



Featured Article

# Standardized Patients Versus Simulated Patients: Is There a Difference?

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## KEYWORDS

actor;  
performance-based  
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**Abstract:** The rapid development of simulation as a modality for education has created some confusion in terms, especially when applied to standardized patients and simulated patients. Some authors report them as being the same, whereas others define them in a different context, causing confusion for facilitators and researchers. The purpose of this article is to offer a discussion and definition of the roles of a standardized patient and a simulated patient and to define the differences between the two genres.

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## Introduction

The use of simulation in health care education is expanding, with many clinical and academic facilities now adopting this pedagogy to enhance clinical and professional skills and knowledge. The use of manikins, task trainers such as intravenous arms, actors, and role play have now become widely used in many disciplines as part of simulation education and development. However, the terminology adopted in the reporting and description of performance-based simulation is somewhat confusing and can cause some difficulties for new simulation practitioners when defining the technique they are developing.

The purpose of this article is to offer a discussion and definition of the roles of a standardized patient and a simulated patient and also offers some clarity for developing simulations with individuals rather than manikins.

## Historical Context

There are many publications that refer to the term *standardized patient* (SP) and also a number that discuss *simulated patient* (SiP) (Bosek, Li, & Hicks, 2007; Boulet, Smees, Dillon, & Gimpel, 2009; Lane, Slavin, & Ziv, 2001; Chaturvedi & Chandra, 2010) But are they the same, or are these two different terms? And what is a SP and what is a SiP?

The term *SP* is reported by the Association of Standardized Patient Educators (ASPE) to have grown from the term *SiP*. Coined by Howard Burrows in the early 1960s, the term *simulated patient* was defined as follows:

a person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician. In performing the simulation, the SP presents the gestalt of the patient being simulated; not just the history, but

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the body language, the physical findings, and the emotional and personality characteristics as well. (“About ASPE,” n.d., ¶ 1)

This term was then developed further by ASPE following a considerable amount of work by simulation and education

### Key Points

- Defining the roles of Standardized Patients and Simulated Patients.
- Defining differences between Standardized Patients and Simulated Patients.
- Preparing Standardized Patients and Simulated Patients for simulation activity.

experts who saw the term *SP* emerge. This was later defined by Gayle Gliva McConvey as “a person trained to portray a patient scenario, or an actual patient using their own history and physical exam findings, for the instruction, assessment, or practice of communication and/or examining skills of a health care provider” (“About ASPE,” n.d., ¶ 2).

However, the clarity of the definitions has been further confused by Glass et al., who state that “Standardized patients are trained actors who portray patients during an interview and physical examination” (Glass, Brender, & Burke, 2005).

Analysis of these definitions causes some confusion for many facilitators of simulations as they are determining two different concepts. The first is that a SP is a person who has been directed to portray a patient and all the patient’s characteristics. This description implies that the SP is taking on the role of a patient and presenting the patient as a character or person other than themselves (Bokken, van Dalen, & Rethans, 2010; Mavis, Ogle, Lovell & Madden, 2002). Many would describe this as *acting a role* or *role play*.

Paralleling this description is the phrase that defines SPs as people who use their own personal medical, social, and psychological history. In this case, SPs are not acting or taking on the role of a patient, but are being themselves and using their own history when being interviewed or assessed by a health professional.

Some literature also defines SiP as actor-based simulation or role-playing (Corner, 2005; Ments, 1983). Role-playing is when a participant in a simulation takes on a role of a character or person and acts it out. It is a form of acting that can be strongly improvised, with the actors bringing the characterizations to the people they are playing. Yardley-Matwiejczuk (1997) explained that role-playing “describes a range of activities characterized by involving participants in ‘as-if’ or ‘simulated’ actions and circumstances . . . a way of deliberately constructing an approximation of aspects of a ‘real life’ episode or experience” (p. 1). In comparison, actor-based simulation is described as someone who takes on the persona or role of somebody else. All of these definitions, *SiP*, *role-playing*, and *actor*, describe the same principles of an individual taking on the characteristics and persona

**Table 1** Comparison Between Standardized Patients and Simulated Patients

Standardized Patient	Simulated Patient
A standardized patient is a person who is not an actor.	A simulated patient is a person who is acting a role.
A standardized patient is a person who presents his or her personal, physical, social, and psychological history.	A simulated patient is a person who is given a history to portray.
The same history is applied to every simulation by each SP.	A simulated patient is a person who is directed by a facilitator to take a role within the simulation.
	A SiP-based simulation can be reproduced for multiple participants.
	The same simulation can be replicated with different actors.

of another person and portraying that person in a simulation or staged event.

It is this mix of definitions that is causing confusion, not only for simulation developers, researchers, and simulation facilitators, but also in the reporting of the literature.

## Definition

The delivery of SP programs and the development of performance-based simulations at the School of Nursing and Midwifery at Edith Cowan University, Perth, Western Australia, separates the two roles of the SPs and SiPs.

The working definitions adopted by educators at Edith Cowan University are as follows:

**Standardized Patient (SP):** A community member who agrees to be ‘themselves’ for any part of a health care learning activity. They do not take on a role, play a part or take on characteristics of another person or patient, but are themselves and respond to any questioning with medical and social history from their own life.

**Simulated Patient (SiP):** A person who takes on a role. They act a part to guide a simulation to meet the learning outcomes of the simulation. It can be scripted when an actor performs the work as directed, or it can be improvisational where the actor is given key elements that need to be highlighted and improvises much of the character around those points.

Table 1 offers a comparison between a SP and a SiP.

## Program Development

There is some significance in defining and comparing the terms SP and SiP accurately as they each require different

developmental and management needs. With the Edith Cowan University definitions for SP and SiP, orientation programs have been developed that aim to prepare an individual to be a SP or SiP in an undergraduate education program.

The development of a SP program focuses on these steps:

- Introducing the individual to the role of SP—defining the role and the expectations
- Completing paperwork on confidentiality and filming rights
- Explaining the student mix the SP will be interacting with, from novice students to expert students
- Outlining the learning objectives of the exercise the SP will be immersed in (This is very significant as the SP needs to know what the learning goals for the course are in order to ensure the goals are met.)
- Establishing what the SP is comfortable disclosing in terms of personal, social, medical, cultural, and psychological history
- Discussing confidentiality and disclosure issues
- Undertaking a short education program on giving feedback to the student.

The development of a SiP program focuses on the following elements:

- Developing a scenario brief, which outlines the scenario story that aligns with the learning objectives
- Identifying the SiP that will be played
- Developing the SiP's purpose and relationship to all other characters in the simulation
- Developing the SiP's social, psychological, spiritual, and physical motivations that fit within the scenario
- Writing the structure of the scenario, scene by scene
- Writing dialogue or key motivations that are needed by the SiP to drive the simulation in the direction that links to the learning outcomes
- Working with each SiP to develop the characterizations and motivations for each character and the significant points that occur throughout the simulation (This is often referred to as the dramaturgy, the shaping of the story into a form that can be performed).

## Conclusion

There is significant literature that reports structured programs for the preparation and development of people who play themselves or take on and act the role of a SiP. (May, 2008; Stillman et al., 1991). As discussed, the significance

of defining the difference between a SP and a SiP is very relevant as they require different structures in their preparation, development, and delivery.

The issue being highlighted here is that there has previously been a lack of clarity of the terms used. This article addresses this issue by defining the difference between a SP and a SiP for future research and program development. This clarity supports the development of structured guidelines for the rigorous management of each program. Additionally, this clarity in definition will support a coherent structure for reporting future research about the value and significance of SP and SiP programs.

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