



MEDIA FAQ

National Advisory Session on Clinical Communication

New Delhi | 20 September 2026

In association with: ICAIM and DoctorsAI

Knowledge & Implementation Partner: SigmaMozak Solutions

1. Why was the national consultation undertaken?

Clinical communication is already part of undergraduate medical education. The consultation was designed to understand how that intent is being translated into practice across institutions: where communication is taught, how students practise it, how it is assessed, whether learner development is followed over time, and what institutions need to strengthen implementation.

The central finding is that communication training is widely present, but longitudinal development remains much less established: 76% of respondents report structured communication training across most or all MBBS phases, while only 4% report using an integrated longitudinal record to guide learner feedback and progression.

2. Who participated?

The current consultation dataset includes 152 responses representing 147 unique medical institutions across 31 States and Union Territories.

Respondents included Deans, Principals, Medical Education Unit leaders and members, communication/AETCOM leads, and faculty involved in undergraduate medical education.

3. How should the findings be interpreted?

The consultation is a broad multi-institutional national exercise rather than a probability sample of every medical college in India.

Its value lies in identifying recurring implementation patterns, institutional priorities and practical needs across a geographically diverse group of participating medical institutions. The findings are reported in aggregate; participating colleges are not publicly ranked.

4. What are the most important findings?

Four findings define the implementation challenge:

- **76%** Report structured communication training across most or all MBBS phases
- **4%** Report an integrated longitudinal record used to guide learner feedback and progression
- **64%** Identify large student-to-faculty ratios among their three most important implementation barriers
- **89%** Indicate some degree of readiness for further structured work, with varying levels of support required

Institutions most frequently requested standardised assessment resources, faculty development, case and session resources, and practical guidance for Medical Education Units.



5. What was released on 20 September?

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

The Blueprint translates the consultation findings into an implementation agenda around longitudinal learning, assessment, faculty development, teaching resources, multilingual communication, student engagement, research and appropriate use of technology.

6. What happens next?

The next phase moves from consultation to collaborative development and evaluation.

Priority areas include:

- Faculty development
- Assessment approaches and rubrics
- Case and session resources
- Longitudinal learner development
- Medical Education Unit implementation support
- Student engagement
- Multilingual clinical communication
- Institutional pilots
- Research and evidence generation
- Technology-supported practice and feedback

The intention is to develop, test and refine approaches across different institutional settings.

7. What is SIG Clinical Communication?

SIG Clinical Communication is an independent collaborative initiative bringing together medical educators, clinicians, institutional leaders, students and experts working across implementation, innovation, digital health and language technology.

Its focus is on making clinical communication competency practical, longitudinal and implementable within undergraduate medical education.

8. What is the relationship with ICAIM and DoctorsAI?

SIG Clinical Communication works **in association with ICAIM and DoctorsAI**. ICAIM contributes an academic and innovation context at the intersection of medicine and technology, while DoctorsAI provided the wider platform within which the National Advisory Session was held during DoctorsAI Global Summit 2026.

The SIG retains its own public identity and programme focus.

9. What is SigmaMozak's role?

SigmaMozak Solutions is the **Knowledge & Implementation Partner** of SIG Clinical Communication.

Its work has included:

- Supporting the national consultation
- Synthesising evidence
- Coordinating institutional and expert engagement
- Translating findings into implementation priorities
- Supporting development of the Blueprint



- Designing implementation workflows
- Supporting research and evaluation planning

SigmaMozak's approach is problem-led: understanding the educational and institutional environment around clinical communication alongside development of technology that may support it.

10. What is ConversationAlly?

ConversationAlly is SigmaMozak's AI-enabled clinical communication intelligence platform designed to support structured practice, analysis, feedback, reassessment and longitudinal learner development.

The platform examines observable features of communication such as:

- Language clarity
- Jargon
- Person-centred language
- Open-ended questioning
- Collaborative versus directive phrasing
- Affective acknowledgement
- Stigma or blame-related language
- Conversational balance

Its development has progressively moved from communication analysis toward a longitudinal learning environment linking practice, feedback and progression.

11. How has ConversationAlly been developed so far?

Development has been informed by formative medical-education work as well as the national consultation.

An early study involving endocrinology residents explored person-centred language cues. A subsequent IEC-approved undergraduate pilot at IMS & SUM Hospital generated **383 simulated consultation sessions** and demonstrated the feasibility of asynchronous learner practice followed by faculty review. The national consultation then broadened the design requirements further, particularly around faculty capacity, longitudinal records, assessment resources, MEU coordination and multilingual communication.

12. How does technology fit into the wider programme?

Technology is one part of the implementation model. Clinical communication requires repeated practice and feedback, while institutions also report significant faculty-capacity constraints. Technology may help expand opportunities for practice, structured formative feedback and longitudinal tracking, allowing faculty effort to be concentrated on interpretation, coaching and more complex educational decisions.

ConversationAlly is one environment through which these approaches can now be tested in institutional settings.

13. How will the next phase be evaluated?

Institutional pilots are expected to examine questions including:

- Whether intended communication competencies improve



- Whether the approach works within routine academic systems
- What faculty time and support are required
- Whether learners and educators find it useful
- Whether learner development can be followed meaningfully over time
- How multilingual performance can be supported
- How technology-generated outputs compare with human assessment

The purpose of the next phase is to generate evidence and refine the model.

14. How are privacy, consent and academic governance handled?

Institutional implementation will require appropriate governance for learner participation, ethics, data use and consent. Academic decisions remain the responsibility of educators and institutions. Technology is intended to support practice and feedback within that framework.

15. What would success look like?

Success would not simply mean adding more communication sessions.

It would mean creating a coherent learner journey in which students can:

Practise → Receive feedback → Reflect → Improve → Reassess → Demonstrate progression across different phases and increasingly complex clinical situations.

At institutional level, success would mean making that process feasible, measurable and sustainable.