I. PURPOSE

In order to ensure the safety of our patients and our trainees during the COVID-19 pandemic, telemedicine and tele-supervision need to play a key role in our response. In addition, during this crisis, we expect telemedicine can foster the development of resident and fellow physicians’ communication skills in this emerging and emergently needed care modality.

II. POLICY

In order to meet this urgent need, 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 workflows 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. At this time, 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.