

Dunedin Clinic Probes Pro Teaching Problems

By WILLIE OGG

Pro-Supt., Albany (N.Y.) Country Club

Development of the clinic idea was given impetus in pro golf at the Dunedin (Fla.) PGA National course recently when a group of representative professionals informally held what might have been called a clinic about clinics.

The dictionary definition of "clinic" is "A medical institution in which a group of physicians jointly examine and treat patients; also the examination and treatment of patients in the presence of medical students." The group of golf physicians jointly examined and treated, first of all, themselves as patients, in an effort to determine the most effective methods they had employed in golf instruction.

It was especially impressive to me to see how calmly and open-mindedly the professionals discussed their methods in an effort to scientifically analyze their own and others' methods of instruction. Many of us can recall when such discussions inevitably would lead to clashes of personalities and the broad picture of professional investigation would be clouded. Now we seem to be progressing toward an attitude of dispassionate and incisive investigation and away from a set determination to defend each and every method of swing diagnosis and instruction that we individually use.

This genuine professional attitude is along the lines I recall as having been described to professionals by Dr. Robert Dyer of Chicago at a national PGA meet-

ing some years ago. Dr. Dyer emphasized that because the doctor's job is based on a knowledge of the nature of illnesses and injuries the study of ailing people is paramount. We certainly should realize that. Our pupils come to us because they have golf swing maladies. And golf instruction itself is not as healthy and as effective as it should be.

In the Dunedin session none of us assumed the role of teacher. We exchanged and discussed experiences trying to determine at least a few details that could be favorably considered for adoption as standard practice.

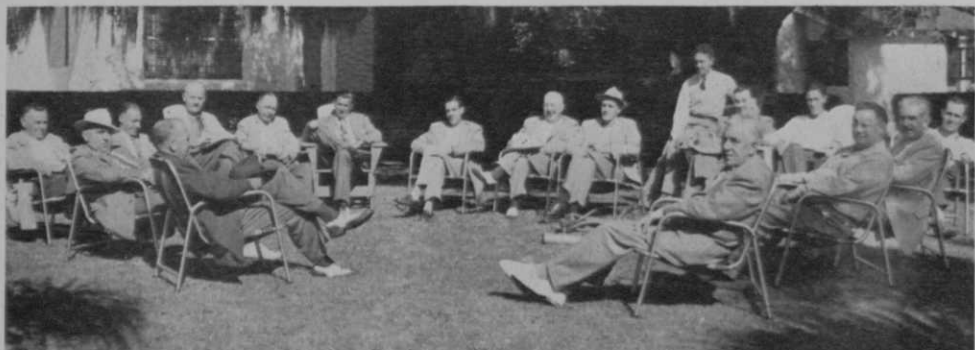
In a few instances we were able to reach unanimous opinion.

It was agreed that best results invariably were obtained by having the pupil concentrate on the right thing to do instead of letting him continue to be conscious he was trying to overcome an aggravating defect. Build-up of a positive and confident psychological condition was discussed from the mental and physical conditions of the pupil.

Correct diagnosis of the causes of the faults as the most important and baffling problems of instruction was, without exception, considered the test of the teacher's ability. Along with that, of course, was ability to prescribe the correct and simplest possible treatment.

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In this informal setting pros at PGA National course, Dunedin, Fla., held their instruction clinic. Among those participating were John Watson, Roy McLoughlin, Ray McAuliffe, Joe Donato, George McLean, Charlie McKenna, George Hall, Bill Graham, Bill Gordon, Alex Ayton, Louis Adesso, Alex Ogilvie, Alex Greer, Floyd March, Walter Bourne, Johnnie Manion, Willie Ogg, Bob Campbell, Bill March, Irving Schloss, Dave Elphick, Mel Shorey, Frank Strazza, and Major Hesson.





Dunedin Pro Clinic

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It was the general observation of those present that every qualified professional was well informed on the basic elements of the swing and competent to discern and appraise such advances as are made by the star players. An urgent need was conceded to be that of greater study of the swings of the common golfer rather than intense study of details of the stars' swings. In that respect the professionals at the Dunedin clinic agreed thoroughly with the statement of Dr. Dyer, previously referred to, that the professionals' path in improving instruction results must proceed along far more complete study of the ailing rather than such absorbed study of the methods of the healthy swinging masters.

In developing that idea the pros at Dunedin believed that in pro clinic programs much good could come from study and discussion of motion pictures of the swings of the suffering duffers.

Lesson Time Basis Questioned

There was serious question of the traditional method of giving lessons on a time basis. It was the expressed experience of all at the Dunedin clinic that teaching should be charged for on a "visit" basis, in most cases. The main exception was in charging for instruction of beginners.

When a pupil books a session with the pro for the purpose of having some fault cured and the pro is smart enough to correctly diagnose the cause of the fault and apply effective treatment in comparatively short time, the purpose of the visit is successfully served. The doctor, under comparable circumstances, would be on his way after applying the treatment, but the pro by the customary procedure has to spend the remainder of the half hour or hour with the pupil.

The result generally is that other faults are given treatment so the pupil, instead of concentrating on overcoming his most

J. L. HAINES SON DIES—A motorcycle accident caused the death in Denver, Colo. of Jimmy, son of Mr. and Mrs. J. L. Haines, while the father and mother were en route home from the GSA convention at New York. Mr. Haines is supt., Denver CC. The Haines' were notified of the accident in Chicago and boarded a plane to fly to their son's bedside. The plane was grounded in Omaha and they reached Denver the morning after their son had died.

210 at Purdue Short Course

Photo at left furnishes an iron clad alibi and an excellent one for most of the greenkeepers absent from home Mar. 18-20. Event was the Purdue Short Course and the scene, the steps of Purdue's Union House.

serious fault, is brought into the job of rebuilding much of his game. The pro is practically compelled to give the pupil in such instances more than the pupil can successfully absorb. It becomes a case of trying to cure the patient of everything from warts to leprosy because the pupil has paid for a half hour's lesson time.

Many pros are using the "visit" method of giving and charging for lessons and find it highly effective in compelling the pupil to concentrate on getting a fundamental of the game soundly set.

Many practical difficulties must be overcome before this more logical and effective method can be applied. The golfing public is so accustomed to paying on the time basis that it probably is going to require some years of education before the pupil whose major fault is a defect in his grip will pay for an effective cure of that fault applied in 10 minutes, after he's been expecting at least a half hour with the professional. The 10-minute cure actually may be of greater value than a half-hour's lesson at from \$2 to \$10, but a big job is ahead of the pros in getting the public to realize that.

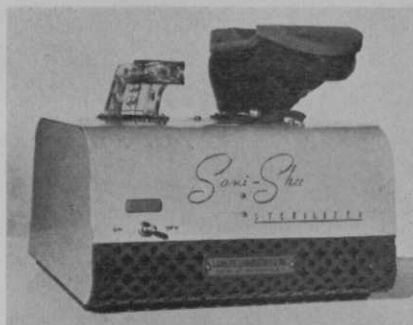
Develop Public Confidence

It was agreed by those at Dunedin that an important phase of all pro clinics is the publicity value in acquainting the public with the PGA's emphasis on qualifications of its members as teachers. We must admit that today the general golfing public doesn't have confidence in golf teaching because it does not know to what extent the really qualified pros study and discuss teaching. This phase of the professional golfers' association with each other is virtually unknown to the public. The public is kept constantly informed of pro playing activities in the major money tournaments and district affairs but is in almost complete ignorance of the time, thought and effort pros devote to instruction betterment as a means of protecting the public and increasing the public's enjoyment of golf with improved scores.

The development of the clinic idea affords not only the newspaper and word-of-mouth publicity the pros need in this direction but it will provide the PGA with a sound basis of identifying qualified instructors. As it is now PGA membership does not mean what it should to the public as evidence that the master pros themselves are deeply interested in protecting the public with the best possible instruction.

Eventually we are going to have to hold a series of clinics in each PGA section. The pattern for them will have to be determined after consultation with education authorities and doctors who have an idea of the sort of a task that confronts us.

Then we will have to have a winter



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school at Dunedin for assistants and others in the business who wish to attend. After means of exchanging and developing the knowledge of successful professionals are provided then it will be in order for the PGA to set up examining boards to pass upon the qualifications of all seeking PGA membership.

If this were done I am sure that it would do a great deal to remove distrust from the golfing public and from the minds of club officials who have the responsibility of hiring pros.

There may be some in our profession who are so self-satisfied and opinionated they would not engage in such a program. That need not be discouraging for the great majority of competent professionals would participate enthusiastically. Those who would hold out probably would have only negligible contributions to make anyway.

The Dunedin clinic program although informal, again was convincing proof to me that intensive development of the clinic idea is essential to promoting the best interests of the professional golfers, and that means also promoting the best interests of all who engage in the game as amateurs, club officials, club employees and golf goods manufacturers.

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