Residency Program Annual Report (PAR)

Login and Attestation

1) Enter the Residency Site-ID for the NCOPE Residency Site You Are Submitting a Report For*

2) Which year would like to report data for?*

○ 2021

○ 2022

○ 2023

Resident Application and Enrollment

3) Answer the following questions regarding the hiring/enrollment of O&P residents during YYYY:*

	Yes	No
Did the residency site advertise a residency position using OPRESCAS?	○	○
Did the residency site advertise a residency position outside of OPRESCAS?	○	○
Did the residency site extend any	○	○

offers to potential residents?		
Did the residency site formally hire and onboard any residents?	○	○
Did the residency site host any students as resident practitioners via an O&P Master's program that has an integrated O&P residency? (ex: Baylor College of Medicine)	○	◉

4) Enter the total number of applications received for all residency program types/tracks:*

5) Enter the total number of residency position offers that were extended during YYYY:

*Only list the offers provided to individuals that are represented in the application prompt above.**

6) Enter the total number of residents that began a residency program (either 1st or 2nd residency) during YYYY:*

7) Enter the total number of residents that were present in your facility that were enrolled as students at an O&P Master's program with an integrated residency program model (ex: Baylor College of Medicine): *

Residency Program Personnel and Outcomes

8) Enter the total number of NCOPE-recognized residency mentors including the director(s) that supervised/mentored residents during YYYY:

To view the residency directors/mentors linked to your facility, please search the NCOPE Residency Program Directory and expand the record to view the personnel linked to the NCOPE Accredited Residency site. [Click HERE to view the Residency Faculty Directory](#)*

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[                    ]
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9) Enter the total number of residents that were actively employed/registered to the residency site during YYYY

If there were no residents employed at the residency site, please enter '0' (zero) into the prompt below*

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[                    ]
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10) Enter the total number of residents that successfully completed a residency program during YYYY

If there were no residents successfully complete a residency during the year identified above, please enter '0' (zero) into the prompt below*

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[                    ]
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11) Enter the number of residents that left the residency site before successfully completing a residency program during YYYY

If there were no residents that left the residency site prior to completing their residency during the year identified above, please enter '0' (zero) into the prompt below*

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[                    ]
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Residency Program Outcomes (Cont.)

The prompt below is only shown if there were active residents at the residency site.

12) For the X resident(s) that successfully completed a residency during YYYY, how many of those individuals finished the residency program "on time" or during the planned residency program duration?

This is typically 12 months for a single discipline residency or 18 months for a combined O&P residency.

[   ]

The prompt below is only shown if there were active residents at the residency site.

13) For the X active residents during YYYY how frequently did the director and/or mentors formally meet with the resident(s) to discuss the resident's progress and attainment of competency within the residency program? *

○ Weekly

○ Monthly

○ Quarterly

○ Other - Write In (Required): [   ] *

14) Was the residency director located in the same clinic where the X active residents typically worked?*

○ Yes

○ No

○ Sometimes - The director was only on site with the active residents occasionally

The prompt below only shown if the residency director worked remotely.

15) Provide an explanation about how the residency director worked with the local mentors supervising the residents to provide a fair and objective assessment of the resident's knowledge and skills. *

16) For the X residents that successfully completed a residency during YYYY how many of those individuals were retained for their 2nd residency discipline or as a staff clinician? *

> [ ] Number Retained for 2nd Residency

> [ ] Number Retained for a Staff Position.

17) For the X residents that successfully completed a residency during YYYY what is the certification status of those individuals for their previously enrolled disciplines?

*The values entered below must sum to X ***

> [ ] Certified in the Enrolled Discipline

> [ ] Not Yet Certified in the Enrolled Discipline

> [ ] Certification Status is Unknown

18) For the X residents employed/registered to your residency site during YYYY are any of those individuals no longer working within the O&P profession, continuing their education (ex: Doctorate) or working in a related field (ex: Hospital Administration)?

*If unknown, please select "No" from the prompts below***

○ Yes

○ No

19) Did the NCOPE staff ever contact a resident, residency mentor, or residency director about failing to submit documentation in a timely manner? *

○ Yes

○ No

20) Based on the information provided by the residents in the evaluation of the residency program or evaluation of the residency director/mentor and the self-assessment of the residency program director/mentor(s), identify at least 3 strengths of the residency program**:***

Strength 1: [   ]

Strength 2: [   ]

Strength 3: [   ]

Strength 4: [   ]

Strength 5: [   ]

21) Based on the information provided by the residents in the evaluation of the residency program or evaluation of the residency director/mentor and the self-assessment of the residency program director/mentor(s), identify at least 3 weaknesses of the residency program:*

Weakness 1: [   ]

Weakness 2: [   ]

Weakness 3: [   ]

Weakness 4: [   ]

Weakness 5: [   ]

22) During YYYY, how many times did the residency directors/mentors and other relevant stakeholders convene to discuss the structure and execution of the residency program including ways to potentially improve the program? *
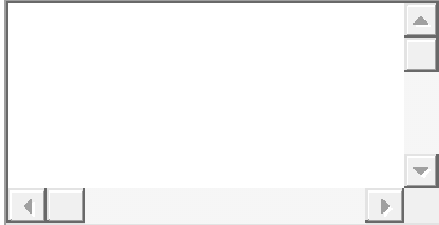
○ At least monthly (12+ times per year)

○ At least quarterly (4 times per year)

○ At least bianually / every 6 months (2 times per year)

○ Annually (Once per year)

○ Other - Write In (Required): [   ] *

23) Based upon the program's strengths and weaknesses identified above, what changes has the program implemented or do they plan to implement to execute the program?*
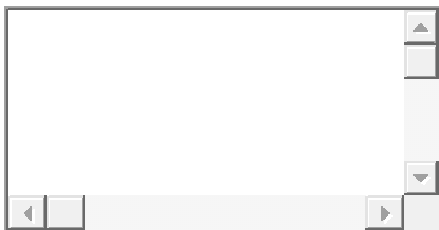
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Additional Information

Is there anything else you would like to share with the NCOPE Residency Review Committee and Staff regarding the residency program?

This question is optional. If you choose not to answer it, please leave this prompt blank and select "Next" from the options below.

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38) Would you like to review your previous responses and/or download a copy of the completed annual report form?*

○ Yes

○ No

Thank You!