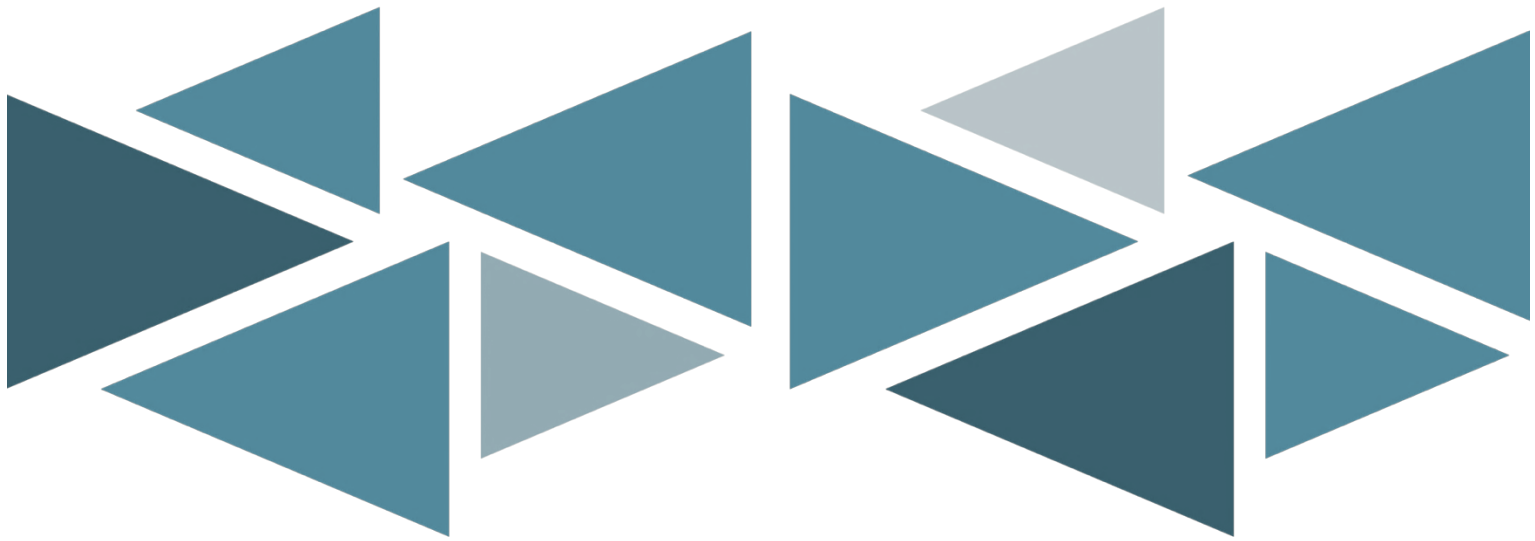# Guidelines
for accreditation of
Speech and Language Therapy
and Audiology Programs

2024

A manual complied by the Subject Expert Committee
in BSc Speech Language Therapy and Audiology Programs

Table of Contents

List of Abbreviations and Acronyms

CMCC   Ceylon Medical College Council

SLTA   Speech and Language Therapy and Audiology

SLMC   Sri Lanka Medical Council

AU   Accreditation unit

SER   Self-Evaluation Report

GCE.   General Certificate of Education

AL   Advance Level

OL   Ordinary Level

SLQF   Sri Lanka Qualifications Framework

Nh   Notional hours

ICT   Information and Communication Technology

HE   Healthcare Education

GPA   Grade Point Average

AAC   Augmentative and Alternative Communication

SLT   Speech and Language Therapy

MDT   Multi-disciplinary team

Glossary

The following definitions are provided to assist in interpreting the accreditation standards.

Academic year. The annual period of sessions during which students attend courses or take final examinations in the program.

Breadth and depth. Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviours, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected and (e.g., the taxonomic level within a domain of learning) described in the objectives.

Clinical training. That aspect of the professional curriculum that includes the spectrum of experiential learning and clinical education settings where students practice applying knowledge, skills and professional behaviours under the direction of a qualified clinical educator.

Competent. Being professionally competent can be described as an integration of knowledge, understanding and subject-specific skills and abilities that are used by a person to function according to the demands that are put upon them in the specific speech and language therapy context.

Common modules. Course units that should be taken by a graduate following a specialization in audiology OR specialization in speech and language therapy or dual specialization program (audiology AND speech and language therapy) in speech and hearing sciences.

Curriculum. A structured framework of educational content, learning objectives, instructional methods, and assessment strategies designed to guide the teaching and learning process within a degree program.

Entry criteria. The set of minimum requirements and qualifications that applicants must meet to be considered eligible for admission into the program.

Faculty. The terms faculty and academic staff have been interchangeably used. Faculty considered in the review process are only those who contribute towards the accredited program. Such faculty may hold titles as Full-time, Part-time, Visiting, Adjunct or Clinical Educator.

Formative Assessment. Ongoing measurement throughout educational preparation for the purpose of monitoring acquisition of knowledge and skills and improving student learning; provides feedback and information during the instructional process while learning is taking place.

Goals. The ends or desired results toward which program, faculty and student efforts are directed.

Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process.

Knowledge and Skills. Subject matter content and abilities within identified domains required to perform a specific task or job, often designated as competencies or outcomes to be achieved associated with a degree or credential. Knowledge and skills are typically developed by a panel of subject matter experts and validated through a peer review process.

Learning Outcomes. Brief statements that identify what a learner will know and be able to do at the end of a course or a program. These include the required knowledge and skills, attributes and abilities including professionalism and professional behaviours that involve the integrated learning needed by a graduate of a program. Learning outcomes are the achieved results of what was learned.

Mission Statement. A statement that explains the unique nature of a program or institution and how it helps fulfil or advance the goals of the sponsoring institution, including religious mission. The mission is distinct from the program's goals, which indicate how the mission is to be achieved.

Notional hours. Includes direct contact hours with teachers and trainers, time spent in self-learning, preparation for assignments, carrying out assignments and assessments.

Policy. A general principle by which a program is guided in its management.

Procedures. A description of the methods, activities, or processes used to implement a policy.

Professional Practice. The application of specialized knowledge, skills, and ethical standards by individuals in the delivery of clinical services.

Professional Qualifications. The formal credentials, educational achievements, clinical training, and competencies required for individuals to practice safely and effectively in the fields of SLTA. Professional qualifications typically include accredited degrees, certifications, licensure, supervised clinical experience, and demonstration of core competencies.

Programme Provider. The HE institution or university responsible for delivering the pre-registration education of SLTAs.

Quality Assurance. The maintenance of a desired level of quality in the program, especially by means of attention to every stage of the process of delivery or production. This needs to be a continuous, on-going process which ensures that students are served according to expected quality standards.

Service. Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

Strategic Plan. The strategic plan should be longer than 1 year and identify the program's long-term goals, specific measurable objectives, strategies for attainment, a schedule for analysis, and a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.

Subject experts. Professionals with advanced knowledge, skills, and experience in specific areas of SLTA who contribute to the development, evaluation, and implementation of clinical and educational standards within the field.

Summative Assessment. Comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the culmination of course work and at the culmination of the program. The assessment takes place after the learning has been completed and provides information and feedback about both teaching and learning effectiveness.

Introduction

The Ceylon Medical College Council's (CMCC) accreditation process aims to achieve excellence in graduate education, ensuring that the program produces a graduate who is fit for academic award and professional practice. By achieving clearly defined requirements for best practice, accredited programs are responsive to complex educational challenges and dynamic workforce needs, both locally and globally.

Programs in speech and language therapy and audiology (also known as *Speech and hearing sciences* or *Speech-Language Pathology and Audiology*) aim to train competent speech and language therapists and audiologists who have the necessary knowledge, attitudes and skills to provide a range of rehabilitation services to people with communication disabilities and to their families; to raise the level of awareness and knowledge about communication disabilities in the wider community of Sri Lanka; and to contribute to the development of the academic base in the field, through research and their own professional development in practice.

The manual for the accreditation of Speech and Language Therapy and Audiology (SLTA) programs was compiled under the guidance of the Ceylon Medical College Council (CMCC), by a panel of subject experts in Speech and Language Therapy and Audiology. This collaborative endeavor aims to support program providers with a blueprint when developing and/or delivering a quality program in speech and language therapy and/or audiology. As such, the key tenet in compiling this document is to ensure that programs developed for SLTA will guide learners to acquire comparable knowledge and competencies, inculcate an attitude that values continued learning and develop transferable skills that will contribute to the impact that SLTAs make to society.

Accreditation guidelines presented here are compiled in seven sections: **Section A-** General Information, Student Admission and Institutional Accreditation and Authorization; **Section B-** Governance, Vision and Mission; **Section C-** Assessment; **Section D-** Educational Program; **Section E-** Students; **Section F-** Faculty; **Section G-** Program Resources. Supporting documents and formats are enclosed as appendices. We encourage using this manual and supporting documents to ensure a clear understanding of the accreditation/reaccreditation process.

The Sri Lanka Medical Council Accreditation Process for Speech and Language Therapy and Audiology Educational Programs

1. Preamble

The accreditation unit (AU) of the Sri Lanka Medical Council (SLMC) is an independent body that evaluates undergraduate medical and allied health educational programs to ensure the highest standards in medical paramedical education.

Evaluation by the SLMCs AU is done by using rigorous standards developed through a consultative process considering global best practices in healthcare education (HE). The accreditation standards developed for Speech and Language Therapy and Audiology (SLTA) articulate expectations in undergraduate healthcare education (fitness for the profession) and are separate yet linked to the Sri Lanka Medical Council (SLMC) registration process (fitness for practice).

The SLMCs accreditation process thus ensures that approved programs,

- Meet the educational expectations/standards stipulated or referred to by the SLMC for speech and language therapy and audiology.
- They are aligned with global standards and expectations in the fields of speech and language therapy and audiology.
- Produce graduates who demonstrate fitness to practice speech and language therapy and audiology in a wider context of providing professional healthcare.

2. Benefits of accreditation

The benefit of accrediting a program is widespread that is, to the program provider, the learner and the profession at large.

- Accreditation ensures the meeting of minimum standards in education.
- Self-evaluation promotes constant improvement and accountability for the institution.
- It ensures that the program keeps up with the global demands in education and the demands of the job market.
- Provides students with a progressive and timely educational experience.
- The accredited status confers global recognition to the program, which enables international research collaborations, fosters greater recognition, and opens up diverse career opportunities for its graduates.
- Bolsters the credibility of its students and faculty.

- Sets up a mutual understanding between governing bodies, educational institutes, stakeholders, graduates and students, establishing standards of practice and ensuring preparedness for delivery of high-quality practice in SLTA.
- The program-provider benefits from the use of the SLMC accredited status for the SLTA course.

3. Accreditation of Programs in SLTA

The accreditation of SLTA programs is two-fold:

3.1. *Accreditation of existing programs*

a) As the CMCC has recently introduced accreditation for allied health programs offered by both state and private sector higher education institutions, all existing SLTA programs must apply for accreditation following a notification from the CMCC.

b) A program must complete at least one academic cycle, graduating one student cohort, before undergoing the accreditation process.

c) The program will be evaluated on 7 areas based on its practices, resources, and infrastructure over the past four years.

d) Successful completion of the review will grant accreditation for a period of eight years.

3.2. *Accreditation of new programs*

a) Institutions must obtain CMCC approval before initiating a new SLTA program. The accreditation process begins with the submission of primary documents to seek permission to proceed.

b) This is followed by the submission of a Self-Evaluation Report (SER).

c) The program will be assessed based on its proposed practices, resources, and infrastructure.

d) If approved, the institution may proceed with the program. A full accreditation review must be conducted once the first student cohort graduates.

4. Accreditation areas

The new and existing programs in SLTA will be reviewed across 7 areas for SLMC accreditation.

Section A; General Information, Student admission and Institutional Accreditation and Authorization

Section B: Governance, Vision and Mission

Section C: Educational Program

Section D: Assessment

Section E: Students

Section F: Faculty[1]

Section G: Program Resources

Self-Evaluation Reports (SERs) should review and present evidence for items listed in section A through G.

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[1] The terms *faculty* and *academic staff* have been interchangeably used. *Faculty* considered in the review process are only those who contribute towards the accredited program. Such faculty may hold titles as Full-time, Part-time, Visiting, Adjunct or Clinical Educator.

Accreditation of Existing Programs

Figure 1 outlines the process when an accredited program nears the end of its accreditation period.

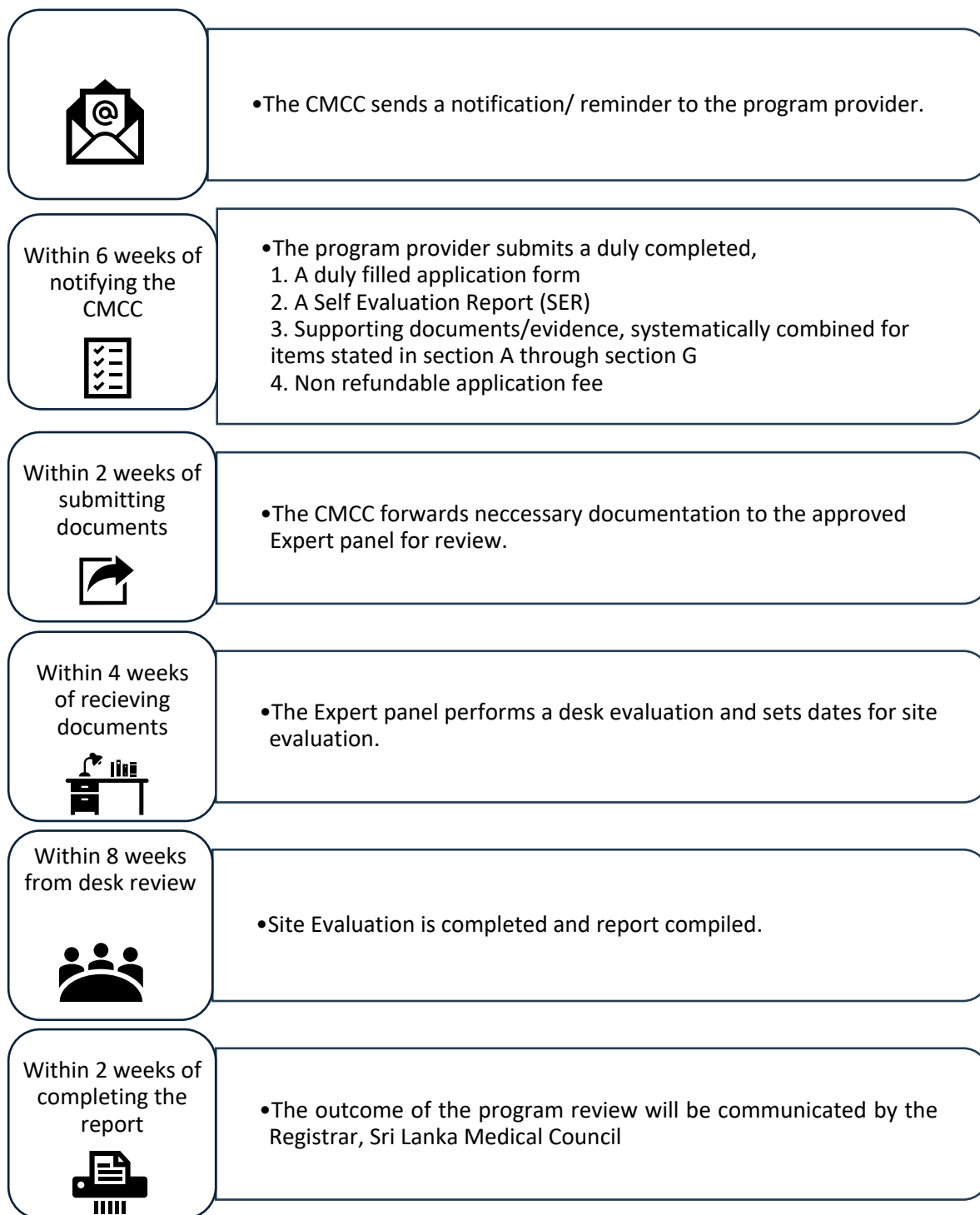|	
	•The CMCC sends a notification/ reminder to the program provider.
Within 6 weeks of notifying the CMCC	•The program provider submits a duly completed, 1. A duly filled application form 2. A Self Evaluation Report (SER) 3. Supporting documents/evidence, systematically combined for items stated in section A through section G 4. Non refundable application fee
Within 2 weeks of submitting documents	•The CMCC forwards neccessary documentation to the approved Expert panel for review.
Within 4 weeks of recieving documents	•The Expert panel performs a desk evaluation and sets dates for site evaluation.
Within 8 weeks from desk review	•Site Evaluation is completed and report compiled.
Within 2 weeks of completing the report	•The outcome of the program review will be communicated by the Registrar, Sri Lanka Medical Council

Figure 1: Accreditation Process for existing programs

Accreditation of New Programs

Figure 2 outlines the process of accreditation a program for the first time or when significant changes to an existing program is planned.
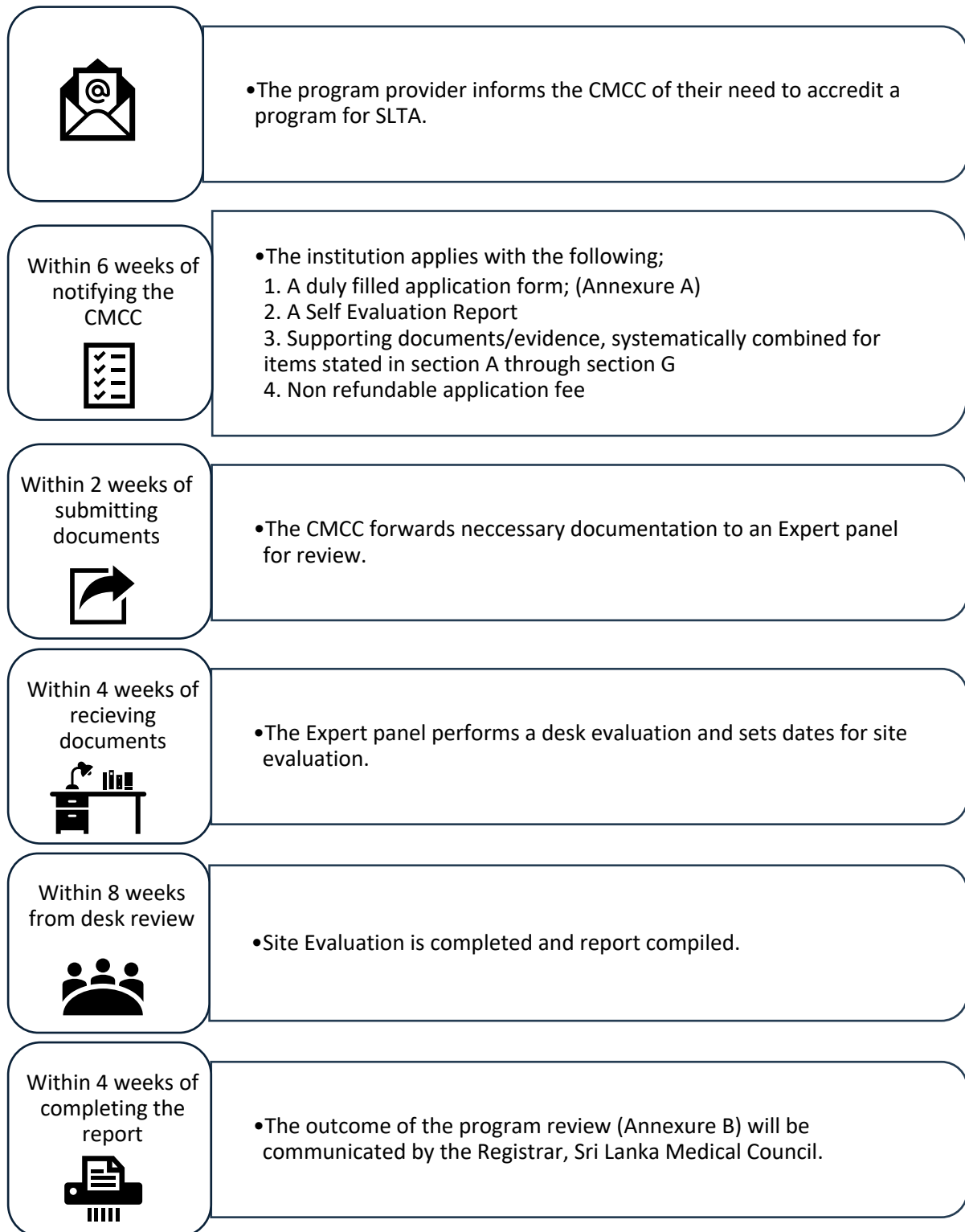
	•The program provider informs the CMCC of their need to accredit a program for SLTA.
Within 6 weeks of notifying the CMCC	•The institution applies with the following; 1. A duly filled application form; (Annexure A) 2. A Self Evaluation Report 3. Supporting documents/evidence, systematically combined for items stated in section A through section G 4. Non refundable application fee
Within 2 weeks of submitting documents	•The CMCC forwards neccessary documentation to an Expert panel for review.
Within 4 weeks of recieving documents	•The Expert panel performs a desk evaluation and sets dates for site evaluation.
Within 8 weeks from desk review	•Site Evaluation is completed and report compiled.
Within 4 weeks of completing the report	•The outcome of the program review (Annexure B) will be communicated by the Registrar, Sri Lanka Medical Council.

Figure 2: Accreditation Process for new programs

Guidance for the development and delivery of graduate programs leading to registration of Speech Language Therapists and Audiologists (SLTAs)

Section A: General Information, student admission and Institutional Accreditation and authorization

Minimum Entry Criteria:

A1. The entry criteria for students to an undergraduate degree in Speech and Language Therapy and/ or audiology is in line with the minimum criteria defined in the handbook published by the University Grants Commission of Sri Lanka for the relevant academic year.

For the academic year 2023/2024:

Sri Lankan GCE Advance Level (AL): Subjects of Biology, Physics and Chemistry – 3S passes for audiology and 3S passes in any other science stream subject combination. **Biology is mandatory.**

and

Sri Lankan GCE Ordinary Level (OL): English Language; S pass

OR

An equivalent grade in London AL (i.e., Cambridge, Pearson Edexcel AL) for the aforementioned subjects/ subject combination.

A2. The institution offering the undergraduate qualification has received institutional accreditation from a relevant Sri Lankan authority.

A3. The institution is authorized under applicable laws or guideline, to provide a professional qualification in Speech and Language Therapy and/or Audiology.

A4. The SLTA program is recognized/accredited by a national/overseas regulatory body established for the said purpose.

A5. The total duration of the study program is no less than 4 academic years.

Section B: Governance, Vision and Mission

B1. The organizational structure of the awarding institution is transparent, well demarcated and provides opportunities for effective governance.

B2. Responsibilities related to the management of the degree programme have been defined and delegated appropriately to relevant staff members by the relevant authority governing the institution.

B3. The institution has a comprehensive strategic plan that is used in governance, management and decision-making.

B4. The awarding institution presents a vision and mission that complies with expected practices for an academic higher education institution. In addition, the vision and mission statement of the program must also be clearly described.

B5. Vision and mission statements of the program reflect the expectations set for an undergraduate qualification holder in terms of the four domains outlined in the SLQF[2].

B6. Vision and mission statements are used in program planning, delivery and decision-making to prepare to prepare students for entry into a professional-level health care practice.

B7. The vision and mission statements of the program are periodically reviewed through the institution's internal and/or external quality assurance processes to ensure they remain congruent with that of the institution.

Section C: Educational Program

C1. The program presents a comprehensive curriculum that is in line with the level descriptors and volume of work comparable to SLQF level 6[2].
see, https://www.ugc.ac.lk/attachments/1156_SLQF_2016_en.pdf).
Typically, the achievement of these outcomes requires the completion of 4 years of graduate training or the equivalent.

C2. The program demonstrates a curriculum that is organized and delivered with a clear scientific rationale and research foundations, as applicable to the profession of SLTA.

C3. The program demonstrates an organized and sequenced structure to allow maximal integration between taught modules and the relevant clinical training.

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[2] (a) Knowledge, (b) Skills (c) Attitudes, Values, Professionalism and Vision for life (d) Mind set and paradigm

C4. The curriculum includes a combination of taught modules, clinical modules and/or research modules with clearly stipulated volume of work and assessment methods for each.

C4.1. The common modules[3] (**Table *1***), mandatory taught course units for audiology (**Table *2***) and speech and language therapy (***Table* 3**) have been listed below[4].

Table 1: Common modules/ course units

Anatomy and Physiology for Speech and Hearing Sciences
Paediatrics and Neurology
Disability: Theory & Concepts
Personal management and professional practice
Linguistics for Speech and Hearing Sciences
Fundamentals for Speech and Hearing Sciences
Psychology
Research Methodology

Table 2: Audiology

Acoustics and Electronics for Audiology
Otology for Audiologists
Paediatric Audiology
Introduction to Balance
Rehabilitative Audiology
Counselling for Audiology
Diagnostic Audiology
Hearing Aids and Assistive Listening Devices
Implantable Devices
Environmental Audiology

Table 3: Speech and Language Therapy

Child Language Disorders; Assessment, Diagnostics and Management
Acquired Language Disorders in Adults; Assessment, Diagnostics and Management
Child Motor Speech Disorders; Assessment, Diagnostics and Management
Speech Sound Disorders
Motor Speech Disorders in Adults; Assessment, Diagnostics and Management
Hearing Impairment
Fluency and its Disorders
Voice and its Disorders
Dysphagia in Adults; Assessment and Intervention
Paediatric dysphagia; Assessment and Intervention

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[3] Common modules/course units should be taken by a graduate following a specialization in audiology OR specialization in speech and language therapy or dual specialization program (audiology AND speech and language therapy) in speech and hearing sciences.
[4] Names of modules and study areas may differ.

C4.2. The program curriculum provides students with sufficient breadth and depth of opportunities for students to be trained in a variety of clinical and educational training settings across the age range and clinical populations with appropriate equipment and skills training as defined in the scope of practice.

C4.2.1. Students are provided with the opportunity to complete a minimum of 3200 notional hours (Nh) as clinical and community-based learning across the four years of studentship (that is, approximately 40% of the total number of Nh offered in the program[5]),

C4.2.2. Out of which 10% may be clinical observation.

C4.2.3. A minimum of 700 notional hours completed in the final year of study.

C4.2.4. The duration of training at a given placement may be rationally decided.

C5.1. The curriculum defines, for each module, the teaching and learning methods used; that is, teacher-led, student-centred and blended teaching and learning methods. They are suitable to deliver the intended learning outcomes (see Appendix 1).

C5.2. Teaching and learning should ideally take place beyond the classroom, that is in virtual environments, clinical and community settings with a considerable amount of time is allocated for guided self- learning.

C5.3. The number of students allocated to each group during clinical rotations allows for optimum clinical exposure and interaction between students, and between students and the tutor/teacher.

C6. The program demonstrates evidence that it allows students to identify the cultural and linguistic variables, social determinants of health, environmental, individual and communal factors and their impact on disability, throughout their academic and clinical education.

C7. The program consistently follows adopted policies regarding the development of ICT and language skills among students.

C8. The educational program should have undergone a comprehensive review in the past 10 years and is able to show evidence of incorporating recommendations of the review, systematically and reflectively.

C9. The program performs regular analyses of the performance of cohorts of students and graduates to evaluate the delivery of the program, in relation to intended educational outcomes and training needs.

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[5] This is in line with international recommendations for clinical training of undergraduate SLTA students.

C10. The program has evidence of a well-established mechanism that allows students, faculty and staff to provide regular feedback on aspects related to teaching, learning and governance, without the risk of being penalized.

Section D: Assessment

D1. The program assesses student learning at regular intervals by using a variety of formative and summative assessment methods, that align with the learning outcomes of the relevant module.

D2.1. Assessment decisions of summative examinations are guided by the curriculum, and those decisions are defined by clearly formulated by-laws/regulations.

D2.2. Assessment/ examinations and evaluation procedures, criteria set for pass marks, grade boundaries, allowed retakes, etc. comply with best practices for undergraduate medical education.

D2.3. Results of assessments guide decisions about the progress of the student to different stages of the training programme described in the curriculum as per submitted Regulations and By-Laws.

D2.4. The by-laws and regulations are consistently evaluated through an internal quality assurance mechanism.

D3. Assessments are administered by multiple academic and clinical faculty members approved in line with the institutional regulations for examinations.

D4. The program implements adopted procedures that ensure confidentiality and integrity of examination results.

D5. The program implements a robust mechanism to avoid conflict of interest during student assessments.

D6. The program provides students with a learning environment that allows consistent feedback and opportunity to improve performance, based on the same.

Section E: Students

E1. The admission criteria for accepting students into the program, meets or exceeds the standards defined in section A above.

E2. The program makes reasonable adaptation in curriculum, policies and procedures to accommodate difference in individual students.

E3. The total number of students across all study years, at any given point of time matches the available physical and infrastructure resources.

E4. The program is able to attract international students.

E5. Students registered on the program are informed of,
   a) Institutional and program related policies, procedures and by laws.
   b) Expectations regarding degree requirements, assessment grading systems, GPA calculation system (or as applicable), fall back qualifications and professional credentialing.
   c) Expectations regarding academic integrity, honesty, professional conduct and ethical practice.

E6. The program systematically documents and maintains records of student progress in order to be able to demonstrate that a student has met all the academic, clinical and other requirements as defined by the program outcomes/graduate profile.

E7. The program has a secure system that provides students with access to his or her own records upon request.

E8. Students are provided with written information of the available academic and other support services, within the program and the institution.

E9. The program has a system in place to advise students on matters related to academic and clinical performance and other requirements (financial support, psychological support, accommodation matters).

E10. Students enrolled in the program have the opportunity to be involved in the decision-making process alongside the institution's governing bodies, without intimidation or influence.

Section F: Faculty[6]

F1. The institution has a clearly defined policy for recruiting and promoting faculty (academic staff).

F2. Designations and discipline related qualifications and experience of the academic staff are appropriate to deliver the curriculum effectively.

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[6] The terms *faculty* and *academic staff* have been interchangeably used. *Faculty* considered in the review process are only those who contribute towards the accredited program. Such faculty may hold titles as Full-time, Part-time, Visiting, Adjunct or Clinical Educator

F3. The number, composition and the distribution of workload amongst faculty is sufficient to meet the expectations outlined by the program outcomes, allows students to complete the program within the published time frame and meets the needs in teaching, research and service provision.

F4. Student to staff ratio maintained by the institution for the program and the strategy for deployment of staff in the teaching learning process meet the minimum 10: 1 standard approved by the university grants commission, as sufficient to maintain the quality in education.

F5. Institutional guidelines ensure that all academic staff members are licensed to practice and that they maintain a commitment to continuing education and lifelong learning.

F6.1. The institution has a well-defined process to enhance knowledge and skills in health professions education which includes teaching/ learning and assessment techniques, curriculum development and quality assurance amongst the academic staff.

F6.2. An established unit within the institution, with trained staff and adequate resources, policies and procedures, regularly monitors the delivered program to support curriculum development/ review, teaching-learning and program planning/implementation.

Section G: Program Resources (Human resources and other)

G1. The program receives a budgetary allocation, incentives and resources, sufficient to deliver a high-quality program that is consistent of its missions and goals.

G2. The program identifies sources of funds that are received outside the university's usual budgetary process, if additional funding is required.

G3. The program has been allocated adequately trained non-academic staff[7] to conduct its routine operations including training and assessments, providing necessary support to faculty, students and ensure effective administrative functioning.

G4. The institution supports the academic-support, executive and nonacademic staff to contribute substantially to achieving program goals by providing specific skills training for self and career development.

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[7] Nonacademic staff include clerical and technical staff recruited as permanent, temporary or assignment basis.

G5. The program is provided with adequate physical facilities (lecture spaces, tutorial rooms, examination halls, offices, clinical space, clinical skills laboratories etc.) that are accessible, safe and sufficient.

G6. The program's equipment and educational clinical materials are appropriate, adequate and is frequently reviewed and updated to ensure that they are sufficient to meet the needs of the program.

G7. The program has access to adequate and updated technical infrastructure which includes access to the internet, online and physical resources to library related material, journal access, streaming and video conferencing facilities.

G8. The program is able to provide adequate clinical training at a recognized hospital/ clinic/ school/ community setting for all students enrolled in a clinical training module at any given time.

G9. Students are provided with hostel facilities fulfilling basic needs such as water, electricity, sanitary facilities, recreation etc., that comply with adequate health and safety standards.

G10. Students have access to basic medical and nursing care through the institution-run medical center, nutritious meals through institution run/approved canteen facilities that upholds health and hygiene standards and recreational facilities for physical, mental, social and spiritual wellbeing.

Appendix 1

Examples of teaching /learning methods used in SLTA academic programs

Setting	Approach	Formats
Classroom-based teaching	Teacher-centered	Lectures
		Teacher-led seminars
		Tutorials
		Teacher feedback sessions
	Student-centered	Problem-based learning
		Small group discussions
		Class presentations
		Individual and group assignments
		Role plays
		Debates
		Quizzes
		Journals
		Peer feedback sessions
Laboratory based (Laboratory, Skills development Centre, and clinical settings)	Teacher-centered	Guided observations
		Laboratory classes
		Simulation sessions
		Demonstrations
		Speech lab
		AAC lab
	Student-centered	Individual tasks
		Group tasks
Virtual Environment (Computer Assisted Learning platform)	Teacher-centered	Online lectures
		Online demonstrations
		Video/Audio recordings
		Animations
	Student-centered	Individual tasks
		Group tasks
		Formative assessments
		Blogs
		Discussion forums
		Learning platform-based activities
Community settings	Student-centered	Individual projects
		Group projects
		Workshops
Clinical settings	Teacher-centered	Outpatient/unit-based classes
		Bedside teaching
		Clinic based teaching/ Demonstrations
		Clinical discussions

	Student-centered	Patient engagement
		SLT /Audiology clinical sessions
	23	Reports and documentation
		MDT meetings
		Journal clubs
		Seminars
		Portfolio
		Clinical diaries/logs

Appendix 2

Assessments methods to be used in a SLTA academic program.

Domain	Assessment category	Assessment tools
Knowledge	Selected response	True/False type multiple choice questions (T/F MCQ)
		Single best answer type multiple choice questions (SBA)
	Constructed response	Structured essay questions (SEQ)
		Short answer questions (SAQ)
		Written assignments
Skills	Competence (In simulated environments)	Objective structured practical examinations (OSPE)
		Objective structured clinical examinations (OSCE)
		Progressive Problem-based learnings (PBL)
	Performance (In clinical/community settings)	Case reports
		Clinical conferences
		Presentations
		Research reports
		Project reports
		Practical reports
		Portfolios
		Community based assessments
		Case examinations
		Clinical records/ workbook
Attitudes and professionalism Mind-set and Paradigm	Competence (in simulated environments)	Objective structured clinical examinations (OSCE)
		Research proposal/ dissertation
	Performance (in clinical/community settings)	Portfolio assessment
		Oral examinations