

Incorporating Clinical Method for Teaching Legal Theory and Skills: Prospects and Challenges

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Abstract

The clinical teaching method is not a new pedagogy and is limited to a few academic programmes as it is a complex teaching and learning situation influenced by the need to design learning content, planning, learning environment and the participants' role and interactions with others in the setting. Clinical teaching has always been an integral part of the medical curriculum, with the objective that medical students develop a high level of professional competency and a positive attitude towards patients. Meanwhile, traditional law schools are designed for students to listen, understand and memorise vast number of legal theories and procedures. However, the retention rate of knowledge is not very satisfying. Hence, legal jurists felt the need to introduce innovative teaching methods similar to clinical teaching in medical programmes. Clinical teaching for law programmes is designed to expose students to learn problem-solving from real-life situations and help them graduate with the required legal knowledge, lawyering skills and enhanced confidence. Another benefit of clinical education is seen as a means of training young legal professionals to respond effectively to the legal aid services of the community. This research aims to trace the development of clinical education and the benefits of adopting it as part of legal professionals' training. Challenges in introducing clinical education in law schools will be discussed to identify the issues that need to be addressed in identifying the prospects of developing an effective curriculum and sustainable programme.

Keywords: Legal Education Pedagogy, Clinical Education, Clinical Legal Education, Lawyering Skills, Social Justice, Legal Aid.

Introduction

Legal jurists from academia were concerned with the lack of lawyering skills amongst law graduates who are not trained with the necessary practical skills.¹ According to Berryhill (1978), clinical education for law was developed as a teaching pedagogy in the United States around the late 1960s which led to the establishment of the Council of Legal Education for Professional Responsibility funded by the Ford Foundation. The material change in the United States legal education has been the incorporation of skills training in most law schools, predominantly via clinical education incorporating simulation exercises to help students acquire essential professional skills and the ability to represent clients competently in their initial years of practice (Sebert, n.d.). Clinical legal education (CLE) is developed in response to the Bar's concern that law students were not receiving enough practical training in law schools. The success of medical clinical education in training young medical graduates is taken as a model for enhancing legal education.

Most United States law schools have reached the conclusion that a blend of full-time lecturers with extensive law practice experience, and experienced judges and practising lawyers to serve as adjunct faculty is best suited to offer a wide range of skills training (Menon, 1998). CLE helps to enhance student learning of conventional legal doctrine and analysis by designing the materials used in legal education comprising law reports, scholarly articles monographs and statutes in their dynamic context (Anderson, et al. 1987). Students are required to assume active participation in reading the law in the context of any given real-life problem (McAninch, 1986, p. 420). The most important thing for students to learn is how to evaluate themselves and their peers, as well as how to draw lessons from their experiences during the entire clinical programme. This will help them better understand the ethical and professional obligations of lawyers.

Clinical education is also found to be beneficial to promote social justice. It provides access to legal aid services for the

¹ John Bradway was an early theorist and practitioner of clinical education. In the modern era, Gary Bellow, Anthony Amsterdam, and William Pincus provided the theory to support the increasing number of clinical teachers in the 1960s and 1970s. Barry, et al., 2000)

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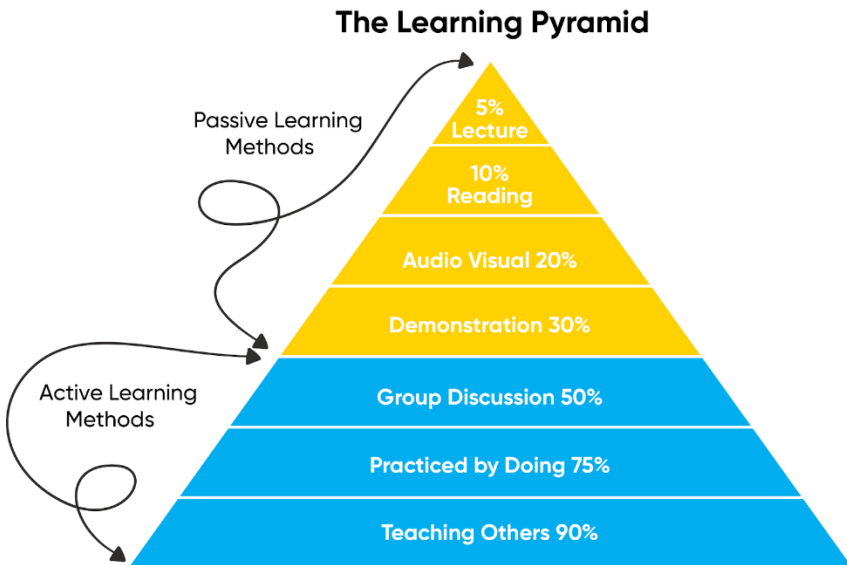
marginalised and underprivileged members of society. Clinical education can promote the creation of positive societal impact where opportunity to interact with various members of the legal fraternity from the government and non-governmental organisations, judicial and legal professionals, bar council and community legal aid needs will assume an important role in training law students to be proactive towards the different needs of the community. Students can benefit from the environment to engage in a variety of community outreach programmes in support of abused women and children, juvenile offenders, detention centres, and other institutions offering legal aid to ensure they can reach out to those needing access to legal services. Areas of teaching often cover, the rights of stateless persons; criminal law; family law; environmental law; consumer protection; property and land law; housing rights; healthcare rights; human rights; employment and labour law.

Hence, clinical education has been proven to provide highly effective means of adult learning, unlike the traditional method where memorization of facts dominates learning. Students can learn and retain a vast amount of knowledge that is imparted by helping to solve problems. This can help realise the main objective of higher education, in producing responsible professionals imbued with legal knowledge, skills, leadership qualities, compassion, high integrity, and moral values.

Need for Clinical Education to Enhance Teaching and Learning

The National Training Laboratories in Maine (USA) developed the Learning Pyramid structure based on Edgar Dale's research and the Cone of Learning created in the 1940s. It illustrates the average retention rate for different teaching methods used by instructors. Lecturing with merely a 5% retention rate is the least efficient instruction method. This conclusion is concerning, given the fact that lecturing is the most popular and commonly applied teaching methodology across all levels and disciplines. The learning pyramid is a visual representation of the seven learning strategies and their relative efficacy in terms of knowledge retention. The National Training Laboratories Institute's thorough research served as the foundation for these percentages (Education Corner, 2019). The pyramid is divided into active and passive segments. As

seen in the diagram below, active learning techniques result in a better rate of learning retention than passive ones.



Source: Hall, M. (2022, July 21). *Overview of the learning pyramid for training providers*. Arlo Training Management Software. <https://www.arlo.co/blog/overview-of-the-learning-pyramid-for-training-providers>

As a third-year law teacher, teaching a practical law course, I realised by the time the students come to my class, they are not able to grasp practical aspects of the course owing to the vast number of materials they are required to read, understand, synthesise and memorise. Hence, students tend to skip classes due to boredom, which in turn makes them less motivated by the lack of knowledge required to prepare for presentations and participation. By the time they graduate, they would lose much of the passion for the legal profession and the motivation to assist in the achievement of social justice and enthusiasm that is meant to be their major driving force for wanting to become lawyers (Maranville, 2001). Law students, even those who are highly motivated, often find learning and synthesising legal texts and resources rather difficult and considered unsatisfactory by law teachers (Cunniffe, 1997). Solutions proposed to address this concern often focus on revamping the curriculum, teaching strategies and producing additional teaching aids (Barron, 1995, pp. 1884-86). However, it is

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undeniable that teaching and learning using lectures, seminars and tutorials alone are insufficient to equip students with the necessary lawyering skills essential for practice.

The report of the Carnegie Foundation, *Educating Lawyers: Preparation for the Profession of Law*, emphasises the necessity of changing how legal education is conducted (Sullivan et al., 2007). The report emphasizes the need to integrate theoretical and procedural aspects. The authors made seven recommendations for law schools (Sullivan et al., 2007):

1. provide an integrated curriculum;
2. integrate lawyering, professionalism, and legal analysis from the outset;
3. better utilise the second and third years of law school;
4. support faculty teaching across the curriculum;
5. construct the programme in such a way that students and faculty integrate various types of knowledge and skill;
6. acknowledge a shared purpose in promoting the enhancement of professionalism; and
7. place a strong emphasis on interdisciplinary learning.

Blended learning where lectures, seminars and clinical education are integrated for selected law courses is undeniably an important pedagogy for law. The Clinical Legal Education Association considers in detail all aspects of legal education in America and proposes ways for improvement (Barry et al., 2000, pp. 41-44), and discusses the importance of clinical programs and the use of clinical methodology curriculum to accomplish the consolidation of substantive law, professional expertise, and ethical principles (Barry et al., 2000, pp. 41-44). The benefits of the clinical education programmes can be summarised as follows:

1. educate and create awareness amongst the students and public about the legal system;
2. develop and consolidate the procedures of legal institutions;
3. expand and strengthen the rule of law by enhancing the accessibility of law within the community.
4. provide important legal and civic knowledge and develop skills in the participating students and community members.
5. promote in-house clinic programmes, internships with legal aid organizations, as well as teaching to community

members, and students aid in making justice accessible in an interactive and innovative way as well as making law practical and engaging.

6. to ensure community members' access to legal aid, where they can be educated and can discover their rights and obligations which are often not transparent to those outside the legal fraternity;
7. promote student learning by using the law to educate the community; and
8. promote within the communities the learning to trust in the ways that law can ultimately benefit their everyday lives.

The benefits of the CLE can extend beyond the law school, students and legal fraternity to reach out to the community at large in promoting knowledge and access to social justice.

Law Clinic Model

Clinics can be established within the law school or designed as a credited internship programme, in which students will attach to a legal firm under the supervision of a practising lawyer. If initiated within the law school, a clinical program can be developed around either real-life issues or simulated scenarios. Clinical courses generally use simulations and role-plays, exposing students to legal practice in a specially designed environment. One well-known model of the legal clinic, mostly known as street law, educates students about law and rights that they will later transmit to vulnerable groups. Often clinics provide legal services for the sale and purchase of land, drafting of wills, or for creation of start-ups, domestic and child abuse, divorce, child custody, landlord and tenant disputes, property distribution and other selected areas.

The two main distinctive features of clinical education are; first, the techniques of instruction and learning used and second, the legal principles and the context of the legal system that can be studied through such techniques. As a method of teaching and learning, the distinguishing element of clinical education pedagogy is the emphasis placed on structured student experience and critical reflections on that experience as the core of learning.

Clinical teaching technique synthesises students' performance of a lawyering task and feedback. Rather than asking a student what objections can be presented; the clinical method

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demands the students to develop their own objections based on a given problem scenario. It requires the students to establish the case by formulating the relevant questions and carrying out client counselling sessions. A more elaborate description of the essential elements of clinical education for the law is developed by Anthony Amsterdam (1984):

1. Students are assigned the task to manage the real-life problem which lawyers deal with in practice. Such tasks may be based on decided case law or on a real problem in society;
2. The problem situations are:
 - (a) concrete, as they are designed based on specific facts;
 - (b) complex, as they require reflection on various related factors in several dimensions, from the legal, practical, institutional, personal, socio-economic and policies; and
 - (c) unrefined, as they are not prepared for the student by the use of appellate decisions or textbooks requiring them to identify the problems or the issues.
3. The students engage with the problem by taking responsibility for the decision and the action plan to resolve the problem by interacting with legal professionals and parties involved in the problem (if possible). They are required to:
 - (a) find out the problem;
 - (b) examine the issues;
 - (c) think through, formulate and assess possible responses;
 - (d) design a course of action; and
 - (e) implement that course of action.

The student's performance will need to undergo an intensive and robust review from the law teachers and other students. The students can learn from the feedback given during the review and identify the issues that need to be improved for every stage of their planning, decision-making and execution. This can be effectively realised by recording the sessions and reviewing their performance, or reviewing the preparatory notes and written memorandum.

4. The review is essential to focus on designing the model for understanding past experiences, predicting and planning for the future, and maximising learning based on the experiences gained (Kreiling, 1981).

Clinical education to incorporate work experience can range from brief observation in a courtroom, attachment in a law office, administrative agency or government office, to accompanying a lawyer representing a client at trial, for an entire semester or taking full-time or part-time attachment (Anderson & Kirkwood, 1987). Simulated clinical education can be very brief, implemented by designing materials for role play and tasks, accompanied by reference materials and instructions for the different phases including planning, opinion writing, and presentation script, followed by reflection from lecturers and peers and followed by synthesis (Nathanson, 1989).

Common Characteristics of Clinical Education

According to Ogilvy & Stuckey (2007), the common characteristics of clinical education are as follows:

1. There is an established Institutional goal and graduation requirement for introducing clinical education;
2. Design a full-fledged curriculum with defined goals for each module that has been selected to be blended for the clinical programme;
3. Curriculum is developed by using an integrative model that combines theories of legal education, practical skills, ethics and values.
4. Teaching and learning are learner-centred and not teacher-centred like the conventional teaching method;
5. Teaching and learning are interactive with students taking responsibility for learning;
6. Lessons are planned with outcomes that are clearly understood by everyone involved;
7. Learner is engaged to deal with hypothetical and real-life problems promoting research skills, knowledge acquisition, synthesis and advocacy;
8. Develop a clear assessment plan with a focus on formative assessment, and constant evaluation of the Institutional goals, Bar, Judicial and Legal services requirements, curriculum, lesson plans and including activities such as seminars, forums and presentations.

The above-listed characteristics are not exhaustive and can evolve depending on the challenges of the legal industry. In

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achieving knowledge and professional skills, the following aspects are essential (Sullivan et al., 2007):

1. Developing the essential knowledge and skills, an academic knowledge base and research abilities;
2. Developing students' competence to effectively engage in complex practice;
3. Providing students with the opportunity to learn to make decisions under volatile conditions;
4. Educating students on how to use knowledge acquired through clinical training;
5. Exposing students to the discipline of creating and participating in a responsible and effective professional community; and
6. Motivating students to understand and prepare for the needs of the legal fraternity, be it law practice or judicial service.

University-based clinical training has played its role in ensuring basic quality service among paralegals through the development of standards and qualifications. Law school clinics have made significant contributions, inter alia, to legal procedures and instruction, including:

1. developing a practical vision of law as an instrument of social justice;
2. creating opportunities and plans for students and lawyers to collaborate in creating social justice impact for the community;
3. learning to overcome the dubiety of facts and the obscurity of the law in any given circumstances; and
4. providing everyone involved with the basis for developing appropriate lawyering abilities based on their assessments of the issues they confront (Amsterdam, 1984).

A law clinic serves as a platform for legal education's academic and service components. The clinic allows students to experiment with theoretical features taught in law schools within the context of a specific case. The main purpose of instituting a clinical programme is to train law students to become competent, community service-oriented and ethical lawyers. In a law clinic, students are expected to exhibit the ability to perform like lawyers after learning the academic component of the programme and gradually assimilating from experience, all while doing simulated

and real-life lawyering activities and services under the guidance of attorneys.

The course aims to augment students' knowledge, skills and values to enable them to carry out pro-bono services in the clinic in a competent, ethical and professional manner under the instructions of law lecturers and experienced legal practitioners. In case students are expected to work in a specialised clinic such as one that deals with consumer protection, child rights, prison, law reform, legislative drafting, court procedures, community outreach programme, freedom of information, or a tenancy clinic; it may be necessary to provide them with supplemental training. Accommodating clinical education sessions may also call for an adaptation of the general course curriculum especially courses such as contract law, property law and criminal law where students can be assigned, for some parts of the curriculum, to work on a designed problem instead of attending lectures.

Clinical Education as Tool for Facilitating Students' Experiential Learning

In Clinical training, students engage in interesting and interactive classroom sessions where they learn and practice with practitioners to correct their mistakes. Unlike the traditional versions of legal pedagogy, students in clinical programmes receive guidance on how to learn about and teach law, democracy and human rights using advanced training methods.

Clinical education incorporates various interactive teaching strategies as follows:

- brainstorming sessions;
- develop case studies skills;
- networking with the community and benefiting from their experiences and knowledge;
- planning and undertaking field trips to collect data through community engagement;
- develop and conduct group discussions and teamwork;
- organise lectures and seminars to educate the members of the community;
- organise mock trials to test the research findings in resolving the given problem;

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- develop question-and-answer skills for conducting client counselling sessions;
- role plays and simulation exercises to test legal principles and theories;
- small group discussion to discuss research findings;
- develop various types of presentation skills and the ability to use audio-visual aids;
- client counselling;
- mootings;
- negotiation and mediation skills

Students can be trained to identify a suitable method for the audience, and instructors must be ready to modify their teaching methods to fit the needs of a selected course.

Clinical Education as a Source for Access to Legal Aid for Disadvantaged Individuals

According to Margaret Barry (2007), one important component of clinics is to enable students to understand the impact of legal practice on the community;

“... clinical courses expose students to opportunities to use legal expertise to address issues of social concern, particularly the needs of the poor. Regardless of whether students intend to work in public interest law, they need to be aware of their obligations to contribute to their communities and of the special role they are becoming equipped to play in addressing a range of social problems. While the classroom can raise theoretical issues about social justice, access to legal interventions and reform, understanding the problems in terms of access, application, and sufficiency comes from well-supervised work with poor people. Thus, these issues are best raised through direct service to disadvantaged clients, either through representation or some other opportunity to work closely with them to understand the problems and the attorney’s special ability to provide effective assistance” (Barry, 2007, p. 35).

Law students enrolled in a clinical programme work on several social justice and community projects and interact with people from diverse backgrounds, especially the indigent and

marginalised members of the community who lack access to justice and basic human rights. It is crucial for law students to appreciate social justice issues to be able to develop the ability to handle these issues under any circumstances.

Many people in the Asian region lack proper access to legal resources as legal aid schemes are scarce or nearly non-existent in most areas. Even in areas where legal aid programmes are available, they are generally accessible to urbanites, leaving large percentages of the rural populations without access. In such cases, the law clinics, by sending students to teach law to the underprivileged, can make access to legal aid possible for them.

Planning Implementation of Clinical Education

The major purposes of clinics include; coaching law students in advocacy skills, acquainting them with the legal system and its actors and helping them acquire a sense of professional responsibility (Nathanson, 1989). Advocates of clinical education stressed “the ability to offer new areas of substantive learning ... not taught in the traditional law school curriculum” (Spiegelman, 1988, p. 258). Though these goals are still important, clinical education is not confined to these goals only. Clinical education cannot be treated as a substitute for the initial years of legal practice, nor can it mean reducing the rigours of intellectual aspects (Spiegelman, 1988). When clinical education is carried out within the framework of a law programme, it can have many of the same objectives as traditional legal education, sometimes with a different emphasis, in addition to other objectives unique to particular clinical education models.

Every new idea or programme will, as usual, be received with hesitation by the faculty members and the same goes for the clinical legal education. To date, only a handful of law schools and law lecturers have tried to adopt the clinical legal education method whereas the majority continues to doubt the method's ability to improve the quality of law teaching.

The following appear to be the major concerns for the successful implementation of the clinical legal education programme:

- a. Managing teaching workload
- b. Training of teachers with necessary skills

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- c. Balancing students' workload
- d. Ensuring appropriate class size
- e. Allocation of related resources

These issues will be discussed in turn in the following paragraphs together with possible solutions to overcome the challenges.

a. Managing Teaching Workload

Teachers who are already committed to devoting longer hours to teaching might not be ready to assign more time for creating lesson plans and other pertinent resources needed to introduce clinical education. However, it is important to note that this workload is manageable as designing the teaching curriculum for clinical education may only require time in the beginning when things need to be organised. Once the curriculum design is in place, it may only involve updating the resources every semester with the latest issues, practical aspects and problem scenarios for students to use.

b. Training course instructors with skills

Instructors must be trained and equipped with clinical education skills and ensure sufficient understanding before introducing the curriculum. This may further raise numerous challenges since the allocation of resources for training may not be readily available in many law schools. The solution lies in law schools' preparedness to allocate resources for the training of lecturers who have been assigned to conduct clinical education modules. The instructors must be prepared to undertake continuous training and the University need to allocate sufficient resources to ensure that they can master the skills to prevent unnecessary delay in implementation of the module.

c. Balancing Students' Workload

In some law schools, students are required to earn at least 154 credit hours to fulfil the graduation requirements. During one semester, they can take up to 24 credit hours which is very burdensome. In introducing clinical education, law schools must ensure that the student's workload is not inordinate lest it may have the effect of reducing the effectiveness of the program. The curriculum needs to be designed carefully to integrate substantive law courses to ensure that the students can cope with the clinic set up during the regular semester where they have to give equal attention to all courses. The clinic set-up can include theoretical and

practical components to make sure that the quality and content of education are not compromised.

d. Ensuring appropriate class size

In planning for clinics, the class size must be taken into consideration. Effective class sizes for clinics can be restricted to 50 students. Courses with a big number of students may create challenges for the lecturer in monitoring the tasks assigned to the students. This can also considerably delay the assessment of the assigned tasks and their feedback which is essential for students to make improvements.

e. Allocation of Resources

The availability of sufficient resources such as time and finance for students to be involved in clinical education is of utmost importance. Finances should be allocated for travelling and accommodation in cases where students are to travel to places away from the campus. However, if funds are not available, the Law school may prepare the estimated cost structure for students and provide students with the timeline for registering for the courses. This is essential to enable the students to arrange their finances.

Furthermore, Law schools need to identify appropriate learning spaces for conducting clinical education courses within the campus area. If the learning area is off-campus, it is necessary to provide enough information to enable students to reach there without any wastage of time.

Law schools need to seriously consider the incorporation of clinical education as part of the law school curriculum as it is no longer an option but a necessity in ensuring that the graduates are prepared for the industry. Students who are well-trained from law school will be able to start legal practice without much problem and with minimum guidance.

**Conducting Clinical Education in Times of Force Majeure
Events**

In designing clinical curricula, law schools need to take into account the responses to force majeure circumstances such as lockdowns during the Covid-19 pandemic. Clinical education requires small groups of students planning, researching and engaging in legal work in resolving a client's problem under the guidance of a course instructor. The students receive feedback on

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their contributions and are given opportunities to discuss using a structured reflection journal to identify and examine issues encountered during the sessions and their experiences (Giddings, 2013; Horrigan, 2019). The instructors conducting clinical programmes have to be flexible and able to tailor their practices to meet the new conditions that have been put in place globally to meet the new societal norms where social distancing is a mandatory requirement owing to the spread of Covid-19 virus without compromising the clinical education's important aspects, that is planning the research to resolve a given problem, deliver social justice for the parties involved, promote ethical relationships with all parties and collaborative learning.

The most distinctive and important factor that needs precedence is giving students an appropriate framework that enables them to listen, understand, and take responsibility in attending to client demands. Through their close interactions with instructors and clients, the students get the chance to develop their skills in lawyering, communication, client counselling, planning, research, problem-solving, teamwork and presentation skills. We have seen that due to the breakout of the Covid-19 pandemic and the resulting shift to digital platforms like Skype, Zoom, google meet and others for educational purposes, the students lost the opportunity to work face-to-face with clients and instructors. Hence, in such situations, the instructor should assume a proactive role in assisting the students in organising client counselling sessions and to advise processes used in the clinic. Whilst using online platforms the instructor's role becomes more important in ensuring that clients and students are well engaged in counselling sessions without compromising the security and confidentiality of all parties.

Communication with clients poses many challenges when done virtually and this is particularly crucial during a pandemic. Clients, students, and instructors as key participants involved in clinical services acknowledge that remote communication can be harder and long drawn out owing to the restrictions imposed on movement. Clinicians' main responsibility is to organise client counselling sessions and advice processes to make communications as productive as possible. However, there will be no prospects for students to acquire first-hand knowledge and experience by being a direct part of the clinic workplace and connecting with other agencies and students therein.

To make online communications with clients more productive, clinic instructors need to ensure that the following procedures and practices are adhered to:

- Understand the purposes and preferences of the clinical programme within their institution;
- to prepare a thorough schedule of the programme for ensuring clear communication with all participants of the clinic programme at all stages.
- be responsive to the needs and concerns of all participants involved in the clinic including the potential clients;
- be collaborative and promote teamwork amongst the students who are enrolled in the clinic programme;
- plan for students' skills development especially in the identification of issues in any given problem, research plan, analysis and application of the rule and conclusion (IRAC), communication and client counselling skills; and
- be accountable for their responsibilities as instructors and ensure the efficient management of the programmes as planned and carried out to train the enrolled students (Evans, et al., 2017).

The major aspect of clinical education requires the students to plan their research, interaction and effective communication between all parties involved which requires teamwork and face-to-face meetings. However, the recent Covid-19 pandemic created circumstances of uncertainty and unfamiliarity with clinic arrangements since face-to-face meetings were not possible during the lockdown period. Students are faced with a situation that they have not encountered in the course of learning other modules which can be conducted using online platforms easily. However, clinical instructors need to assume a proactive role themselves and encourage students to develop their clinical learning as an opportunity to advance both technical and technological skills, enhancing their competence and confidence in using a range of digital platforms. The experience acquired during the pandemic through remote delivery can hone students' skills and knowledge in such ways as may become handy during times of force majeure once they enter the practising world and demonstrate their capacity to learn and adapt whenever new norms are required.

Conclusion

Since its introduction in the US during the 1960s, research on clinical education highlights its distinctive features and benefits. The inefficiency of law schools in equipping future lawyers with lawyering skills and legal ethics needs to be recognised and possible steps should be taken to address it. Hence the paradigm shift in legal education is imminent. Besides improving teaching skills, clinical education is also seen as an important development in promoting legal aid, where community-based legal service programmes will create awareness among lawyers to help the marginalised and poor sections of the community.

The advantages of incorporating clinical education pedagogy into conventional legal education programmes are manifold. Law teachers, especially those not exposed to practical training, often tend to take for granted the importance of practical experience required to facilitate the learning of legal procedures and skills. Students who have gained experience in dealing with clients from various backgrounds such as landlords, tenants, vendors and purchasers of property, and divorce and custody issues can practice the principles of land law and family law in action which would otherwise be limited to theory. Law courses are mainly theoretical, hence, by structuring and assigning students to resolve real-life problems, they can create valuable experience and can promote effective teaching, beyond the usual lecture and seminar method (McAninch, 1986). The teaching, learning and research in all facets of legal education can be ameliorated through an extensive understanding of the goals, methods and benefits of clinical programmes.

Introducing clinical education into the law school curriculum is possible only with the acceptance from the university management, faculty members, support from members of the legal fraternity and the students' commitment, as it requires everyone to be fully dedicated to ensuring successful and effective implementation. Many countries around the globe are incorporating clinical methods in their legal education programmes with various innovations, including numerous countries from the South East Asian region. Clinical education has the potential to serve multiple agendas. Though its basic purpose was only to work on students' practical skills, or simply to serve as a teaching and learning

pedagogy; it is now recognised as instrumental in preparing students for legal practice. This is now beyond doubt that clinical education programmes can play a crucial role in serving the nations by preparing more socially aware and ethical lawyers who are enthusiastic to champion social justice in the interest of the general public.

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