

'They're called what?'

Dear Editor

'They're called what? Standardised patients—you must be kidding. That's so dehumanising!' [Patient advocate being oriented to healthcare simulation practices]

We welcome the invitation from Sanko *et al* (2020) to seek clarity of terms used to describe what we know as 'simulated participants'.¹ While seeking a common language has great value as Sanko *et al* eloquently describe, we place even greater value on the use of inclusive, respectful and sensitive language.

For over 15 years, the authors have variously flagged issues associated with the use of the terms *simulated patient* and *standardised patient*.^{2–5} Our argument with using *standardised* before the word *patient* is that it is in tension with values of patient-centredness and person-centredness and, in tension with valuing the rich variation associated with being human. This argument was made by Murphy *et al* (2019), in their review on several terms used in healthcare simulation.³ They write, '*standardised* is a word best applied to a product or process that can be calibrated like a machine which ignores 'the inherent complexity and randomness of human behaviour that we value and respect. The opening quotation is testament to this.

We recognise the importance of standardisation for assessment purposes and thresholds for acceptable standards. The simulated participant (eg, patient, relative, first responder, etc), in this context, effectively becomes a proxy for the exam question. Training of the simulated participant encompasses character development and clinical or other key facts, the former so that the SP can respond as they might if they inhabited that persona and the latter

to ensure accuracy in sharing of information—both facets of SP training that contribute to consistency. We seek to ensure that simulated participants in assessments portray their role within a bandwidth (to achieve standardisation), that whomever they are portraying has some input shaping the character and context.

As for the term *confederate*, it has a strong presence in contemporary healthcare simulation history, especially in the USA. The word *confederate* also has connotations of deception, if interpreted as their origin in psychology experiments. Our preference has been to name these *confederate* roles for what they are, simulated participants. For example, in immersive simulations designed to support surgeons in operative scenarios, actors were trained to take on the roles of *simulated anaesthetists* or *simulated operating theatre team* members.^{6,7} Again, we argue simply for the term simulated participant with greater specificity of the type of participant.

In 2015, in the final chapter of their book, Bearman and Nestel argued that the term *simulated participant* captured the expanded role that simulated patients were increasingly playing.⁸ To our knowledge, it was the first documented use of the term but that is not important. What is important is that we use terms that are inclusive, respectful and sensitive.

In closing, we are grateful to Sanko *et al* (2020) for continuing this important conversation.¹ At BMJ STEL, the use of the term *simulated participant* will be promoted in all future manuscripts.

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