



Duke University Health System Graduate Medical Education Telehealth Policy

Scope

This policy applies to Residents and Fellows participating in Duke University Health System (DUHS) Graduate Medical Education (GME) training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Board of Medical Specialties (ABMS) Specialty Boards, who hold a Resident or Fellow appointment. This also includes Fellows in non-ACGME clinical programs who are not credentialed through the Credentialing Verification Office of DUHS and who are under the purview of Duke GME. Residents and Fellows are hereafter referred to as “Trainee(s)”.

Fellows who are Dual Appointees will follow the privileging policy for Medical Staff and may provide telehealth services to the extent consistent with their privileges when working in the Medical Instructor role. When Dual Appointees are working as a fellow in their training program, the policy below will apply.

Background

For purposes of this policy, “Telehealth” includes the use of electronic information and telecommunication technologies to support clinical health care, patient and professional health-related education, public health, and health care administration. These technologies include: live video, teleconference, remote patient monitoring, and electronic medical record review for decision-making.

Policy

To facilitate patient and trainee safety and communication, trainee participation in telehealth with appropriate supervision will serve a key role in timely access and provision of care. All training policies and principles apply equally to trainee participation in telehealth practice as in the in-person setting, including ensuring that the appropriate level of supervision is provided based on the trainee’s level of training and ability.

Appropriate supervision as it relates to telehealth includes the following classification: the supervising physician and/or patient is not physically present with the resident and the supervising physician is monitoring the patient care through appropriate telecommunication technology. This supervision may occur EITHER by:

1. Synchronous (DIRECT) interaction: Supervising physician joins trainee by telecommunication technology (e.g.; phone, video) to complete the patient interaction concurrently.
2. Subsequent (INDIRECT) interaction: Trainee staffs the patient with their designated supervising physician following the encounter during an acceptable timeframe (as previously determined by the supervising physician and acknowledged by the trainee). The supervising physician is immediately available by telecommunication means (e.g.; phone, video) and is available (or has another supervising physician designee) to provide direct supervision, if needed.

These policies are intended to align with Duke Health Institutional and ACGME Common Program Requirements for supervision of trainees.

Requirements

To participate in telehealth services for patient interactions, the trainee must receive approval from their Program Director. The Program Director will maintain appropriate documentation of trainee approval for telehealth work.

The trainee and supervising physician will timely review and comply with all other telehealth-related policies/FAQs.

The trainee and supervising physician will access and provide telehealth only through approved Duke Health technology platforms.

Resources

Duke Telehealth Office
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Approved:

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