



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official: Associate Dean for Graduate
Medical Education, DIO
Responsible Office: SMHS Office of GME
Most recent revision: 4/9/20

TELEMEDICINE AND TELE-SUPERVISION

Policy Statement

This policy is developed to ensure the safety of our patients and our residents by outlining adequate and appropriate levels of tele-supervision of residents during the care of patients via telemedicine during the COVID -19 pandemic. We expect that telemedicine will foster the development of resident physicians' communication skills in this emerging and emergently needed care modality.

Who Needs to Know This Policy

All Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs sponsored by the GW School of Medicine and Health Sciences (SMHS).

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

APPROVED BY GMEC EXECUTIVE GROUP: 4/9/20

Definitions

Resident – refers to all Interns, Residents and Fellows participating in an ACGME-accredited program of post-graduate medical education training program.

Post-Graduate Training Program – refers to an ACGME-accredited residency or fellowship educational program.

Policy

1. In order to meet the urgent need to provide medical care via telemedicine during the COVID 19 pandemic, residents are permitted to engage in telemedicine, as long as the resident and their supervising faculty follow reasonable supervision requirements as if the care was provided in person. Supervision by an attending can take place through telemedicine, either by a synchronous interaction (telephone, video), or by staffing the patient with a supervising physician at a later time, with the intent to mimic in person workflows. These work flows comply with the 2019 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.

2. Residents should receive the same training on the proper use of telemedicine as any of their supervising attending physicians, before proceeding with the use of this technology.
3. Residents must comply with applicable laws, rules and regulations at all times. Residents should not act independently through telemedicine if the resident would not have acted independently in person for a similar encounter. Every department needs to ensure that payer billing requirements for supervising physicians be met prior to submission of telemedicine bills, including but not limited to supervising physician confirmation of key parts of the history, review of systems, and physical examination findings.