



## **Special Interest Group on Clinical Communication releases national Blueprint after consultation across 147 medical institutions**

*76% report structured communication training across most or all MBBS phases, but only 4% use an integrated longitudinal record to guide learner feedback and progression*

**New Delhi, 22 September 2026:** A national consultation on clinical communication education has received 152 responses representing 147 unique medical institutions across 31 States and Union Territories, highlighting a significant gap between the delivery of communication training and the longitudinal tracking of learner competency. The consultation was undertaken by the Special Interest Group on Clinical Communication, in association with ICAIM and DoctorsAI, with SigmaMozak as Knowledge & Implementation Partner.

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 findings were discussed at the **National Advisory Session on Clinical Communication**, held in New Delhi on 20 September 2026, where the SIG released *From Intent to Implementation: A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India*.

The consultation was designed to understand how communication competencies are currently taught, practised, assessed and documented within undergraduate medical education, as well as the practical barriers institutions face in implementing them consistently.

### **Teaching is widespread, but continuity remains a challenge**

The findings suggest that communication training is no longer absent from undergraduate medical education. In many institutions, it is already being delivered across multiple phases of the MBBS programme.

However, the data point to a different implementation challenge: ensuring that communication competency develops longitudinally rather than through disconnected teaching and assessment activities.

Although many respondents reported the use of portfolios, logbooks, assessments and communication-focused teaching activities, only six of the 152 respondents reported having an integrated longitudinal record used to guide individual feedback and progression.

### **Prof Avinash Supe, Professor Emeritus in Surgical Gastroenterology and Medical Education at Seth G.S. Medical College, Chairperson, SIG Clinical Communication, said:**

“The question is no longer simply whether communication is present in the curriculum. The more important question is whether students are able to practise it repeatedly, receive meaningful feedback and demonstrate progression over time. The consultation shows that this longitudinal link remains an important area for improvement.”



The consultation also found extensive use of active teaching methods. Role-play between students was reported by 87% of respondents, small-group discussion by 86%, and observed bedside or outpatient interaction by 72%. Standardised or simulated patient encounters were reported by 57%, while 23% reported using digital or virtual-patient simulation. Assessment was also common, with 80% reporting the use of OSCE or OSPE stations, 72% written or case-based assessment, and 68% reflective portfolios or logbooks.

The emerging question, therefore, is not simply whether communication is being taught, but whether learners receive repeated opportunities to practise, receive structured feedback, demonstrate progression and carry that learning across phases and clinical departments.

### **Faculty capacity and institutional implementation remain major constraints**

Respondents were asked to identify their three most important barriers to consistent implementation.

**Large student-to-faculty ratios were selected by 64% of respondents**, making this the most frequently reported barrier.

Other commonly reported barriers included insufficient protected curriculum time, difficulties coordinating across clinical departments, limited numbers of trained faculty, insufficient faculty time and challenges in maintaining longitudinal learner records.

When asked what forms of support would be most useful, institutions most frequently selected:

- **Standardised assessment rubrics and OSCE stations — 49%**
- **Faculty-development programmes — 46%**
- **Case and session resources — 45%**
- **Practical implementation guidance for Medical Education Units — 41%**

### **Prof Meenal Mohgaonkar, Officiating VC, SMBT Deemed University, Co-convenor, SIG said:**

“The findings show that institutions do not necessarily need another statement telling them that communication is important. They need practical ways to make it work — faculty who are supported, usable teaching resources, consistent assessment approaches and better continuity across departments and phases. That is where the implementation effort now needs to concentrate.”

The findings indicate that the next phase of communication education may require less emphasis on creating additional curricular intent and greater emphasis on practical tools that allow institutions to implement, assess and sustain competency development at scale.

### **High interest in structured implementation, but support requirements differ**

The consultation also explored institutional readiness for more structured communication-training activity.

Overall, **89% of respondents indicated some degree of readiness to participate**, although the level of support required varied considerably.

Some institutions reported that they were already running comparable structured programmes or were ready to begin within six months. Others indicated that participation would be possible if teaching resources, faculty support or additional implementation capacity were available.

The findings therefore point to substantial interest, but also reinforce the need for adaptable implementation models rather than a single uniform approach across institutions.

### **Blueprint released to move from curricular intent to implementation**

The National Advisory Session brought together medical educators, clinicians, institutional leaders, students and experts working across implementation, health innovation and language technology.

The session examined practical questions including longitudinal competency development, faculty and Medical Education Unit support, assessment and reassessment, cross-departmental coordination, student participation, multilingual clinical communication, research and the appropriate role of technology.

At the session, the SIG released the Blueprint, which brings together consultation findings, emerging evidence and implementation priorities.

Its proposed areas of work include longitudinal learning and practice, assessment approaches and rubrics, faculty development, case and session resources, Medical Education Unit support, student engagement, multilingual communication, research and evidence generation, and technology-enabled practice and feedback.

The Blueprint is intended as an implementation-focused resource and programme framework rather than a regulatory guideline or mandated national standard.

### **India's multilingual clinical environment**

The advisory session also highlighted that clinical communication in India cannot be separated from the country's linguistic diversity.

Communication training needs to account not only for what clinicians say, but also for the language in which patients and clinicians are most comfortable communicating.

### **Amitabh Nag, CEO, Digital India BHASHINI, said:**

“In a multilingual health system, effective communication cannot depend on a single language or a single mode of interaction. Language technology can help make communication tools more accessible and scalable, including through multilingual medical glossaries that enable consistent understanding of clinical terms across Indian languages. Creation of Medical language Dataset is the most important activity for Health AI.”

The SIG intends to explore multilingual terminology, voice-based interaction and language-enabled approaches as part of its future work.

### **From building a product to strengthening the problem space around it**

The 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.



A demonstration of **ConversationAlly (Conversation AI(eye) ly)**, SigmaMozak's AI-enabled clinical communication intelligence platform, illustrated one possible technology-supported approach to structured practice and feedback.

However, the national consultation and the SIG initiative extend well beyond the technology platform itself. The wider programme has deliberately focused on understanding what institutions need, where implementation breaks down, and what educational, faculty, assessment, language and system-level supports are required.

**Shweta Sharma, Founder and CEO SigmaMozak, Knowledge & Implementation Partner SIG, said:**

“A health-tech startup cannot solve a meaningful healthcare problem by focusing only on its product. If the underlying ecosystem is not ready, if faculty need support, institutions lack practical tools, assessment is fragmented or the real barriers have not been understood, better software alone will not solve the problem. For us, ConversationAlly is one part of a much larger effort to strengthen clinical communication. The cause has to be larger than the product.”

ConversationAlly is being developed to analyse dimensions such as jargon, person-centred language, open-ended questioning, collaborative communication, stigma-related framing and other communication behaviours.

The demonstration was presented as one potential response to specific implementation challenges identified through the wider consultation.

This distinction is deliberate: technology is being explored as one component of a broader implementation ecosystem, alongside faculty development, assessment resources, case libraries, longitudinal learner tracking, multilingual approaches and research.

**What happens next**

The SIG Clinical Communication will now move from consultation toward implementation-focused work.

Planned areas include expert workstreams, faculty development, assessment resources, case and session libraries, student engagement, multilingual clinical communication, institutional pilots, research and evaluation, and continued engagement with medical institutions across India.

The objective is to address the gap identified through the consultation: moving from the presence of communication training within the curriculum toward a system in which communication competency can be practised, observed, supported and progressively developed throughout undergraduate medical education.

**About 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.



The SIG focuses on practical approaches to strengthening clinical communication competency through education, assessment, faculty development, multilingual approaches, research, implementation support and appropriate use of technology.

**Website:** [www.sigclinicalcomms.com](http://www.sigclinicalcomms.com)

**In association with:** ICAIM and DoctorsAI

**Knowledge & Implementation Partner:** SigmaMozak Solutions

**Media enquiries**

**Media contact:** Dr Rajshri Mallabadi

**Email:** [info@sigclinicalcomms.com](mailto:info@sigclinicalcomms.com)

**Phone:** +91-8147178745