

Creating the Synthetic Training Space

The synthetic training space is one of the most powerful teaching environments, perhaps only followed by actual visits. It is the space where clinicians (as well as support staff) physically demonstrate technical competence and skills. Hospices have spent millions on administrative buildings and IPUs and have overlooked the most important space that needs to be designed if “People are really our most important asset.” Here are some recommendations about creating such a space at your Hospice:

1. **The Size of the Space** - The space doesn't have to be very large. Hospices have converted really small spaces into learning labs. I have seen literally a closet work! You must have enough space for the student and the teacher as well as a patient and caregiver. If space is extremely tight, paint it to somehow delineate the patient or caregiver on the wall like a mural! We have found that the easiest way to teach is to simply have the Teacher sit in a chair (next to the props) in the room. This allows the Teacher to correct and offer recommendations immediately. Optimally, you could also have some space for the storing of your “props” in the synthetic space for easy access.
2. **Colors** – Red, Orange and Yellow are stimulating colors and give life. You can also use many colors (maybe a different color on each wall). Bright Green, Blue and Purple are also good colors. The point is that you want the training space to stand out as “special” and sacred. The color needs to stimulate! Pure white can be attractive as well! AVOID tans, browns and neutral colors. Wood and natural textures are also very good as they are unique and inviting AND are a fresh contrast in most corporate environments.
3. **Avoid the Basement!** – Having the “sacred” training space in the basement is not very inspirational. If your training area is indeed “the center of the universe” then put it in your prime real estate! Put it in your most visible place! Convert your atrium into the lab with see-through windows so that visitors can “awe” at your dedication and esteem for People Development. Often, people will donate quite liberally to educational initiatives.
4. **A Simulated Car and Car Box?** – Make a half-car on the wall, where a clinician can simulate the Pre-Visit Phase. You might have an “Onstage and Offstage” sign in the car just to place emphasis on the performance aspects of the visit. If you use a simulated car situation, you will want to place a video camera in the area to capture this phase of the visit.
5. **Make the Entrance Like an Outside Door!** – This adds a more realistic dimension to the visit and makes the lab stand out even more.
6. **The Threshold!** – Make the threshold of the entry door special. Make it RED or colored with the words, “I am a Guest” or “I am Creating an Experience” or something that inspires and reminds students of an important thing to keep in mind during the visit.
7. **Furnishings** - I would have simulated stoves, fridge and other furnishings. These can be cardboard, painted wood (a good project for the Boy Scouts) or the real items! A table and chair as well as a bed are also needed if space allows.
8. **Props** – You will need various props to create different settings (unless you can afford to have dedicated rooms for each type of interaction, which is NOT recommended). It



- would be very convenient if you have a storage closet close to the lab for easy access to props. What props will you need? You might have fake puke, turds and perhaps a rodent or two. Be imaginative. By slightly altering the environment between visits, you can test clinicians' observational and perception skills.
9. Pull Down Scenes – If you want to get fancy, have pull down screens near the walls so that you can simulate several different environments within the same room.
 10. The Patient and Caregiver – You want to simulate people. This can be accomplished with manikins, dummies, cardboard cutouts or even painted people on the walls! What you want to keep in mind is that you will place a small speaker near the head or general area of the figure or image. Sounds come from directions in real life and you want to simulate language and sounds coming from the patient, caregiver and even from other sources. These sounds and dialogue will be controlled from your iPod or iPad by pressing the Start or Pause buttons! We simply record the scenario following the Visit Structure (since that is what you are teaching) and then “split” the voices with the Patient on the right channel and the Caregiver on the left channel!
 11. Video the Visit – You will capture each synthetic visit on video. Therefore, in a corner of the room you will position a camera. This will be one of the most important training tools in your People Development System. People normally do not like to see themselves on video. But forcing people to watch themselves is one of the most powerful and EFFICIENT ways to train. Most people are VERY critical of themselves and will autocorrect when they become aware of bad habits or poor performance. You, as a Teacher, will also be on the lookout for Best Known Practices. Often, most top clinicians are not aware that they are doing a Best Practice or are performing their work at extraordinary levels. The job of the observers is to notice these practices so they can be incorporated into the Hospice's system of care. By videoing these practices, a BEST of the BEST compilation video of the Visit can be created and shown to students. This gives recognition to star performers and also gives the Hospice yet another very powerful teaching tool.
 12. Spend Extra Money on a High-Quality Microphone – Use a high-quality microphone to record the audio of synthetic visits. Since people will be reviewing the videos, make them sound good. It is painful to have to listen to harsh, tin can recordings. Plus, you want to make a BEST of the BEST audio CD that can be used in the car as well! WOW! Two training tools in one!
 13. Place High-Quality Speakers in Every Corner – Like the speakers near the heads or in the general direction of your simulated patient and caregiver, speakers in the corners gives you further flexibility as you can add background noises, other people, other voices and unexpected things that could happen during a visit! These sounds would require an additional speaker system and iPod or iPad, but it would give the Teacher more scenario options.
 14. A one-way mirror or glass should be used if you want to really impress the public and create more learning options in your lab. This allows observers and other students to be able to see the actions of the student in the lab. I like to locate this one-way mirror off of the formal teaching space! This naturally connects the learning environment and facilitates learning even more!



15. The use of pre-recorded scenarios and sounds is **CRITICAL** to minimize the variability of the teaching environment. Role playing with live people is **HIGHLY** variable and is **NOT** sustainable. There is **NO** way that role playing will teach as well as a pre-recorded scenarios when teaching “structure.” You will never be able to get actors to say the things that need to be said and with the Energy required. Use pre-recorded scenarios and sounds!!!!!! I cannot overemphasize this. In order to use this type of training environment, you will have to create scenarios. You may create 5 typical visit scenarios and then, **WHAM**, hit the student with the “unexpected” and “edgy” visits in scenarios 6-10. Teachers and observers should pay special attention to the perceived **CONFIDENCE** levels of students. If you have taught to a sound conceptual visit framework, the student should be able to recognize the situation and adapt confidently. The point is that you want to minimize the variability of training experience by using pre-programmed visit scenarios. **DO NOT EXPECT ACTORS TO PLAY THE PART OF PATIENTS AND FAMILIES ON A REGULAR BASIS.** Though real people can occasionally play the role of patients and family members OR students may play the part of patients and caregivers, it is not a consistent method of training.

