



## **SIG CLINICAL COMMUNICATION**

### **BACKGROUNDER**

**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 focused on strengthening how clinical communication competency is taught, practised, assessed and implemented in undergraduate medical education.

The SIG brings together medical educators, clinicians, institutional leaders, students and experts working across implementation, health innovation, language technology and digital health. Its purpose is to address the practical questions institutions face when trying to make communication competency longitudinal, assessable, scalable and sustainable.

### **Why was the SIG created?**

Clinical communication has an established place in medical education, but implementation remains uneven.

The national consultation undertaken by the SIG found that while 76% of respondents reported structured communication training across most or all MBBS phases, only 4% reported using an integrated longitudinal record to guide individual learner feedback and progression.

The consultation also identified recurring implementation barriers, including:

- Large student-to-faculty ratios;
- Limited protected curriculum time;
- Cross-departmental coordination challenges;
- Limited numbers of trained faculty;
- Difficulty maintaining longitudinal learner records; and
- Lack of practical assessment tools.

The SIG was formed to move the discussion from curricular intent to practical implementation.

### **What does the SIG focus on?**

The SIG's work is organised around several interconnected areas:

#### **Longitudinal competency development**

Creating approaches through which communication can be practised and progressively strengthened across the learner journey rather than taught through isolated activities.

#### **Assessment and feedback**

Developing practical approaches to observation, feedback, reassessment and learner progression.

#### **Faculty and institutional capacity**

Supporting faculty, Medical Education Units and departments with usable resources and implementation approaches.

#### **Case and session resources**

Creating adaptable teaching materials that can be shared and contextualised across institutions.



### **Student engagement**

Involving students in the design and evaluation of communication-learning approaches.

### **Multilingual clinical communication**

Addressing India's linguistic diversity through language-sensitive teaching, terminology and appropriate use of voice and language technologies.

### **Research and evidence generation**

Building evidence around feasibility, educational outcomes, implementation, assessment and technology-supported communication training.

### **Technology-enabled practice**

Exploring how simulation, structured digital feedback, longitudinal learner tracking and AI can support implementation without replacing faculty judgement.

### **National consultation**

The SIG's current national consultation has received:

**152 responses**

from

**147 unique medical institutions**

across

**31 States and Union Territories**

Key findings include:

- **76%** report structured communication teaching across most or all MBBS phases.
- Only **4%** report integrated longitudinal tracking that guides 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 more structured communication-training activity, although support requirements vary.

The most frequently requested forms of implementation support are:

- **49%** — standardised assessment rubrics and OSCE stations;
- **46%** — faculty development;
- **45%** — case and session resources;
- **41%** — implementation guidance for Medical Education Units.

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

### **National Advisory Session**

The SIG convened a **National Advisory Session on Clinical Communication** in New Delhi on **20 September 2026** during the DoctorsAI Global Summit 2026.

The session brought together medical educators, clinicians, institutional leaders, students and experts across implementation, innovation and language technology.

Discussion focused on:

- Longitudinal communication competency;
- Assessment and reassessment;
- Faculty development;
- Medical Education Unit support;
- Cross-departmental alignment;

- Multilingual clinical communication;
- Student participation;
- Research and evidence generation; and
- The appropriate role of technology.

### **The Blueprint**

At the National Advisory Session, the SIG released: ***From Intent to Implementation: A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India***

The Blueprint translates consultation findings and expert discussion into implementation priorities. It is intended as a collaborative, implementation-focused framework rather than a regulatory guideline or mandated standard.

### **Leadership and advisory participation**

The SIG is chaired by:

**Prof Avinash Supe**

**Chair, SIG Clinical Communication**

The initiative includes contributions from senior medical educators, institutional leaders and domain experts, including:

- Prof Meenal Mohgaonkar
- Prof Bidita Khandelwal
- Prof E. Venkata Rao
- Dr Bhaskar Rajakumar
- Shri Amitabh Nag
- Maj (Dr) Ashlesha Tawde-Kelkar
- Ms Shweta Sharma

The SIG also engages student representatives and external experts where relevant to specific workstreams.

### **Relationship with ICAIM and DoctorsAI**

The SIG operates as an independent collaborative initiative. It is in association with ICAIM, the Indian College of Artificial Intelligence in Medicine, an academic wing of the DoctorsAI Education and Research Foundation.

ICAIM supports the broader academic and innovation ecosystem around the SIG but is not the institutional identity of SIG Clinical Communication.

### **Role of SigmaMozak**

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

Its role includes supporting:

- Knowledge synthesis;
- National consultation activities;
- Analysis and translation of findings;
- Implementation planning;
- Development of the Blueprint;



- Expert and institutional engagement;
- Research and evidence-generation activities; and
- Exploration of sustainable implementation approaches.

SigmaMozak's involvement reflects a wider principle behind the initiative: solving a meaningful healthcare problem requires attention to the ecosystem around the problem, not simply the development of a product.

### **Relationship with ConversationAlly**

**ConversationAlly** is an AI-enabled clinical communication intelligence platform being developed to support structured practice, analysis and feedback. It is one potential technology response within the SIG's wider implementation agenda. The SIG itself is not a product vehicle, and the national consultation was not designed to validate ConversationAlly.

Technology is being explored alongside:

- Faculty development;
- Assessment resources;
- Case libraries;
- Learner progression;
- Multilingual approaches;
- Institutional implementation; and
- Research.

### **Broader advisory and implementation ecosystem**

The SIG is engaging organisations and experts with complementary capabilities across:

- Medical education;
- Institutional innovation;
- Implementation science;
- Multilingual technology;
- Digital health;
- Student engagement; and
- Research.

These relationships are intended to support specific workstreams and implementation needs rather than create a single centralized ownership structure.

### **What happens next?**

The next phase of the SIG's work will focus on:

- Expert workstreams;
- Assessment resources;
- Faculty development;
- Case and session libraries;
- Medical Education Unit guidance;
- Student engagement;
- Multilingual clinical communication;
- Institutional pilots;
- Research and evaluation; and
- Continued national engagement.



### **The core objective**

The SIG's objective is straightforward: **to move clinical communication from being something that is taught periodically to something that is practised, observed, assessed, fed back and progressively developed throughout medical education.**

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