

Evaluation of the Resident - 2025 Standards - V1.0

Evaluation Form Information

1. 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 requirements necessary to serve as a mentor/program director.
- 4) You were the primary mentor and clinical supervisor for the resident during the time frame being evaluated.

*

Proceed

Time Frame and Additional Prompts

2. What is the purpose of this evaluation?

**Evaluations 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
- End of Rotation Evaluation That Does Not Coincide with the end of a Quarter*
- General Formative Evaluation*
- Other - Write In (Required)*

3. Competency attainment is only assessed during Quarters 2, 4, 6, or 8 unless you the mentor completing this form identifies they wish to provide feedback on progress towards meeting competency the other quarters.

If you identified a quarter besides 1, 3, 5, or 7 **or** you selected an option not tied to a specific quarter, would you like to provide feedback on the resident's progress towards competency?

*If you are completing this form for quarters 2, 4, 6, or 8 you will be prompted to assess the resident's progress towards competency regardless. **

- Yes
- No

Resident Time Allocation

9. How many **cases per day** does [url('resident_first')] [url('resident_last')] see on an average day as a [url('res_type')] resident? *

10. Provide an estimate of the percentage of time the resident spent performing the following aspects of orthotic/prosthetic service during the period of time this form covers

*Please enter whole numbers and note that they must sum to 100**

Direct patient care

Technical procedures (including adjustments and fabrication)

Documentation, billing, coding, and practice management

Didactic activities (research, CATs, journal club, case presentations, grand rounds)

Other

0 out of 100 Total

11. Provide an estimate of the percentage of time the resident spent engaged in aspects of orthotic/prosthetic care for each discipline during the period of time being assessed via this form:

*Please enter whole numbers and note that they must sum to 100**

Orthotic

Prosthetic

0 out of 100 Total

12. 1.1 - Demonstrates ethical behavior and professional integrity

- 1) Needs Improvement - Fails to recognize ethical dilemmas or understand their nature if identified. Makes recommendations that risk professional or ethical integrity. Views compliance and regulatory frameworks as ignorable or circumventable. Has not initiated internal compliance training.
- 2) Developing - Recognizes ethical dilemmas only when pointed out or from a single perspective. Possesses awareness of compliance rules, with some training completed but minimal practical application. Lacks experience in seeking advice on compliance or ethical issues.
- 3) Competent - Consistently operates within applicable codes, regulations, and internal requirements, including proper coding and billing, after completing compliance training. Recognizes ethical dilemmas and seeks appropriate counsel. Routinely obtains informed consent.
- 4) Proficient - Recognizes the multifaceted nature of ethical dilemmas and their broad impact. Proactively anticipates and acts to prevent ethical issues. Serves as an ethical role model. Courageously addresses observed unethical behavior in colleagues or superiors.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

13. 1.2 - Practices within the scope of the prosthetist-orthotists, within the limits of their personal abilities, and in alignment with the organization's mission.

- 1) Needs Improvement - Regularly attempts services outside their scope of practice and training. Consistently overestimates abilities, potentially risking patient and practice safety. May severely underestimate abilities, deferring manageable care. Unaware of the organization's mission.
- 2) Developing - Generally practices within O&P scope but sometimes oversteps. Recognizes clinical limits and their growth, yet may overestimate abilities. Understands the mission but has difficulty applying it consistently.
- 3) Competent - Practices within the O&P scope. Recognizes personal ability limits, balancing clinical growth with ensuring effective patient care. Aware of the organization's mission and applies it to guide daily clinical practice.
- 4) Proficient - Practices at the top of their scope, seeking expert guidance when needed for excellent patient care. Exemplifies the organization's mission through daily actions.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

14. 1.3 - Acknowledges and applies patient's rights to informed consent, engagement, and high-quality personalized care.

- 1) Needs Improvement - Fails to seek informed consent. Shows no interest in patient needs or goals. May dismiss patient concerns, especially those with unusual personal needs related to O&P care.
- 2) Developing - Acknowledges informed consent but may lack thoroughness. Tries to engage patients, though may seem uneasy. Values personalized care but may prioritize the device over patient goals.
- 3) Competent - Confidently provides informed consent using understandable language. Engages patients with outward confidence. Consistently refers to patients' expressed needs and goals in clinical decision-making.
- 4) Proficient - Uses strong patient connection to fully understand patient values in relation to O&P needs. Applies this knowledge to inform clinical decision-making and care plans.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

15. 1.4 - Practices in an inclusive manner and recognizes health disparities that may impact care.

- 1) Needs Improvement - Shows minimal or no awareness of social, economic, or historical issues causing health disparities. Values patients differently due to arbitrary reasons or biases. Positions self as superior to the patient, not as a partner. Views health disparities as patient-caused, not systemic.
- 2) Developing - Possesses awareness of issues causing health disparities but has minimal real-world experience with their impact. May value patients differently but recognizes and actively seeks to modify this behavior. Desires patient partnership but still developing necessary skills. Inconsistently recognizes when to make greater effort to gain patient trust.
- 3) Competent - Uses awareness of disparity-causing issues to understand their impact on individual patient care. Uses these insights to inform patient interactions and involve them as care partners. Values patients as individuals, despite potential discomfort.
- 4) Proficient - Actively uses understanding of issues causing health disparities to inform clinical decision-making. Recognizes these disparities influence patient-system interaction and trust. Behaves in ways that show patients they are valued, drawing them into partnership.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

16. 1.5 - Develops inclusive and collaborative professional relationships.

- 1) Needs Improvement - The resident does not seek to build relationships with other healthcare providers. The resident may be passive, dismissive, or antagonistic instead of collaborative. The resident may value knowledge and collaboration with some professionals over others for apparently arbitrary reasons that are not related to clinical skill or knowledge.
- 2) Developing - The resident may need encouragement to build professional relationships. The resident may engage with other professionals but need assistance in developing the confidence to collaborate effectively, value their own professional perspective, or value the perspective of others. The resident may focus on certain physician or therapist relationships and not be attentive to case workers, social workers, or nurses.
- 3) Competent - The resident actively builds collaborative relationships with a wide range of colleagues and health care professionals across the spectrum of patient care including physicians, therapists, case workers, nurses, O and P colleagues, and others.
- 4) Proficient - Other healthcare professional who engage with the resident report the ability to effectively collaborate with the resident on patient care. The patients that the resident works with appear to benefit from the relationships the resident is developing. The resident might be trusted to maintain specific relationship on behalf of the clinical practice.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

17. 1.6 - Promotes public awareness of and demonstrates advocacy for the profession.

- 1) Needs Improvement - The resident speaks poorly of the profession. The resident does not see themselves as a representative of the profession in the public sphere. The resident does not see value in advocacy efforts and may be dismissive of them.
- 2) Developing - The resident will speak highly of the profession. The resident understands the need for increasing public awareness and advocacy but may not have actively participated in either. The resident is curious about these efforts and seeks to be aware of local and national level events and developments.
- 3) Competent - Promotes public awareness and advocates for the profession when able. Recognizes and supports its value, with awareness of local and national efforts. Speaks positively about the profession, reflecting personal commitment beyond their employer.
- 4) Proficient - "Proficient – Articulates O&P's impact on patient well-being and value-based care. Consistently educates others and may actively contribute to advocacy efforts and public awareness. May show leadership in promoting the profession within the clinic team.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

18. 2.1 - Communicates effectively with patients, their families/caregivers, and other healthcare providers.

- (1) Needs Improvement - Uses unexplained jargon, misses non-verbal distress cues, interrupts insensitively, writes disorganized or inaccurate messages, dismisses concerns, and discusses inappropriate topics.
- (2) Developing - Repeats information with minor errors, needs prompting for non-verbal awareness, relies on yes/no questions, defines technical terms when reminded, and writes relevant but imprecise communications.
- (3) Competent - Adjusts verbal and non-verbal communication in real time, invites input through pauses and open body language, limits jargon, confirms understanding, supports shared decision-making, and writes accurate, audience-appropriate messages.
- (4) Proficient - Fosters dialogue with open-ended questions, affirms others to build confidence, summarizes and checks for clarity, embraces silence for reflection, and writes clear, complete, tailored communications.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

19. 2.2 - Solicits from and provides feedback to mentors and colleagues.

- (1) Needs Improvement - Rarely seeks or responds appropriately to feedback; timing and relevance often off. Misses critical questions, struggles to link behavior to outcomes, and needs frequent prompting. Feedback may be met with indifference or resistance.
- (2) Developing - Actively seeks feedback, mostly for positive reinforcement. Focuses on outcomes over processes. Provides and receives feedback appropriately, begins forming improvement plans, and shows appreciation through note-taking or summaries.
- (3) Competent - Communicates feedback needs clearly and respectfully. Seeks diverse, balanced input focused on behaviors and outcomes. Creates structured improvement plans with milestones and expresses gratitude. Offers thoughtful feedback to peers.
- (4) Proficient - Uses feedback to boost efficiency and refine processes. Closes the loop by sharing insights and applying lessons independently. Mentors others, initiates self-improvement plans, and pursues growth aligned with personal and organizational goals.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

20. 2.3 - Recognizes barriers to communication, challenging interactions, and selects appropriate communication strategies to seek a positive outcome.

- 1) Needs Improvement - Avoids necessary difficult conversations; may appear confrontational or use off-putting language or gestures. Discusses sensitive topics publicly and refuses care for patients with communication or complex needs.
- 2) Developing - Engages in conflict resolution with basic turn-taking and meeting requests, though may lack solutions. Minimizes environmental barriers and acknowledges physiological challenges. Takes steps to address miscommunication when aware.
- (3) Competent - Uses respectful language and focuses on shared goals during conflict. Proposes solutions, avoids unrelated issues, and initiates private sensitive conversations. Uses resources and confirms preferred communication methods to improve patient-provider interactions.
- 4) Proficient - Resolves conflict through compromise and shared goals. Involves third parties when needed, addresses cultural misunderstandings, and proposes systemic solutions. Adapts communication style and seeks out complex patient interactions.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

21. 3.1 - Demonstrates a fundamental understanding of foundational principles including biomechanics, anatomy, materials science, pathophysiology, and normal growth/development.

- (1) Needs Improvement - Unable to identify key concepts in biomechanics and materials science; unable to identify key anatomy (e.g., muscles, joints, bones); unable to recognize pathophysiology of most commonly seen pathologies; unable to differentiate between normal and abnormal growth, development and/or gait patterns
- (2) Developing - Describes key concepts in biomechanics and materials science; identifies key anatomy (e.g., muscles, joints, bones); recognizes pathophysiology of most commonly seen pathologies; differentiates between normal and abnormal growth, development and/or gait patterns
- (3) Competent - Applies knowledge of biomechanics, anatomy, materials science, pathophysiology, and normal/abnormal growth, development, and gait to clinical practice involving standard/typical patient cases
- (4) Proficient - Synthesizes knowledge of biomechanics, anatomy, materials science, pathophysiology, and normal/abnormal growth, development, and gait to improve personal understanding and enable effective patient care in complex patient cases
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

22. 3.2 - Demonstrates a fundamental knowledge of orthotic & prosthetic principles including offloading, 3/4-point pressure systems, hydrostatic loading, and force-couples.

- (1) Needs Improvement - Unable to identify key principles of offloading; unable to identify force vectors within 3/4-point pressure system; unable to identify key principles of hydrostatic loading; unable to identify force-couples
- (2) Developing - Describes indications for offloading and hydrostatic loading in relation to hypothetical cases; describes 3/4-point pressure systems and force-couples in relation to hypothetical cases
- (3) Competent - Applies principles of offloading and hydrostatic loading, 3/4-point pressure systems, and force-couples to treatment plan formulation and implementation in treatment of typical/standard patient cases; demonstrates comprehension of these concepts through appropriate patient education
- (4) Proficient - Synthesizes principles of offloading and hydrostatic loading, 3/4-point pressure systems, and force-couples to appropriately formulate and implement treatment plans in complex patient cases; demonstrates comprehension of these concepts through excellent patient education
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

23. 3.3 - Demonstrates a fundamental knowledge of relevant models and frameworks including the International Classification of Functioning (ICF), models of disability, and social determinants of health.

- (1) Needs Improvement - Unable to identify the ICF model or historical models of disability; unable to identify social determinants of health
- (2) Developing - Describes ICF model and historical models of disability in relation to hypothetical cases; defines social determinants of health and lists examples within each domain in relation to hypothetical cases
- (3) Competent - Applies ICF model as a framework to organize information pertaining to a patient case and to inform clinical decision making; identifies social determinants of health in a patient case and applies this information to clinical decision making
- (4) Proficient - Synthesizes patient information using ICF model and social determinants of health to anticipate patient needs and/or challenges and account for these needs/challenges in treatment planning
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

24. 3.4 - Understands the concepts of culture, cultural awareness, patient identity.

- (1) Needs Improvement - Unable to recognize cultural factors, e.g., language, religious beliefs, and family dynamics, that could impact patient care and health outcomes; demonstrates lack of cultural awareness or appreciation; disregards cultural considerations in patient interactions and treatment planning
- (2) Developing - Recognizes cultural factors, e.g., language, religious beliefs, and family dynamics, that could impact patient care and health outcomes in general; acknowledges cultural considerations but inconsistently applies these considerations in specific patient interactions and treatment planning
- (3) Competent - Applies cultural factors, e.g., language, religious beliefs, and family dynamics, to optimize patient care and health outcomes; demonstrates cultural awareness and appreciation through formulation and implementation of an individualized treatment plan; applies cultural considerations to patient interactions and treatment planning
- (4) Proficient - Integrates cultural factors, e.g., language, religious beliefs, and family dynamics in a manner that consistently improves outcomes; demonstrates heightened cultural awareness and sincere appreciation through formulation and implementation of an individualized treatment plan; seamlessly applies cultural considerations to all aspects of patient care.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

25. 3.5 - Demonstrates a fundamental knowledge of orthotic & prosthetic clinical principles including indications/contraindications, prescription criteria, components, alignment, fitting principles, basic troubleshooting, and shape capture.

- (1) Needs Improvement - Unable to identify key clinical principles in reference to specific clinical tasks involved in evaluation, treatment plan formulation and implementation, and follow-up
- (2) Developing - Describes and may inconsistently apply key clinical principles in reference to specific clinical tasks involved in evaluation, treatment plan formulation and implementation, and follow-up in the treatment of typical/standard patient cases
- (3) Competent - Applies key clinical principles to make decisions related to clinical tasks involved in evaluation, treatment plan formulation and implementation, and follow up in the treatment of typical/standard patient cases
- (4) Proficient - Synthesizes key clinical principles to justify decisions related to clinical tasks involved in evaluation, treatment plan formulation and implementation, and follow up in the treatment of complex patient cases
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

26. 4.1 - Generates a treatment plan by gathering, interpreting, and synthesizing information from multiple sources.

- 1) Needs Improvement - Resident is unable to generate a treatment plan.
- 2) Developing - Resident identifies information critical to developing a treatment plan but sometimes interprets findings incorrectly.
- 3) Competent - Resident synthesizes patient history, evaluation findings, medical record, and third-party payor needs in the formulation of the treatment plan.
- 4) Proficient - Resident efficiently generates a comprehensive treatment plan by gathering all relevant information, correctly interpreting evaluation findings, and synthesizing information from from all available sources.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

27. 4.2 - Makes sound judgements that integrate the best available evidence, professional expertise, patient perspectives/values and social determinants of health, to address each patient's unique needs and goals.

- (1) Needs Improvement - Resident makes inappropriate clinical judgements which may put the patient at risk.
- (2) Developing - Resident generally makes sound clinical decisions which support patient safety.
- (3) Competent - Resident makes patient-care decisions with patient safety as a priority.
- (4) Proficient - Resident guides others in making effective clinical judgements.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

28. 4.3 - Anticipates treatment outcomes for selected treatment(s) and defines appropriate intervals for continuing patient care.

- (1) Needs Improvement - Resident neglects to schedule the patient for a follow-up appointment.
- (2) Developing - Resident schedules patients for follow-up appointments without making appropriate adjustments for patient-specific needs.
- (3) Competent - Resident schedules patients for follow-up care according to device and patient-specific requirements.
- (4) Proficient - Resident modulates follow-up care according to patient goals and anticipated outcomes.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

29. 4.4 - Evaluates anticipated issues and identifies the probable causes of unanticipated issues in a systematic and efficient manner and makes appropriate modifications to the treatment plan.

- (1) Needs Improvement - Resident does not identify issues with device fit at delivery appointment.
- (2) Developing - Resident identified issues with device or treatment plan but has difficulty achieving desired outcome.
- (3) Competent - Resident anticipates issues with the intervention or treatment plan and adjusts the device or plan accordingly.
- (4) Proficient - Resident consistently prevents anticipated issues as a result of their modifications to the treatment plan.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

30. 4.5 - Identifies relevant criteria to select appropriate O&P components.

- (1) Needs Improvement - Resident is unable to articulate decision-making criteria for O&P components.
- (2) Developing - Resident identifies most relevant criteria for selecting an O&P components but may fail to account for a contra-indication.
- (3) Competent - Resident appropriately selects O&P components based upon indications and contraindications.
- (4) Proficient - Resident is able to distinguish between characteristics of a variety of O&P components across manufacturers.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

31. 4.6 - Recognizes if a problem cannot be resolved with O&P treatment alone and refers to an appropriate professional(s).

- (1) Needs Improvement - Resident overlooks signs and/or symptoms which requires referral (i.e. infection).
- (2) Developing - Resident identifies a problem but does not recommend referral to the appropriate professional (i.e. notes a contracture in their findings but does not inquire about physical therapy).
- (3) Competent - Resident identifies problems which require referral to the appropriate professional and initiates the referral.
- (4) Proficient - Resident establishes relationships with other healthcare professionals in order to efficiently refer patients to other providers when appropriate.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

32. 4.7 - Plans subsequent clinical examinations that are responsive to imminent patient needs and data collected.

- (1) Needs Improvement - Resident does not demonstrate urgency in addressing a patient need.
- (2) Developing - Resident responds to patient needs but fails to consider information obtained from the medical record which may inform that response.
- (3) Competent - Resident schedules follow-up appointments according to patient needs.
- (4) Proficient - Resident schedules long-term patient follow-up when appropriate to establish continuity of care.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

33. 4.8 - Develops a hypothesis-driven approach to problem solving that includes re-evaluation and modification for successful outcomes.

- (1) Needs Improvement - Resident is unable to anticipate potential outcomes from a treatment decision.
- (2) Developing - Resident is able to determine appropriateness of the treatment plan based upon patient outcomes but may overlook opportunities to improve the patient outcome with modifications.
- (3) Competent - Resident consistently anticipates patient outcomes and successfully modifies the treatment plan when those outcomes are not meeting expectations.
- (4) Proficient - Resident demonstrates patient outcomes which results in others seeking their guidance.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

34. 5.1 - Performs a comprehensive patient evaluation that captures subjective information, diagnosis specific clinical exam techniques, and the administration of appropriate outcome measures.

- (1) Needs Improvement - Has difficulty conducting effective patient interviews, often overlooking key details and the full impact of primary comorbidities.
- (2) Developing - Conducts patient interviews adequately, but may miss some subjective information.
- (3) Competent - Conducts patient interviews effectively, capturing necessary subjective information.
- (4) Proficient - Consistently conducts thorough patient interviews, capturing detailed subjective information.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

35. 5.2 - Performs appropriate techniques to capture anthropometric data using measuring tools, casting, and digital capture techniques.

- (1) Needs Improvement - Struggles to use measuring tools, casting, and digital capture techniques effectively, often making errors.
- (2) Developing - Uses measuring tools, casting, and digital capture techniques adequately, but requires regular supervision.
- (3) Competent - Uses measuring tools, casting, and digital capture techniques effectively, with occasional need for guidance.
- (4) Proficient - Consistently uses measuring tools, casting, and digital capture techniques with exceptional precision and accuracy.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

36. 5.3 - Rectifies anthropometric models using digital and mechanical techniques to optimize the fit and function of an orthosis/prosthesis.

- (1) Needs Improvement - Struggles to modify model shapes effectively, often making errors that affect the application of corrective or accommodative forces.
- (2) Developing - Modifies model shapes adequately, but requires regular supervision to ensure accurate application of corrective or accommodative forces.
- (3) Competent - Modifies model shapes effectively, with occasional need for guidance to ensure accurate application of corrective or accommodative forces.
- (4) Proficient - Consistently modifies model shapes with exceptional precision, ensuring optimal application of corrective or accommodative forces.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

37. 5.4 - Integrates requirements defined by component and materials manufacturers when providing clinical services.

- (1) Needs Improvement - Frequently fails to read manufacture information and is unprepared for device assembly or materials for fabrication.
- (2) Developing - Usually prepared but requires periodic guidance on component compatability and material selection for fabrication regularly.
- (3) Competent - Always prepared to define essential requirements, coordinate fabrication and assembly for common orthoses/prostheses.
- (4) Proficient - Considers all relevant fabrications factors even for more complex patient care scenerios or uncommon interventions.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

38. 5.5 - Performs technical procedures to optimize the fit, function and lifespan of orthosis/prosthesis.

- (1) Needs Improvement - Too often recommends treatment materials too weak for patient weight limits or expected durability goals.
- (2) Developing - Frequently selects appropriate materials but still needs guidance regularly.
- (3) Competent - Typically selects the proper materials to optimize routine patient care.
- (4) Proficient - Selects appropriate material for complex or unique cases without expected need for guidance.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

39. 5.6 - Evaluates the structural integrity and functionality of the prosthesis/orthosis prior to performing fittings and at appropriate intervals based on manufacturer recommendations and the patient's needs.

- (1) Needs Improvement - Frequently fails to evaluate structural integrity or complete assembly prior to fitting.
- (2) Developing - Typically ensures structural integrity and proper assembly of the device prior to fitting and regularly assess devices during follow-up.
- (3) Competent - Always ensures structural integrity and safe function of patients' devices.
- (4) Proficient - Acknowledges component wear/maintenance requirements and appropriately coordinates replacement prior to failure.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

40. 5.7 - Performs static / dynamic alignment and fitting of the prosthesis or orthosis to optimize biomechanical function.

- (1) Needs Improvement - Too often is unable to properly identify the gait deviation(s) or static malalignment.
- (2) Developing - Typically identifies the gait deviation within the gait cycle or static malalignment, but needs regular assistance with corrective action(s) needed to optimize gait or biomechanical function.
- (3) Competent - Independently aligns common O&P devices for typical patients, ensuring biomechanical function across all planes. Recognizes when optimal alignment isn't feasible due to fit or presentation issues.
- (4) Proficient - Consistently optimizes biomechanical function for patients with complex presentations and/or multiple comorbidities/complicæ
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

41. 5.8 - Assesses the human-device interface and functionality of the orthosis/prosthesis in relation to treatment goals.

- (1) Needs Improvement - Too often forgets, loses focus, or fails to achieve the patient's treatment goals due to a poor fit.
- (2) Developing - Requires regular supervision / assistance with techniques to ensure devices fit well and achievement of treatment goals.
- (3) Competent - Independently fits common O&P devices for typical patients and evaluates treatment effectiveness. Assesses trimlines, pressure, force application, reliefs, comfort, ROM needs, and functional donning/doffing.
- (4) Proficient - Demonstrates proficiency and is able to apply these skills to atypical patient presentations or complex interventions.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

42. 5.9 - Performs gait and functional training related to prosthesis/orthosis use to achieve functional mobility goals.

- (1) Needs Improvement - Too often forgets to provide postural, body-mechanics, weight shifting or limb advancement instructions.
- (2) Developing - Typically performs gait training well with consideration of patient's mobility goals, but may not consider muscle weakness and periodically requires supervision / assistance.
- (3) Competent - Conducts basic gait and functional training with common O&P devices for typical patients, ensuring safety. Uses verbal, visual, and kinesthetic cues to support mobility.
- (4) Proficient - Assists patients with functional training for more advanced mobility goals; running, cycling, or sports participation.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

43. 5.10 - Educates patients, caregivers and other healthcare professionals about care plan.

- (1) Needs Improvement - Too often forgets to include salient aspects of the treatment plan.
- (2) Developing - Regularly demonstrates a developed process to educate patients and families, but may still miss patient's educational level of understanding, literacy or language barriers.
- (3) Competent - Communicates the O&P care plan clearly using verbal and written language appropriate for patients, caregivers, and healthcare professionals. Explains clinical process, follow-up, outcomes, alternatives, device limitations, care, use, and maintenance.
- (4) Proficient - Demonstrates an ability to navigate complex patient and family situations throughout the teaching of the care plan process.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

44. 5.11 - Documents clinical and administration activities in a clear, objective, and timely manner to facilitate communication among the healthcare team in compliance with regulatory and business requirements.

- (1) Needs Improvement - Too frequently omits pertinent information or not timely with the submission of paperwork.
- (2) Developing - Documentation is timely and typically demonstrates understanding of the pertinent information.
- (3) Competent - The resident consistently provides timely, concise notes that properly document typical O&P patient care.
- (4) Proficient - Demonstrates an ability to properly document atypical patient care. (Termination of a patient for cause).
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

45. 5.12 - Integrates clinical care extenders, technicians, and other O&P professionals to provide efficient and cost-effective patient care.

- (1) Needs Improvement - Too often does not consider efficiency, manufacturing costs, or the scope of practice for care extenders and other members of the O&P team. This aspect of treatment is an afterthought.
- (2) Developing - Often integrates other O&P professionals in an appropriate manner but requires frequent input from the mentor to to engage the entire O&P care team effectively.
- (3) Competent - Effectively communicates with O&P staff and applies system-level understanding to assess cost-effectiveness, considering short- and long-term impacts—financial, time, travel, energy, appointments, and device lifespan—relative to patient goals and outcomes.
- (4) Proficient - Actively applies the principles of value based care that is cost effective, improves outcomes, and exceeds patient expectations.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

46. 6.1 - Recognizes the impact of healthcare systems, societal factors, interpersonal concerns, access to care, public policy, regulatory parties, and insurance carriers have on the patient and the communities serves.

- (1) Needs Improvement - Resident treats individuals unequally, harming their health; fabricates and fits devices without patient input; ignores insurance coverage policies; and/or dismisses concerns affecting prognosis.
- (2) Developing - Resident discusses health disparities with peers; references insurance policies in documentation; and consults patients on device choices but overlooks key safety or usability factors.
- (3) Competent - Resident addresses missed appointments, aligns scheduling with patient needs, reduces care delays, promotes well-being, follows insurance guidelines, and acknowledges life events impacting care.
- (4) Proficient - Resident helps resolve barriers, improves organizational processes, adjusts schedules for patients, supports community care access, supports audits and public health efforts, and advocates for patient voices and legislative change.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

47. 6.2 - Collaborates on patient care with other healthcare providers while recognizing O&P professional scope boundaries to help achieve interdisciplinary treatment goals defined by the patient.

- (1) Needs Improvement - Resident fails to coordinate care, acts outside their scope, delivers prosthetic devices without gait training referral, neglects to report suspected abuse, overlooks barriers needing referral, and improperly delegates care.
- (2) Developing - Resident suggests adding providers to the care team, reinforces positive patient behaviors, identifies barriers needing referral, consults mentor on delegation, and educates patients with minimal prompting.
- (3) Competent - Resident confirms referral details, delegates to support staff to improve care, educates patients and therapists, contacts team members for device planning, refers patients for health changes, and collaborates to optimize device fit and justify replacements.
- (4) Proficient - Resident documents care team roles, delegates with attention to efficiency and cost, equips patients for coordinated care, shares provider lists for timely referrals, builds consensus on device goals, provides interprofessional education, refers for preventive care, and supports physician referrals with evidence.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

48. 6.3 - Directs cost-conscious and effective patient care.

- (1) Needs Improvement - Resident ignores patient questions, omits cost-effective options, fails to provide service estimates, uses excessive materials, selects custom devices unnecessarily, proposes unrealistic care plans, leaves incomplete records, avoids marketing and cross-training, and neglects to report supply or equipment issues.
- (2) Developing - Resident seeks guidance to answer patient questions, proposes care plans needing minor mentor edits, confirms future appointments, consults mentor before billing, compiles provider lists for marketing, and begins cross-training in business tasks.
- (3) Competent - Resident uses credible sources and mentor feedback to answer questions, coordinates appointments, justifies device choices and costs, proposes feasible care plans, ensures service estimates are understood, submits accurate billing, maintains complete records, engages in outreach, supports business operations, and reports supply or equipment needs.
- (4) Proficient - Resident independently resolves patient questions, presents cases for team input, proposes process improvements, plans care around facility capacity, shares success stories at conferences, organizes patient support groups, and advises on inventory to reduce waste.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

49. 7.1 - Recognizes personal needs, evaluates internal and external resources, and selects self-care measures to achieve well-being.

- (1) Needs Improvement - Resident neglects self-care needed for effective patient care, either overemphasizing personal needs or pushing through exhaustion, risking harm to themselves or others.
- (2) Developing - Resident communicates personal needs but struggles to prioritize them alongside others' needs and distinguish between short-term and sustainable behaviors.
- (3) Competent - The resident communicates short- and long-term needs to support career well-being but may still need guidance balancing personal and professional life. They assess others' needs and relate them to their own, manage personal life to sustain a clinical work week, recognize behavioral responses to stress, and set goals that reflect a commitment to well-being.
- (4) Proficient - Resident proactively manages well-being with consideration for others, communicates plans to reduce stress, and prioritizes actions that support long-term health and workplace harmony.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

50. 7.2 - Critically examines and presents relevant healthcare and scientific literature.

- (1) Needs Improvement – Resident shows little awareness of healthcare literature, dismisses or accepts it based on personal bias, fails to apply evidence to practice, confuses statistical and clinical significance, accepts marketing claims without scrutiny, and cannot present a journal article review.
- (2) Developing – Resident reviews literature when prompted but struggles with key concepts like causation vs. correlation and study quality. They attempt article reviews but miss key points and fail to connect findings to clinical practice or question marketing claims effectively.
- (3) Competent – Resident independently reviews literature, uses multiple sources, distinguishes between clinical and statistical significance, applies findings to practice, challenges unsupported marketing claims, and presents complete article reviews with clinical relevance.
- (4) Proficient – Resident actively tracks literature trends, uses multiple sources to justify decisions, seeks out conflicting evidence to challenge bias, presents thorough reviews, proposes practice improvements, and refutes unsupported marketing claims.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

51. 7.3 - Facilitates self-directed learning to define and achieve development goals that complement the learning facilitated by colleagues and mentors.

- (1) Needs Improvement - Resident is passive in learning, relies on mentor to set goals, and may pursue irrelevant goals that hinder clinical growth.
- (2) Developing - Resident sets goals but they may be unrealistic or hard to measure, and tends to focus on personal interests over current clinical needs.
- (3) Competent - Resident sets relevant, measurable goals, identifies needed resources, and works with mentors to create and follow a feasible plan.
- (4) Proficient - Resident sets and tracks goals independently, aligns them with facility needs, communicates progress, and seeks growth opportunities.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

52. 7.4 - Integrates constructive feedback in an effective manner to inform their learning and professional development.

- (1) Needs Improvement – Resident dismisses feedback, responds inappropriately, fails to act on it, and does not seek clarification when feedback is unclear.
- (2) Developing – Resident accepts feedback but struggles to distinguish it from personal criticism, needs repeated input to act, and responds inconsistently depending on the source.
- (3) Competent – Resident integrates feedback from various sources, manages emotional responses, seeks clarification when needed, and shows progress with each feedback cycle.
- (4) Proficient – Resident actively seeks feedback, applies it consistently, communicates plans for improvement, and rarely needs repeated input to refine behavior.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

53. 7.5 - Implements learning opportunities for peers and colleagues to transfer knowledge and skills while developing effective mentoring skills.

- (1) Needs Improvement – Resident does not share knowledge with others and avoids engaging in educational activities, even when opportunities arise.
- (2) Developing – Resident shares knowledge only when prompted and may appear reluctant or unprepared, requiring significant mentor input.
- (3) Competent – Resident initiates learning activities with minimal guidance, prepares content thoughtfully, and actively engages learners.
- (4) Proficient – Resident leads educational efforts, proposes valuable learning opportunities, seeks feedback, and aligns activities with clinical priorities.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

54. 7.6 - Participates in professional organizations/societies, volunteering, activism, and patient support groups.

- (1) Needs Improvement - The resident is not a member of any professional or public organization that supports patients or the profession. The resident does not take advantage of opportunities to participate in activities or advocacy to support patients or the profession.
- (2) Developing - The resident may be a member a professional organization, e.g., AAOP, but does not engage with others in this network. The resident needs prompting to engage with volunteer groups, advocacy efforts, or patient organizations that are critical to the profession's sustainability.
- (3) Competent - The resident is a member of a national/state/regional society that promotes the profession and engages with others within this professional network. The resident engages with patient support groups to enhance patient self-efficacy. With prompting the resident seeks stakeholder feedback to design effective patient support group activities and enhance advocacy outcomes.
- (4) Proficient - The resident actively engages in professional organizations, volunteers outside work duties, recruits peers for advocacy, connects broader engagement efforts to residency learning, and seeks feedback to improve patient support and advocacy—without prompting.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

55. 7.7 - Seeks appropriate mentorship and serves as a guide for developing professionals and peers.

- (1) Needs Improvement - Resident does not reach out to others at the clinical facility for professional mentorship to facilitate personal growth. Resident lacks knowledge or skills required for basic supervision of students observing in the clinic.
- (2) Developing - The resident seeks mentorship within the clinic but not beyond, requiring prompting to connect with the broader profession. They can support observational learners and consult senior staff when mentoring others.
- (3) Competent - The resident independently seeks mentorship within the clinic and through professional organizations. They mentor students and support staff with minimal guidance, following practice policies.
- (4) Proficient - The resident maintains a professional network with internal and external mentors, engages regularly with local and national contacts, and is recognized for mentoring students and staff in alignment with practice standards.
- N/A - The director/mentor completing this form was unable to observe the resident performing the behaviors defined above.

Comments

Strengths, Weaknesses, and Goal Setting

56. Identify three (3) strengths [url("resident_first")] [url("resident_last")] demonstrated during the time period that this form is assessing: *

Strength
I

Strength II

Strength
III

57. Identify three (3) weaknesses [url('resident_first')] [url('resident_last')] demonstrated during the time period that this form is assessing:

Please note "Needing Experience" or "Lacking Experience" are not observable weaknesses the resident demonstrates. Please be specific about a clinical skill or knowledge area that can be improved upon, for example:

The resident was unable to perform a patient history in less than 20 minutes during evaluation visits.*

Weakness
I

Weakness II

Weakness
III

58. Identify three (3) goals that are specific, measurable, attainable, relevant, and timely (SMART) the resident should achieve during the next quarter:

*For example of SMART goals and links to resources to help you create smart goals, please visit this NCOPE Website Page: <https://ncope.org/index.php/home-page-v2/residency-program-services/smart-goals-op-residents/> **

Goal
I

Goal II

Goal
III

59. Rate the [url('resident_first')] [url('resident_last')]s **overall performance** during the time frame being evaluated:

*

- 1 - Poor / Rarely Meets Expectations
- 2 - Fair / Meets Minimum Expectations
- 3 - Good / Often Exceeds Expectations
- 4 - Excellent / Always Exceeds Expectations

Comments

60. Will you meet with [url("resident_first")] [url("resident_last")]to discuss the information in this evaluation form?

*

Yes - The Resident is Present
Now

Yes - In the Near
Future

No

61. Identify the date that you plan to meet and discuss this completed form:*



62. Resident practitioners are expected to submit a quarterly evaluation of the residency program at least once every 3 months or at the conclusion of each rotation. Will [url("resident_first")] [url("resident_last")] be rotating to a different location or have a change in the patient populations they will interact with? *

Yes No

63. Is there any additional information you would like to share with the resident?

64. 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 this [survey('title')]. *

Acknowledge