

Figure Clinics

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Description of our approach of planning and realization

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What is our understanding of a Figure-Clinic?

Imagine a Two-Step, which contains the following figures for your dancers in order of appearance in the choreography:

1. Broken Box
2. Progressive Scissors
3. Bolero Wheel
4. Standard Scissors
5. Double Hitch
6. Traveling Box

You could teach the dance along the choreography. That means you impart the figures in above mentioned order and the practise will be dancing to the music of the dance.

But if you are willing to explain a figure concept, then it makes sense to built figure families and put them together in teaching-units.

Concerning our example one would teach the `Boxes` and the `Scissors` in separate teaching-units and work out similarities and differences. And the method of hash cueing to practise music would be useful.

The teaching order of the figures could be the following:

1. Broken Box
2. Traveling Box
3. Standard Scissors
4. Progressive Scissors
5. Bolero Wheel*
6. Double Hitch

This is the very basic start for a Figure-Clinic!!!

*The *Bolero Wheel* is placed after the *Scissors* on purpose. *Standard Scissors* end in BJO. A "standard" *Bolero Wheel* is danced from "Bolero" BJO. Though the example is not very good, it generally makes sense to plan a Figure-Clinic even that detailed.

Things of importance while planning a Figure-Clinic

Three central questions should be answered up front:

1. **What level is the average dancer that attends the dance? What figures can therefor be presumed?**
2. **Is a choreography to be taught or is a figure concept to be imparted?**
3. **How many time is to fill?**

Answer the central questions and the main problem -

Which and how many figures are to explain? - is solved.

Helps to answer the central questions:

1. Imagine the expected audience. The phase of the clinic has to be chosen in a way that 90% of the dancers are satisfied. Normally we strive to reach 100%!!! But experience shows that 5% of the attendees each are normally over- or under-taxed. If you are able to make 90% happy the rest will be grabbed by the atmosphere.

A few additional remarks:

- At least in Europe some of the people only attend a special dance in order to have a nice afternoon and/or evening, meet some buddies and perhaps dance and learn a little. It sometimes is not so important which level the clinic has but how much fun you can create. Therefor it is necessary to create new ways of teaching „old stuff“.
 - Do not be confused when a bigger number than 10% of the attendees deviate from the expected dance level. Go for your well prepared concept. Most of the times you earn more dissatisfaction with people when teaching from the “stomach” than by teaching a little bit too easy/difficult but well prepared concept. Surely this point depends on your state of experience.
 - Being invited to a special dance which circumstances (audience, surrounding, atmosphere ...) are unknown to you, do not only rely on the organisers exclusively. Talk to some dancers that already have attended the dance. You will gain a lot information concerning atmosphere and their expectations.
2. **a.** If one plans to impart a figure-concept „only“ one is relatively free in choosing the figures independently from choreographic specialities. But make sure that a major goal is reached. (At the beginning of a clinic we always state what the achievements will be. E.g. we like to enable the attendees to dance often used Phase III Cha Cha moves. People will definitely judge us at the end if the goal is reached! Telling them about your goal puts you under pressure. But even if you do not tell them they will look after the achievements, anyway.)

b. If ones decision is to enable the dancers to do one or more choreographies at the end of the clinic the concept has to be planned along the choreographies.

We take another Two-Step example:

Choreo A contains following new figures for the expected dancers

1. Fishtail
2. Broken Box

Choreo B contains three more

1. Traveling Box
2. Lace Up
3. Whaletail

Like in the starting example it presents itself to built teaching blocks. This time from two different dances. The *Lace Up* has no teaching equivalent. It has to be built in at the most suitable spot of the clinic.

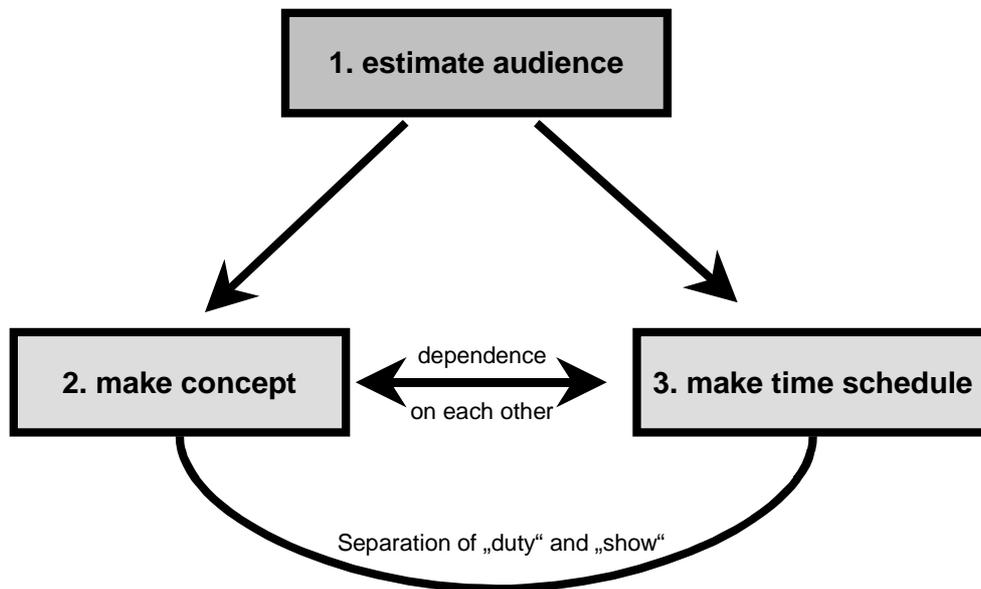
c. Sure, you can do both. Explaining a figure concept along a choreography. Some choreos give the opportunity to do so. But the more complex your goal the more difficult it gets to find a suitable choreography for it. If there is no suitable choreo, write one! (We wrote *Little Papillon* as a clinic dance to improve basic left turning figures in Waltz and to create a new partner relationship in left turns. Basically it's a module dance but written to fit the music.)

- 3.** Plan the clinic in small time slots. Make clear to you how much time each teaching block eats up and make a schedule. Think of, and plan the breaks!

Our plans always have "tons" of material excess. While the clinic develops we recognise how much of the material we are able to present. The key for this method is the knowledge of the fundamental and necessary information that has to be given without deviation from the major goal (s. 2.). We call this the separation of "duty" and "show". A walk on the ridge which needs a lot of preparation and a good overview.

Remark: The preparation of our first RD-Clinic (weekend) in Eringerfeld 1996 took us two weeks. Today it takes up to three days filled with the **physical** preparations: Planning the concept, choosing dances, check cuesheets, look up definitions ... The **mental** approach to the clinic keeps us busy the whole year.

Here is a graphic approach to the three central questions and their dependence on each other



Here are a few things we like to add:

- The summary of related figures in teaching units is a clever means to implement a lot of material in a very short time. But there is a danger! Explaining five different “Boxes” in one clinic might be very confusing and probably leads to dissatisfied dancers the following week. Extensive figure families should be explained by their basic figure supported by one or two of its siblings at once. Do not try to present the whole group of figures in one session.
- If one likes to impart more than one choreo one had to be aware that some figures could be danced from different starting positions. This problem might even occur with only one dance. If this particular figure is part of your clinic the different alignments should be part of it, too.
- Read cuesheets carefully. Sometimes a basic figure name is used in the cuesheet but it has a different description to the RAL-Standards.
- It gets easy when a bunch of dances is at hand that can be taught consecutively starting with a basic repertoire of figures. (See Jive Clinic Vol. 1)
- Sometimes it can be useful to re-teach - or at least have a look at - the basic figure of a family, even when it is well known to the dancers, in order to teach its „difficult“ siblings afterwards.