



Standards of Excellence

for the Orthotic/Prosthetic Residency Program

Section I: General Policies (GP)

Standard GP 1

Residency programs for training prospective orthotists and prosthetists must be sponsored by facilities primarily engaged in providing orthotic and prosthetic (O&P) patient care.

GP 1.a These facilities must be accredited by the American Board for Certification in Orthotics & Prosthetics, Inc. (ABC) or have applied for accreditation within the past six months.

GP 1.b Before entering a residency program, candidates must first complete a baccalaureate degree and graduate from a practitioner program that is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)/National Commission on Orthotic and Prosthetic Education (NCOPE).

Intent

This policy ensures a high-quality residency experience by requiring residents to obtain their primary education at a CAAHEP/NCOPE-accredited school and to complete their hands-on training in an ABC-accredited facility. NCOPE's accreditation system for educational and residency programs provides for public confidence in the integrity and quality of these programs by ensuring that education remains fundamentally sound, responsible, responsive and effective. Accreditation is a system of recognizing educational institutions and professional programs that meet minimum standards in preparing students and residents for practice.

Sources of Compliance

Documentation of facility accreditation by ABC or documentation of pending facility accreditation.

Evidence that the resident graduated from a CAAHEP-/NCOPE-accredited practitioner program

Standard GP 2

Residents must provide direct patient care but only under the supervision of an ABC-certified practitioner.

GP 2.a The educational mission must not be compromised by an excessive reliance on residents to fulfill facility service obligations.

GP 2.b Patient care must not be compromised by the needs of the residency program.

GP 2.c The length of the residency program must be at least 12 months.

Standard GP 2 (cont.)

Intent

The underlying foundation of quality orthotic and/or prosthetic care is the provision of care by qualified ABC-certified practitioners. During the course of residency training, students should progress from observing to actually providing direct patient care; however, such care must be delivered only under the direction of a qualified ABC-certified practitioner. For further information, please reference ABC's PC.3 standard.¹

Sufficient amounts of lab and technical experience must accompany this educational/training experience.

The length of the program in one discipline shall not be less than a 12-month period. Therefore a program would last at least 24 months if both disciplines are taught.

For individuals extending ABC credential, a minimum of 50% clinical experience must be in the discipline in which you are extending your credential, provided it can be documented that all residency objectives and clinical experiences have been met.

Sources of Compliance

Resident's quarterly and final evaluations/Interview with Residency Director

Resident's evaluation of residency program

Documentation of resident's experience (e.g., resident's daily log)

Standard GP 3

Sponsoring facilities shall assume responsibility for the quality of the resident's education.

GP3.a The residency staff must be actively involved in selecting candidates, planning and reviewing the program, and evaluating residents' performance.

Intent

The sponsoring facility is responsible for providing a relevant and meaningful orthotic and/or prosthetic experience for the resident.

It is the sponsoring facility's role to ensure that:

- The resident obtains broad-based experience to become a qualified practitioner and earn ABC certification.
- All educational experiences and locations are monitored by the sponsoring facility.
- Candidates are chosen by a fair process, based on specified qualifications.

¹ABC's PC.3 standard states "Orthotic and/or prosthetic care is the responsibility and is provided by or under the direction and appropriate level of supervision of a qualified ABC-certified practitioner staff member." For further clarification on the intent of ABC's standard, please reference page 34 of the *Orthotic & Prosthetic Patient Care Management and Facility Accreditation Program Standards of Performance Manual*."

Standard GP 3 (cont.)

Sources of Compliance

Approval letter from NCOPE accrediting the residency program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Resident performance evaluations
- Patient care statistics (Facility)
- Resident's daily log

Standard GP 4

Sponsoring facilities shall assume responsibility to impart expertise and promote competency of the resident in the management of O&P patients by requiring the resident to meet or exceed the following objectives:

Clinical Assessment

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

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

Patient Management

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

Objective 4: Inform the patient of the various procedures to be performed by using appropriate communication skills.

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

Professional Responsibility

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

Practice Management

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

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

Technical Implementation

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

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

Standard GP 4 (cont.)

Intent

The sponsoring facility is responsible for providing a relevant and meaningful orthotic and/or prosthetic experience for the resident.

It is the sponsoring facility's role to ensure that:

- The resident obtains broad-based experience to become a qualified practitioner and earn the ABC certification
- The resident has demonstrated proficiency in clinical assessment, patient management, technical implementation, practice management and professional responsibility
- Documentation of a residents' competency of the objectives is maintained

Sources of Compliance

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Standard GP 5

Sponsoring facility recognizes and demonstrates that resident education creates obligations beyond the provision of safe and timely O&P care.

GP 5.a Resources and time shall be provided for the proper discharge of additional obligations, such as direct supervision, teaching and review of individual patient cases.

Intent

The purpose of a residency is to educate and provide training and experience so that a resident becomes a qualified practitioner. Therefore, a resident is not just an employee but someone who requires training and mentoring within the context of O&P practice.

Sources of Compliance

Resident's evaluation of residency program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Standard GP 6

The residency staff and facility management shall develop criteria for selecting and monitoring candidates.

- GP 6.a The program should follow objective methods for selecting residents.
- GP 6.b Instructors must develop methods for regularly evaluating both the residency program's effectiveness and residents' performance.
- GP 6.c Instructors must evaluate the competency of the resident(s) throughout the residency program.
- GP 6.d Instructors should establish specific objectives for residency training.
- GP 6.e Facilities and residency staff shall be appropriate and sufficient to effectively accomplish the educational mission.
- GP 6.e.1 If outside facilities or staff are needed to fulfill program needs, the primary sponsor still must maintain full responsibility for the quality of education provided.

Intent

An effective residency program requires a plan to impart knowledge and experience to the resident, consistent with section V (see page 18–21) Scope of Clinical Experience and the Residency Objectives outlined in section I (see page 3). The instructors should be qualified in the area in which the resident is gaining experience, even if the experience is learned in another location (such as in a hospital).

An effective residency requires that standards be set for the selection of residents and the evaluation of their performance during training. Each facility must use objective criteria for measuring patient care outcomes when evaluating the resident(s).

The residency program is intended to ensure a quality educational experience for resident and facility and to protect both parties from ineffective learning and performance.

Sources of Compliance

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Section II: Facility Responsibilities

Standard FR 1

It is the responsibility of each facility to ensure its O&P residency program fully meets NCOPE's standards.

- FR 1.a Sponsoring facilities shall create an environment wherein both residency staff and the resident may improve their knowledge and skills.
- FR 1.b Sponsoring facilities shall incorporate residents into professional O&P staff programs, O&P education and patient care.
- FR 1.c Sponsoring facilities shall record and maintain evaluation forms on each resident's performance.
- FR 1.d Sponsoring facilities shall meet all federal and state laws concerning equal opportunity and nondiscriminatory employment practices in selecting and employing residents.

Intent

The overall residency objective is to provide prospective O&P practitioners with the postgraduate experience and education to provide adequate clinical exposure as defined in Section V: Scope of Clinical Experience (see page 18) and through the tasks defined in section I's discussion on Residency Objectives (see page 3).

FR 1.a. It is important for the resident to improve his or her knowledge and skills through multiple exposures to and experiences with common O&P procedures. The sponsoring facility shall provide these exposures, with full knowledge that the procedures must be closely supervised.

FR 1.b If residents are to assist with new or improved O&P patient care procedures, the sponsoring facility must include them in clinical and practice education programs.

FR 1.c The resident will benefit from, and has the right to know, the results of his or her quarterly (or more-frequent) evaluations. Evaluations track the resident's improvement in performance. Discussion of evaluations provides a forum for the resident and resident director to agree upon performance goals for the next period.

FR 1.d The sponsoring facility shall not discriminate in the selection or employment of any resident based upon race, gender, age, or disability status.

Sources of Compliance

Agreement to sponsor a residency

Written description of residency program

Resident's quarterly and final evaluations

Standard FR 2

Facilities sponsoring a residency program must develop and document policies and procedures for the residency program. Policies must address:

- FR 2.a the appointment of residency staff
- FR 2.b the selection of residents
- FR 2.c the supervision of residents
- FR 2.d the evaluation of residents
- FR 2.e the dismissal of any resident(s) whose performance is unsatisfactory
- FR 2.f treating the resident(s) and residency staff in a fair, reasonable and nondiscriminatory manner

Intent

Written policies and procedures (including a description of the residency program) shall establish the structure of the residency in a particular facility.

FR 2.a The residency director and other residency staff shall be clearly named.

FR 2.b A resident selection process should be established; to ensure a fair process, selection should be based upon quantifiable criteria such as grades, recommendations, experience, performance in an interview, etc.

FR 2.c The resident's supervisor shall be clearly named.

FR 2.d A written policy should specify how and when the resident(s)'s performance will be evaluated. The resident(s) should be evaluated at least every quarter.

FR 2.e Facilities shall develop written procedures for counseling, warning and dismissing residents whose work is unsatisfactory. In cases of unsatisfactory performance, the resident must be informed of areas of weakness and be given ample time to correct or improve the deficiency. Ultimately, the resident is an employee, however, and is subject to that facility's disciplinary policies and may be dismissed for cause.

Sources of Compliance

Written agreement to sponsor a residency

Written description of residency program

Resident's quarterly and final evaluations

Policy and Procedures Manual

Standard FR 3

If an individual facility is unable to provide the full scope of experience for the resident, then NCOPE encourages affiliations with multiple sites.

- FR 3.a When the resources of two or more institutions or facilities are used in conducting one or more residencies, each participating institution or facility shall demonstrate a commitment to resident O&P education as set forth in FR 1 and FR 2 of these standards.
- FR 3.b Documentary evidence of such agreements, as approved by the facilities, shall be made available to NCOPE at its request.
- FR 3.b.1 An affiliation agreement shall designate the program director.
 - FR 3.b.2 An affiliation agreement shall name the residency staff.
 - FR 3.b.3 An affiliation agreement shall describe the educational objective.
 - FR 3.b.4 An affiliation agreement shall describe the resident's schedule.
 - FR 3.b.5 An affiliation agreement shall name liability and malpractice coverage.

Intent

Sometimes a sponsoring facility cannot provide exposure to all of the residency-required O&P procedures. In such cases, the sponsoring facility shall seek out affiliations with other facilities in order to provide the resident with the required experience. The affiliation assignment may last several hours or several months, depending on the nature of the observed, and later performed, procedure. Although the affiliate facility may provide substantial exposure and experience, the ultimate responsibility for the resident's experience and education lies with the residency director of the sponsoring facility.

To ensure a well-rounded experience for each resident and allow as many facilities as possible to participate as accredited residency sites, NCOPE encourages cooperation among facilities or other sources to fill any voids or weaknesses a sponsoring facility may have. Such cooperation needs to be documented and explained.

Sources of Compliance

Sample affiliation agreements for the issues identified in FR 3.b.1-5 can be found in the appendices section of the Accreditation Manual for Sponsoring a Residency Program, which is available from NCOPE.

Standard FR 4

Resources shall be adequate to provide the educational experiences and opportunities set forth in NCOPE's standards for the Scope of Clinical Experience (see page 24). These resources include, but are not limited to, the following:

- FR 4.a adequate on-site library providing access to standard reference texts and current and past O&P journals and periodicals
- FR 4.b access and availability to a medical and/or allied health library
- FR 4.c sufficient space for instruction
- FR 4.d adequate facilities for residents to fulfill their education and patient care requirements
- FR 4.e adequate facilities for the resident(s) to develop proficiency in laboratory skills in O&P fabrication

Standard FR 4 (cont.)

Intent

A quality residency experience should include opportunities for the resident to reference texts and current journals and periodicals to study common O&P pathologies and current treatment modalities and materials. The residency should also be housed in adequate space to provide quality experiences in patient care and fabrication or adjustment.

Sources of Compliance

Documentation describing contents of on-site library or reference area

Document listing location of nearby medical or allied health library

Review of facility(s)

Review of laboratory/fabrication areas

Standard FR 5

Residency programs must provide residents with a written description of the educational experience to be provided, including the scope and duration of any assignments that will occur at other facilities. The description shall address the following:

- FR 5.a the length of the residency
- FR 5.b compensation
- FR 5.c fringe benefits
- FR 5.d job description
- FR 5.e the usual call schedule and schedule of assignments
- FR 5.f liability and malpractice insurance

Intent

To provide a written outline to resident candidates about the residency program, which provides documentation to eliminate or help resolve any conflicts or misunderstandings. While a formal employment contract is not necessary, a written description of the residency should serve the same function as an employee job offer.

Sources of Compliance

Written description of the residency program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Section III: Program Staff Qualifications/ Responsibilities (PS)

Standard PS 1

The director and the residency staff of a program in resident O&P education are responsible for defining and implementing the program's goals and objectives.

Intent

The program's educational effectiveness depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the program director(s). The program director(s) shall have the qualifications and breadth of experience enabling him or her to provide an effective training program. Each program director accepts the responsibility of resident selection, evaluation and promotion within the framework of the policies of the sponsoring facility.

Sources of Compliance

Documented responsibilities of the program director

Note: The residency program director shall be responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program. The director(s) duties/responsibilities shall include:

1. Mentoring resident(s) in a professional and fair manner
2. Supervising curriculum development (which—and how—procedures will be taught)
3. Maintaining documentation of resident agreements
4. Maintaining documentation of Patient care statistics (Facility)
5. Maintaining documentation of evaluations, including regular assessments of resident performance and meetings with the resident (in the same manner as records are kept for other facility employees)
6. Providing these documents to the NCOPE Residency Review Committee or site visitor upon request
7. Notifying NCOPE in writing of any change that might significantly alter the educational experience (e.g., a change in program director/ residency staff, an extension of the resident, dismissal of a resident, education period, a change in the number of residents, etc.)
8. Acting as a liaison to NCOPE, providing information as needed at the on-site visit and for the facility's annual residency program report to NCOPE

Documented responsibilities of the residency staff

Note: The residency staff(s) duties/responsibilities shall include:

1. Participating in development of curriculum
2. Supervising the resident(s) during patient care
3. Evaluating the resident(s)
4. Carrying out the goals and objectives of the curriculum
5. Acting as mentor and academic adviser to the resident(s) for the projects and other endeavors

Standard PS 2

The program's educational effectiveness depends largely on the quality of its supervision and organization.

- PS 2.a The responsibility for these important functions lies with the program director(s).
- PS 2.b The program director(s) shall have the qualifications and breadth of experience enabling him or her to provide an effective training program.
- PS 2.c Each program director accepts the responsibility of resident selection, evaluation and privileging (as defined by ABC's Facility Accreditation Standards) within the framework of the policies of the sponsoring facility.
- PS 2.d The director and residency staff define experiences the resident(s) will be exposed to based on the facility practice.

Intent

Each sponsoring facility will ensure that its residency staff meets NCOPE's requirements for qualifications and competency. The director and residency staff shall be competent in both patient care and their ability to communicate effectively with the resident(s). The program's residency staff must have the authority and time needed to fulfill administrative and teaching responsibilities to achieve the educational goals of the program.

The residency staff should have a strong interest in teaching and be willing to contribute the necessary time and effort to the residency program.

Sources of Compliance

Document the qualifications of the program director (must be an ABC-certified practitioner in good standing, have at least five years' postcertification clinical experience and be actively involved in or directly supervise patient care. A bachelor's degree is preferred.)

Document the qualifications of the residency staff (identify each individual's expertise and experience, participation in continuing O&P education and delivery of any scientific presentations. If supervising clinical patient care, the instructor must be an ABC-certified practitioner in good standing.)

Standard PS 3

The director shall have the authority and time needed to fulfill the administrative and teaching responsibilities of a residency program.

Intent

The success of the residency experience is contingent upon the depth and scope of the resident's orthotic and prosthetic education. Each resident will require an appropriate level of instruction, supervision and evaluation. The director must ensure that each resident receives the appropriate patient and practice management instruction and supervision and complies with ABC's patient care privileging standards.

Standard PS 3 (cont.)

Sources of Compliance

Resident's daily log

Resident's quarterly written evaluation

Resident's patient documentation, reviewed and co-signed by residency staff

Documentation showing resident(s) had scheduled meetings with residency staff

Standard PS 4

The director shall be an ABC-certified practitioner in good standing.

PS 4.a He or she must have obtained a minimum of five years of postcertification clinical experience.

PS 4.b He or she must be involved in or directly supervise patient care.

Intent

Each director shall be an ABC-certified practitioner and have the authority and time needed to fulfill administrative and teaching responsibilities to achieve the educational goals of the program. The director's skills and experience should encompass all aspects of patient care and management, in addition to appropriate technical and clinical skills.

Sources of Compliance

Director is ABC certified in the discipline he or she will be responsible for directing

Documents showing the director has a minimum of five years of postcertification clinical experience

Documents showing the director is involved in or directly supervise s patient care

Standard PS 5

The residency program director shall be responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program. The duties/responsibilities shall be the following:

PS 5.a establish learning objectives

PS 5.b maintain documentation of resident agreements

PS 5.c monitor documentation of resident's patient log

PS 5.d maintain documentation of evaluations, including regular assessments of resident performance

PS 5.e provide these documents to the NCOPE Residency Review Committee or site visitor upon request

PS 5.f notify NCOPE in writing of any changes that might significantly alter the educational experience

Standard PS 5 (cont.)

Intent

The residency director is responsible for all aspects of the residency program. The director will act as a liaison to NCOPE, providing information as needed at on-site visits and for the facility's annual residency program report to NCOPE. Further, he or she will develop resident curriculum, maintain resident assessments and records, and provide a supervised environment for resident learning as it relates to providing safe and effective patient care.

Sources of Compliance

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Standard PS 6

The residency staff(s) shall have defined duties/responsibilities to include the following:

- PS 6.a participation in development of learning objectives
- PS 6.b supervise resident during patient care
- PS 6.c evaluate resident
- PS 6.d carry out the goals and objectives of the residency
- PS 6.e act as an academic adviser to residents for projects and other endeavors

Intent

The residency staff should have a strong interest in teaching and be willing to contribute the necessary time and effort to the residency program. Individuals assisting and aiding in instructing/training the resident(s) must have the appropriate experience and expertise in the area they are teaching. The residency staff is responsible for each resident's clinical development and evaluation and, as such, should also provide input into the residency curriculum.

Sources of Compliance

Documents showing the residency staff are ABC certified in the discipline(s) being taught

Residency policies and procedures manual

Document showing compliance with the resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Patient chart review
- Resident performance evaluations
- Resident's daily log

Standard PS 7

O&P instructor-to-resident ratio shall not exceed one instructor to two residents.

Intent

Limiting the instructor-to-resident ratio better provides residents with a complete education and training experience through the dedicated guidance and direction of a qualified staff. Resident O&P education requires that residents be directly involved in providing patient care under the direct supervision of an ABC-certified practitioner. An ABC-certified staff member shall be readily available to the resident at all times during his or her training in the residency. The educational mission must not be compromised by an excessive reliance on residents to fulfill facility service or patient care obligations without appropriate supervision.

Sources of Compliance

Documents showing compliance with director/staff requirements for the residency program

Evaluation of the application for the sponsoring facility

Resident interview

Standard PS 8

Orthotic and/or prosthetic care is the responsibility of the program and must be provided by or under the direct supervision of a qualified ABC-certified practitioner, with a minimum of three years post ABC certification, in the discipline being supervised.²

Intent

Quality patient care must be performed within a safe and supervised environment. This standard is of the utmost importance for both patients and residents at the residency site. It is the director's and residency staff's responsibility to ensure proper supervision is provided for the resident(s) during all phases of the residency-training program.

Sources of Compliance

ABC Facility Accreditation Manual

Residency policies and procedures manual

Evaluation of patient charts (residency staff member must co-sign each patient documentation entered by resident)

Resident interviews

Incident reports

²ABC's PC.3 standard states "Orthotic and/or prosthetic care is the responsibility and is provided by or under the direction and appropriate level of supervision of a qualified ABC-certified practitioner staff member." For further clarification on the intent of ABC's standard, please reference page 34 of the *Orthotic & Prosthetic Patient Care Management and Facility Accreditation Program Standards of Performance Manual*."

Standard PS 9

The resident's ability to assume increasing responsibility for patient care shall be evaluated periodically.

PS 9.a The program director in consultation with members of the staff shall determine if and when a resident's responsibility can be increased. The residency director and staff shall:

PS 9.a.1 evaluate the knowledge, skills and professional growth of the resident, at least quarterly

PS 9.a.2 give the resident a written assessment of his or her performance

PS 9.a.3 maintain written evaluations as part of the performance record for each resident. The performance record of each resident shall be available to that resident.

PS.9.a.4 evaluate the knowledge, skills and professional growth of the resident at the conclusion of the residency.

Intent

The goals of a residency program are to impart expertise and promote competency of the resident in the management of patients requiring O&P care. These objectives are accomplished when a resident obtains a broad-based, supervised O&P educational experience and receives appropriate feedback from the residency staff concerning his or her clinical development and acquired proficiency. Performance evaluations should be conducted at least quarterly, properly documented and shared with the resident. The director must submit to NCOPE the final evaluation of the resident's performance and completion of the program.

Sources of Compliance

NCOPE accreditation manual

Resident's quarterly and final evaluations

Resident's evaluation of residency program/residency staff

Section IV: Resident Responsibility (RR)

Standard RR 1

Residents have specific employment duties and learning objectives in a residency program. The resident must fulfill all employment obligations while at the same time balance service demands with the learning process.

Intent

This standard seeks to ensure residents fulfill their commitment to the residency program and sponsoring facility as well as to ensure facilities properly assist residents.

The facility should clarify and document the resident's duties and responsibilities, possibly within its standardized employment manual.

Sources of Compliance

Letter of commitment from resident once accepted for a program

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreements
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident research project data
- Resident's daily log

Standard RR 2

The resident's duties and responsibilities shall include:

- RR 2.a participate in patient care under supervision commensurate with his or her level of advancement and responsibility
- RR 2.b maintain a log of all cases in which he or she is involved
- RR 2.c ensure residency goals and objectives are met
- RR 2.d submit completed quarterly evaluation forms to NCOPE
- RR 2.e submit an evaluation form of the residency program to NCOPE within 60 days of the conclusion of the residency program
- RR 2.f submit the title and directed study question within six months of the start of your residency and the final project at the conclusion of the residency
- RR 2.g conform residency training to the policies and procedures of the facility where he or she is working
- RR 2.h read ABC's Canons of Ethics and gain an understanding of professional responsibility
- RR 2.i read informational brochures about professional organizations (AOPA, ABC, AAOP)
- RR 2.j register with NCOPE as a resident within 30 days of the start of the residency program

Intent

This standard specifies the resident's duties and responsibilities.

Sources of Compliance

Registration with NCOPE

Signature on checklist of responsibilities

Copies of daily logs

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident directed study project data
- Resident's daily log

Section V: Scope of Clinical Experience (SE)

Standard SE 1

Clinical experiences shall be of sufficient variety and volume to afford the resident adequate exposure in orthotics and/or prosthetics in the following three primary areas:

- SE 1.a pediatrics
- SE 1.b adult
- SE 1.c geriatrics

Intent

Exposure to pediatric, adult and geriatric phases of care is necessary to provide qualified practitioner experience. It may be necessary for some of the exposure or experience to be provided in a setting outside of the sponsoring facility.

Sources of Compliance

Patient logbooks demonstrating exposure to pediatric, adult and geriatric cases

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreement
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Standard SE 2

In orthotics, under each of the three primary areas, the resident will gain practical experience using common treatment modalities in upper-limb, lower-limb and spinal management.

SE 2.a Required experience in common orthotic treatment modalities shall include:

- | | | | |
|----------|--------------------------|-----------|-------------------------------|
| SE 2.a.1 | foot orthosis | SE 2.a.7 | cervical orthosis |
| SE 2.a.2 | ankle-foot orthosis | SE 2.a.8 | thoraco-lumbo-sacral orthosis |
| SE 2.a.3 | knee-foot orthosis | SE 2.a.9 | lumbo-sacral orthosis |
| SE 2.a.4 | knee-ankle-foot orthosis | SE 2.a.10 | scoliosis orthosis |
| SE 2.a.5 | hip orthosis | | |
| SE 2.a.6 | wrist-hand orthosis | | |

SE 2.b Recommended experience in common orthotic treatment modalities should include:

- | | | | |
|----------|------------------------------|----------|--|
| SE 2.b.1 | hip-knee-ankle-foot orthosis | SE 2.b.6 | seating |
| SE 2.b.2 | shoulder-elbow orthosis | SE 2.b.7 | footwear modification |
| SE 2.b.3 | HALO - Procedures | SE 2.b.8 | cervical-thoracic-lumbo -sacral orthosis |
| SE 2.b.4 | fracture management | | |
| SE 2.b.5 | standing frames | | |

Intent

This standard provides for a full spectrum of exposure to common treatment modalities in these patient care areas. It is necessary for the resident to obtain experience in these areas even if some of this exposure must be provided in a setting outside of the sponsoring facility.

Sources of Compliance

Resident daily logbooks demonstrating exposure to these areas

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreements
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Standard SE 3

In prosthetics, under each of the three primary areas, the resident will gain practical experience using common treatment modalities in upper-limb and lower-limb management.

SE 3.a Required experience in common prosthetic treatment modalities shall include:

- SE 3.a.1 postoperative care (may include shrinkers, immediate fit, early fit, preparatory prosthesis, instructions, etc.)
- SE 3.a.2 static and dynamic alignment of sockets related to various amputation levels.
- SE 3.a.3 transtibial (below-knee)
- SE 3.a.4 transfemoral (above-knee)
- SE 3.a.5 transradial (below-elbow)
- SE 3.a.6 transhumeral (above-elbow)
- SE 3.a.7 Syme

SE 3.b Recommended experience in common prosthetic treatment modalities should include:

- SE 3.b.1 external power
- SE 3.b.2 immediate postoperative prosthesis
- SE 3.b.3 various joint disarticulations
- SE 3.b.4 partial foot

Intent

This standard provides a full spectrum of exposure to common treatment modalities in these patient care areas. It is necessary for the resident to obtain experience in these areas even if some of this exposure must be provided in a setting outside of the sponsoring facility.

Sources of Compliance

Resident daily logbooks demonstrating exposure to these areas

Residency policies and procedures manual

Resident job description

Samples of appropriate documentation

- Resident agreements
- Patient care statistics (Facility)
- Resident performance evaluations
- Resident's daily log

Standard SE 4

Objectives for the resident are identified in section I, GP 4 of these standards (see page 3). Residency programs shall integrate these objectives into their programs and promote the competency of the resident in the five areas of clinical assessment, patient management, technical implementation, practice management and professional responsibility prior to the completion of the program.

Intent

It is essential that exposure and proof of competencies in these five areas be provided and substantiated. To properly provide O&P care, experience and competency in all these areas is necessary.

Sources of Compliance

Resident's quarterly and final evaluation reports

Standard SE 5

The resident will complete a directed study project during the residency program.

Intent

The resident will use acceptable research methodology, and ideally the resulting project will be suitable for publication in the Journal of Prosthetics and Orthotics. Conducting a research project provides the resident with education and experience in planning, executing and presenting research information to the field.

Sources of Compliance

Submission of directed study question and title within six months of start of residency
The resident will present the findings of the project at an appropriate facility or industry meeting
Copy of directed study project

Standard SE 6

To provide interdisciplinary educational/clinical experience, the resident shall have exposure and interaction with orthopedics, physical medicine and/or other relevant healthcare professions.

Intent

A qualified practitioner must receive exposure to and gain understanding of these health-related disciplines.

Sources of Compliance

Resident's logbook
Resident's quarterly and final evaluations