

Scope of Practice
Department of Psychiatry and Behavioral Medicine
Addiction Psychiatry Residents
July 2010

1. All housestaff psychiatrists meet the qualifications for resident/fellow eligibility outlined by the American Medical Association Graduate Medical Education.

2. The competence of the psychiatry housestaff is assessed on a regular basis through evaluations by attending physicians who observe the resident's performance of critical tasks in psychiatry. These are maintained confidentially by the residency program director. However, should a resident demonstrate deteriorating performance, the program would take steps to monitor that physician's care of patients.

3. General supervision is provided by appropriately privileged teaching staff for all levels of psychiatry residents. The expectation is that all residents will use reasonable clinical judgment on when to seek attending consultation. All levels of residents are expected to be competent to take a medical and psychiatric history of patients and perform a physical examination. All levels of residents are expected to be competent to write admission and discharge orders for patients, order medications, labs and x-rays and dictate admission or discharge summaries of patients. Addiction Psychiatry residents who are fifth year residents may:

- a. teach junior level residents in psychiatry and students participating in the psychiatry service.
- b. participate in all activities involving the clinical staff, such as institutional orientations, educational programs, and committees and councils to which the housestaff physician is appointed or invited.
- c. not practice without attending supervision, although this may be indirect (via telephone, or discussion of a patient's evaluation and treatment plan) based on the attending judgment, the resident's experience, and the procedure being performed.
- d. not prescribe clozapine, suboxone or methadone without documented training and supervision from a credentialed attending.
- e. not perform outpatient detoxification of a patient without indirect supervision from a credentialed attending.

4. PGY-5 Addiction Psychiatry Residents: Residents achieving this level of training perform inpatient, outpatient, consultation and emergency evaluations and treatment as the primary treating psychiatrists, but may not function independently. These physicians require only indirect supervision (based upon the assessment of the residency training program director and the judgment of the attending physician). These residents may also provide intermediate supervision of junior level residents with attending backup for final concurrence.


Elie Francis, MD

7-15-10
Date