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| **Abstract:** | The purpose of this discussion is to raise awareness that different stakeholders may have different definitions for commonly used words and that disagreements may arise due to assumptions on how someone defines these terms. This document includes several commonly used terms that have significantly different definitions. |

One of the challenges when trying to discuss the concepts of Artificial Intelligence and Machine Learning in the context of healthcare is that there are many stakeholders bringing a variety of skills and experiences to the discussion, and inevitably people have conflicting definitions for terms that they have been using for decades.

For example, Data Scientists use the term VALIDATION to describe a process where the data has been examined to ensure that it is valid (e.g. a blood pressure of -120/50 is likely invalid) but in medical device development, VALIDATION is a process used to ensure user needs are met. Similarly, BIAS may be viewed as a negative attribute to be minimized, but healthcare providers may use consider the positive aspects of BIAS in that they can customize an AI/ML application to their patient population demographics. Additionally, the use of the terms SUPERVISED LEARNING and UNSUPERVISED LEARNING may lead people to think that there is human oversight in SUPERVISED learning and no oversight in UNSUPERVISED (for example, a human monitoring a self-driving vehicle.)

It is unlikely that a consensus will be agreed upon by all parties for all definitions under all situations; stakeholders need to be aware of differing definitions as a possible source of mis-understanding.

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