

## Giving a Better Clinic

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Welcome! I am Glenn Edmison. I hail from Bend, OR and I model in N-Scale with some side trips into HO. I do have a home layout, *The Oregon Short Line Railroad*. It is a 5 ft. X 9 ft., two-level walk around, suspended from my garage ceiling. I have belonged to a couple of HO based clubs, and do some HO modeling.

If you have been part of a model railroading group of any kind for any time at all, you have been exposed to some form of clinic. The “clinic” is the means we use to help other modelers learn the skills and tricks of the hobby. A clinic can be as simple as responding to a request from a fellow member to show him or her how to build up scenery, apply grass, make that model barn look old and used, build a tree or trouble shoot a poorly running locomotive. Or it can be a much larger and better organized presentation to a group at the club, of the public, or at a conference like this. It is a natural part of belonging, and, if done well, helps make our hobby better. Hopefully I can help you today by sharing some of the logical steps in preparing for and presenting a clinic. If you follow these suggestions, you will find that giving a clinic is not painful at all and certainly will make those who come to you for help, happy that they chose to attend.

Clinics on “How to Give a Clinic” are pretty common. Articles in modeling magazines have been written on the subject. **Ron Morse** wrote a great article for *Scale Rails*, our NMRA magazine for June 2010. **Jack Hamilton** is also presenting a clinic at this conference on the topic. They all cover essentially the same principles for giving a good clinic ----- so let’s look at some of them.

A clinic is about teaching. The participants are there because they hope to gain a new idea or skill that will make them better modelers. They have a “need to know”. They are “motivated” to learn. You can either take advantage of this or create it so that learning happens. This and a few other principles about learning that been well-proven over time. These should be kept in mind as you prepare for your clinic. Those few principles are:

***Motivation***  
***Giving Information***  
***Applying the Informaton***  
***Reinforcing the Learning***  
***Recognition***

This is a short list. Only five basic principles. They will guide our discussion today.

First, ***Motivation*** – the need to know. The individual who comes to you with a “how to” question is already self-motivated. He wants to know. Those who come to most clinics

are only partly motivated. They are mildly interested. A train that leaves the station before the passengers are aboard, or the freight loaded, makes a journey with no purpose. Your first job is to help your audience to get aboard. You might do this with a story illustrating the need to know. You can ask leading questions that tie directly to their own experience. You might display some item that incorporates the topic of your clinic. There are many ways. Choose one or more as a starting point.

Above all else, remember that audiences are most comfortable, like passengers on a train, if they know where they are going. For this reason it is good to give them a “road map”. Experienced clinicians, those individuals who teach technical material for a living or who give “inspirational” talks to industry, all apply the the concept of **TTYWIGTT — TTY — TTYWITY**

“First, I’m going to tell you what I’m going to tell you”. (**TTYWIGTT**)

“Then, I’m going to tell you”. (**TTY**)

“Finally, I going to tell you what I told you”. (**TTYWITY**)

The first of these is part of motivation. The second has to do with the presentation, the last has to do with encouraging recall, helping the learning process. The idea is that you provide the audience with a road map for your presentation. This should be very brief, just keywords or phrases that the learner can “fill in” as they go.

Second – **Giving information** – Presentation -- Now I’m going to tell you. (The main content). Here are some things to guide you on making this effective.

Decide “What am I going to talk about?” **Jack Hamilton** says that model railroading is the only place he knows of where you can look like a king talking about things that you screwed up, or that did not go according to plan. Use your experience. Pick something you have knowledge of. You need not be a world-class expert. Or try going to a magazine and selecting a technique or product covered in an article. Just think of the fun of making a first hand report and critique on someone else’s ideas. Using that approach, you have an instant handout.

For a first clinic, remember that the **KISS** (Keep It Simple Stupid) principle applies. (It probably applies all the time). Your first effort does not have to be a “hands-on”, “make-and-take” or “how to” presentation. Make it interesting, applicable to your audience, and easy to present.

Once you have a topic, gather the material you need to build the presentation. This is called “research” or “information gathering”. Magazine files and the internet are great sources of information. Do enough research to make yourself comfortable on the subject and look for a few things about the subject that you did not know. There is no reason to believe that anybody in the audience is going to be an expert on your subject

matter (even if they think they are). The most important thing is to get your facts right (and mostly pertinent) and document your references. Once the basic research is complete, sort through what you collected, separate the helpful from the “just filler” stuff, and get ready to build your own presentation. You may prefer starting with an outline or composing directly on a computer. The outline helps arrange thoughts for some, while the “bash first and sort later” process is effective for others. Stay in your comfort zone for the drafting process. One bit of shock to the system at a time is enough.

Audiences like a little humor. They like little real-life stories. If you made some mistakes while learning about the topic of your clinic, tell them about it. Laugh at yourself. It helps reduce the tension, and let’s them know you are human, too. Just keep the stories brief. Don’t eat up the precious time you need to complete your presentation. There is a happy medium.

### Third - ***Applying the information*** -

There is a style of clinic called a “***make and take***” in which all the folks attending receive a kit or set of materials and the clinician walks them through the steps in turning it into a useful item. They might even start putting it together. Then they all take it away to be finished on their own time, and perhaps returned at a later session.

At the Seattle conference, I attended such a clinic. Everyone was assigned to a group. Each group was given a set of materials, tools, and a set of directions for making a small wooden culvert trestle. Except for some minor finishing each person was able to “take away” a useful item for their home or club layout.. They were not simply told how to do it, but had a set of guidelines, materials, and a guide to help them over the initial rough spots. They had to recall what they were told, and apply it. If there were rough spots they were guided over them. Everyone learned by experience. What a great clinic! My trestle sat on my workbench at home for only short while before I found a place for it, but every time I see it, I can recall the process of creating it. I most certainly ***learned***.

Note that this type of clinic requires some significant preparation. Sets of tools, packets of materials, copies of directions all have to be prepared and provided. This type of clinic would be ideal for a club, where the investment in resources could be justified over time. Perhaps your club could or has done something like this.

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Does this give you an idea for a possible clinic? Let’s hear some of your ideas.

### Fourth - ***Reinforcement***

For your presentation you will want to remember the fallacy of the idea that “Having

told them they have learned”. Simply pouring it on does not mean the lesson is understood or that it has been learned. Like a train that loses a car on an upgrade and blindly continues down the track, a clinician can lose his audience part way through the presentation. A lecture that just goes on and on, simply pouring it all out, is like that train. It is important to give the information in digestible form. Is your audience with you? After each key point it might be a good idea to check. Ask questions. You might broadcast questions to the group as a whole. If this doesn't work try directing a question to an individual. You can make the individual want to remember what you are teaching and help cause the information to “sink in”. If that person doesn't have an answer, don't just answer it yourself. Try another person. Reinforce the correct answers. Something like “Exactly”, or “Yes”. However, be sure the audience hears the *correct* answer. If the answer you receive misses the point or is incorrect, dignify it with something like “That's good. You do need a whatever, but don't forget that you will need a whatsit”. This way the responder gets a pat on the back for responding, and the others don't generate a fear of trying. And all the participants are left with the correct answer. Plan to check often enough to see that the learners are still with you. How might you do this?

It is well-established learning psychology that tells us that we remember better what passes through our mind more than once. To help those who attend your clinic learn what you came to teach them, break it into digestible “bites” Check after each bite by asking the learners to repeat what they have been told, or to demonstrate the process they have been shown. Similarly you could ask someone to tell the steps to be followed in doing something you have taught them. Or to show how they would do it. Be free with compliments. “That's right!” “Good”. Give credit for what is right, but be sure that what the audience hears or sees is correct before going on. Do not let the last thing they heard be the incorrect information. An example might be, “Good, You have the right materials ready. Do you think you might want a *whatever*, as well? You are giving praise for what has been learned, and then helping the learner recall what has been missed. Everyone in listening range is reviewing what they have learned, as well.

### Fifth - **Recognition**

There is nothing like an honest, quiet, private bit of recognition for promoting learning. **Reinforce the positive, eliminate the negative.** “That looks good.” “That is a really neat soldering job.” Everyone likes to be a winner. Such statements go far to cause us all to remember what we have learned. But do so only when it is deserved. Most people recognize phoney praise. And it doesn't need to be a public announcement.

Another technique when your clinic is about producing a product is to ask your learners to put their product in the hands of others in the clinic group for a critique. Divide into small groups or share with the entire group if it is small, say 6 or 8. Instruct everyone

that they are to find some things the person did well. Then to make suggestions for making improvements. This is called peer reinforcement.---“A little bit of sugar makes the medicine go down”.----It is a powerful teaching tool.

Well, that is a bare bones coverage of five solid principles of learning that you can apply if you choose or are asked to give a clinic.

What is the purpose of **motivation**?

Why do we want to be sure the **information** you give is correct?

Why do we want our learners to **apply** the knowledge or skills we are trying to provide?

What are some techniques of **reinforcement** you might use?

What is the purpose of **recognition** in any learning situation?

That is it. Those are the principles that will help you give a clinic that will be well worth your time and that of the people who attend.

Well-known clinicians like **Paul Scoles**, the staff of **Modeling with the Masters**, or, even **Leslie Eaton**, have a long and respected history of giving clinics.. They come armed with Power Point presentations complete with effects, boxes of supplies, professionally printed handouts and so forth. First-time clinicians tend to get overwhelmed and think they need to put together a presentation equal those noted persons. For the first time out there is no need to spend more time and money on “training aids” than you ever intend to spend on your layout. If you really need training aids, keep them simple. In this day of high technology, we tend to forget the simpler tools of the past. Or, why not a simple table-top easel with a newsprint tablet and come colored markers? Why not something similar like a dry erase board. The working part of such boards are available at most building supply places such as Home Depot. And they are reusable. Some personal examples of work you have completed, demonstrating mistakes make great “aids”. A good modeler never throws anything away. An apparent failure can easily become “background” stuff on the layout or a training aid (or both). The real question to be answered is, “Do I need an example to plainly show what I am talking about?” If the answer is “yes”, use the most simple aid you can provide. If no, forget it.

## **Polishing the Presentation**

Once your “DRAFT PLAN” (*as in first cut or initial attempt*), is complete, set it aside and let it rest. Go build something in the shop and forget what you have just created. Not sooner than 24 hours later (called “sleeping on it”), but even better – 3 or days later, go back and reread what you prepared. Read it all the way through first and then one subject element at a time. Don’t be surprised that what was so brilliant on Monday may need a “bit of work” on Thursday. Take your time to re-word as necessary, re-

organize to better establish a coherent thought train, and polish it up for a smoother presentation. Work in (or perhaps work out) those training aids you were sure you needed at the start. After a couple of times through the “review and revise cycle”, you will probably have a better product and be more comfortable with your work.

Using this process also allows you to concentrate on the “Tell them” aspect of the presentation and to simplify, simplify, simplify. We all have a tendency to expound forever on those things we really know (think we know) and to quickly gloss over the areas where we are a bit shaky. This clinic development process forces us to devote the appropriate amount of time to each aspect of the presentation and to make sure we deal with matters of significance rather than matters of comfort.

With your product in hand, now comes the really hard part. You have to force yourself to complete a series of **practice presentations**. The first couple can be simple “read throughs” while standing on your feet. That lets you establish flow and timing, identify places where emphasis may be required and look at hard spots that might need a bit more work. Once you have the basic presentation down and are comfortable with it, practice with the equipment you will be using for the presentation. If you have a Power Point or other presentation type that will be using a projector, you can simulate clicking slide to slide, or laying down view graphs. You do need to factor those physical actions into your presentation timeline and flow. **IT IS NOT NECESSARY TO HAVE THE ACTUAL PROJECTOR AND SCREEN SINCE YOU SHOULD NOT NEED TO LOOK AT THE PROJECTED IMAGE ANYWAY. NEVER, NEVER, NEVER READ SLIDES TO YOUR AUDIENCE.** The abbreviated material on the screen is simply to concentrate [focus] audience attention to the more-detailed information you are providing.

No matter how much practice you put in and no matter how comfortable you may become presenting your clinic to your wife or your dog, you will have butterflies when the time comes to take the stage for real. Clinicians who have been doing this for years still feel “queasy” every time they go out. The key is to see your audience as your friends and your presentation more like a conversation. Once you get started the butterflies will go away, (replaced by stark terror), and finally settle to a level of acceptable discomfort. Anyway, by then it’s too late because you are already dancing on the hot coals. If you make a mistake, correct it and go on. Make light of it, if you can, and understand that all of the people (except that rivet counter in the back row) are there to learn.

The **Final Step** after the “tell them what you told them” part is to open the floor for questions or discussion – I prefer discussion. If you ask for questions, the audience expects you to provide answers. If you ask for discussion, anyone can come to your rescue. That always seems much better. Don’t take any comment personally (except for that rivet counting SOB in the back row. To his comments, you might just say, “Thank you for those comments, I will consider that” then move.on. Do take comments

and recommendations as a means to improve the particular clinic you have presented and to improve your ability. Be gracious and never forget to sincerely thank the guys who gave of their time to hear what you had to say.

**One Other Element** of the clinic presentation is the obligatory “handout” a requirement if you want to earn the Achievement Program points. This is another Keep It Simple area. If you are using a Power Point type presentation and want your audience to take notes, use the Power Point handouts option and you have an instant handout. If you don’t need them to take notes, you can still use the Power Point handout option because it is easy and it works. If your clinic is based on something from a magazine article, reproduce the article as the handout. (For clinics, plagiarism is apparently the highest honor that can be offered). If you do use an article reprint, make sure you give the author the credit. If you are talking about materials or physical items, the handout should be as simple as a parts list or tool list with sources. The real point is to give the attendees something that will be useful to them because it was useful to you. (Besides, you are earning “Author” points for NMRA’s AP program.

Some clinicians like to provide the handouts at the beginning. If you want the participants to be taking notes, do so. I prefer to have my audience listen, and take the handouts at the end. This way they are likely to read them later, review the material at that time, and learn better by doing so.

Finally, when the last attendee has left the room or you have managed to answer the last question, or take the final barb, walk away knowing that you have done something that fewer than five percent of your fellow modelers have ever done. You have presented a live clinic and you are now a “Clinician.” You will be better prepared to more skillfully evade the next time the opportunity comes up, or perhaps, you might have even enjoyed the experience and are looking for another subject and another audience. Above, all, relax and have fun.

**And in Conclusion,** There is one additional step that you should take. After you gather up your stuff, wipe the sweat off your brow, and finally find a moment to yourself – within 24 hours if possible -- ***critique your presentation***. Ask yourself some questions such as:

“What went well?”

“What did not go well?”

“What might I add or change to make it better?”

Write down your ideas, maybe in the margin of your presentation notes. Before you do another clinic, review those notes and apply them in your next preparation. Do this and I guarantee your next clinic will be better.

Thank you for coming to my clinic. Now, is there anything you would like to discuss?