



NATIONAL CONSULTATION ON CLINICAL COMMUNICATION

What 152 responses from medical institutions across India are telling us

SIG Clinical Communication

In association with ICAIM and DoctorsAI

Knowledge & Implementation Partner: SigmaMozak Solutions

NATIONAL FOOTPRINT

152 responses

147 unique medical institutions

31 States and Union Territories represented

The consultation explored how clinical communication is currently taught, practised, assessed and tracked in undergraduate medical education, and what institutions need to strengthen implementation.

These are updated consultation totals. The Blueprint released on 20 September reflects the earlier analytical dataset of 145 institutions.

THE IMPLEMENTATION GAP

76% of respondents report structured communication training across most or all MBBS phases

BUT ONLY

4% report using an integrated longitudinal record to guide individual learner feedback and progression

The issue is no longer simply whether communication is in the curriculum. The challenge is creating continuity across phases and departments so that learners can practise, receive feedback, demonstrate improvement and progressively develop communication competency.

THE BIGGEST IMPLEMENTATION BARRIER

64% identified large student-to-faculty ratios among their three most important barriers to consistent implementation.

Other commonly reported challenges included:

35% — insufficient protected curriculum time

34% — difficulty coordinating across clinical departments

30% — limited numbers of trained faculty

30% — difficulty maintaining longitudinal learner records

30% — insufficient faculty time

WHAT INSTITUTIONS ARE ASKING FOR

49%: Standardised assessment rubrics and OSCE stations

46%: Faculty-development programmes

45%: Case and session resources

41%: Practical implementation guidance for Medical Education Units

The message is consistent: institutions are asking for practical implementation tools, not simply more statements about the importance of communication.



THERE IS READINESS, BUT SUPPORT MATTERS

89% of respondents indicated some degree of readiness to participate in structured communication-training activity. However, readiness varied considerably. The largest group said participation would depend on access to teaching resources and faculty support.

WHAT IS ALREADY HAPPENING?

Communication education is not starting from zero.

Teaching approaches reported

- 87%** — student role-play
- 86%** — small-group discussion
- 72%** — observed bedside or outpatient encounters
- 57%** — standardised or simulated patients
- 23%** — digital or virtual-patient simulation

Assessment approaches reported

- 80%** — OSCE/OSPE stations
- 72%** — written or case-based assessment
- 68%** — portfolios or logbooks
- 58%** — directly observed clinical encounters
- 41%** — workplace-based assessment

FROM CONSULTATION TO ACTION

**On 20 September 2026 in New Delhi, the SIG Clinical Communication released:
*From Intent to Implementation A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India***

The Blueprint focuses on:

Longitudinal practice • Assessment • Faculty development • Case resources • MEU support
• Student engagement • Multilingual communication • Research • Technology-enabled feedback • Institutional implementation

THE QUESTION NOW

How do we move from communication being taught to communication competency being practised, observed, supported and progressively developed throughout medical education?

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Data: National Consultation on Clinical Communication, current dataset: 152 responses.

Findings reflect participating respondents and should not be interpreted as a statistically representative census of all medical colleges in India.