
Final (12 Month) Evaluation of Resident's Performance

Resident Name: _____

Discipline: Orthotics Prosthetics Both

Quarter: Final evaluation

Report Period: From _____ to _____

Instructions:

As part of its effort to monitor the educational progress of residents, NCOPE requires that you complete a final evaluation (fourth quarter) on each O&P resident in your program. These reports become part of the resident's permanent file at the NCOPE office. Completion of a residency program requires the final evaluation form from the program director.

Please evaluate the performance of the resident within 30 days of the completion of the residency. Please compare the performance of this resident to your expectations of a resident with an equivalent period of training. **The completed form should be sent directly to NCOPE.**

Residency Objectives

Scale: (Excellent) 7 6 5 4 3 2 1 (Poor)

I. Patient Assessment

Objective 1: Determine the orthotic or prosthetic needs of the patient by integrating the information obtained from history, examination, measurement and observation.

(Excellent) 7 6 5 4 3 2 1 (Poor)

II. Formulation of the Treatment Plan

Objective 2: Develop a treatment protocol for the patient through review of patient data in order to determine an orthotic or prosthetic device recommendation and plan.

(Excellent) 7 6 5 4 3 2 1 (Poor)

III. Implementation and Follow up of the Treatment Plan

Objective 3: Apply a properly fitting prosthetic/orthotic device by using accepted prosthetic/orthotic techniques to achieve optimum outcomes.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Objective 4: Inform the patient of the various procedures you are about to perform by using appropriate communication skills.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Objective 5: Provide continuing patient care and periodic evaluation to assure proper fit and function of the prosthetic/orthotic device.

(Excellent) 7 6 5 4 3 2 1 (Poor)

IV. Promotion of Competency and Enhancement of Professional Practice

Objective 6: Select the most appropriate course of action when faced with patient-related problems, while adhering to the ABC Canons of Ethics.

(Excellent) 7 6 5 4 3 2 1 (Poor)

V. Practice Management

Objective 7: Demonstrate proper documentation of a patient's history and financial records by using established record-keeping techniques.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Objective 8: Demonstrate an understanding of the facility's financial and safety policies and procedures.

(Excellent) 7 6 5 4 3 2 1 (Poor)

VI. Implementation of the Treatment Plan

Objective 9: Interpret patient data and modify a patient model to ensure optimal fit and function.

(Excellent) 7 6 5 4 3 2 1 (Poor)

Objective 10: Demonstrate the ability to fabricate or repair a prescribed device, selecting appropriate materials and components based on patient criteria ensuring optimum strength, durability and function.

(Excellent) 7 6 5 4 3 2 1 (Poor)

O&P Procedures

Prosthetic Procedures

Upper-Limb Management

Transradial (Below Elbow)	(Excellent)	7	6	5	4	3	2	1 (Poor)
Transhumeral (Above Elbow)	(Excellent)	7	6	5	4	3	2	1 (Poor)
External Power	(Excellent)	7	6	5	4	3	2	1 (Poor)

Lower-Limb Management

Partial/Symes	(Excellent)	7	6	5	4	3	2	1 (Poor)
Transtibial (Below Knee)	(Excellent)	7	6	5	4	3	2	1 (Poor)
Transfemoral (Above Knee)	(Excellent)	7	6	5	4	3	2	1 (Poor)
Hip Disarticulations	(Excellent)	7	6	5	4	3	2	1 (Poor)

Orthotic Procedures

Upper-Limb Management	(Excellent)	7	6	5	4	3	2	1 (Poor)
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Lower-Limb Management

Foot Orthoses	(Excellent)	7	6	5	4	3	2	1 (Poor)
Ankle-Foot Orthoses	(Excellent)	7	6	5	4	3	2	1 (Poor)
Knee Orthoses	(Excellent)	7	6	5	4	3	2	1 (Poor)
Knee-Ankle-Foot Orthoses	(Excellent)	7	6	5	4	3	2	1 (Poor)
Hip-Knee-Ankle-Foot Orthoses	(Excellent)	7	6	5	4	3	2	1 (Poor)

Spinal Management

Trauma/Post-Surgery	(Excellent)	7	6	5	4	3	2	1 (Poor)
Scoliosis	(Excellent)	7	6	5	4	3	2	1 (Poor)

Summary of Resident Performance

1. Have you reviewed and approved the resident's research project? Yes No

Comment: _____

2. What is the title of the research project?

3. Have you reviewed the results of this evaluation with the resident? Yes No

Comment: _____

4. Did the resident complete one educational community service/in-service project? Yes No

Date of Presentation: _____

To what group: _____

5. Did the resident present one case presentation? Yes No

Date of Presentation: _____

Subject of Case Presentation: _____

6. Has the resident successfully completed all the requirements of the residency program and completed the program?
Yes No

If no, provide an explanation and recommendation for completion of the residency.

Program Director Signature: _____

Date: _____

Completion Date of Program: _____

Resident Name: _____

Resident Signature: _____

Date: _____