtain over \$500,000 in educational benefits for clients during each semester that it has operated.¹⁴⁶ This collaboration has enabled more thorough representation and services to clients with complex needs related to their autism diagnoses.¹⁴⁷

E. Build a More Inclusive House For Part-Time and Evening Students

Finally, efforts to open in-house clinics to be more inclusive should always create ways for law student populations who do not have easy access to clinic to collaborate in the law practice.¹⁴⁸ Touro's clinical program boasts several part time and evening in-house clinics that intentionally

144. Melina Healey, *Paralegal Students Gaining Real-World Experience*, TOURO L. CTR. CLINICAL PROGRAMS NEWSL. (Fall 2021).

145. See Bridget M. Reardon, *Education As Healthcare: Doctors, Teachers, and Lawyers Unite to Ensure Students with Asd Get the Related Services They Deserve Under the Idea*, 16 J. HEALTH & BIOMEDICAL L. 186, 187 (2020).

146. Melina Healey, *Fall 2022 Successes in the Education and Youth Justice Clinic*, TOURO L. CTR. CLINICAL PROGRAMS NEWSL. (Spring 2023).

147. Melina Healey, *A Message from the Director*, TOURO L. CTR. CLINICAL PROGRAMS NEWSL. (Winter 2023).

148. See Donna H. Lee, *Concierge Clinical Legal Education: Examining Part-Time Evening Clinical Programs*, 5 (unpublished manuscript), https://www.law.nyu.edu/sites/default/files/Concierge%20Clinical%20Legal%20Education%20-%20DRAFT_0.pdf (last visited Apr. 26, 2024) ("law schools could achieve a double benefit (a two-fer) by providing clinical legal education for part-time evening students and resourcing under-served communities")

collaborate with the traditional full-time day clinics on clients. For example, Touro's part-time Landlord-Tenant Mediation Clinic shares cases with the full-time Senior Citizens Law Project. Students in Touro's two mediation clinics also serve as mediators in simulations to prepare the full-time day clinics for mediations in their own real cases. Touro also offers an in-house Not-for-Profit Clinic that has provided representation to other clinics within the program and a Post-Conviction Criminal Defense Clinic that offers Touro's in-house clients with expungement and other post-conviction remedies. These clinics arrange casework that can be done after hours, on weekends, and largely remotely. This allows students who, due to childcare or work obligations, are unable to be in the clinic office during regular business hours, to participate meaningfully in Touro's clinics in various practice areas.

F. Implement Standardized Program-Wide Assessment of Students and of the Program

Assessment of clinic students and of the quality of the clinic program is, lastly, a critical opportunity to bring clinics together within the program to ensure students are obtaining the substantial benefits of clinic.¹⁴⁹ Uniform and universal clinical program student assessments¹⁵⁰ facilitate consensus among the program's clinicians about the basic learning outcomes that all clinics should achieve. In acknowledgment that clinical teaching is intended "for transfer,"¹⁵¹ clinicians benefit from collaboration across practice areas to develop standardized program-wide assessment tools to measure student achievement of clinical program learning outcomes. A single assessment rubric for all clinic students helps students formally understand the transferability of their experience even if their case work experiences and practice areas appear quite distinct.¹⁵² On a programmatic level, uniform

149. Melina A. Healey, *Can the Art of Clinical Education be Reduced to a Rubric?* CLINICAL L. REV. (forthcoming Fall 2024).

150. For an example of a standard program-wide clinic assessment tool, see Melina Healey, *Touro L. Ctr. Clinic Assessment - Midsemester*, GOOGLE DOCS <https://docs.google.com/forms/d/e/1FAIpQLSdWisoHuLRBFO5EmNlr7DiSNiigpI9193On1D5rfN5Qwk5D1g/viewform> [https://perma.cc/ZM9S-W7XS] (last visited Apr. 9, 2004).

151. See *supra* Section I.B.ii.

152. See *id.* for discussion of the importance of student recognizing transferability of their clinical skills.

assessments can also identify where the program suffers from gaps in providing students with exposure to or ability to achieve those commonly accepted learning outcomes.¹⁵³ This gives clinical programs actionable information to ensure they are providing a quality education.

CONCLUSION

In house clinics have become unnecessarily siloed. This move to specialization in clinics has come at the expense of critical collaboration between clinic faculty and students. Great benefits for clinic clients and students can be gained by collaborating across clinics to serve clients, engage in joint educational opportunities, and assess students and the clinic at a programmatic level.

153. Ensuring that clinics provide sufficient opportunities and exposures is consistent with established goals of clinical education. Anthony Amsterdam articulated “one of the more insightful statements about the general goals of clinical education” by proving objectives for clinical education in terms of “exposing” students or “provide opportunity” for lawyering challenges and experiences rather than describing outcomes through a “teaching” and “learning” lens. STUCKEY ET AL., *supra* note 16, at 123–24.