

Telementoring Checklist

Surgical telementoring is still governed by the same standards as in-person surgical teaching, just delivered through a remote platform. Qualifications can vary by state, hospital system, and specialty society, but the following requirements are widely accepted in the US medical community.

Core Qualifications for a Surgical Telementor

Full Professional Credentials

- Must be a licensed physician (MD/DO)
- Must be a board-certified or board-eligible surgeon in the specific specialty being mentored (e.g., general surgery, orthopaedics, urology)
- Must have active clinical privileges at a recognized medical institution

Surgical Expertise

- Documented experience performing the procedure being mentored, often with the following:
 - Minimum case volume or proficiency threshold
 - Proven record of successful outcomes
- Many institutions require the mentor to be credentialed as an instructor, proctor, or attending-level surgeon.

Training in Telementoring Technology

- Competence in using the approved telehealth/telementoring platform (e.g., high-definition video, robotic interface, telestration tools)
- Ability to provide real-time verbal and visual guidance safely
- Familiarity with troubleshooting camera setups, visualization, and communication latency

Training in Remote Instruction and Patient Safety

Most institutions require:

- Training in simulation-based teaching or surgical education
- Understanding the limits of remote guidance (e.g., what cannot be safely taught remotely)
- Knowledge of patient safety protocols and emergency escalation plans

Compliance with Regulatory and Legal Requirements

- Must comply with:
 - State medical board rules (mentor licensure requirements in the patient's state; rules vary by state)
 - Hospital credentialing requirements at both sending and receiving sites
 - HIPAA and secure data transmission standards
- Malpractice coverage that explicitly includes telemedicine/telementoring activities

Institutional Approval

Most hospitals require:

- Documentation of mentor qualifications
- Verification of liability coverage
- A formal telementoring agreement between institutions

Additional Recommended Qualifications

Although not always needed, many programs also expect the following:

- Prior teaching experience of residents, fellows, or other surgeons
- Participation in formal proctoring programs (e.g., robotic surgery proctor certification)
- Familiarity with communication and the OR workflow

Sample Hospital Policy for Surgical Telementoring Program

(A practical, ready-to-use model policy based on common US academic medical center standards)

Purpose

To define the standards, requirements, and procedures for surgeons providing remote telementoring to ensure patient safety, compliance, and high-quality surgical instruction

Definitions

- **Telementor:** A licensed, credentialed surgeon providing real-time remote surgical guidance
- **Mentee (local surgeon):** The onsite surgeon performing the procedure
- **Telementoring platform:** Hospital-approved secure audiovisual communication system

Telementor Qualifications

- Active, unrestricted medical license in the home state; licensure in the receiving state, if needed
- Board certification/eligibility in the specialty of the procedure being mentored
- Documented procedural expertise (minimum case volume set by each department)
- Credentialed as an attending surgeon, proctor, or instructor at an accredited institution
- Completion of telementoring technology training
- Training in remote teaching, patient safety, and the ability to recognize limitations
- Proof of malpractice insurance covering telemedicine

Mentee Requirements

- Credentialed to perform the procedure independently
- Completed an institutional telementoring orientation
- Disclosed telementoring involvement to the patient during consent

Patient Consent

Must include:

- Identification of the telementor
- Remote nature of involvement
- Risks/limitations of remote guidance
- Technology-related risks (e.g., delay, failure)

Procedure Protocol

- Preop briefing between mentors and mentees
- Test audio/video quality
- The telementor remains available for the entire critical portion of the case
- Documentation in the operative note, including the following:
 - Mentor name
 - Platform used
 - Scope of guidance provided

Technology Requirements

- HIPAA-compliant encrypted video platform
- High-definition visualization
- Redundant network connections
- Real-time two-way audio

Emergency Protocol

If the technology fails or the situation escalates:

- The onsite surgeon must proceed independently.
- A telementor may call directly into the OR if needed.
- All downtime must be documented.

Checklist for Credentialing a Surgical Telementor

Administrative requirements

- Verified MD/DO license
- Board certification/eligibility
- Curriculum vitae on file
- Hospital privileges in relevant specialties
- Verification of malpractice insurance covering tele-activities

Clinical Qualifications

- Minimum procedural volume met
- Evidence of safe outcomes
- Teaching or proctoring experience
- Approved by the departmental credentials committee

Technology and Safety

- Completion of telementoring platform training
- Competency check on video, telestration, audio
- HIPAA/privacy training updated
- Consent documentation training

Legal and Compliance

- Cross-state licensure (if required)
- Telehealth agreement between institutions
- Signed program participation contract

State-by-State Licensure Requirements (Summary)

Regulations vary by state; however, the following general guidelines apply across the US:

Most common requirement (majority of states):

The telementor must hold a medical license in the state where the patient is located.

Exceptions/Flexible States

Some states offer:

- Special telemedicine licenses (e.g., FL, TX, CA)
- Consulting exceptions that allow limited cross-state practice
- "Border state" allowances
- Temporary telemedicine registration

Federal hospitals (Veterans Affairs, Department of War)

Licensure is not state specific; only one valid license is needed.

Requirements for Common Surgical Specialties

General Surgery

- Board-certified/eligible general surgeons
- Minimum case volume for the specific procedure (e.g., 20–30 laparoscopic cholecystectomies)
- Proctoring experience preferred

Robotic Surgery (da Vinci, etc.)

- Vendor-approved robotic surgery certification
- Proctor status (often company certified)
- Minimum number of robotic cases (commonly at least 50)

Orthopaedic Surgery

- Fellowship training for advanced procedures (e.g., sports, joints, trauma)
- Familiarity with fluoroscopy

Neurosurgery

- Strict credentialing due to complexity
- Surgeons with extensive case logs and faculty-level instruction experience

Otolaryngology

- Comfort with delicate endoscopic visualization
- High-definition video system

Urology

- Robotic surgery certification and urologic credentialing

Minimally Invasive Surgery (MIS)

- Fellowship in MIS preferred
- Experience with laparoscopic telementoring platforms

Perioperative Checklist

Pre-Case Preparation

(24–48 hours before procedure)

Administrative and Credentialing

- Telementor is credentialed and approved for the procedure.
- Mentees (local surgeons) are credentialed to independently perform the procedure.
- Cross-state licensure is verified (if applicable).
- Malpractice coverage is confirmed.
- Institutional agreement (if needed) is active.

Patient Consent

- Patient informed of remote mentor involvement
- Risks, benefits, and limitations explained
- Consent form signed and added to the chart
 - Consent includes:
 - Telementor's name
 - Remote participation
 - Technology risk (latency/failure)
 - Data privacy

Day-of-Surgery: Preoperative Phase

Team Communication

- Huddle completed with:
 - Mentee
 - OR nursing staff
 - Anesthesia
 - Telementor (remote)
- Roles clarified:
 - Mentor: Verbal guidance only
 - Mentee: Full responsibility for operative actions
- Emergency plan reviewed
 - Backup communication method verified (phone line, secure messaging)

Technology Setup

- Platform logged in and authenticated
- Video quality check (HD resolution)
- Audio clarity confirmed both directions
- Camera angles optimized for field visualization
- Telestration tools evaluated
- Redundant connections available (second network or hotspot)
- HIPAA-compliant encryption verification
- Timer or method for documenting connection outages ready

Intraoperative Phase

Time-Out

Add to the surgical pause:

- Confirming remote mentor participation
- Introducing a mentor to the OR team
- Confirm that the mentor can clearly see the surgical field

Conducting the Operation

- The mentor provides verbal/visual guidance as needed.
- Mentees confirm instructions before acting.
- Mentor avoids directing maneuvers outside the mentee's credential skill.
- Both maintain closed-loop communication.
- Critical steps are explicitly announced to mentor.
- The mentor remains continuously connected during key portions.

Documentation During the Procedure

- Video or audio interruptions recorded, including length
- Changes in the mentoring scope noted
- Technology failure escalations logged

Technology failure protocol

- Mentee proceeds independently.
- Mentor notified and calls OR directly, if needed.
- All failures are documented with timestamps.
- Alternative backup platform is attempted, if safe.

Postoperative phase

Debriefing

- Mentor and mentee hold postop debrief
 - What went well
 - Opportunities for improvement
 - Instructional review
- OR team included if helpful

Documentation Requirements

The operative note must include the following:

- Telementor's full name, credentials, and location
- Platform used (e.g., encrypted HD telesurgery system)
- Duration of mentor involvement
- Scope of guidance provided
- Any technical issues or outages
- Confirmation that patient consent included remote participation

Quality Assurance

- Case logged for telementoring quality assurance tracking
- Video recording (if used) stored per policy
- Incident reports filed for failures or near misses