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WHY CLINICAL COMMEEX?

A continuing academic space for evidence, institutional experience, faculty voices and implementation learning.

FROM THE EDITOR

Creating a shared academic space for clinical communication

Dr Rajshri Mallabadi

Director, SigmaMozak Solutions, Hyderabad · Editor, Clinical CommEx

Clinical communication is an established component of undergraduate medical education, yet its translation into teaching, practice, assessment and longitudinal competency development remains variable across institutions.

Over the past several weeks, the Special Interest Group on Clinical Communication has engaged medical colleges across India through a national consultation on current approaches to communication training. More than 130 institutions have participated. The responses reflect considerable activity, but also a practical challenge: useful approaches, institutional experiences and locally developed solutions often remain confined to individual departments or institutions.

Clinical CommEx: Clinical Communication Exchange has been developed to create a regular academic space for sharing this work. The newsletter will bring together evidence, educational practice and implementation experience related to clinical communication.

Its purpose is not simply to report the activities of the SIG. We hope it will enable medical educators, Medical Education Units, researchers and institutions to learn from work being undertaken elsewhere and contribute their own experiences to a wider professional discussion.

Each issue will include published research through **Evidence Spotlight**, institutional approaches through

Institution Spotlight, and implementation perspectives through **MEU Voices**. Over time, Clinical CommEx should become a contributory forum shaped by the medical education community.

This first issue coincides with an important stage in the SIG's work. The national consultation is helping us understand the current landscape, while the National Advisory Session on 20 September will bring stakeholders together to review emerging findings and consider the next steps for strengthening clinical communication competency in undergraduate medical education.

Clinical CommEx is intended to provide continuity between these consultations, meetings and institutional initiatives. Its value will depend on the quality and diversity of contributions it receives from the medical education community, and on our ability to make useful work occurring across institutions more visible, comparable and transferable.

We therefore invite Medical Education Units, faculty teams and researchers to contribute short descriptions of locally implemented approaches, published evidence, assessment methods, faculty-development models and implementation challenges. The aim is to build a cumulative record of practice that can inform institutions while retaining appropriate attention to context, feasibility and local adaptation.

CONTRIBUTE TO CLINICAL COMMEEX

Clinical CommEx welcomes contributions from Medical Education Units, faculty teams and researchers working in clinical communication. Share published research, institutional approaches, assessment methods, faculty-development initiatives, implementation experience and practical lessons that may be useful to the wider medical education community.

Research · Institution Spotlights · MEU Perspectives · Tools & Implementation Learning
info@sigclinicalcomms.com

ADVISORY VOICES



Prof Avinash Supe

Chairperson

"Clinical communication must be taught, practised and assessed as a core clinical competency."



Dr Meenal Mohgaonkar

Co-Convener

"Implementation depends on how effectively communication is integrated into everyday medical training."



Dr Bidita Khandelwal

Co-Convener

"Faculty development and meaningful feedback are central to strengthening communication learning."



Prof E. Venkata Rao

SIG Member

"The challenge is to translate curricular intent into feasible longitudinal educational practice."



Maj (Dr) Ashlesha Tawde-Kelkar

SIG Member

"Scaling communication training requires institutional pathways that work across varied teaching environments."



Dr Bhaskar Rajakumar

SIG Member

"Innovation becomes meaningful when institutions can adopt it, evaluate it and sustain it."



Mr Amitabh Nag

CEO, Digital India BHASHINI

"Language access and scale are essential to making communication learning more inclusive."

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NATIONAL CONSULTATION SNAPSHOT

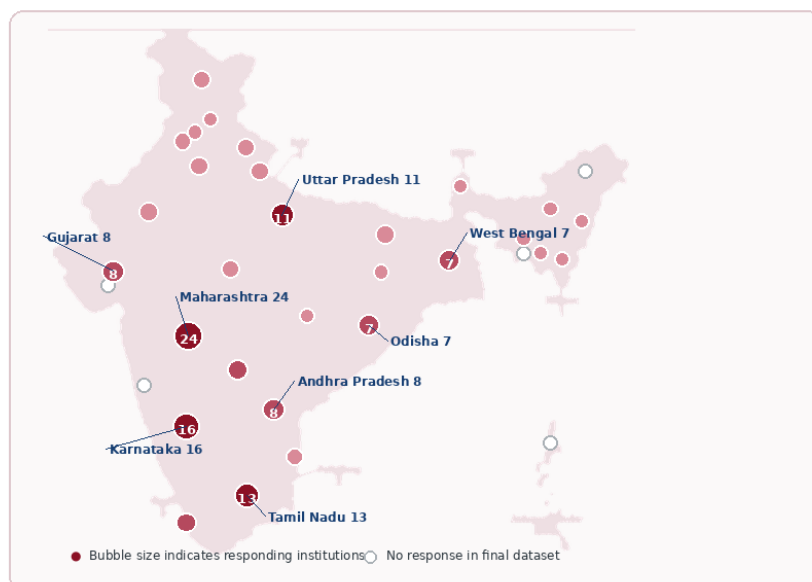
144 institutions across 29 states & UTs

Final national consultation analysis

Final analysis of 147 submissions representing 144 unique institutions after institutional deduplication, received through 13 September 2026. Responses span 29 states and Union Territories.

FINAL STATE / UT RESPONSE COVERAGE - INDIA

147 submissions · 144 unique institutions · final institution-level dataset



29 / 34

eligible states & UTs represented

144 unique institutions

RESPONDING STATES / UTs

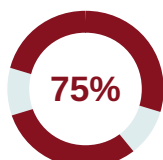
Maharashtra	24	Punjab	3
Karnataka	16	Madhya Pradesh	3
Tamil Nadu	13	Jammu & Kashmir	3
Uttar Pradesh	11	Puducherry	2
Gujarat	8	Assam	1
Andhra Pradesh	8	Chandigarh	1
Odisha	7	Chhattisgarh	1
West Bengal	7	Himachal Pradesh	1
Kerala	5	Jharkhand	1
Telangana	5	Manipur	1
Delhi	4	Meghalaya	1
Bihar	4	Mizoram	1
Rajasthan	4	Nagaland	1
Haryana	4	Sikkim	1
Uttarakhand	3		

NOT REPRESENTED (5)

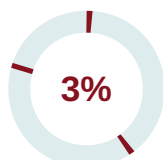
Arunachal Pradesh · Goa · Tripura · Andaman & Nicobar Islands
Dadra & Nagar Haveli and Daman & Diu

Institution-level deduplication retained the latest submission for duplicate colleges.

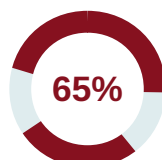
Key implementation signals from the final analysis



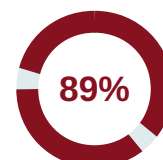
structured implementation across most or all MBBS phases



integrated longitudinal record guiding feedback and progression



cite large student-to-faculty ratio as a major barrier



ready/already running or able to participate within 12 months / with support

1. Longitudinal implementation remains uneven

Three quarters report structured implementation across most or all phases, but only 3% use an integrated longitudinal record to guide feedback and progression.

2. Faculty capacity remains the dominant constraint

Large student-to-faculty ratio leads the barriers (65%), followed by protected curriculum time (35%) and cross-department coordination (35%).

3. Institutions are asking for usable implementation tools

Top requested supports are standardized assessment rubrics/OSCE stations (50%), case/session libraries (45%), faculty development (44%) and an MEU implementation guide (42%).

Next step

These final findings will frame the 20 September advisory discussion, expert workstreams and the next phase of institutional pilots.

EVIDENCE SPOTLIGHT

Twenty-five years of communication-skills research

A global bibliometric analysis and what it means for medical education

CUREUS

Communication Skills in Medical Education and Practice

Bibliometric Analysis of the Current Research Landscape
2026

Communication Skills in Medical Education and Practice: A Bibliometric Analysis of the Current Research Landscape

Amit K. Pal, Dyutimoy Datta, Mutyalapati Venkata Ramulu, Vaishnavi Agnihotri

Cureus. 2026;18(2):e104018
DOI: 10.7759/cureus.104018



FEATURED RESEARCHER

Dr Dyutimoy Datta, MBBS, MD Anatomy

Professor & Head, Department of Anatomy
Mahabodhi Medical College and Hospital (MMCH)
Naknupa, Gaya Ji, Bihar – 824211

14,829

publications analysed

25

years mapped

~15x

increase in annual publication output

100+

countries represented

Key findings

- Annual publication output rose from 86 papers in 2000 to 1,344 in 2025 — roughly a 15-fold increase.
- Four major themes dominate: clinician-patient communication and outcomes; medical education and assessment; sensitive / high-stakes communication; and digital / technology-mediated communication.
- The United States, United Kingdom, Germany, China, Canada and Australia are among the leading contributors.
- Digital communication and artificial intelligence are emerging themes rather than an established core.

Why this matters for Indian medical education

Clinical communication is no longer a peripheral area of educational research. The relevant question is how established principles should be interpreted, implemented and evaluated within Indian settings.

Language, culture, clinical workload, faculty capacity and learner exposure all influence feasibility and effectiveness. A large international evidence base provides an important foundation, but locally generated evidence remains necessary.

“

The evidence base has grown substantially. The next challenge is contextualisation.

Clinical CommEx editorial takeaway

A global field, but an uneven evidence base

Research now spans more than 100 countries, but output remains concentrated in a relatively small number of higher-output settings. Low- and middle-income settings remain underrepresented.

What we should be asking next

How is communication competency taught, assessed and sustained across diverse Indian medical-education settings — and which implementation models are feasible at scale?

INSTITUTION SPOTLIGHT

Sikkim Manipal Institute of Medical Sciences

Building competence through structured practice and feedback



Institutional context

SMIMS, a constituent institution of Sikkim Manipal University, has been engaged with communication-skills teaching through its undergraduate curriculum, Medical Education Unit and skills-based learning activities.

The implementation question is how to move from communication as a curricular requirement to repeated opportunities for practice, feedback and improvement.

Current direction

The Medical Education Unit is preparing a structured clinical communication learning pilot involving Phase 2 MBBS students, beginning with baseline simulation and progressing through learning, practice, reassessment and remediation.

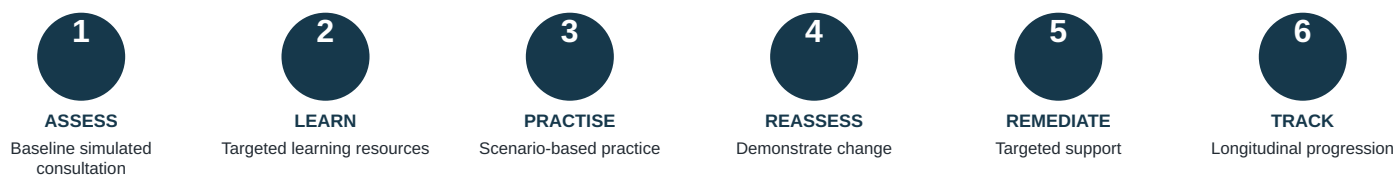
From the archive: role-play and feedback

In 2018, **Dr Dechenla Tshering Bhutia** from the Department of Community Medicine at SMIMS published a study examining role-play as a teaching-learning tool for undergraduate communication skills. Twenty-four students participated in simulated counselling encounters, received feedback, observed a demonstration and repeated the exercise. The study reported improvement in communication-related measures following repeated practice and feedback.

The educational principle

Communication competency develops through practice, reflection and another opportunity to try again. The current SMIMS direction builds on that principle by making the cycle more explicit and longitudinal.

The SMIMS pathway



“The significance lies less in the technology used and more in the design principle: communication learning becomes a longitudinal process rather than a single teaching encounter.”

What other MEUs can consider

- Where do students actually practise communication?
- Is feedback structured enough to identify what needs to improve?
- Is there an opportunity to reassess competency after learning or remediation?

MEU VOICES

Perspectives from the field

Implementation experience, challenges and next steps

How do Medical Education Units translate curricular intent into actual student practice?

IMS & SUM

Institute of Medical Sciences & SUM
Hospital, Bhubaneswar

Dr Prakash Kumar Sahoo

Additional Dean, Superspecialty
Professor, PG Department of Surgery
Coordinator, Medical Education Unit

Making communication part of clinical learning

“Students need opportunities to apply communication principles within real clinical learning, not only in isolated sessions.”

Communication training is most useful when it is integrated with clinical learning rather than treated as a separate educational exercise. Students need opportunities to apply communication principles while taking histories, explaining diagnoses, discussing investigations and counselling patients across different stages of undergraduate training.

The implementation challenge is not simply to identify additional teaching hours. It is to create appropriate opportunities for practice within existing clinical and academic encounters, while ensuring that learners receive feedback specific enough to guide improvement.

- Practice within clinical learning
- Structured formative feedback
- Longitudinal progression

SMBT Institute of Medical Sciences & Research Centre

Nashik

Dr Ashwini Khadatkhar Ghodake

Medical Education Unit (MEU) Coordinator

Creating consistency in faculty feedback

“Shared assessment principles and simple feedback frameworks can be as important as the teaching intervention itself.”

Students encounter multiple teachers, departments and clinical environments during medical training. This makes faculty involvement one of the central issues in implementing communication education.

A learner may receive very different messages about what constitutes effective communication depending on the faculty member or department involved. Shared assessment principles, practical faculty-development activities and simple feedback frameworks can therefore be as important as the teaching intervention itself.

- Faculty alignment
- Common assessment language
- Practical feedback tools

Sikkim Manipal Institute of Medical Sciences

Tadong, Sikkim

Dr Dechenla Tshering

Professor, Community Medicine
Medical Education Unit (MEU) Coordinator

Moving from participation to progression

“Attendance tells us teaching occurred. It does not necessarily tell us whether competency developed.”

A more useful educational pathway may include an initial opportunity to demonstrate communication, structured feedback, further practice and subsequent reassessment. Such an approach allows both the learner and the institution to identify areas requiring additional support.

The challenge is to build assessment processes that support learning without turning communication education into another administrative exercise.

- Progression rather than attendance
- Reassessment after learning
- Feasible longitudinal tracking

SHARE YOUR MEU EXPERIENCE

What is your Medical Education Unit trying, learning or struggling with?

We invite short, practical accounts of clinical communication teaching, assessment, faculty development, implementation barriers and locally developed solutions. The purpose is to make useful institutional experience visible and transferable across the medical education community.

info@sigclinicalcomms.com



Scan to contribute

COMING UP

National Advisory Session on Clinical Communication

20 SEPTEMBER 2026 | NEW DELHI | 2:00 PM - 4:00 PM IST

Closed advisory discussion with live webcast and release of *From Intent to Implementation: A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India*.

Time	Agenda	Lead
2:00-2:05 PM	Welcome and Opening Remarks	Dr Amit Kumar Dey Founder, DoctorsAI Education and Research Foundation
2:05-2:11 PM	Strengthening Faculty and Institutional Capacity for Clinical Communication Education	Maj (Dr) Ashlesha Tawde-Kelkar Associate Professor & Consultant Digital Health, CHAKRA (MEDD, Government of Maharashtra); Member, SIG
2:11-2:17 PM	Clinical Communication Education and Health Technology: Approaches to Innovation and Implementation	Dr Bhaskar Rajakumar CEO, CHARAKA CoE, Government of Karnataka; Member, SIG
2:17-2:23 PM	Multilingual Clinical Communication in Medical Education: Language Technology for Access and Inclusion	Shri Amitabh Nag CEO, Digital India BHASHINI Division, Digital India Corporation, Ministry of Electronics & Information Technology, Government of India; Member, SIG
2:23-2:33 PM	Rationale, Scope and Academic Priorities of the Special Interest Group on Clinical Communication	Prof Avinash Supe Emeritus Professor of Surgical Gastroenterology and Medical Education, Seth GS Medical College, Mumbai; Chair, SIG
2:33-2:48 PM	National Consultation on Clinical Communication Education: Findings and Emerging Priorities	Prof Meenal Mohgaonkar Dean & Director Academics and Professor of Radiology, SMBT Institute of Medical Sciences & Research Centre; Co-Convenor, SIG
2:48-2:58 PM	Technology-enabled Clinical Communication Training, Assessment and Feedback: ConversationAlly Demonstration	Ms Shweta Sharma Founder & CEO, SigmaMozak Solutions; Knowledge & Implementation Partner, SIG
2:58-3:08 PM	Institutional Pilot Experience in Clinical Communication Training	Prof E. Venkata Rao Professor, Department of Community Medicine, IMS & SUM Hospital, Bhubaneswar; Member, SIG
3:08-3:48 PM	National Blueprint for Clinical Communication Competency: Advisory Discussion	Moderator: Dr Rajshri Mallabadi Session Chair: Prof Avinash Supe; Advisory members and invited participants
3:48-3:56 PM	Proposed Expert Panels, Educator Network and Collaborative Academic Workstreams	SIG Leadership
3:56-4:00 PM	Release of <i>From Intent to Implementation: A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India</i>	SIG Leadership Institutional partners and invited participants

Attend the Webcast



doctorsaiglobalsummit.com/national-advisory-webcast.php

Scan the QR code or use the registration link to join the live webcast.

20 September 2026 · 2:00-4:00 PM IST

IN ASSOCIATION WITH



KNOWLEDGE & IMPLEMENTATION PARTNER



ALLIANCE PARTNERS

