
Quarterly Evaluation of Orthotic/Prosthetic Resident

Resident Name: _____

Residency Program: _____

Instructions:

As part of its effort to monitor the educational progress of residents, NCOPE requires that you complete a quarterly evaluation (first, second and third 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 quarterly evaluation forms from the program director.

Please evaluate the performance of the resident within 30 days of the completion of a quarter. 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.**

Part I – Residency Objectives

Quarter: First Second Third Fourth
Discipline: Orthotics Prosthetics Both

Please provide, below, an assessment of the resident's performance this quarter.

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)
Comments:

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)
Comments:

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)
Comments:

Resident Quarterly Evaluation Form

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)
Comments:

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)
Comments:

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)
Comments:

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)
Comments:

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

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

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)
Comments:

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)
Comments:

Part II – Evaluation and Number of Procedures

Quarter: First Second Third

Please provide a rating, based on the scale below, on the resident’s performance on procedures/devices they performed this quarter.

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

In addition, provide the number of procedures/devices the resident performed this quarter. Residents should include procedures/devices in which they had a significant amount of time invested in the production/delivery of the device. Observation only should not be counted.

Prosthetic Procedures	Rating	Number	Orthotic Procedures	Rating	Number
Partial Foot			Foot Orthoses		
Symes			Ankle-Foot Orthoses		
Transtibial (below knee)			Knee Orthoses		
Transfemoral (above knee)			Knee-Ankle-Foot Orthoses		
Hip Disarticulation			Hip Orthoses		
Bilateral Lower Limb			Hip-Knee-Ankle-Foot Orthoses		
Bilateral Upper Limb			Reciprocal Gait Orthoses		
Partial Hand			Standing Frames		
Wrist Disarticulation			Wrist-Hand Orthoses		
Transradial (below elbow)			Shoulder-Elbow Orthoses		
Elbow Disarticulation			Cervical Orthoses		
Transhumeral (above elbow)			Cervico-Thoracic-Lumbo-Sacral Orthoses		
Shoulder Disarticulation			Thoraco-Lumbo-Sacral Orthoses		
Cosmetic /Passive			Lumbo-Sacral Orthoses		
Electric Transradial			HALO		
Electric Transhumeral			Seating		
Immediate Postoperative Care			Fracture Orthoses		

Part III – Resident Research Project

Quarter: First Second Third

1. Has a research topic been selected? Yes No
2. How is progress on the research proceeding? Satisfactorily Unsatisfactorily
3. Has an abstract been written? Yes No
 3a. If yes, has it been submitted to NCOPE? Yes No

Part IV – Summary

Strengths this quarter:

Areas resident will work on:

If the resident is not progressing satisfactorily, what is the improvement plan?

Comments:

Resident Name: _____

Resident Signature: _____

Director/Supervising Practitioner Signature: _____

Date: _____