

HOD ACTION: Council on Medical Education Report 12 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 12-A-08

Subject: Observerships for International Medical Graduates
(Resolution 308, A-07)

Presented by: Richard J.D. Pan, MD, MPH, Chair

Referred to: Reference Committee C
(David M. Lichtman, MD, Chair)

1 Resolution 308 (A-07), which was submitted by the International Medical Graduates (IMG)
2 Section and referred to the Board of Trustees, asks that our AMA, in cooperation with its IMG
3 Section:

4
5 pursue the development of a model observership program, which can serve as a blueprint
6 for observership activities throughout the US; and

7
8 develop a campaign to educate physicians, residency program directors and hospital
9 administrators about how to integrate and utilize an observership program within their
10 systems.

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12 Reference committee testimony indicated that the concept of an observership program was a
13 useful one, but that there were complexities that would benefit from further study. For example,
14 there could be state-specific legal issues that would need clarification before a model program
15 could be developed.

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17 Identification of Need

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19 At the conference celebrating the 50th anniversary of the Educational Commission for Foreign
20 Medical Graduates (ECFMG), one of the sessions addressed “the challenge of acculturation.”
21 The session identified three areas that were especially challenging for IMGs: language and other
22 aspects of communication, medical culture, and popular culture.¹ Others also have identified an
23 explicit need to systematically assist IMGs to gain familiarity with the context of American
24 medicine, even before they enter into graduate medical education.² Areas such as the structure
25 and hierarchy of American medicine; the roles of various members of the health care team; and
26 the concepts of shared decision-making, confidentiality, and informed consent have been raised
27 as important to include in orientations for IMGs.³

28
29 A search of the Internet reveals that there are some existing opportunities for IMGs to participate
30 in observerships. These experiences typically are associated with hospitals or medical schools. A
31 “mini-externship” program has been offered under the auspices of the Oklahoma State Medical
32 Association. The program is designed to help the IMG learn the methodology of obtaining a
33 history and conducting a physical examination. These skills are learned strictly by observing the
34 sponsoring physician.⁴

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36 Despite the existing examples, there has not been a review of the goals, curriculum, and outcomes
37 of such programs. Therefore, the creation of a blueprint for development, implementation, and
38 evaluation of such programs is warranted.

1 In 2006, the ECFMG began an Acculturation Program that aims to assist IMGs to learn about the
2 US medical system. The program, defined as a “work in progress,” currently includes such things
3 as a series of modules to introduce IMGs to relevant issues in US health care delivery and a
4 glossary of terms used in US medical settings.⁵ At this time, the program does not appear to
5 focus on providing an introduction to specific clinical skills or opportunities for IMGs to observe
6 clinical practice.

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8 Drawing on work of the AMA IMG Section, including the “Report to the IMG Section Governing
9 Council, August 2007” and other documents, this report proposes a general model for and an
10 approach to development of observership programs. The proposed model has, as its focus, both
11 acculturation to the US medical care system and a review of clinical skills. This model could be
12 adopted by and offered under the auspices of state medical societies, hospitals, medical schools,
13 or physician practices.

14 15 General Model for an “Observership” Program

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17 For purposes of program development, an observership will be defined as a structured
18 opportunity for an IMG to observe clinical practice in a variety of health care settings under the
19 guidance of a physician mentor and to learn about the general structure, characteristics, and
20 financing of health care delivery in the US.

21 22 *The IMG Participant*

23
24 Initially, the model program is designed to accommodate IMGs who have obtained certification
25 by the ECFMG but who have not yet matched to a residency program and ECFMG-certified
26 IMGs who have already successfully matched.

27 28 *The Physician Mentor*

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30 Physicians participating as mentors should have the following characteristics:

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32
- 33 • An unrestricted license to practice medicine;
 - 34 • Access to a variety of clinical settings (inpatient, outpatient clinical, office); and
 - 35 • Access to educational opportunities for the IMG, such as rounds, case conferences, as
36 well the ability to access online and other learning materials

37 38 *The Program Structure and “Curriculum”*

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40 In the proposed model, the IMG has no patient care responsibilities. For a pre-determined period
41 of time (for example, a minimum of two months), the IMG will observe the physician mentor as
42 he/she conducts his/her practice, with specific attention to the mentor’s demonstration of a
43 defined set of clinical skills. It would be ideal if the participant also could engage in clinical
44 skills practice under the mentor’s supervision. There may be legal impediments to this, such as
45 the need for liability insurance, that could affect the feasibility of implementing the program.

46
47 In addition, the IMG should spend time reviewing instructional materials about the US health
48 care system and issues related to medical practice in the US. There should be set periods of time
49 every week (a minimum of two hours per week), where the physician mentor and the IMG meet
to discuss practice-related issues as well as the instructional materials.

1 The AMA should identify sources of instructional materials, such as the ECFMG modules, that
2 could be used by institutions as part of the program “curriculum.” If funding permits, the AMA
3 could work with other groups to create appropriate educational materials in areas where there are
4 gaps in existing information.

5
6 *Operational, Organizational, and Legal Issues*

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8 There are a number of issues that institutions will need to address in developing an observership
9 program. The AMA should assist by providing sample informational materials to help
10 institutions in their program planning in these areas. These include such things as:

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- 12 • Options for program organizational structure, staffing, and management;
 - 13 • Recruitment and vetting of physician mentors;
 - 14 • Recruitment of IMGs;
 - 15 • Legal and other issues related to the IMG observer’s presence in the health care setting
16 (such as state regulations, malpractice exposure, feasibility of “hands-on” practice of
17 clinical skills by the trainee);
 - 18 • Legal and ethical patient-related issues, such as informed consent and Health Insurance
19 Portability and Accountability Act regulations;
 - 20 • Requirements for and documentation of program completion; and
 - 21 • Program financing and fee structures, including fees paid by the IMG and any
22 compensation provided to physician mentors or program management staff.
- 23

24 Summary

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26 There is a need for educational programs to assist IMGs in preparing to enter residency training in
27 the US health care system. The AMA, through its International Medical Graduates Section,
28 Resident and Fellow Section, Section on Medical Schools and other internal units, is well-
29 positioned to work with external groups, such as the ECFMG, to design a model observership
30 program that could be utilized in a wide variety of settings.

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32 **RECOMMENDATION**

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34 The Council on Medical Education, therefore, recommends that the following be adopted in lieu
35 of Resolution 308 (A-07) and that the remainder of this report be filed.

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37 That our American Medical Association, through its relevant Sections, work with internal
38 and external groups to develop guidelines for observership programs for International
39 Medical Graduates (IMGs) who have received certification by the Educational
40 Commission for Foreign Medical Graduates, including the following:

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- 42 • Development of a set of educational objectives and a model curriculum outline;
 - 43 • Identification of educational/informational materials to address the objectives;
44 and
 - 45 • Creation of informational materials related to legal, organizational, and
46 operational issues related to program implementation. (Directive to Take Action)
- 47

Fiscal Note: \$10,500 for staff time to develop objectives and a curriculum plan, identify and
create educational and informational materials, and convene a group of relevant
stakeholders to review the materials.

Complete references for this report are available from the Medical Education Group.