



Consultation-Liaison Psychiatry Fellowship Supervision and Scope of Practice Policy

This document pertains to PGY5 fellow rotations under the auspices of the Consultation-Liaison Psychiatry Fellowship at Tampa General Hospital and the James A Haley VA. 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 and supervision policy.

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

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her/their scope of authority and the circumstances under which he/she/they is/are permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances: after delivery of routine psychiatric care including completion of consultations, history and physicals in an inpatient or outpatient setting, after the delivery of group or individual psychotherapy, after an episode of patient restraint/seclusion, any time emergency care is rendered by the fellow, if a patient is upgraded to a higher level of care or if patient/staff request to speak with an attending; additionally, fellows must contact their supervising faculty immediately if the fellow is harmed or threatened, when medical errors or near miss events occur, patient death, or caseload or any other factor, including fatigue, that compromises the ability of the fellow to provide safe patient care.

Supervision may be provided by more senior trainees in addition to attendings. However, 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 Consultation-Liaison Fellowship at the University of South Florida compliance guidelines.

Residents and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all residents, faculty, other team members, and patients.

Policy:

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



Direct Supervision 1) The supervising physician is physically present with the fellow and patient during key portions of the examination/interaction or the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision 2) The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

Oversight 3) The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence that includes not only didactics, but also observed clinical interactions and performance of direct patient care. Decisions about competence are made by the program’s clinical competency committee to ensure a successful transition and preparation for independent practice after graduation. All fellows must maintain current ACLS training.

CORE PROCEDURES	PGY 5
Perform patient care, medication management and procedures in an outpatient psychiatry setting	3
Perform individual psychotherapy	3
Perform group therapy	3
Order restraint and seclusions	3
Make referrals and request consultations from other specialties	3
Teach junior trainees and students participating in psychiatry services	3
Render any care in a life-threatening emergency	3



Participate in committees and councils to which the fellow physician is appointed or invited	3
Prescribe and monitor controlled substance medication-assisted treatment	2
Prescribe and monitor clozapine after completing REMS training and registration	3
Provide psychiatric consultation services in patients hospitalized on general medical, obstetrical, and surgical wards as well as intensive care units	2
Provide psychiatric consultation services in pediatric patients hospitalized on pediatric general wards or intensive care units	2
Assess medical decision-making capacity	2
Administer Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS)	1

Roles & Responsibilities

The expectations of each participant in the program are outlined below

The Fellow will:

- Inform patients and the healthcare team of their role
- Understand the limits of scope of authority and the circumstances that allow conditional independence; act within these limits as outlined above in the core procedures table
- Communicate regularly with assigned supervising faculty members in the course of routine patient care
- Request additional oversight from the supervising provider in any circumstance in which the fellow feels uncomfortable or has self-identified a knowledge or experience gap
- Serve in a supervisory role of junior trainees in recognition of their progress towards independent practice
- Notify the supervisor immediately in the event of medical error or near miss event, patient death, or caseload or any other circumstance, including fatigue, that compromises the ability of the fellow to provide safe patient care
- Contact the program director via email or personal cell phone if the supervising provider does not respond in any situation above, including where additional oversight is expediently needed

The Faculty will:


- Inform patients and the healthcare team of their role



- Understand and comply with this supervision policy as well as hospitals' medical staff regulatory guidelines.
- Be available at the supervision level required by the fellow involved in a patient's care as outlined in the above core procedures table
- Work with the program director to assure fellows are provided an appropriate level of supervision at all times and at all clinical sites
- Delegate a portion of care to Fellows based on the needs of the patient and the skills of each fellow and in accordance with hospital and departmental policies
- Review and sign all patient care documentation
- Provide feedback to the program about each fellow's abilities to enable fellows to be granted increased autonomy and independence where appropriate
- Take ultimate responsibility for management of patient care

The Program Director will:

- Work in conjunction with the Program Evaluation Committee to maintain and keep the supervision policy up-to-date
- Share and provide education about the supervision policy for faculty and fellows
- Regularly monitor and ensure adequate supervision is provided to fellows at all times and at all clinical sites
- Evaluate, in conjunction with the Clinical Competency Committee, each Fellow's abilities based on milestone-based criteria and grant increased autonomy/independence where applicable
- Be available to fellows to arrange appropriate supervision in the event that assigned supervisors are unreachable

Signed by:

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Program Director
Consultation Liaison Psychiatry Fellowship

8/28/2024 | 17:20 EDT

Date

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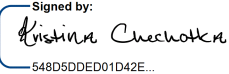
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