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Evaluation of the Resident

By selecting the "Proceed" option from the space below, you attest:

- 1) That the information entered into this evaluation form will be as objective and honest as possible.
- 2) You have familiarized yourself with the current NCOPE Standards for Accreditation of Residency Programs.
- 3) You are familiar with the requirements necessary to serve as a mentor/program director.
- 4) You wish to begin the evaluation of a resident practitioner.*

Proceed

Data Verification

Provide the following information about the resident being evaluated:*

First Name:

Last Name:

Email Address:

Provide the following information about the mentor/director evaluating the resident:*

First Name:

Last Name:

Email Address:

Provide the following information about the organization and location hosting the resident: *

Organization Name:

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City:

State:

Program Type

Program Track*

What is the purpose of this evaluation?

If this document will serve as a final evaluation, choose the final quarter that the resident has completed.

**Items marked with an asterisk will not be submitted to NCOPE and are intended for internal residency program use only. **

- 1st Quarter Evaluation
- 2nd Quarter Evaluation
- 3rd Quarter Evaluation
- 4th Quarter Evaluation
- 5th Quarter Evaluation
- 6th Quarter Evaluation
- 7th Quarter Evaluation
- 8th Quarter Evaluation
- End of Rotation Evaluation That Does Not Coincide with the end of a Quarter*
- General Formative Evaluation*
- Other - Write In (Required)*: *

Is the quarter identified above the final quarter of the residency?*

- Yes

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No

Will you serve as the principle mentor/supervisor for the resident being evaluated during the next quarter of their residency? *

Yes

No

Resident Performance

Using the scale provided below, rate the residents ability to demonstrate and/or perform the following aspects of patient care defined by NCOPE Standards 1.1 and 1.2.

- Beginner - The resident has no experience with this task and usually has difficulty with this skill or behavior, requires basic information and direction, and close supervision.
- Developing - The resident has limited experience and may continue to have some difficulty with the skill or behavior, requires coaching/reinforcement and close supervision.
- Advancing - The resident has additional experience and often performs skills or behaviors effectively in common situation, requires continued coaching/reinforcement and supervision.
- Competent - The resident virtually always performs skills or behaviors effectively, but may require assistance or guidance in unusual circumstances.

Please note that expectations will likely change over the course of the residency and should be defined by the residency program and its respective director/mentors at the start of each quarter and/or rotation. *

The resident exemplifies the role of the orthotist-prosthetist practitioner in providing ethical patient-centered care by applying the ABC Code of Professional Responsibility or BOC Code of Ethics in clinical practice experiences.
The resident uses sound judgment in regards to the safety of self and others; and adherence to safety procedures throughout the delivery of orthotic-prosthetic services.
The resident has an awareness of the humanity and dignity of all patients and related individuals within a diverse multicultural society.

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The resident demonstrates an understanding of clinical practice and practice management within the social, cultural, business and economic environment of rehabilitation services.
The resident demonstrates an understanding of the collaborative role of the orthotist-prosthetist practitioner as a member of the interdisciplinary rehabilitation team.
The resident demonstrates the ability to be a critical consumer of research and to integrate and use research findings as evidence in clinical practice.
The resident demonstrates the ability to integrate knowledge of the fundamental science of human function within the practice framework of assessment, formulation, implementation and follow-up of a comprehensive orthotic-prosthetic treatment plan.
The resident demonstrates the ability to make appropriate clinical decisions that lead to successful orthotic/prosthetic outcomes.
The resident demonstrates, in a systematic and effective manner, the ability to impart knowledge and instill confidence when providing education for patients and their caregivers, other health professionals, and the public at large.
The resident demonstrates the ability to participate in research activities through a working knowledge of the research process.
The resident documents pertinent information in a manner that promotes efficient direction for patient care, supports effective collegial communication, and meets the requirements of legal, business and financial constraints.
The resident demonstrates competence in clinical and technical procedures necessary for orthotic/prosthetic practice.

Comments:

For each objective listed below, rate the resident using the scale defined on this page. For any objective that you did not have the opportunity to observe, select the response "Not Observed" from the options.*

The resident demonstrates the ability to complete the essential components of the patient evaluation process.
The resident demonstrates the ability to integrate and apply foundational knowledge and patient information to direct orthotic/prosthetic management.

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The resident demonstrates the ability to apply the necessary skills and procedures, including fabrication, to provide orthotic/prosthetic care.

The resident demonstrates the ability to develop and implement an effective follow-up plan to assure optimal fit and function of the orthosis or prosthesis and monitor the outcome of the treatment plan.

The resident demonstrates the ability to identify and observe policies and procedures regarding human resource management, physical environment management, financial management and organizational management.

The resident is able to articulate the importance of personal and professional development.

Comments:

Rate the resident's overall performance during the period of time that this form is evaluating being mindful of the goals set for the resident and their progress in the residency program*

- 1 - Poor / Rarely Meets Expectations
- 2 - Fair / Meets Minimum Expectations
- 3 - Good / Often Exceeds Expectations
- 4 - Excellent / Always Exceeds Expectations

Comments:

Residency Track & Professional Activities

If enrolled in the research & development track, rate resident's the progress made on their directed study project:*

- Poor
- Satisfactory
- Excellent
- Not observed

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If enrolled in the clinical track, did the resident complete a quarterly activity project such as a Critically Appraised Topic (CAT), Journal Club Presentation, Case Presentation, In-service, or other activity defined by the [NCOPE Clinical Track Guidelines?](#) *

- Yes
- No

Which quarterly activity was completed during this quarter?

*If multiple activities were completed you may choose more than one response below**

- Critically appraised topic (CAT)
 - Case presentation
 - Journal club
 - Inservice
 - Presentation at local, national, or international meeting
-

Resident Time Allocation

How many cases per day does the resident see on an average day?*

Provide an estimate of the percentage of time the resident spent performing the following aspects of orthotic/prosthetic service during the period of time this form covers

*Please enter whole numbers and note that they must sum to 100**

- Direct patient care
- Technical procedures (including adjustments and fabrication)
- Documentation, billing, coding, and practice management
- Didactic activities (research, CATs, journal club, case presentations, grand rounds)
- Other

Provide an estimate of the percentage of time the resident spent engaged in aspects of orthotic/prosthetic care for each discipline during the period of time being assessed via this

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form:

*Please enter whole numbers and note that they must sum to 100**

<input type="text"/>	Orthotic
<input type="text"/>	Prosthetic
<input type="text"/>	Documentation, billing, coding, and practice management
<input type="text"/>	Didactic activities (research, CATs, journal club, case presentations, grand rounds)
<input type="text"/>	Other

Strengths, Weaknesses, and Goal Setting

Identify three (3) strengths observed during the time period that this form is assessing:*

Strength I:

Strength II:

Strength III:

Identify three (3) weaknesses observed during the time period that this form is assessing:*

Weakness I:

Weakness II:

Weakness III:

Identify three (3) measurable goals you would like to see the resident meet during the next quarter: *

Goal I:

Goal II:

Goal III:

Will you meet with the resident to discuss the information in this evaluation form? *

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- Yes
- No

Choose the date that you plan to meet and discuss this completed form:*

Resident practitioners are expected to submit a quarterly evaluation of the residency program at least once every 3 months or at the conclusion of each rotation. Will the resident be rotating to a different location or have a change in the patient populations they will interact with? *

- Yes
- No

Is there any additional information you would like to share with the resident?

Acknowledgement of Completed Form Access

By selecting "Acknowledge" below, you identify that you are aware of how to obtain copies of completed forms and that NCOPE Tracker does not store copies of this completed document.

- Acknowledge

Thank You!