

UNIVERSITY OF SOUTH FLORIDA
CHILD AND ADOLESCENT PSYCHIATRY RESIDENCY PROGRAM
RESIDENT SCOPE OF PRACTICE AND DELINEATION OF RESPONSIBILITIES
DIRECTOR OF PROGRAM: SAUNDRA STOCK, M.D.

This document pertains to all USF child psychiatry resident rotations [USF outpatient clinics, All Children's Hospital, Gracepoint crisis stabilization unit, USF ICEI evaluation clinic, Division of Juvenile Justice residential sites and Phoenix House]. All ACGME guidelines pertaining to graduate medical education apply to this rotation.

In keeping with ACGME guidelines, the faculty and program director are responsible for providing residents with direct experience in progressive responsibility for patient management. All patient care provided by residents will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with child and adolescent psychiatry at the University of South Florida compliance guidelines.

Activities performed with direct supervision require the presence of the supervisory physician during the service. Residents are authorized to perform any activity assigned while under direct supervision. Activities performed with indirect supervision can be performed with access to the supervisory physician available telephonically or electronically. Residents may progress to reviewing encounters following the provision of care [oversight] during the second year.

1. All resident psychiatrists meet the qualifications for resident eligibility outlined by the Accreditation Council for Graduate Medical Education / Resident Review Committee for psychiatry.
2. The competence of psychiatry residents is assessed on a regular ongoing basis through evaluations by attending physicians who observe the resident's performance of critical tasks in child psychiatry. These evaluations are maintained confidentially by the program. However, should a resident demonstrate deteriorating or unsatisfactory performance, the program will take steps to monitor that physician's care of patients and construct a remediation plan.
3. Appropriately privileged attending teaching staff at each site provide supervision. The expectation is that the residents will use reasonable clinical judgment on when to seek out additional supervision.
4. All levels of resident **MUST** contact their clinical supervisor or the program director upon learning of a patient suicide, homicide, a patient inflicting serious injury to others, upon making a DCF report or upon receipt of a subpoena.

Child 1*WITHOUT Direct Supervision**Residents May:*

- 1) *Perform a psychiatric evaluation with patients and families new to the clinic or hospital. All new patients MUST be seen by the supervising physician before the patient/family leaves the clinic or hospital.*
- 2) *Conduct follow up visits in clinic and hospital sites.*
- 3) *Perform psychotherapy with patients and family*
- 4) *Respond to telephone inquiries from parents and families*
- 5) *Conduct hand offs for patients under their care*
- 6) *Participate in multidisciplinary meetings*
- 7) *Prepare patients for discharge from the hospital*
- 8) *Teach junior level residents in psychiatry and medical students*

Child 1*WITH Direct Supervision**Residents May:*


- 1) *Participate in psychoeducational testing*
- 2) *Participate in PCIT*
- 3) *Lead multidisciplinary treatment team discussions regarding patients under their care.*
- 4) *Participate in court hearing regarding ongoing involuntary commitment.*

Child 2*WITHOUT Direct Supervision*

- 1) *Perform a psychiatric evaluation with patients and families new to the clinic or hospital.*
- 2) *Conduct follow up visits in clinic and hospital sites.*
- 3) *Perform psychotherapy with patients and family*
- 4) *Respond to telephone inquiries from parents and families*
- 5) *Conduct hand offs for patients under their care*
- 6) *Participate in multidisciplinary meetings*
- 7) *Teach junior level residents in psychiatry and medical students*

Child 2*WITH Direct Supervision*

- 1) *Participate in psychoeducational testing*



Sandra Stock, M.D.
Program Director

July 1, 2015

Date