



REVIEW ARTICLE

Identity formation of simulated participants in health professions education: A critical review

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Abstract

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Simulated participants (SPs) play an important role in health professions education through their involvement in teaching, assessment, and feedback. However, much of the existing literature has tended to emphasise their functional and pedagogical roles, with relatively less attention paid to how SPs develop and negotiate their professional identities. In this review, we focus on examining the processes associated with SP identity formation, drawing attention to the ways social interaction, role enactment, and theoretical perspectives intersect in simulation-based education. A critical review methodology was employed to synthesise and interpret the existing literature. Searches were conducted in PubMed, PsycINFO (Ovid), Web of Science, and Scopus using predefined keywords related to simulated participants and identity. Studies published in English or Turkish and mentioning SP identity were included. After screening the abstracts and full-texts, ten studies were identified for thematic content analysis. Three broad themes were identified. 1) The needs of simulated participants, 2) SP-related theories, and 3) The characteristics of SPs' identities. SP identity formation is a process that is shaped through ongoing social interaction, contextual influences, and participation in simulation communities. Bringing together communities of practice and positioning theory provides a way of thinking about how SP identities are formed and how they may be better supported within simulation-based education.

Recognition of SPs as identity-bearing professionals may inform ethical simulation practices, enhance SP well-being, and strengthen the overall quality of health professions education.

Introduction

Identity is defined as an individual's unique sense of self, encompassing physical, psychological, and interpersonal attributes, attachments, and social roles that distinguish one person from another [1]. Personal identity includes an individual's memories, aspirations, values, expectations, and beliefs [2]. In social identity theory, identity formation is defined as the interplay between self-concept, cognitive processes, social beliefs, and group dynamics [3]. At the individual level, self-concept comprises attitudes, memories, behaviours, and emotions that contribute to a person's sense of uniqueness, whereas at the group level it is shaped by social identity, defined as those aspects of the self-derived from group membership [4].

It is known that the identity formation is a lifelong process that begins in adolescence and continues throughout the lifespan. The adoption and negotiation of a variety of social roles, shaped by personal attributes, lived experiences, and social interactions are the parts of this process [2,5]. Identity formation can therefore be understood as a dynamic journey through which individuals develop self-awareness and realise their potential. Identity can be understood as an evolving response to questions about who a person is and who they may become [6]. In professional settings, this process is strongly shaped by participation in social environments, where shared practices, expectations, and everyday interactions influence how individuals make sense of themselves over time.

Simulated participants (SPs) have played an important role in the health professions education since the 1960s [7]. SPs undertake a wide range of responsibilities, including participating in objective structured clinical examinations, teaching clinical and communication skills, assessing learner performance, and providing feedback. Throughout these activities, SPs work in close interaction with both educators and learners, placing them in a position that spans education, assessment, and performance [8-10]. As they continue to participate in simulation-based education, SPs often develop shared ways of working that resemble communities of practice, where learning is supported through experience, interaction, and feedback [9,11]. Viewed in this way, communities of practice theory provides a helpful perspective for understanding how SP identities take shape through collective participation and ongoing mutual learning [10].

Although simulated participants are increasingly recognised as important contributors to health professions education, much of the literature continues to emphasise their functional and pedagogical roles, with comparatively less attention given to how their identities are formed [11,12]. However, SPs often need to manage the tension between their real selves and the expectations associated with simulated roles. This situation affects their professional development, well-being, and ongoing engagement in simulation-based education. Paying closer attention to how SPs construct and negotiate their identities allows for a more nuanced understanding of their experiences beyond purely instrumental contributions to educational outcomes.

A number of theoretical perspectives have been used to explore identity formation within simulation contexts. From one perspective, communities of practice theory draws attention to how identities develop through participation in shared practices and ongoing social interaction within a community [10]. Positioning theory, in turn, helps to illuminate how individuals negotiate their identities in relation to others' expectations and the specific demands of different contexts, underscoring the fluid nature of role adoption during social interaction [12]. In addition, the complex dynamic systems perspective



conceptualises identity formation as an emergent process shaped by the reciprocal interactions between individuals, social environments, and contextual factors, such as the nature of simulation activities and relationships with educators and learners [13].

SPs' experiences when they're not in a simulation world, personal characteristics, and social environments further influence their identity development. Playing diverse roles, ranging from healthy individuals to patients with complex or life-limiting conditions, calls for emotional resilience, adaptability, and ongoing reflexivity [14–15]. Such experiences may contribute to professional growth and a sense of purpose, but they may also place SPs at risk of psychological strain, including emotional fatigue, tokenisation, and exposure to microaggressions [16]. Attending to these challenges supports SP well-being and is closely linked to the quality and ethical conduct of simulation-based education.

The existing literature addressing SPs' identity formation remains limited and fragmented, particularly in relation to how professional identity development is conceptualised. In this review, we aim to understand the identity formation process and how SPs' roles, social interactions, and contextual conditions intersect in shaping the identity formation of SPs by investigating the literature related to SPs' identity formation. This synthesis allows for a more nuanced understanding of SPs' experiences within health professions education.

Materials and Methods

Study design

This study employed a critical review methodology. A critical review is designed to provide a comprehensive examination of existing literature while evaluating its conceptual, theoretical, and methodological contributions, rather than merely summarising findings [17]. Unlike systematic reviews, critical reviews aim to interpret and question the current state of knowledge, identify gaps and tensions within the literature, and propose directions for future research. In this context, the focus is placed on developing conceptual understanding and theoretical insight rather than producing definitive answers [17].

In this study, we undertook a critical review of research examining the formation of professional identity among simulated participants (SPs). The authors have more than five years of experience working with SPs and are involved in their training and ongoing support. One author has a Master degree in Simulation, and the other author has a PhD degree in Medical Education. They all have experience in qualitative studies and document analysis. This background shaped the way the literature was interpreted during the analysis, helping to maintain attention to issues related to SP identity and well-being while engaging with the findings in a reflective manner. The selection of the quotes from the articles was based on the independent analyse of the two authors.

Search terms and strategies

The search strategy was developed using Medical Subject Headings (MeSH) and relevant free-text terms. The following keywords were used: (“simulated participant” OR “standardized patient” OR “simulated patient” OR “role play”) AND (“identity” OR “identity formation” OR “professional identity” OR “identity process”).

Searches were conducted across four electronic databases (PubMed, PsycINFO (Ovid), Web of Science, and Scopus) by two independent researchers between April 2023 and April 2026. Studies that met the predefined inclusion criteria were considered eligible for analysis. The search and selection process is summarised in Figure 1.



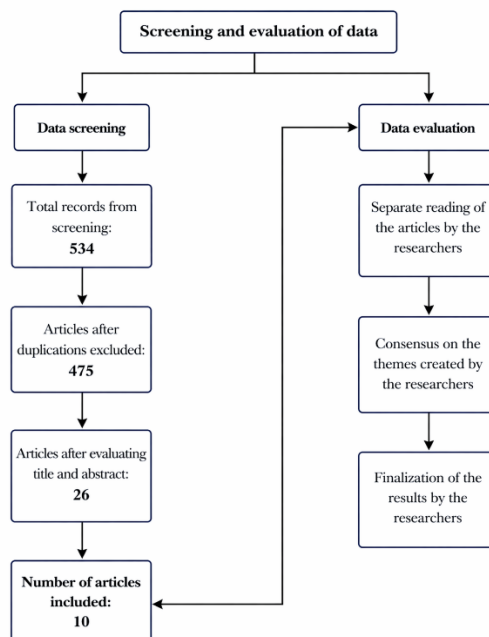


Figure 1. Data collection and evaluation process.

Inclusion and exclusion criteria

Studies were included if they: a) were available as full-text articles, b) were published in English or Turkish, c) consisted of empirical studies, literature reviews, books, or book chapters, d) involved participants aged 18 years or older.

Studies were excluded if they: a) constituted grey literature, b) were published in languages other than English or Turkish, c) had inaccessible full texts, d) were books or book chapters that could not be accessed, e) involved participants under the age of 18.

Screening and study selection

A total of 534 records retrieved from PubMed, PsycINFO (Ovid), Web of Science, and Scopus were downloaded. Following the removal of duplicates, two authors independently screened titles and abstracts to exclude irrelevant studies. The full texts of potentially eligible studies were then reviewed in detail [18]. Any discrepancies during the screening process were resolved through discussion. As a result of this process, ten studies were included in the final review.

Data analysis

The ten studies were subjected to thematic content analysis. Each author independently analysed the studies, generating initial codes and subthemes. After individual coding process, authors discussed each code, subtheme, and theme and finalized the analysis process.

Results

Of the ten studies included in the review, nine of them employed qualitative research designs, while one study was a literature review. Supplementary 1 shows the information of these ten studies. Following thematic content analysis, three overarching themes emerged: (1) the needs of simulated participants (SPs), (2) SP-related theories, and (3) the characteristics of SPs' identities (Figure 2).

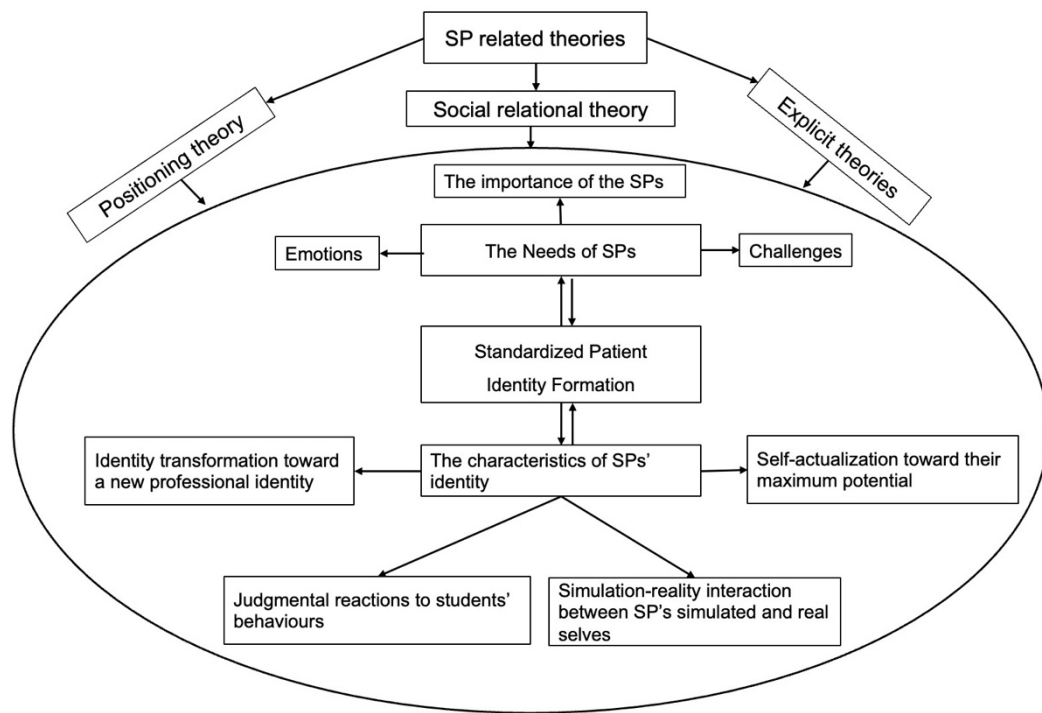


Figure 2. Themes and subcategories that emerged in the study.

The needs of simulated participants

Simulated participants hold significant responsibilities in health professions education, particularly in teaching and assessment activities. Performing highly detailed scenarios repeatedly while remaining a real person was described as a demanding aspect of SP work. Within this theme, the literature pointed to emotional experiences, practical challenges, and the perceived importance of the SP role as recurring subthemes.

Several studies described the emotional demands experienced by SPs during their interactions with learners. In addition to emotional demands, recent studies have also highlighted the importance of motivation, sense of belonging, and supportive environments in sustaining SP participation and well-being. For example, research with volunteer SPs indicates that continued engagement may be linked to altruistic motivations, past healthcare experiences, and the perceived value of contributing to medical education. One study reported that SPs occasionally required emotional support following challenging encounters with students:

“There were times that students said things that cut very deep, and SPs needed an extra break and to meet with someone who could just listen and be supportive with them as they [worked through] their emotions.” [19]

“Some interviewees indicated that the pleasant atmosphere created at the Standardized Patient Center gave them a clear sense of belonging to a group, which was a significant factor in the interviewees' motivation to continually serve as an SP.” [9]

The literature also emphasised the interplay between SPs' real selves and their simulated roles, suggesting that SP identity is shaped through this hybrid experience:

“SPs' real selves play a significant role in their work, and what SPs bring to simulation is an identity that is a hybrid of their standardized and real selves.” [15]

In addition, SPs were described as occupying a distinctive vocational position within healthcare education:

“Standardized patients have a strong vocational identity and occupy a unique position as a form of ‘expert patient.’” [20]

Concerns regarding SP vulnerability were also raised, particularly when SPs were asked to draw on their own identities or lived experiences:

“...simulationists need to consider SPs’ degree of vulnerability and the potential for psychological harm which might arise when SPs are asked to bring their appearance, identity or lived experience into the simulation.” [16]

SP-related theories

Positioning theory and social relational theory were the primary theoretical frameworks explicitly referenced across the reviewed studies. Interaction with others and participation within a community emerged as central subthemes in this category.

Social relational theory was used to explain identity development as a dynamic and socially mediated process:

“Social relational theory posits that individuals become who they are through a dynamic process of interacting with others within a social context...” [15]

Drawing on sociological perspectives, one study referenced Goffman’s work to illustrate how individuals manage identity during social interactions:

“...Goffman reasoned that during social interactions, individuals utilized means in an attempt to exert control over the perceptions of others about their identity.” [21]

Positioning theory was applied to describe multiple forms of identity positioning experienced by SPs:

“Occupational, familial/cultural positioning, discursive, and embodied positioning are the themes under the positioning theory.” [12]

Additionally, community-engaged approaches were discussed in relation to power dynamics and equity within simulation practices:

“Community-engaged research has emerged in the past half-century, and it challenges scholars to examine power structures and promote equity in research and practice by engaging with communities differently.” [22]

“SPs interacted with each other effectively, which contributed to the juniors’ learning and identity formation as an SP and community by creating a positive environment.” [10]

The characteristics of SPs’ identities

The third theme focused on the defining characteristics of SP identity. Subthemes included identity transformation towards a professional role, self-actualisation, evaluative responses to learner behaviours, and the interaction between simulated and real identities.

Several studies described how SPs experienced a transformation towards a meaningful professional identity through their roles:

“SPs used the process of marking to enact their vocation (helping students learn, protecting patients) and gain confidence in their identity being meaningful.” [20]

The assessment role was reported as a key avenue through which SPs expressed their vocational identity:

“The marking role of SPs allowed the expression of their vocational identity.” [20]

Feelings of empowerment and perceived impact on healthcare education were also highlighted:

“[SPs] feel so empowered that they are making a difference, and they are making change.” [19]

However, negative psychological effects associated with portraying complex roles were also reported:

“...for their participation in healthcare simulation, they (SPs) have also reported negative and residual psychological effects of portraying complex roles.” [16]

Finally, SPs expressed a sense of honour and contribution through their participation in simulation-based education:

“...it was almost an honor to consider that ... I’m able to be a part of something that can really impact the whole medical field...” [22]

Discussion

Understanding the identity formation of simulated participants (SPs) is a significant yet underexplored issue in health professions education. SPs work across education, assessment, and performance, which requires ongoing interaction with both learners and educators, while also managing the boundaries between their real identities and the roles they perform in simulation. In this review, SP professional identity development appears to be influenced by how individuals adapt to educational settings, engage socially within simulation environments, and respond to the responsibilities associated with their varied roles.

Social interactions within SP communities, along with exchanges involving SPs, students, and educators, play an important role in identity formation processes [10]. Through these interactions, SPs develop ways of understanding their roles and their sense of professional value and belonging [10]. Paying closer attention to SP identity formation may help inform educational practices and support the development of learners’ professional skills, particularly when simulation environments prioritise psychological safety and relational engagement.

Much of the existing literature on simulated participant methodology has concentrated on the roles of learners and educators, with SPs frequently framed as pedagogical resources rather than as professionals whose identities develop over time [11]. In contrast, the relatively small body of work that addresses SP identity points to the importance of viewing SPs as active participants within educational systems [12,15]. In this context, the notion of threshold concepts, introduced by Nestel and Bearman (2014), provides a useful way of thinking about moments of change in SP identity formation [11]. Although this framework was initially discussed in relation to simulation practitioners, it also offers a lens for considering how SPs move from role performance towards more established, identity-bearing forms of participation within their communities of practice.

A related question that emerges from these findings is why the existing literature tends to settle on certain ways of framing SP identity while leaving others less visible. Much of the simulation literature has historically prioritised learner outcomes, which may help explain why SPs are frequently discussed in terms of their educational function. This orientation shapes how SPs are positioned in the literature, often linking their role to supporting student learning rather than examining their own experiences as a focus of inquiry. In this context, issues such as agency, power relations, and the broader conditions surrounding SP participation receive comparatively less attention. Looking at the literature in this way

makes it possible to situate the findings within a wider context and suggests that future work may benefit from approaches that more directly centre SP perspectives.

Positioning theory appeared frequently across the reviewed studies as a framework for understanding SP identity [12,23–24]. Rather than viewing identity as fixed, this perspective treats it as something negotiated in relation to social expectations and situational contexts [25]. Within simulation settings, positioning is shaped by factors such as scenario design, learner experience, and educational goals. In contrast to many real clinical encounters, where physicians tend to guide doctor–patient interactions, SPs may take on a more directive role in simulated encounters, particularly when working with novice learners. As learner experience increases, this positioning often shifts, requiring SPs to step back and adjust their engagement accordingly [11]. These shifts highlight the ongoing and interactional nature of SP identity development.

Theories drawn from actor identity research also offer insight into how SP identities develop. From a complex dynamic systems perspective, identity can be viewed as an evolving process shaped through reciprocal interactions among multiple elements within a system [13]. For SPs, these elements include interactions with educators and learners, the content of simulation scenarios, and the purposes attached to different simulation activities. Taken together, these interacting factors suggest that SP identity is not static but develops over time through continued participation in simulation-based education. When considered in relation to the themes identified in this review, this perspective also helps to show how these themes are not separate but interconnected. Emotional demands, forms of positioning within interactions, and the development of professional identity appear to influence one another over time rather than occurring in isolation. Viewing SP identity formation in this way highlights its context-sensitive and evolving nature, shaped through ongoing interactions between individual experiences, social relationships, and structural conditions within simulation-based education.

In health professions education, SP roles largely centre on teaching, assessment, and feedback activities. Fulfilling these responsibilities typically requires ongoing training and institutional support [26]. Although standardisation in simulation often encourages SPs to perform scenarios with limited reference to their personal identities, their experiences as real individuals continue to shape how roles are enacted [14–15]. Factors such as SPs' social environments, prior encounters with healthcare systems, and interactions with learners beyond formal simulation sessions influence how these roles are understood and performed. Across different simulation contexts, SP identity therefore develops through the interaction between role-based expectations and personal identity. Recent studies add another dimension to this interpretation by showing that SP identity formation is not shaped only through educational roles and social interaction, but also through motivation, belonging, and meaning-making. Interaction among SPs within a community of practice supported motivation, peer learning, and the development of SP identity [10]. Similarly, older volunteer SPs' identity formation was linked to service motivation, role recognition, work ethic, personal well-being, and, in their context, religious mission [9]. These findings suggest that SP identity should not be understood only as a response to simulation tasks, but also as a process connected to personal values, life experiences, and the wider cultural or institutional setting in which SPs participate.

This review draws attention to a range of risks associated with SP participation, including emotional strain, tokenisation, and exposure to microaggressions [16]. Such risks appear to be more evident when SPs are selected on the basis of personal characteristics, identities, or lived experiences. Opportunities for reflection, debriefing, and peer support are frequently discussed in the literature as ways of reducing psychological burden and supporting SP well-being [12]. In this respect, well-developed communities of practice may provide longer-term approaches to addressing these challenges and fostering resilience among SPs [27–28].

This review points to areas where further research on SP identity formation would be valuable, particularly work that considers longer-term implications for professional development and well-being. Developing this line of research could help shape simulation practices that acknowledge SPs not only as contributors to educational activities but also as professionals whose identities and experiences merit ethical attention and institutional support.

In bringing together existing studies, this review approaches simulated participants not only as pedagogical resources but also as professionals whose identities develop through participation, interaction, and role negotiation within simulation-based education. Rather than viewing SP identity as a fixed or secondary aspect of simulation work, the literature points to identity formation as a process shaped by relationships, contextual expectations, and forms of community membership. Reading these findings through communities of practice theory, alongside positioning theory and a complex dynamic systems perspective, helps clarify how SPs move between personal and professional boundaries over time. Taken together, this interpretation draws attention to SP agency and lived experience, with implications for more ethically attentive simulation practices and for future empirical research.

Limitations

One of the limitation of this review relates to the relatively small number of studies that explicitly address SP identity formation. Only ten studies were included in the study. So, the the understanding of identity formation of simulated participants could be underrevealed based on the small number of study. Second limitation of the study is the language restriction. Only studies in English and Turkish (authors native language) were included to the study. The literature in other languages on identity formation of simulated participant had to be excluded.

Conclusion

The identity formation of simulated participants is shaped through the interplay between their personal experiences, their participation in simulation-based education, and the structural conditions of the environments in which they work. Rather than developing in isolation, SP professional identities take form through ongoing interaction between individual attributes and contextual influences.

When considered together, communities of practice and positioning theory offer a useful way of understanding how SP identity develops and how it may be supported. By drawing attention to social interaction, shared practice, and shifting forms of positioning, this combined perspective helps clarify the conditions under which SPs' professional growth and well-being can be sustained within simulation environments.

Further work in this area would benefit from continued engagement with these theoretical approaches, particularly in relation to addressing emotional challenges, tokenisation, and psychological risk. Developing a clearer understanding of SP identity formation has implications not only for SPs themselves but also for learners, educators, and the broader ethical foundations of health professions education.

Lessons for Practice

1. SP identity formation can be understood as part of a complex system involving interactions between SPs, educators, and learners, alongside scenario content and the intended purpose of simulation activities.
2. Communities of practice offer a constructive framework for exploring threshold concepts and supporting identity development within SP communities.
3. Thoughtfully designed communities of practice may help reduce psychological strain and support SP well-being and sustained engagement in simulation-based education.

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Conflict of interest

The authors declare that there is no conflict of interest regarding the publication.

Data availability statement

Data sharing is not applicable to this article as no new data were generated or analysed during this study.

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Supplementary Material

Summary information on articles included by authors

No	Author/s	Year	Country	Article Title	Methods
1	Michelle McLean, Patricia Johnson, Sally Sargeant, Patricia Green	2015	Australia	Simulated patients' perspectives of and perceived role in medical students' professional identity development	Qualitative research
2	Leanne Picketts, Marika Dawn Warren, Carrie Bohnert	2021	Canada	Diversity and inclusion in simulation: addressing ethical and psychological safety concerns when working with simulated participants	Review
3	Jennifer L Johnston, Gerard Lundy, Melissa McCullough, Gerard J Gormley	2013	UK	The view from over there: reframing the OSCE through the experience of standardised patient raters	Qualitative research
4	Gerard J Gormley, Jennifer L Johnston, Kathy M Cullen, Mairead Corrigan	2021	UK	Scenes, symbols and social roles: raising the curtain on OSCE performances.	Qualitative research
5	Samantha A Starr, Margaret M Plack, Karen L Lewis, Benjamin Blatt	2021	USA	How do standardized patients form their complex identities? The impact of interactions with medical students.	Qualitative research
6	Sally Sargeant, Michelle McLean, Patricia Green Patricia Johnson	2016	Australia	Applying positioning theory to examine interactions between simulated patients and medical students: a narrative analysis	Qualitative research
7	Bohnert, Carrie Combs, Ryan Noonan, Emily Weathers, Aaron Weingartner, Laura	2021	Canada USA	Gender Minorities in Simulation: A Mixed Methods Study of Medical School Standardized Patient Programs in the United States and Canada	Qualitative research
8	Emily J. Noonana, Laura Weingartner, Ryan. Combsb, Carrie Bohnerta, Ann Shawa, Susan Sawning	2021	USA	Perspectives of Transgender and Genderqueer Standardized Patients	Qualitative research
9	Yun-Chi Ho, Sheng-Po Kao, Che-Han Chen, Shao-Yin Chu	2024	Taiwan	Older Taiwanese Volunteers as Standardized Patients: service motivation, identity formation, and internal transformation	Qualitative research
10	Delibalta Bilge, Güner Yasemin, Üçüncüoğlu Melek, Duman Dilbaz Aysenur, Akturan Selçuk, Elçin Melih	2025	Türkiye	Effect of the Community of Simulated Participant Model on the Identity Formation of Simulated Participants: a qualitative study	Qualitative research

