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Orthotic / Prosthetic Competency Form

If you have any difficulties with completing this form or have questions regarding how to use NCOPE Tracker, please visit the [NCOPE Tracker FAQ by Clicking HERE](#). This link will open a new window.

If you have any questions about NCOPE [Residency Requirements or Documentation CLICK HERE](#). This link will open a new window.

To verify the documentation that the NCOPE Staff has received, **residents** can submit a [Residency Status Report which is explained HERE](#). This link will open a new window.

If you have any inquiries or concerns not addressed by the resources above, please reach out to the NCOPE Residency Team at: residency@ncope.org

This evaluation form is used to demonstrate that NCOPE Residency Standard I.3 Objectives and Standard; and 2.4 Competencies and Experiences have been successfully fulfilled. Competence must be attained for the following orthoses/prostheses:

- Custom Foot Orthosis
- Custom Ankle Foot Orthosis
- Knee Orthosis
- Custom Knee Ankle Foot Orthosis
- Thoracolumbosacral Orthosis
- Custom Scoliosis Orthosis
- Upper Limb Orthosis

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- Partial Foot and/or Symes Prosthesis
- Transtibial Prosthesis
- Transfemoral Prosthesis
- Upper Limb Prosthesis
- Post-Operative Care

In order to successfully complete a residency or have the resident act under indirect supervision, the resident practitioner must demonstrate competence needed to provide comprehensive patient management. The residency director / mentor is able to complete this form as many times as they would like throughout the course of the residency **including prior to the attainment of competence** in order to provide ongoing feedback to the resident practitioner.

For additional information about the Residency Standards, please visit: http://resident.ncope.org/view/?file=Residency_Standards

Resident Information

Enter the following information for the resident practitioner that this competency form is becoming complete for.

2) Enter the name of the facility where the residency is taking place:*

3) Enter the First Name of the resident practitioner you are evaluating:*

4) Enter the Last Name of the resident practitioner you are evaluating:*

5) Enter the e-mail address of the resident practitioner identified above:*

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Mentor Information

Enter the following information for the mentor that is completing this competency form. Please note that the individual completing this form must meet NCOPE Residency Standard 4.2.

6) Enter the First Name of the residency supervisor/mentor completing this form:*

7) Enter the Last Name of the residency supervisor/mentor completing this form:*

8) Enter the e-mail address of the residency supervisor/mentor that was listed in the questions above:*

General Competency Assessment

9) In what quarter is the resident currently enrolled?

- 1st Quarter
- 2nd Quarter
- 3rd Quarter
- 4th Quarter
- 5th Quarter
- 6th Quarter
- 7th Quarter
- 8th Quarter

Rate the resident's performance using the scale below:

Beginner - The resident has no experience with this task and usually has difficulty with this skill or behavior, requires basic information and direction and close

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supervision.

Developing - The resident has limited experience and may continue to have some difficulty with the skill or behavior, frequently requires coaching/reinforcement and close supervision.

Advancing - The resident has additional experience and often performs skills or behaviors effectively in common situations, occasionally requires continued coaching/reinforcement and supervision.

Competent - The resident virtually always performs skills or behaviors effectively, but may require assistance or guidance in unusual circumstances.

- ***The level of "Competent" must be achieved in order to deem the resident competent with the specific skill.***
 - *Please note that competence is defined as having sufficient knowledge, judgment and skill to provide appropriate treatment interventions. It does not suggest an expert or mastery level of ability or skills.*

10) Rate the resident's ability to perform in the following aspects required to provide comprehensive management:

If the resident does not attain competency in any of the areas below, you will be prompted with additional questions to provide further guidance on that residents performance.*

	Beginner	Developing	Advancing	Competent
Assessment (e.g., History, Clinical Exam, Outcome Measures)				
Formulation (e.g., Discussing Options with Patients, Selecting Appropriate Materials and Components)				
Implementation (e.g., Taking appropriate measurements, shape capture, fabrication, fitting, patient education)				

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Follow-up (e.g., Re-assessing the patient's needs, Making Adjustments, Re-administration of Outcome Measures)				
Practice Management (e.g., Documentation, Selection of Appropriate Codes, Communication with Staff)				

Comments:

11) Identify each of the clinical behavior listed below that the resident demonstrates when managing patients

*Each clinical behavior must be checked in order to demonstrate competency**

- Ethical Patient Centered Care
 - Safety to Self and Others
 - Awareness of the Humanity and Dignity of All Patients
 - The Ability to Impart Knowledge and Instill Confidence When Providing Patient Care
-

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Additional Feedback / Competence Verification

This page contains required questions IF the resident has not yet attained competency. The mentor completing the form may also elect to complete the details contained on this page by selecting "Yes" to Question 12 below.

12) Would you like to provide additional feedback beyond the feedback already captured regarding the comprehensive management*

- Yes
- No

13) Identify the components of patient care that you would like to provide additional feedback on:

- Assessment
- Formulation
- Implementation
- Follow-up
- Practice Management
- Professional Behaviors

Competency Sub-Task Assessment

This page enables the residency director / mentor to provide the resident practitioner with additional feedback regarding competency:

Rate the resident's performance on each sub-task using the scale below:

Beginner - The resident has no experience with this task and usually has difficulty with this skill or behavior, requires basic information and direction, and close supervision.

Developing - The resident has limited experience and may continue to have some difficulty with the skill or behavior, requires coaching/reinforcement and close supervision.

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Advancing - The resident has additional experience and often performs skills or behaviors effectively in common situation, requires continued coaching/reinforcement and supervision.

Competent - The resident virtually always performs skills or behaviors effectively, but may require assistance or guidance in unusual circumstances.

- **The level of "Competent" must be achieved in order to deem the resident competent with this specific skill.**
 - *Please note that competence is defined as having sufficient knowledge, judgment and skill to provide appropriate treatment interventions. It does not suggest an expert or mastery level of proficiency.*

14) Rate the resident's ability to perform a comprehensive patient assessment, which includes the following skills:

Obtaining and reviewing the prescription
Performing an appropriate interview including history
Performing an appropriate clinical assessment / examination (Observation, Palpation, ROM, MMT, Gait Assessment)
Administering appropriate clinically relevant outcome measures (e.g., TUG, 10 mwt)

Comments:

15) Rate the resident's ability to formulate a comprehensive treatment plan, which includes the following skills:

Integrating and applying foundational knowledge relevant to management of a patient (e.g., anatomy, biomechanics, materials science)
Communicating with the referral source or other providers in the patient care team as indicated
Engaging with the patient and/or their family about potential treatment options
Selecting appropriate components and materials to manufacture a functional and safe device

Comments:

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16) Rate the resident's ability to implement a comprehensive treatment plan, which includes the following skills:

Communicating with the patient and/or their family about the procedures required to provide care
Shape capture including anthropometric measurements, scanning or taking an impression
Completing appropriate fabrication documentation
Fabrication of the device including mold rectification, thermoforming, laminating or finishing
Performing a final safety and quality inspection prior to device delivery
Fitting the device to maximize function, safety and patient comfort
Providing education to the patient and/or their family members about the device including wear schedule, cleaning, maintenance and the need for follow-up
Referral to other members of the healthcare team as needed

Comments:

17) Rate the resident's ability to perform appropriate follow-up care, which includes the following skills:

Obtaining subjective feedback from the patient about the wear schedule and effect of the device
Re-evaluating the functionality, safety and overall fit of the device
Performing ongoing re-assessment of clinically relevant outcomes to document changes in health status
Performing adjustment to the device as needed to provide optimal functionality, safety and overall fit
Performing additional patient education as needed

Comments:

18) Rate the resident's ability to perform appropriate practice management, which includes the following skills:

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Documentating all patient encounters using techniques compliant with HIPAA, CMS and other standards as indicated
Selecting appropriate HCPCS Codes (L-Codes) for reimbursement of services rendered
Communicating with the office staff as needed to coordinate care including claim submission, communication with the care team and to setup follow-up appointments
Generating and/or attaining necessary support document needed for claim submissions as indicated
Documentating patient encounters into NCOPE's clinical tracking system

Comments:

19) Provide input on the resident 's ability to provide ethical patient-centered care:

Observed Behavior(s):

Suggestions to Improve Behavior (Where Necessary):

Additional Comments:

20) Provide input on the resident 's ability to demonstrate safety to self and others:

Observed Behavior(s):

Suggestions to Improve Behavior (Where Necessary):

Additional Comments:

21) Provide input on the resident 's ability to demonstrate awareness of the humanity and dignity of all patients.

Observed Behavior(s):

Suggestions to Improve Behavior (Where Necessary):

Additional Comments:

22) Provide input on the resident 's ability to demonstrate the ability to impart knowledge and instill confidence when providing education for patients and their caregivers.

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Observed Behavior(s):

Suggestions to Improve Behavior (Where Necessary):

Additional Comments:

Competency Attestation

Please note that this form will not be submitted to the NCOPE staff unless competency has been attained.

24) You have identified that the resident has demonstrated competency for providing comprehensive care.

By selecting "Yes" and submitting this form, you are confirming that competency has been attained consistent with the requirements outlined in NCOPE Standard 2.4 and it will be submitted to the NCOPE staff for verification. Do you confirm that competency has been attained?*

Yes

No

Acknowledgement of Completed Form Access

Please note that that NCOPE Tracker Does Not Store Copies of Completed Forms and it is the responsibility of the resident and mentor/director to maintain records for the residency. You will have the opportunity to download a copy of the completed [survey('title')] on the next page by scrolling to the bottom and electing to download a copy of the the PDF. A copy of this form will also be sent to the resident and the mentor completing the first as an email attachment. It is the responsibility of the resident and mentor to configure their email to allow messages from ncope.org and it may be necessary for to have your organization or personal email provider configure their spam filter and/or firewall.
