

THIS DOCUMENT IS FOR REVIEW PURPOSES ONLY. OFFICIAL DOCUMENTATION SUBMITTED TO THE NCOPE STAFF IS ONLY ACCEPTED BY COMPLETING THIS FORM WITHIN NCOPE TRACKER



Evaluation of the Residency Program

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 required resident responsibilities.
- 4) You wish to begin the evaluation of a residency program.*

Proceed

Resident, Residency Program and Organization Information

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

Organization Name:

City:

State:

Program Type

Program Track*

What quarter of the residency program did you most recently complete or will complete in the near future?

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****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
- Other - Write In (Required)*: *

Will this evaluation also serve as your final evaluation of the residency program?*

- Yes
- No

Enter the start date for the period of time period being assessed by this evaluation form:

If this is your first evaluation of the residency program, you will likely wish to enter your start date . If this is a subsequent evaluation, you will likely wish to enter the day after the period of time you evaluated the previous time you completed this form.*

Enter the end date for the period of time period being assessed by this evaluation form:*

Case Log Review

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Enter the total number of Orthotic/Prosthetic Case Exposures that were documented in NCOPE Tracker during the time period being evaluated using this form:*

Enter the total number of weeks that occurred during the time period being evaluated using this form:*

Enter the average number of cases per day as shown on the NCOPE Tracker Executive Report during the time period being evaluated using this form:*

Total Patient Encounters	32
Total Days Patients Were Seen	21
Average Encounters Per Day	1.5

*

Upload a copy of the NCOPE Tracker executive report during the time period being evaluated using this form:*

*Please do not change the file name or extension from what was generated within NCOPE Tracker**

Clinical Experience Attestation

For each statement based upon data you have provided and NCOPE policies, identify whether you agree or disagree:*

During the XX week(s) being audited you observed, assisted, or independently saw YY cases and no other cases were seen

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All clinical encounters equal to or greater than 15 minutes were entered into NCOPE Tracker

The age, diagnosis, and service type entered were accurately reflected in all NCOPE Tracker entries

Per NCOPE Residency Standard 2.1.2.1, verification of time spent in the residency discipline can be verified using appointment schedules. Please identify 2 consecutive weeks of time that occurred between [question('value'), id='153'] and [question('value'), id='154'] and upload your patient schedule for each day during that time period by creating a PDF document. You may provide may upload a PDF for each week or a single PDF that contains your schedule for both weeks. You may also submit your mentor's/supervisor's schedule should any visits you participated in not be listed on your personal schedule.

PHI such as the patient's name or DOB is not necessary for this process. Please do list the procedure being performed and appointment type (for example: TT casting). In the event you are submitting your mentor/supervisor's schedule (as it was not on your personal schedule), please identify the specific appointments you were participating in by using the comments field

By entering your initials below, you attest that the information provided in this form is completely truthful to the best of your knowledge and an accurate reflection of your clinical exposures during residency.

If it is found any information above is not factual or reported incorrectly, you may have violated both the NCOPE Residency Standards AND ABC Code of Professional Responsibility. If the NCOPE Residency Review Committee or ABC Professional Disciplinary Committee determines you were in violation of the standards, it may adversely affect your ability to complete the residency program, become eligible to sit your examinations, or become licensed. *

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Residency Program Evaluation

Provide your honest opinion about the following statements about the residency program at using the scale provided below:

- 0 - Strongly Disagree
- 1 - Somewhat Disagree

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- 2- Neutral / Neither Agree or Disagree
- 3 - Somewhat Agree
- 4 – Strong Agree

The residency program granted the opportunity to see a variety of patient diagnoses given the patients seen at that specific practice
The residency program granted the opportunity to see a variety of different age groups given the patients seen at that specific practice
The residency program granted the opportunity to see a variety of different prostheses and/or orthoses given the patients seen at that specific practice
The residency program director/mentor(s) provided a level of supervision appropriate for my personal skill level
The residency program director/mentor(s) provided a level of autonomy and independence appropriate for my personal skill level
The residency program provided clear expectations and/or goals for the current quarter/rotation

Comments:

Using the scale provided, rate the overall quality of the residency program and training provided at the site you were at during the time frame being evaluated:

- Poor / Below Expectations
- Fair / Meets Expectations
- Good / Often Exceeds Expectations
- Excellent / Always Exceeds Expectations

What factors made you provide a rating of poor when assessing the overall quality of the residency program?*

This question is only shown if "Poor" is selected above

What steps have been taken or will be taken to address the poor quality of the residency program?*

This question is only shown if "Poor" is selected above

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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 the completed form.

Acknowledge

Thank You!