

# **Standards of Accreditation for The Orthotic/Prosthetic Residency Training Program**

Standards initially adopted in 1993;  
revised in 2021

Adopted by the  
National Commission on Orthotic and Prosthetic Education



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## Introduction

An orthotic and prosthetic residency program is an educational program centered on clinical training that results in the resident's attainment of entry-level competencies in the management of comprehensive orthotic and prosthetic patient care.

The reader of these standards should refer to the appended glossary for terms to further aid in the understanding of the terminology used in these standards.

The National Commission on Orthotic and Prosthetic Education (NCOPE) has adopted the following standards of accreditation by which all orthotic and prosthetic residency training programs seeking accreditation are measured. To ensure compliance with the residency standards, the application process for new or renewal of an accredited residency program will include:

- review of the facility's accreditation status by the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) or Board for Certification in Orthotics and Prosthetics International (BOC)
- the online tracking system data (for renewal of NCOPE accreditation)
- resident feedback as provided in quarterly evaluations of the program and the mentor (for renewal of accreditation)
- review of program annual report (PAR)

*NCOPE reserves the right to perform an independent site visit of the residency program to ensure compliance to the residency standards for unique circumstances. The expense of the visit would be the responsibility of the residency training program.*

## Standard I: Mission, Purpose, Objectives, Outcomes and Program Improvement

### Mission

1.1 The program must have a mission statement that describes the overall purpose(s) of the program.

Required Documentation: Provide these documents to the NCOPE Residency Review Committee or site visitors upon request

- Program's mission statement

### Purpose

The program must be centered on clinical training that results in the resident's attainment of competencies in the management of comprehensive entry-level orthotic and prosthetic patient care.

The required competencies are:

1. Exemplify the role of the orthotist-prosthetist practitioner in providing ethical patient-centered care by applying the ABC Code of Professional Responsibility in clinical practice experiences.
2. Use of safe practices throughout the provision of orthotic-prosthetic services.
3. Demonstrate an awareness of the humanity and dignity of all within a diverse and multicultural society.
4. Demonstrate an understanding of clinical practice and practice management within the social, cultural, business, and economic environment of rehabilitation services
5. Demonstrate an understanding of the collaborative role of the orthotist-prosthetist practitioner as a member of the interdisciplinary rehabilitation team.

6. Demonstrate the ability to evaluate evidence and to integrate findings into clinical practice.
7. Demonstrate the ability to integrate knowledge of the fundamental science of human function within the practice framework of assessment, formulation, implementation, and follow-up of a comprehensive orthotic-prosthetic treatment plan.
8. Demonstrate the ability to make appropriate clinical decisions that lead to successful orthotic/prosthetic outcomes.
9. Demonstrate the ability to provide necessary education to patients, caregivers and other health professionals and the public at large.
10. Document to meet regulatory/business requirements.
11. Demonstrate competence in clinical and technical procedures necessary for orthotic/prosthetic practice.

**Objectives:**

- 1.2 The program must have the resident(s) meet the following objectives prior to completion of the program:

**1.3.1 Patient Evaluation/Assessment**

The resident must demonstrate the ability to complete the following essentials of the patient evaluation process:

- 1.3.1.1 Perform a comprehensive assessment of the patient using standardized tools and methods to obtain an understanding of the individual's potential orthotic/prosthetic needs.
- 1.3.1.2 Determine method and criteria for referring patients to other health care professionals, if necessary.
- 1.3.1.3 Document services using established record-keeping techniques to record patient assessment and treatment plans, to communicate fabrication requirements and to meet standards for reimbursement and regulations of external agencies.
- 1.3.1.4 Establish a relationship and effectively communicate with the patient or caregiver to gather cogent and useful information for orthotic/prosthetic assessments.

**1.3.2 Formulation of Treatment Plan**

The resident must demonstrate the ability to integrate and apply foundational knowledge and patient information to direct orthotic/prosthetic management.

- 1.3.2.1 Synthesize and integrate foundational knowledge and evidence from literature with findings of the assessment of a patient.
- 1.3.2.2 Identify impairments or functional limitations, discern patient goals, and determine related biomechanical objectives.

- 1.3.2.3 In collaboration with the patient, design an intervention plan and appropriate orthoses/prostheses to meet the needs of the patient and the biomechanical objectives.
- 1.3.2.4 Demonstrate the ability to formulate a comprehensive treatment plan.

### **1.3.3 Implementation of Treatment Plan**

The resident must demonstrate the ability to apply the necessary skills and procedures, including fabrication, to provide orthotic/prosthetic care.

- 1.3.3.1 Perform the necessary procedures and fabrication processes to provide prosthetic/orthotic services by using appropriate techniques, tools and equipment.
- 1.3.3.2 Discern the possible interaction between the device and the patient with respect to corrective and accommodative treatment.
- 1.3.3.3 Assess quality and structural stability of the orthosis or prosthesis based on the needs and goals of the patient.
- 1.3.3.4 Evaluate the fit and function of the orthosis or prosthesis, making adjustments as necessary to obtain optimal function and meet patient goals.
- 1.3.3.5 Perform transfer methods, initial gait and mobility instructions that provide for patient safety during appointments.
- 1.3.3.6 Provide effective instruction to patients, family members and caregivers on the care, use and maintenance of the orthosis or prosthesis, as well as skin care information and wearing schedules for the device.
- 1.3.3.7 Evaluate and document the level of patient comprehension of these instructions.

### **1.3.4 Follow Up**

The resident must demonstrate the ability to develop and implement an effective follow-up plan to assure optimal fit and function of the orthosis or prosthesis and monitor the outcome of the treatment plan.

- 1.3.4.1 Provide continuing patient care and periodic evaluation to assure, maintain and document optimal fit and function of the orthosis or prosthesis.
- 1.3.4.2 Develop an effective long-term follow-up plan for comprehensive orthotic or prosthetic care.
- 1.3.4.3 Provide adequate education to assure the patient and caregivers understand the importance of adhering to the treatment plan and regular follow-up visits.
- 1.3.4.4 Document all interactions with the patient and caregivers.
- 1.3.4.5 Perform appropriate follow-up assessment and procedures.
- 1.3.4.6 Assess the function and reliability of the device using validated outcome measures as appropriate.

### **1.3.5 Practice Management**

The resident must demonstrate the ability to identify and observe policies and procedures regarding human resource management, physical environment management, financial management and organizational management.

- 1.3.5.1 Demonstrate knowledge of basic billing and coding procedures.
- 1.3.5.2 Demonstrate knowledge of applicability of federal and state legislation and regulations associated with orthotic and prosthetic services.
- 1.3.5.3 Demonstrate the ability to document clinical chart notes, legal compliance and insurance issues.
- 1.3.5.4 Demonstrate an understanding of how orthotists and prosthetists may deal with ethical and legal responsibilities related to patient management.

- 1.3.5.5 Demonstrate knowledge of the terminology specific to Medicare, with an understanding of L-coding history and usage, state regulations and third-party insurance reimbursements.

### **1.3.6 Professional/Personal Development**

The resident must be able to articulate the importance of personal and professional development including the following areas:

- 1.3.6.1 Lifelong learning with the goal of maintaining the knowledge and skills at the most current level
- 1.3.6.2 Engagement in community service
- 1.3.6.3 Engagement in service to and development of the profession
- 1.3.6.4 Attention to personal coping skills and potential for compassion fatigue
- 1.3.6.5 Exemplification of professional responsibility and ethics
- 1.3.6.6 Advocacy for and engagement in research to support the profession

### **Outcomes**

- 1.4 At the end of the accreditation cycle NCOPE will collect and report the program outcomes for the purpose of assessing the success and need for improvement of the program. The program will be evaluated on the following outcomes:
  - a. Completed residents and their certification designation
  - b. Residents that were released prior to completion of the residency
  - c. Clinical exposures the residents received, as recorded by NCOPE's online tracking system

### **Program Improvement**

- 1.5 The program must complete a Program Annual Report at the end of every fiscal year to determine the degree to which it has attained its mission and residency objectives and to identify areas for program improvement or changes.
    - 1.5.1 The accreditation cycle is three (3) years
- Required Documentation:
- a. Program Annual Report (PAR)

## **Standard II: Residency Requirements**

### **Residency Term**

#### 2.1 Residency term requirements

- 2.1.1 For a dual discipline residency, the program term is a minimum of 18 months of full-time training. Full-time training is defined as a minimum of 37.5 hours a week.
  - 2.1.1.1 The resident must spend a minimum of 40% of their time in each discipline over the course of the 18 months.

2.1.2 For a single discipline residency, the program term is a minimum of 12 months of full-time training. Full-time training is defined as a minimum of 37.5 hours a week. The official end date will be 365 days after the start date (366 in leap years).

2.1.2.1 For residents enrolled in their second single-discipline residency, they must spend at least 50% of their patient exposure in their residency discipline. The minimum length of this program is 12 months.

2.1.3 Part-time residency must be completed within 24 months for a single discipline or 36 months for a dual discipline.

2.1.4 An alternate residency structure may be used if approved by NCOPE. The residency program must submit a written request that describes the program's design, length, and how it will meet the required educational competencies.

## **Residency Supervision and Conditions**

2.2 The resident's involvement in patient care must be sufficient to enable the mission and objectives of the program to be fulfilled.

2.2.1 Patient care provided by the resident and the mentor must be consistent with the established standards of care.

Required Documentation:

- a. Patient log utilizing the electronic residency tracking program

2.3 The resident must be supervised in the delivery of patient care services by a residency mentor. (resident mentor is defined in section 4.2).

2.3.1 The resident must be given progressively increasing responsibility in the delivery of patient care services based upon demonstrated and documented clinical competence.

2.3.2 The resident must be supervised in the provision of patient care by qualified mentors at the direct supervision level until the resident has been deemed competent through the NCOPE Tracker competency forms for that specific service, after which, supervision can change to indirect.

**2.3.2.1** Direct supervision requires the supervising credentialed individual review the results of care rendered by the resident before dismissal of the patient. The supervisor is on site and is available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the resident within 15 days.

2.3.2.2 Indirect supervision requires the supervising credentialed individual be available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the caregiver in the patient's clinical record within 15 days.

2.3.3 Resident travel to other locations (i.e. satellite locations, affiliate locations, or home visits to patients), must require less than 2 hours a day of driving.

Required Documentation:

- a. Proof of ABC or BOC current accreditation status.

## Competencies and Experiences

2.4 The resident must obtain competence, through clinical experiences, in order to provide independent patient care. Competence is defined as having sufficient knowledge, judgment and skill to provide appropriate treatment interventions.

2.4.1 Residents must receive exposure to the following patient populations: pediatrics, adult and geriatric. They must also receive exposure in managing congenital, acute and chronic pathologies.

2.4.2 Resident orthotists must receive clinical experience managing patients with treatment modalities including upper-limb, lower-limb and spinal orthoses.

2.4.2.1 To successfully complete a residency, resident orthotists are **required** to attain **competency** in managing patients who require the following orthoses:

- Custom foot orthosis
- Custom ankle-foot orthosis
- Knee orthosis
- Custom knee-ankle-foot orthosis
- Custom thoraco-lumbo-sacral orthosis
- Custom scoliosis orthosis
- Upper limb orthosis

Required documentation:

- a. A Clinical Competency Evaluation Form must be entered into NCOPE Tracker for each category of orthoses.
- b. Patient log case entry utilizing the electronic NCOPE Tracker residency tracking system.

2.4.2.2 Resident orthotists are required to attain orthotic **experience** managing patients who require the following orthoses:

- |                            |                                 |
|----------------------------|---------------------------------|
| ▪ Foot orthosis            | ▪ Hip orthosis                  |
| ▪ Ankle-foot orthosis      | ▪ Cervical orthosis             |
| ▪ Knee orthosis            | ▪ Thoraco-lumbo-sacral orthosis |
| ▪ Knee-ankle-foot orthosis | ▪ Lumbo-sacral orthosis         |
| ▪ Scoliosis orthosis       | ▪ Wrist-hand orthosis           |

Required documentation:

- a. Patient log case entry utilizing the electronic NCOPE Tracker residency tracking system.



2.4.2.3 It is **recommended** that resident orthotists obtain orthotic **exposure** in managing patients who require the following:

- Hip-knee-ankle-foot orthosis
- Shoulder-elbow orthosis
- HALO
- Fracture management
- Standing frames
- Seating systems
- Footwear modifications
- Cervical-thoracic-lumbo-sacral orthosis
- Wound care management

2.4.3 Resident prosthetists must receive clinical experience managing patients with treatment modalities in upper-limb and lower-limb prostheses.

**2.4.3.1** To successfully complete a residency, resident prosthetists are **required** to attain **competency** in managing patients who require the following prostheses or care:

- Transtibial prosthesis
- Transfemoral prosthesis
- Upper limb prosthesis
- Symes and/or partial feet prosthesis
- Post-operative care

Required documentation:

- a. A Clinical Competency Evaluation Form must be entered in NCOPE Tracker for each category of prostheses.
- b. Patient log case entry utilizing the electronic NCOPE Tracker residency tracking system.

2.4.3.2 It is **recommended** that resident prosthetists obtain prosthetic **exposure** in managing patients who require the following prostheses:

- Externally powered prosthesis
- Immediate postoperative
- Various joint disarticulations

## 2.5 Technical Competencies

The resident must obtain competence through technical experiences to assure the orthoses/prostheses associated with the treatment plan are fabricated and assembled appropriately. This must include knowledge regarding warranty, maintenance, and repair of orthoses/prostheses. Competence is defined as having sufficient knowledge and skill to perform or direct fabrication and assembly of appropriate orthoses/prostheses.

Required documentation:

- a. Technical Skills and Safety Competency Form

2.6 The resident must complete professional activities that include the following:

2.6.1 Either give an O&P Awareness presentation or volunteer for an O&P organization (humanitarian or professional)

**AND**

2.6.2 Complete **one** of the following:

**Clinical Track**

2.6.2.1 Each quarter (total of four for 12 month and total of six for 18-month programs) one of the following activities must be completed:

- Critically Assessed Topic (CAT)
- Journal club presentation
- Case presentation
- Professional in-service
- Presentation at grand rounds, state, regional, national or international meeting

Required Documentation

- a. Mentor's Quarterly Evaluation of the Resident

**OR**

**Research & Development Track**

2.6.2.2 A directed study spanning the course of their residency which will include quarterly updates.

Required Documentation

- a. Mentor's quarterly evaluation of the resident
- b. Quarterly research updates
- c. Submission of completed project

### Standard III: Administration and Resources of the Residency Program

- 3.1 An O&P facility and any affiliate location(s) (corporately related) or partnership(s) (not corporately related) must be accredited by an organization that accredits ***Comprehensive*** Orthotic and Prosthetic Patient Care Services to participate in the residency training program

Potential residency training sites outside the United States or in a unique setting will be assessed on an individual basis. NCOPE, at its sole discretion, will determine if the site is appropriate to house part or all a residency program. One of the criteria used will be the education of the professional staff. ISPO category I level education will be the benchmark used for this determination.

#### Required Documentation

- a. Selection procedure for admission to residency program
- b. Demographic data sets report generated by centralized application service. If not using OPRECAS, an alternative method (must be approved in advance by NCOPE) for reporting demographic data sets to NCOPE. NCOPE will provide the program with the list of needed data sets required

- 3.2 The program must have a written selection procedure including admission eligibility criteria which must be provided to the applicants.

- 3.2.1 Admission eligibility criteria must include the requirement that prior to starting program, applicants have graduated with a master's degree in orthotics and prosthetics from a program accredited by CAAHEP.

3.2.1.1 An alternative pathway may be available, upon petition to NCOPE by an educational program, whereby the residency is integrated within the master's level program.

- 3.2.2 For applicants who received their education outside the United States and do not have a CAAHEP degree, their education must be translated by the World Education Service (WES) ([www.wes.org](http://www.wes.org)) and the equivalency must equal a master's degree in orthotics and/or prosthetics at a program in the United States.

- 3.2.3 Non-discrimination policies must be followed in selecting residents.

- 3.2.4 Residency programs shall comply with all local, state, and federal labor laws.

- 3.2.5 The program's publications, advertising and student recruitment materials and activities must present an accurate representation of the program.

- 3.2.6 The program must utilize the Orthotic/Prosthetic Residency Centralized Application Service (OPRECAS) or an alternative method for collecting and reporting data to NCOPE about the applicants to their program (i.e., gender, ethnicity, degree expected, degree awarded, etc.)

#### Required Documentation:

- a. Selection procedure/admission to residency program
- b. Demographic data sets report generated by centralized application service. If not using OPRECAS, an alternative method (approved in advance by NCOPE) for reporting demographic data sets to NCOPE. NCOPE will provide the program with the list of needed data sets required.

- 3.3 Applicants to the residency program must be provided the program's policies regarding the

duties and obligations of the resident, including:

- 3.3.1 Duration of the resident's training program
- 3.3.2 Expected weekly hours of resident's attendance including on-call duties
- 3.3.3 Resident's compensation, which cannot be contingent upon productivity of the resident
- 3.3.4 Resident's health, professional and leave benefits
- 3.3.5 Resident's professional liability protection for both internal and external clinical settings
- 3.3.6 Requirements for residency completion and awarding of certificate
- 3.3.7 Programs must provide full disclosure of non-compete agreements if required of the resident prior to admission to residency program.

*NCOPE does not support orthotist/prosthetist resident practitioners being obligated to sign non-competition agreements as a condition of employment. However, NCOPE recognizes residents are employees of, and receive salary and benefits from, their residency program. In most states residents can legally be asked to sign non-compete agreements*

Required Documentation:

- a. Resident Agreement

3.4 The resident's orientation to the program must include information on:

- 3.4.1 Clinical practice protocols
- 3.4.2 Infection control
- 3.4.3 Facility safety policies
- 3.4.4 Counseling, remediation, and dismissal of the resident
- 3.4.5 Receiving, adjudicating, and resolving resident complaints
- 3.4.6 Due process provided to the resident on adverse decisions
- 3.4.7 The program's calendar, including the program's start date, end date and significant deadlines for program requirements
- 3.4.8 Criteria used to assess resident performance

Required Documentation:

- a. Orientation procedures
- b. Documents and/or policies addressing the above items provided to resident
- c. Written policy regarding (and, if applicable, records of) receiving, adjudicating and resolving resident complaints.

3.5 The resident must receive both quarterly (every three months) and competency evaluations.

Required Documentation:

- a. 5 quarterly evaluations of the resident for dual discipline
- b. 3 quarterly evaluations of the resident for single discipline
- c. 7 orthotic clinical competency evaluations documenting the resident's competence
- d. 5 prosthetic clinical competency evaluations documenting the resident's competence
- e. Technical skill and safety competency evaluation
- f. Final evaluation of the resident form

3.6 The physical facilities, equipment, and support from ancillary staff must enable the mission, goals, and objectives of the program to be fulfilled.

Required Documentation:

- a. Description of facilities, equipment, and ancillary staff
  - Include confirmation that residents will have daily and/or weekly access to a computer with internet access or the ability for the resident to bring personal laptop into the office and be provided internet access

3.6.1 If an individual facility is unable to provide the full scope of experience for the resident, the program must use an affiliate location (corporately related) or establish a partnership (not corporately related) with an additional site/location.

3.6.1.1 Affiliation or partnership sites and mentors must meet the standards for a residency program

3.6.2 A program must have in their affiliation or partnership agreement the following:

- a. Name of the affiliated site or partnership site
- b. Names and qualifications of the mentor(s) involved in the residency program at the affiliated site or partnership site
- c. Description of the experience the affiliated site or partnership site will provide the resident
- d. The resident schedule at the affiliated site or partnership site
- e. Identification that the resident is covered for liability and malpractice at the affiliated site or partnership site.

Required documentation:

- a. A formally executed affiliation agreement

3.7 The resident must have access to current educational and informational resources.

Required Documentation:

- a. Description of current educational and informational resources

3.8 In the event a residency is terminated prematurely or placed on hold, the residency director must submit appropriate documentation.

Required Documentation:

- a. Residency Status Change Form

## **Standard IV: Faculty, Roles and Responsibilities**

- 4.1 The director is responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program. This requires specific qualifications and adequate time dedicated to the oversight of the residency.

### **Qualifications for Residency Director**

4.1.1 Must possess a minimum of a bachelor's degree in O&P, post baccalaureate certificate in orthotics and/or prosthetics or a master's in O&P or be equivalent to ISPO Orthotist/Prosthetist (formerly Category I).

4.1.1.1 For residency directors who were active on or before March 15, 2011, the director is exempt from the educational standard in 4.1.1.

4.1.2 Be credentialed in the profession of Orthotics & Prosthetics or hold a professional license as is required to practice independently by the state in which he/she is employed

4.1.3 Must have five years post certification or licensure experience

4.1.4 Must have completed the NCOPE Residency Director Online training course (to the extent that it is available) **or** the Approved Clinical Mentor Course (ACM)

4.1.5 Cannot be a currently registered resident

### **Responsibilities**

4.1.6 Establish learning objectives

4.1.7 Maintain documentation of resident agreements

4.1.8 Monitor and approve documentation of resident's case entries

4.1.9 Maintain independent documentation of completed evaluations, including all forms completed by the mentors and resident

4.1.10 Provide these documents of the NCOPE Residency Review Committee or site visitors upon request

4.1.11 Notify NCOPE in writing of any changes that might significantly alter the educational experiences

4.1.12 Act as an adviser to residents for professional activities

4.1.13 Maintain and adhere to the residency accreditation standards

### **Required Documentation**

- a. Maintain independent documentation of completed evaluations, including all forms completed by the director, all mentors, and the resident
- b. Complete the Final Evaluation of the Resident by the director

- 4.2 The resident mentor(s) of the program must have the qualifications to educate and train the resident in accordance with the mission, goals, and objectives of the program.

### **Qualifications for Resident Mentor**

4.2.1 Must possess a state license, national certification, or international recognition as an orthotist/prosthetist. Must have successfully completed formalized orthotic/prosthetic education from a CAAHEP accredited program, a former O&P accredited education in the area supervision is being provided or be equivalent to ISPO Orthotist/Prosthetist (formerly Category I).

4.2.2 Must have three years post certification or licensure experience

4.2.3 Must be principally located at the residency training site

4.2.4 Must have completed the required modules of the NCOPE Residency Online Development Training Course **or** the Approved Clinical Mentor Course (ACM)

4.2.5 Cannot be a currently registered resident

Required Documentation:

- a. Abbreviated biographical sketch for each resident mentor with whom the resident interacts daily.
- b. Certificate of completion of Training Modules

**Responsibilities**

- 4.2.6 Participation in development of learning objectives
- 4.2.7 Supervise the resident during patient care
- 4.2.8 Evaluate resident on an ongoing process (every three months)
- 4.2.9 Carry out the goals and objectives of the residency
- 4.2.10 Act as an adviser to residents for professional activities and research and development opportunities
- 4.2.11 The mentor(s) must have sufficient time dedicated to the program to educate and train the resident

Required Documentation:

- a. Mentor Quarterly Evaluation of the Resident Form (every three months). A mentor cannot complete a final evaluation of the resident.
- b. Residency Clinical Competency Forms (as each competency is demonstrated)
- c. Technical Skills & Safety Competency Form

4.3 The mentor-to-resident ratio must not exceed one mentor to two residents.

**Standard V: Residents**

- 5.1 The resident must be registered with NCOPE before the start of residency program.
- 5.2 The resident must participate in patient care, under supervision, commensurate with his/her level of advancement and responsibility and adhere to policies and procedures of the residency site.
- 5.3 The resident must enter all their case entries (of 15 minutes or greater) in NCOPE Tracker platform within 14 days of patient visit.
- 5.4 The resident must submit the Resident's Evaluation of the Residency Program each quarter:
- 5.5 Must adhere to ABC's Code of Professional Responsibility.
- 5.6 In the event a residency is terminated prematurely or placed on hold, the resident must submit appropriate documentation.

Required Documentation:

- a. Must be current on case entries utilizing the NCOPE's provided software platform
- b. Resident's Evaluation of Residency Program Form each quarter
- c. Residency Status Change Form

5.7 At the conclusion of the residency, the resident must submit the required documentation.

Required Documentation:

- a. Resident's Final Evaluation of Residency Program
- b. For Clinical Track residents: Submission of clinical track activity
- c. For Research Track residents: Submission of directed study for the Research & Development Track in 2.6.2.2
- d. Evaluation of CAAHEP Education

## Revision of the Residency Standards

NCOPE is committed to conducting a valid and reliable accrediting process. Review and revision of the orthotic and prosthetic residency program standards is a regular part of NCOPE's activities. Programs or individuals who wish to suggest changes to the standards are invited to submit their suggestions in writing. The procedure for revision of the standards is as follows:

1. NCOPE will review the standards at least every five years.
2. As part of the standard review process and when *significant curriculum content changes* are being made, NCOPE will circulate contemplated changes to accredited programs, O&P schools, O&P sister organizations and other communities of interest. The comment period will be a minimum of 30 days.
3. Following review of comments on the standards, NCOPE may elect to recirculate a revised draft for additional comments. The comment period will be a minimum of 30 days.
4. When the comment solicitation and review process is complete, NCOPE will take action to adopt the standards.

NCOPE may review, revise, delete or add individual standards at any time it deems appropriate. When a comprehensive review and significant curriculum content change is made to the standards, NCOPE will follow the process identified. If, through its system of review, NCOPE determines that it needs to change the standards, NCOPE will initiate the revision process within 12 months of determining that a change is necessary. NCOPE will complete the revision process in a reasonable period. Before finalizing any changes to the standards, NCOPE will provide notice to its constituency and other communities of interest and provide a response time of a minimum of 30 days to comment on the proposed changes. NCOPE will consider comments received from interested parties in the revision process.



## Glossary of Terms

**ABC Code of Professional Responsibilities** - The ABC [Code of Professional Responsibility](#) is a set of principles which govern the professional, ethical, and moral integrity of individuals and organizations engaged in the delivery of orthotic, prosthetic and pedorthic care. The Code applies to all ABC credentialed individuals and accredited facilities.

**Affiliated Site** –An O&P patient care facility that is corporately related to the host residency site organization. The affiliated site plays a critical role in filling experiential gaps in the clinical, technical or administrative areas of the residency training.

**BOC Code of Ethics** – The BOC [Code of Ethics](#) establishes the ethical standards and obligations required of all certificants to maintain certification status with BOC.

**Case Presentation** – A case study presentation given to colleagues within the residency program. A case study involves a method of research. Rather than using large samples and following a rigid protocol to examine a limited number of variables, case study methods involve an in-depth, longitudinal examination of a single instance or event. Case studies lend themselves specially to generating (rather than testing) hypotheses.

**Commission on Accreditation of Allied Health Education Programs (CAAHEP)** – CAAHEP is the largest programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in twenty-three (23) health science professions. NCOPE is a Committee on Accreditation within the CAAHEP system, and the orthotist/prosthetist education level programs are accredited by CAAHEP.

Note: For orthotists and prosthetists practitioners that received their formal O&P education prior to the existence of CAAHEP, the education must have been attained under a program accredited by the Educational Accreditation Commission (EAC), the predecessor to CAAHEP's accreditation.

**Competency(ies)** - A specific range of skill, knowledge, and ability to do something, especially measured against a standard.

**Comprehensive Orthotics and Prosthetics Patient Care Services-** O&P patient care that includes custom fabricated and custom fit prefabricated orthoses and/or custom fabricated limb prostheses.

**Critically Assessed (Appraised) Topic (CAT)** – A CAT is a summary of the most currently published research that is used to answer a specific clinical question. The author defines the scope of the CAT based on his/her knowledge of the topic and research at hand. The CAT is a brief critical appraisal of the literature. It may be used to inform clinical practice as a secondary knowledge source.

**Directed Study** –A detailed project that utilizes research methods and is supervised throughout the residency program. Types of projects for the directed study can be accessed at: [R&D Resources](#)

Resource by American Academy of Orthotists & Prosthetists Research Glossary for research definitions: [Research Glossary](#)

**Direct Supervision** - Direct supervision requires the supervising credentialed individual review the results of care rendered by the resident before dismissal of the patient. The supervisor is on site and is available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the resident within 15 days.

Resource Section 15. Supervision of ABC's facility standards: [Supervision Definition for Indirect and Direct](#)

**Goals** – Focus on the general aims of the residency program that describe future expected outcomes or states. They focus on ends rather than means.

- **Goals** focus on the general aims of the program and curriculum
- **Objectives** focus on what you expect students to do/know at the end of instruction
- **Outcomes** focus on what students are able to do/know at the end of instruction (and for which you have supporting evidence)

**Indirect Supervision** - Indirect supervision requires the supervising credentialed individual be available for consultation throughout the patient care process. The supervisor is responsible for countersigning all entries by the caregiver in the patient's clinical record within 15 days

Resource Section 15. Supervision of ABC's facility standards: [Supervision Definition for Indirect and Direct](#)

**Independent Patient Care** –A resident will never provide completely independent patient care during their residency. The resident's independence is determined by the level of supervision the resident requires based on their competence and the patient care service(s) being provided. Once a level of competence has been obtained, the resident may move from direct supervision to indirect supervision. NCOPE would prefer indirect supervision be provided by an appropriately credentialed supervisor or mentor in the facility the resident is providing their patient care but does not require the supervising credentialed individual to be on-site. The supervisor must be available for consultation throughout the patient care process. The supervisor must review the results of care and the documentation of the services rendered by the resident. The supervisor is responsible for countersigning all resident entries in the patient's clinical record within 15 days. The resident must be deemed competent by the mentor prior to indirect supervision.

Resource Section 15. Supervision of ABC's facility standards: [Supervision Definition for Indirect and Direct](#)

**In-service** – A presentation on a topic related to O&P given to a group of professionals at a local hospital, nursing facility, physical therapy office, or similar, with the intention of increasing the knowledge level of the attendees on the specific O&P topic.

**ISPO Prosthetist/Orthotist** Non- Governmental Organization that contributes throughout the world in all aspects of science and practices associated with the provision of prosthetic and orthotic care, rehabilitation engineering and related areas. ISPO developed a professional profile and a categorization system that is based on levels of education and training the individual gains and avoids dependence on titles. To be recognized as a Prosthetist/Orthotist (formerly Category I) Prosthetist/Orthotist, the following must be met:

- Entry requirement is a university entry-level (or equivalent, 12-13 years schooling) and 3-4 years of formal, structured training leading to University Degree (or equivalent.)

Resource reference for the organization of ISPO: [ISPO](#)

Resource reference for Prosthetist/Orthotist Education Standards: [ISPO Education Standards](#)

**Mission** – A brief statement of the primary intentions of the program. The mission should broadly define what the program is aiming to achieve.

**NCOPE** – National Commission on Orthotic and Prosthetic Education. NCOPE is the educational accreditation body for the O&P profession and works in cooperation with CAAHEP for certain levels of practice within O&P. NCOPE develops, applies and assures standards for orthotic and prosthetic education through accreditation and approval to promote exemplary patient care.

**O&P Awareness Presentation** – A presentation given to a group of students (middle school, high school, or college) or other potential entrants into the field, with the intention of introducing and/or increasing their knowledge of the O&P profession.

Resource link for the presentation <http://www.opcareers.org/>

**Objectives** - Focus on what you expect residents to do/know at the end of the residency program

**Outcomes** - Focus on what residents can do/know at the end of the residency program (and for which you have supporting evidence)

**Partnership** - An O & P patient care facility that is not corporately related to the Host Residency site's organization. The partnership site plays a critical role in filling experiential gaps in the mandatory clinical, technical, or administrative areas of the residency training.

**Program Annual Report (PAR)** - collects information about program structure, program faculty and resident information, resident and faculty characteristics including timeliness of evaluations. *Reports are to be released at the end of the accreditation cycle*

**Patient Procedure Log** - The electronic recording (via NCOPE Tracker platform) of all patient encounters, the services and devices provided and the level of resident involvement in this patient care.

**Professional Activity** - Activities that are related to the O&P profession but do not involve direct patient care or fabrication. NCOPE believes that involvement in these types of activities enhances a resident's education. A resident has a choice of performing an O&P Awareness Presentation or Volunteerism for an O&P organization (humanitarian or professional).

**Principally located** -The person is located at the given residency training site at least 60% of the time (or 60% of the time that the resident is at that training site). For example, if the resident spends two months of the residency at a training site, a qualified resident mentor would need to be at that location at least 60% of that time.

**Residency Director**-The individual ultimately responsible for the residency program development, the coordination of learning experiences, and the guidance of the residents' progress from initiation to completion of the program. A program may split directorship between two qualified clinicians. The director(s) must meet all qualifications defined in 4.1.1.

**Resident Mentor** – A resident mentor is a certified or licensed O&P professional who is given the task of teaching the resident in his/her area(s) of expertise. A resident mentor should have not only the knowledge and skills necessary to teach a resident effectively, but he/she should also have the interest, energy, and time to teach. A resident mentor is a somewhat broad term that could apply to several of the staff at the residency program. For example, a Certified Pedorthist can be a resident mentor if he/she meets the qualifications defined in section 4.2. **However**, there are *specific* resident mentors who can supervise and assess a resident when his/her patient care abilities are being assessed for competence. It is only these specific resident mentors who are given access to NCOPE's online tracking system. These mentors must meet all qualifications defined in 4.2.1.

**World Education Service (WES)** – an organization that provides the service of reviewing a student’s transcripts and prepares an evaluation report for NCOPE. The WES evaluation report compares your education from any country in the world to the U.S. system. The evaluation must show equivalence to a master’s degree in O&P for an individual to enter residency. If the evaluation reports less than a master’s degree, the individual will need to attend an accredited O&P program in the U.S. Information on WES and their services can be found at [www.wes.org](http://www.wes.org). The expense of the evaluation report is to be paid by the individual, not NCOPE.