



SCOPE OF PRACTICE

Addiction Psychiatry Fellowship
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This document pertains to fellow rotations under the auspices of the Addiction Fellowship at James A. Haley VA and Drug Abuse Comprehensive Coordinating Office (DACCO). All Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

The purpose of this policy is to ensure that residents/fellows are provided adequate and appropriate levels of supervision during the course of the educational training experience and to ensure that patient care continues to be delivered in a safe manner. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident/fellow must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents/Fellows are responsible for asking for help from the supervising physician under any circumstance in which the resident/fellow feels uncomfortable. All patient care must be provided under a credentialed and privileged attending physician. The attending physician is ultimately responsible for management of the individual patients and the supervision of the residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Addiction Psychiatry Program at the University of South Florida compliance guidelines.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

Direct Supervision The supervising physician is physically present with the resident and patient.

Indirect Supervision

1) With Direct Supervision Immediately Available – The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

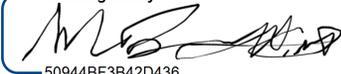
2) With Direct Supervision Available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.

Oversight The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The residency/fellowship program has a curriculum for providing knowledge and performance competence for all of the residents/fellows. The program schedule is also set up so residents/fellows are assigned to a rotation only once they are deemed ready for the responsibilities of said rotation. The decisions about competence are made by the program's clinical competency committee to ensure a successful transition and preparation for independent practice. All residents need to maintain current ACLS and BLS training.

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)			
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES					PGY-5		
Perform patient care and procedures in outpatient setting					2		
Admit patients and complete inpatient H&P for general ward service					3		
Treat and manage common medical conditions					3		
Make referrals and request consultations					4		
Provide consultations within the scope of his/her privileges					3		
Render any care in a life-threatening emergency					3		
Teach junior levels of residents in psychiatry and students participating in psychiatry service.					4		
Perform individual psychotherapy.					3		
Participate in committees and councils to which the resident physician is appointed or invited.					3		
Order restraint and seclusions.					3		

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)			
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
Perform Group Therapy.					3		
Prescribe Clozapine after completing documented training and supervision from a credentialed attending.					N/A		
Administer Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS).					N/A		

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Mildred Barnett, MD
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1/3/2022

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