

	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F035
		<i>Effective Date</i>	03/09/2022
	<i>Subject</i> GME Policy on Telemedicine and Tele-supervision	<i>Page</i>	1 of 1
		<i>Supersedes</i>	03/18/2020

This document applies to the following Participating Organizations:

Johns Hopkins Bayview Medical Center, Inc. Johns Hopkins University School of Medicine The Johns Hopkins Hospital

Keywords: fellows, residents, supervision, telemedicine

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I. PURPOSE

Telemedicine is a unique care modality and it requires the development of a specialized set of resident and fellow communication skills.

II. POLICY

Residents and fellows (trainees) can engage in telemedicine, so long as trainees and their supervising faculty follow reasonable supervision requirements as if the same function was done in person. Supervision can take place through telemedicine, either by having an attending join a synchronous interaction (telephone, video) when technically feasible, or by staffing the patient with a supervising physician at a later time, with the intent to mimic in person workflows. These work flows are meant to be compliant with the ACGME Common Program Requirements for Indirect Supervision that further stipulate:

VI.A.2.c).(2).(b) Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

AND

VI.A.2.c).(3) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Trainees should not act independently through telemedicine if the trainee would not have acted independently in person for a similar encounter. Departments need to ensure that requirements for supervising physicians to meet payor billing requirements are met, such as but not limited to supervising physician confirmation of key review of systems, history, and physical exam findings.