



# AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

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## CLINICAL OBSERVERSHIP PROGRAM FOR IMGs EVALUATION FORMS

### The Importance of an Accurate and Honest Observership Program Evaluation

The program that your international medical graduate (IMG) observer has just completed will affect his/her career in many ways. Being able to function within the U.S. health care system and observing the delivery of care firsthand are invaluable experiences, but there are additional benefits tied to the quality of the evaluation you deliver.

A thoughtful and honest evaluation can provide valuable feedback to the observer with respect to how his or her performance has been perceived. This will allow the observer to work on any areas of weakness or deficiency in a focused manner. Ideally, the observer should have received a brief formative evaluation midway through the observership in order to address such issues before receiving this final summative evaluation. At that time, they also should have been given a copy of this evaluation form to understand how and in what areas they will be evaluated.

This evaluation can also provide program directors with critical information to help them narrow the large field of applicants they consider each year. For the Observership Program to have value and contribute meaningfully to the process of helping IMGs obtain positions in U.S. residency programs, however, evaluations must be accurate and not inflated. Therefore, it's important to take a few moments after the weeks of hard work you and your assigned observer have completed, to provide an honest review that will serve these purposes.

The list of knowledge and skills to be evaluated may look overwhelming at first but by working through each one and using the examples of behavior, this evaluation should be completed in five to 10 minutes.

Thank you for taking the time to complete a fair and honest evaluation.

# Completing the Observership Program evaluation form

1. Familiarize yourself with the descriptions of the **Overall levels** of performance (below):
2. When reviewing each item, first determine if it is relevant to the observer's experience and/or if there was sufficient observation to evaluate. If not, check the "NA/NO" box (meaning "not applicable" or "not observed") and move to the next item.
3. For each item that is determined applicable to your observer and for which there was adequate observation to evaluate, read the examples under the **Needs improvement**, **Acceptable** and **Strong** levels of performance. Determine which of those three levels best describes the IMG observer.
4. Within the level you've selected, check one of the three numbered boxes (the higher the number, the higher your evaluation). Check only one box for each area being evaluated.
5. Include written comments when possible, especially if the observer is rated very high or very low for an item.
6. Include any general comments or observations in the space provided at the end of the form.
7. You may choose to review the completed form with the IMG observer to provide more detailed feedback.
8. Return the form to [Observership@aapiusa.org](mailto:Observership@aapiusa.org)

## Observership evaluation

Observer name \_\_\_\_\_

Preceptor name \_\_\_\_\_

Nature of Observership (internal medicine, surgery, pediatrics, etc.)

\_\_\_\_\_

Dates of Observership \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution(s) where Observership occurred

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation based on:

\_\_\_\_\_ Personal observations

\_\_\_\_\_ Additional input from

\_\_\_\_\_

\_\_\_\_\_

Evaluation submitted (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Knowledge and Skills

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### Overall levels of knowledge, skills or professional attributes

<p><b>Needs improvement</b></p> <p>May encounter problems in achieving required performance levels</p>	<p><b>Acceptable</b></p> <p>Has or can be expected to achieve required performance levels</p>	<p><b>Strong</b></p> <p>Already demonstrates performance at or above required performance levels</p>
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	Needs improvement	Acceptable	Strong
<b>Knowledge – basic medical science</b>	Significant deficits in knowledge of relevant anatomy and physiology; trouble recalling or applying principles of basic sciences in clinical settings.	Working knowledge of relevant anatomy and physiology; adequate recall of basic principles of clinically relevant basic sciences	Solid grasp of relevant anatomy and physiology; demonstrates evidence of regular application of principles of all basic sciences to clinically relevant situations
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Knowledge – clinical science</b>	Lacks basic understanding of principles of clinical medicine including basic pathophysiology and therapeutics	Good grasp of principles of clinical medicine despite some gaps consistent with limited experience or level of training	Clear understanding of clinical medical principles, consistently able to articulate pathophysiology and relate to logical diagnostics and therapeutics
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Knowledge – medical education resources</b>	Familiarity with standard textbook and references is incomplete; difficulty accessing medical literature and searching and retrieving relevant information; interpretation of study results often flawed	Is familiar with standard textbooks and references, can access medical literature both in library and electronically; can search and retrieve relevant information; can interpret results of studies	Well versed and familiar with all components of medical literature including standard texts, references and peer-reviewed journals; searches are focused and efficient and consistently retrieve relevant information; critically appraises results of studies
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Knowledge – health care system</b>	Often appears confused by elements of US Healthcare system, has trouble integrating new elements even with a appropriate explanation, may be unaware of significant components; oblivious to or confused by health care financing system	Demonstrates basic understanding of the US Healthcare system, able to integrate new elements with appropriate explanation, comfortable with most commonly encountered elements; basic appreciation of implications of health care financing system	Demonstrates clear understanding of the US Healthcare system, able to effectively relate components including those less frequently encountered; demonstrates and expresses awareness of implications of health care financing system
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			

## Knowledge and skills

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<b>Knowledge – U.S. formulary</b>	Often appears confused by names, dosages and indications for commonly used drugs in U.S. formulary; frequently using names of drugs from prior education or practice setting; little or no familiarity with pharmacological references.	Can apply basic knowledge of clinical pharmacology to identifying appropriate drugs in U.S. formularies that may differ in name, dosages or indications from those in their prior country of training or practice; some familiarity with pharmacological references..	Demonstrates sound knowledge of names, dosages and indications of all commonly used drugs in U.S. formulary with no evidence of confusion with drugs used previously; facility with using pharmacological references
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			
	<b>Needs improvement</b>	<b>Acceptable</b>	<b>Strong</b>
<b>Skills – clinical skills – medical history</b>	Beginning with specifics not related to CC or HPI; makes no effort to clarify unintelligible or inadequate answers; reasonable associations of symptoms not pursued; ignores obvious risk factors; pursues low yield information or fails to pursue critical information; random questions in no logical order	Starts with specifics but those identified in CC or HPI; reposes questions to inadequate answers; broad pursuit of potential related symptoms but not necessarily specific to case; generally explores common risk factors; follows up on most important information; questions in some order and lead from general to specific	Initially broad inquiries followed by specifics as indicated by CC and HPI; rephrases patient responses or offers similes to clarify inadequate answers; sequential questioning of associated symptoms and pursuit of associations which may not be intuitive; thoroughly explores all risk factors; selective use of followup questions with deeper probing of critical information; clearly organized pattern of questions from general to specific
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			
<b>Communication – patients and families</b>	May express impatience with difficulties in understanding or being understood; may use medical jargon without explanation; may convey disdain toward some; critical of beliefs or attitudes that do not conform to own	Makes efforts to understand and be understood; rarely uses medical jargon; generally respectful in addressing; is open to diverse beliefs and attitudes toward health	Consistently confirms that understanding is clear by repetition, soliciting questions; explains any medical terminology used; always respectful in addressing; genuine effort to understand and respect diverse beliefs and attitudes
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			

## Knowledge and skills

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<b>Communication – colleagues</b>	May be overly deferential toward superiors and/or dismissive of peers; conversations and discussions may be minimal and often tangential or inappropriate; may be evasive when questioned; resistant to new ideas and approaches	Respectful of superiors and peers; conversations and discussions are generally relevant and appropriate, answers questions forthrightly, open to diverse ideas and approaches,	Treats all colleagues respectfully whether superiors or peers; actively participates in conversations and discussions without trying to dominate or show off; welcomes questions and challenges; actively solicits different points of view and rationales
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Communication – nursing and ancillary staff</b>	Shows little interest in understanding role and expertise of staff; rarely if ever approaches staff for help or information and may ignore or dismiss suggestions when made; may be disrespectful or make disparaging remarks about staff; quick to blame staff for lack of knowledge or performance	Acknowledges role and expertise of staff and accepts suggestions; may occasionally approach staff for help or information; treats staff with respect; rarely criticizes or blames staff for lack of knowledge or performance	Makes efforts to learn the role and expertise of staff; actively solicits staff information and help and takes suggestions gracefully; treats staff respectfully as colleagues; often compliments staff on knowledge and skills
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Clinical skills – communication – spoken English proficiency</b>	Frequent problems with comprehension and understanding due to rate of speech, extreme accent or errors in syntax, little or no effort to adapt to listeners or clarify, may become annoyed or upset when misunderstood	Generally comprehensible, accent may be obvious but not problematic, makes effort to adapt rate of speech and pronunciation to listener, may attempt to incorporate idioms although not always successful	Virtually no difficulty in comprehension even if accent is present, confirms understanding of listener by repetition or clarification as necessary, reasonable facility with incorporation of idioms
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Clinical skills – communication – written</b>	Handwritten entries frequently illegible, spelling and syntax errors hamper comprehensibility; essentially unable to enter material via keyboard or does so with multiple unproofed errors	Handwritten entries are legible, occasional spelling and syntax errors; entry by keyboard may be slow and error prone but final drafts are reasonably proofed	Handwriting consistently legible with accurate spelling and syntax; proficient at typing with few errors and final proof near perfect
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			
<b>Skills – information technology skills – electronic medical records</b>	Has recurrent difficulty accessing electronic medical records; often unable to locate relevant information; unable to enter clinical information or does so with frequent errors of format or location.	Is able to access electronic medical records and locate relevant information; is able to appropriately enter basic clinical information into electronic medical records	Easily and efficiently accesses and moves about within electronic medical records to locate and retrieve information and to enter information in appropriate locations and formats
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Comments:			

## Knowledge and skills

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	<b>Needs improvement</b>	<b>Acceptable</b>	<b>Strong</b>
<b>Skills – IT skills – information retrieval – clinical data</b>	Frequently unable to retrieve current laboratory results or radiology reports or retrieves erroneous information, e.g., wrong patient	Can generally retrieve current laboratory results and radiology reports	Facility with retrieving not only current laboratory results and radiology reports but also with accessing older and archived materials
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			
<b>Skills – IT skills – information retrieval – reference material</b>	Has difficulty accessing electronic and web-based resources, frequently unable to retrieve necessary information; unfamiliar with or unable to effectively use search engines	Can retrieve necessary information from electronic and web-based resources; can construct and carry out reasonable searches using PubMed or other search engines	Facility with retrieving key information from electronic and web-based resources, frequently in real-time and at point of service; uses PubMed or other search engines to conduct efficient, comprehensive searches
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			
<b>Skills – presentation skills – patient presentations</b>	Presentation of patients is disorganized with significant relevant information lacking; results of diagnostics not presented or presented in confusing or unclear manner	Presents patients following traditional format, includes relevant information and results of diagnostics; responds appropriately to questions	Presents patients following clear and logical format, relevant information includes pertinent positives and negatives; results of diagnostic tests presented with proposed interpretations; highly receptive to questions and comments
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			
<b>Skills – presentation skills – educational presentations</b>	Assigned topic may be misconstrued or unfocused, only rudimentary material presented, no or ineffective AV materials; unable to respond to many questions	Presents topics as assigned, includes basic required information, presentation is logical, AV materials are appropriate; able to respond to most questions	Focuses assigned topics for maximal relevance, materials beyond basics as appropriate, AV materials significantly contribute to presentation; confidently takes questions and responds appropriately
NA/NO <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Comments:</b>			

### Overall Comments

Include any comments, observations or information that you believe would be of value to those who may be assessing this observer as a potential program applicant.