

## **The Art of Clinic** (With Thanks to Sun Tzu)

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You were sitting quietly, half listening, at your local [Model Railroad] gathering, when the clinic leader asked for volunteers for the next month's presentation. You thought he was asking who wanted to go on the Rail-Fan trip over the weekend and you shot your hand into the air. Too late, you realized your mistake and immediately began the "my wife won't let me" and "my dog ate my notes" dance to escape the assignment. You should have known better, because the clinic leader has been around for a long time, has heard all of the excuses, and has had you targeted forever. Since you can't escape, you had better figure out how to get ready. Procrastination does not a clinic make, (Old model railroad saying).

First step in the process is to decide "What am I going to talk about?" Model railroading is the only place I know of where you can look like a king talking about things that you screwed up, or that did not go according to plan. Pick something you have knowledge of. You need not be an expert. 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. Besides, with that approach, you have an instant handout. For a first clinic, the KISS (Keep It Simple Stupid) principle applies. (It probably applies all the time, we just get cocky). 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 the presentation.

First time clinicians tend to get overwhelmed and think they need to put together a presentation equal to Paul Scoles, Modeling with the Masters, or, Lord help us, Leslie Eaton. 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. 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 yes, use the most simple aid you can provide. If no, forget it.

For most, the next step in the process is the hardest ----- because people try to make it

the hardest. Those individuals who teach technical material for a living or who give “inspirational” talks to industry understand the concept of TTWYGTT — TT — TTWYTT “Tell them what you’re going to tell them — Tell them — Tell them what you told them”. This is an absolute fail safe process that, for me, even got the ultimate stamp of approval as “Sailor Proof”. Using the 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. You may prefer starting with an outline or going directly to creation 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 sufficient.

Once the “DRAFT” (THAT MEANS DRAFT AS IN FIRST CUT, OR INITIAL ATTEMPT, OR PRIMARY RECORDING OF BABBLE) 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 “sleep on it”), but even better – 3 or 4 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, reorganize 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.

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 ARE NEVER GOING 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 a level of acceptable discomfort. 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. (Besides, you are earning "Author" points for NMRA's AP program, and they are not).

The third step in your presentation is to retrace what has been covered by the clinic. TELL THEM WHAT YOU TOLD THEM. Not in detail, but enough to cause them to reflect on or recall what was covered. You might just give an abbreviated list of keywords representing what was covered. An example: "We talked about tools we would need for this task. Especially useful is the whatsit." Better still, ask the participants to recall the key points. For example: "What are the essential tools needed for this job?" Be sure to reinforce right answers with comments like "Good", "Exactly", "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.

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. In his case, take good notes because pay backs are hell). 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" if you want to earn the Achievement Program points. ( Why would anyone go through this hell, if not for AP???) This is another Keep It Simple Stupid 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 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.

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.

There is one final 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?