



SIG CLINICAL COMMUNICATION

MEDIA FACT SHEET

National Advisory Session on Clinical Communication

New Delhi | 20 September 2026

In association with: ICAIM and DoctorsAI

Knowledge & Implementation Partner: SigmaMozak Solutions

What is SIG Clinical Communication?

The **Special Interest Group on Clinical Communication** is an independent collaborative initiative bringing together medical educators, clinicians, students, institutional leaders and experts working across healthcare implementation, innovation and language technology. Its focus is practical: how clinical communication competency can be taught, practised, assessed, documented and progressively strengthened throughout undergraduate medical education.

National consultation: current footprint

The SIG's national consultation has received:

152 responses

147 unique medical institutions

31 States and Union Territories

The findings describe participating respondents and institutions and should not be interpreted as a statistically representative census of all Indian medical colleges.

What did the consultation find?

Communication training is widely present

76%, 115 of 152 respondents, reported structured communication training across most or all MBBS phases.

But longitudinal tracking remains uncommon

4%, 6 of 152 respondents, reported using an integrated longitudinal record to guide individual learner feedback and progression.

The central implementation gap

76% report structured communication teaching across most or all MBBS phases, but only 4% report integrated longitudinal tracking that guides learner progression. The findings suggest that the challenge is increasingly not whether communication is included in the curriculum, but whether learners receive repeated practice, structured feedback and continuity across phases and departments.

What are the major implementation barriers?

Respondents selected their three most important barriers. 64% identified large student-to-faculty ratios among their top three barriers.

Other commonly reported challenges included:

- Insufficient protected curriculum time;
- Coordination across clinical departments;
- Limited numbers of trained faculty;
- Insufficient faculty time; and



- Difficulty maintaining longitudinal learner records.

What support are institutions asking for?

The most frequently requested forms of implementation support were:

49% — Standardised assessment rubrics and OSCE stations

46% — Faculty-development programmes

45% — Case and session resources

41% — Practical implementation guidance for Medical Education Units

Respondents could select more than one form of support.

How ready are institutions to participate?

89% of respondents indicated some degree of readiness for structured communication-training activity. This does not mean that 89% are ready to implement immediately.

The largest group indicated that participation would be possible if appropriate teaching resources and faculty support were available.

How is communication currently being taught?

Frequently reported teaching methods included:

- **87%** — student role-play
- **86%** — small-group discussion
- **72%** — observed bedside or outpatient interaction
- **61%** — reflective writing or portfolio activity
- **57%** — standardised or simulated patient encounters
- **23%** — digital or virtual-patient simulation

How is it being assessed?

Reported approaches included:

- **80%** — OSCE or OSPE stations
- **72%** — written examinations or case-based questions
- **68%** — reflective portfolios or logbooks
- **58%** — directly observed clinical encounters
- **41%** — workplace-based assessment

The Blueprint

At the National Advisory Session in New Delhi on **20 September 2026**, the SIG released:

From Intent to Implementation: A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India

The Blueprint brings together consultation findings, emerging evidence and implementation priorities.

Key areas include:

- longitudinal communication learning and practice;
- assessment and feedback;
- faculty development;
- case and session resources;
- Medical Education Unit support;



- student engagement;
- multilingual clinical communication;
- research and evidence generation;
- institutional implementation; and
- appropriate use of technology.

The Blueprint is an implementation-focused resource and programme framework. It is not a regulatory guideline or mandated national standard.

Why technology is part of the discussion

The National Advisory Session also examined whether simulation, structured digital feedback, multilingual technologies and artificial intelligence could help make repeated communication practice more feasible at institutional scale.

ConversationAlly, an AI-enabled clinical communication intelligence platform, was demonstrated as one possible technology-supported approach. The platform is being developed to support analysis and feedback around communication dimensions such as:

- Jargon;
- Person-centred language;
- Open-ended questioning;
- Collaborative communication;
- Partnership language; and
- Stigma or blame-related framing.

Technology is being explored as one component of a broader ecosystem that also includes faculty development, assessment resources, multilingual approaches, teaching resources, institutional implementation and research.

What is ICAIM?

ICAIM, the Indian College of Artificial Intelligence in Medicine, is the academic wing of the DoctorsAI Education and Research Foundation. It focuses on structured learning, research, validation and collaboration at the intersection of artificial intelligence and medicine. ICAIM is associated with the SIG initiative but is not the institutional identity of SIG Clinical Communication.

What is DoctorsAI?

DoctorsAI is a physician-led, not-for-profit initiative focused on responsible, evidence-based and clinically meaningful use of artificial intelligence in healthcare. It operates under the DoctorsAI Education and Research Foundation and brings together clinicians, researchers, educators, technologists and healthcare leaders through education, research, dialogue and collaboration. The National Advisory Session on Clinical Communication was held during the DoctorsAI Global Summit 2026 in New Delhi.

Why is SigmaMozak involved in a national clinical-communication initiative?

SigmaMozak is the Knowledge & Implementation Partner of SIG Clinical Communication. SigmaMozak Solutions is a health-tech company working at the intersection of healthcare and technology, with an emphasis on translating technology into practical use in clinical environments.



Its involvement in the SIG reflects a broader approach to health-tech development: a meaningful healthcare problem cannot be addressed by focusing on a product alone. ConversationAlly emerged from work on clinical communication, but the barriers around communication competency extend beyond software. They include faculty capacity, assessment, longitudinal learner tracking, teaching resources, institutional workflows, multilingual communication and the evidence required to understand what actually works.

SigmaMozak's role has therefore extended beyond technology development to supporting:

- The national consultation;
- Evidence generation;
- Translation of findings into implementation priorities;
- Development of the Blueprint;
- Institutional and expert engagement; and
- Exploration of sustainable implementation models.

The underlying principle is that the cause must be larger than the product. ConversationAlly is one potential technology response within a wider effort to strengthen the clinical-communication ecosystem.

What happens next?

The SIG's next phase will focus on:

- Expert workstreams;
- Assessment resources;
- Faculty development;
- Case and session libraries;
- Student engagement;
- Multilingual clinical communication;
- Institutional pilots;
- Research and evaluation; and
- Continued engagement with medical institutions across India.

About SIG Clinical Communication

The Special Interest Group on Clinical Communication is an independent collaborative initiative focused on improving how clinical communication competency is taught, practised, assessed and implemented.

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