XpliCAI goes beyond guidelines: transparent to whom, and for what?

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WHAT ?

XpliCAI starts from the observation that **transparency is neither a fixed concept nor a shared given.**

The project explores how it is understood, questioned, or expected in clinical practice, drawing on **collective discussions** to surface concrete elements that are meaningful for the field.

WHO ?

Every voice in this framework comes from lived experience of healthcare.

29 participants across 4 focus groups, recomposed at each session while maintaining a balanced diversity of profiles:

- hospital staff across functions and roles
- patient partners
- caregiver partners
- health sciences students



TIMING



May 2025 to june 2026

A cycle of **6 participatory workshops**, each organized into 4 groups.

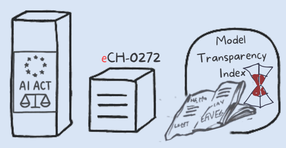
HOW DID WE WORK ?

A PARTICIPATORY UX APPROACH GROUNDED IN EVIDENCE

1 Build an evidence base literature

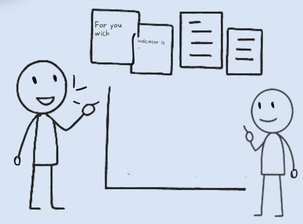
An initial set of indicators, drawn from three reference frameworks:

- the Swiss standard eCH-0272
- the European AI Act
- the Stanford Transparency Index.



2 Explore initial perceptions

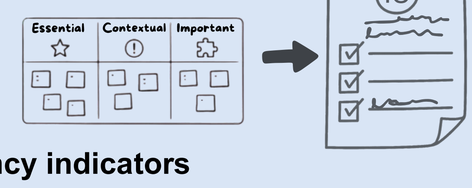
We then explored **how participants spontaneously understood AI transparency**, and what questions, fears or expectations emerged.



3 Classify transparency

Through discussions, participants organised transparency indicators into :

- **must be**
- **should be**
- **could be**



This process led to **18 transparency indicators**

4 Test in context

Then the indicators were examined across 5 healthcare AI scenarios:

1. patient information
2. clinician support for knowledge
3. triage for patient priority
4. clinician support for diagnosis
5. clinician support for treatment

5 Respond to emerging concerns

Because legal, governance and responsibility questions repeatedly emerged during the workshops, a dedicated **legal clarification session** was organised.



6 Co-design solutions

Participants stress-tested concrete transparency solutions : what to show, to whom, when, how, across all 5 clinical scenarios. This expanded the framework to 20 indicators, aligned with the **FUTURE-AI international consensus guidelines** for trustworthy AI in healthcare.



KEY INSIGHTS

Transparency is not one-size-fits-all.

When AI helps clinicians, participants wanted high transparency to protect clinical reasoning. In triage, human oversight became non-negotiable. In diagnosis, transparency meant preserving the clinician's ability to challenge the AI.

Transparency must be actionable.

Participants expected AI decisions to remain open to questioning, verification, challenge and human review. Transparency was valuable only if it enabled meaningful human oversight.

Transparency starts with data.

Participants wanted to know how their data would be used, where it would be stored, whether they could opt out, and whether non-AI alternatives remained available.

More clinical responsibility. More transparency.

As AI takes on greater clinical roles, participants expected deeper explanation, clearer uncertainty, stronger traceability and accountability.

One size of transparency fits no one.

Participants expected transparency to adapt to who is using the AI, from patients to caregivers and clinicians.

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SIMED

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