



---

# OBSERVERSHIP PROGRAM

GUIDELINES AND EVALUATION FORMS



---

# ACKNOWLEDGMENTS

Many people have contributed to the content contained within this guide. The American Medical Association International Medical Graduates (IMG) Section gratefully acknowledges the contributions of the following members of the AMA-IMG Observership Working Group:

**Hugo A. Alvarez, MD**

Chair, AMA-IMG Governing Council

Deputy medical officer, Internal Medicine, Access Community Health Network

Chicago

**Kumar G. Belani, MD**

Interim head, Department of Anesthesiology, University of Minnesota

Minneapolis

**Claudette Dalton, MD**

Chair, AMA Council on Medical Education

Medical director, surgical and academic programs

Rockingham Memorial Hospital

Harrisonburg, Va.

**Kautilya Mehta, MD**

Secretary/treasurer, Oklahoma State Medical Society

Vascular surgeon

Oklahoma City

**Vijay Rajput, MD**

Associate professor and program director, internal medicine, Robert Wood Johnson Medical School

Cooper University Hospital

Camden, N.J.

**Jayesh B. Shah, MD**

Vice chair, AMA-IMG Governing Council

Medical director, Southwest Center for Wound Care and Hyperbaric Medicine

San Antonio

**Gamini Soori, MD, MBA**

Immediate past chair, AMA-IMG Governing Council

Chair, AMA-IMG Observership Working Group

Medical director, Alegant Bergan Mercy Cancer Center

Clinical professor, medicine, Creighton University

Omaha, Neb.

**Robert L. Thurer, MD**

Assistant professor, surgery, Harvard Medical School

Chief academic officer, Harvard Medical School Dubai Center Institute for Postgraduate Education and Research

Boston

**Gerald P. Whelan, MD**

Director, ECFMG Acculturation Program

Philadelphia

Additional gratitude is extended to the following reviewers: Ilene Abramson, PhD, Dil Bearely, MD, Sudhir Khanna, MD, Victor Kolade, MD, and Turi McNamee, MD.

---

# INTRODUCTION

The guidelines contained in this document are designed to be used as a template for physicians and medical associations seeking to establish an **observership program** to help acculturate international medical graduates (IMGs) to the practice of medicine in the United States. An observership program is not intended to fill gaps in clinical knowledge or training; it is meant to familiarize and acculturate an IMG to the practice of medicine in an American clinical setting, and provide an introduction to American medicine as they will experience it in a hospital-based residency program. This guide may be modified to fit the needs of the physician preceptor and IMG observer in individual situations as appropriate.

An observership program is meant to be voluntary for interested IMGs and volunteer physician preceptors, and should not be considered a mandatory step before starting a residency program. Preferably, observership programs should be established as not-for-profit ventures. Appropriate permission from the hospital and/or department chair of the preceptor should be obtained before beginning the observership program. Because each medical licensing jurisdiction has its own regulations, program organizers should check with their local boards to see if there are restrictions on or requirements for medical observerships in their state or territory.

The American Medical Association is not an oversight or accreditation entity. These guidelines are for informational purposes only. If you have questions, please contact the AMA-IMG Section at [img@ama-assn.org](mailto:img@ama-assn.org) or (312) 464-5397.

---

# GETTING STARTED

## **What is an observership program?**

An observership program may be established by a medical association or interested group of physicians to assist international medical graduates (IMGs) who wish to observe clinical practice in a U.S. setting. These programs should acculturate IMGs to American medical practices and help prepare them for residency. They typically last from two to four weeks per rotation (preceptor/specialty), and the observer can rotate among several preceptors to create a longer experience.

Observership programs are not intended to be organized for profit. Physician preceptors should volunteer their time and efforts. Actual costs (administrative fees, immunizations, etc.) may be itemized and paid for by the observer.

## **Suggested learning objectives:**

- Monitor how a physician interacts with patients, noting how to take a history, perform an examination and diagnosis, recommend a treatment, code, write prescriptions and enter information on the patient's chart, etc.
- Study professional communication and interaction between the physician and all members of the health care delivery team and hospital administration
- Understand and use American colloquialisms (slang, euphemisms, medical jargon, etc.)
- Observe the delivery of health care in a private practice, hospital or clinical setting
- Gain exposure to electronic medical records, and learn how to access and enter data

## **Eligibility of physician preceptors:**

1. A licensed, preferably board-certified physician who volunteers to be a preceptor for an agreed upon period of time
2. A licensed physician with current hospital privileges and permission from his/her hospital and department chair

## **Responsibilities of physician preceptors:**

1. Effectively communicate to the observer his/her role and responsibilities in the program
2. Assure the observer adheres to the requirements of the program
3. Introduce the observer to patients and obtain their verbal consent to allow observation of the clinical interaction
4. Enter in the patient's medical record that there was an observer present, and that the patient gave permission for the observer to remain in the room
5. Obtain prior approval from appropriate authority for the observation of surgery or other procedures
6. Provide feedback and complete a formal evaluation for your observer

**Eligibility of observers:**

Graduation from a medical school listed in the International Medical Education Directory (IMED) ([faimer.org](http://faimer.org))

Passing score on one or more United States Medical Licensing Examination (USMLE) examination (Step 1, Step 2 CS, Step 2 CK and/or Step 3)

Submission of USMLE transcript, Educational Commission for Foreign Medical Graduates (ECFMG) Status Report or ECFMG Certificate

**Responsibilities of observers:**

1. Follow the instructions of the physician preceptor and don't spend time in the clinic, hospital or private practice unless scheduled and approved by the preceptor
2. Do not conduct physical examinations, treatments or diagnoses of any patient
3. Accept no compensation
4. Follow the rules and regulations of the hospital, clinic or private practice at all times
5. Adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations
6. Participate in any prerequisite training (e.g., HIPAA) at the hospital, clinic or private practice
7. Pay for actual costs of administrative or prerequisite items (ECFMG certification, passport, immunizations, etc.)
8. Participate in activities (clinical tutorials, ward rounds and clinic visits), and observe procedures and operations under the supervision of the preceptor
9. Observe the use of electronic medical information systems, health records, laboratory and radiology reports, etc., if available, and familiarize yourself with patient data entry and access
10. Research the general structure and organization of the U.S. health care system, as well as private sector and government payers
11. Review clinical articles, posters and publications per the discretion of your preceptor
12. Arrange your own transportation, meals and lodging
13. Record observership hours and confirm your schedule and responsibilities with your physician preceptor regularly

**Organizational model**

*Program director*—a physician who volunteers to lead the observership program and the observership program committee.

*Observership program committee*—comprises three to four physicians or medical educators who oversee activities of the program and assure that the objectives of the program are being met.

This committee may:

- Establish the observership program guidelines and selection criteria
- Promote the program to interested observers and preceptors
- Review observer and preceptor applications
- Match observers and preceptors based on established criteria and prerequisite items (complete application, hospital/department chair approval, current visa, passing a certain USMLE test, etc.)
- Review preceptor evaluations and issue a certificate of completion to the observer

The observership program committee may also provide:

- Administrative support
  - Send, process and screen applications for observers and preceptors on behalf of the committee
  - Send introductory letters to observers, preceptors, hospitals and department chairs
  - Prepare schedules and contact lists for observers and preceptors
  - Provide information on the community, transportation options, directions to the hospital or private practice, and lodging information to observers
- Financial management
  - Administrative fees are optional, but should only cover actual costs and be kept in a separate account
  - Sample administrative fees include, but are not limited to:
    - › Sending and receiving evaluation forms to and from preceptors
    - › Maintaining and storing records for the program
    - › Preparing and distributing certificates upon successful completion of the observership

---

# HIPPA STANDARDS

## Overview

The HIPAA Privacy Rule generally permits covered physicians to use and disclose protected health information (PHI) for treatment, payment and health care operations, including training activities. Specifically, the term “health care operations” involves “reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities.”

## Notice of Privacy Practices

The HIPAA Privacy Rule states that an individual has a right to adequate notice of how a covered entity may use and disclose PHI about the individual. Physicians who are covered by the rule are required to develop a Notice of Privacy Practices that describes, in plain language, how the physician may use and disclose PHI about an individual. If a particular use and/or disclosure of PHI is not listed in a physician’s Notice of Privacy Practices, the physician cannot use or disclose PHI for that purpose without a patient’s authorization.

## Authorization

A covered physician must obtain written authorization that complies with the requirements of the HIPAA Privacy Rule before he/she uses or discloses PHI, if the use or disclosure is not otherwise permitted or required under the rule without authorization, and if it is not described in the Notice of Privacy Practices.

## Conclusion

The HIPAA Privacy Rule permits the use and disclosure of PHI for training purposes (such as an IMG Observership Program), as long as: (1) the patient is notified of this use and disclosure in the sponsoring physician’s Notice of Privacy Practices, or (2) the patient signs a HIPAA-compliant authorization permitting this type of use and/or disclosure.

*Note:* Even if education and training is listed as a purpose in the sponsoring physician’s Notice of Privacy Practices, it is still a good idea to explain the presence of the observer when visiting with a patient and to note the patient’s willingness to have the observer present in the medical record. This extra step is suggested to avoid misunderstandings, as most patients do not read the Notice of Privacy Practices.

---

# FORMS

[Attendance log](#)

[Evaluation form](#)

[Sample observership program language & sample letter to establish an observership program](#)

[Observer application form](#)