



SCOPE OF PRACTICE

Child and Adolescent Psychiatry Fellowship
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This document pertains to all fellow rotations under the auspices of the USF Child and Adolescent Psychiatry Fellowship including USF's Silver Child Development Center, Gracepoint child CSU, Northside Mental Health Center, James A. Haley Veteran's Hospital, Children's Medical Services at USF, John Hopkins All Children's Hospital, USF's Rothman Center, USF's ICEI clinic, Columbus Youth Academy (DJJ), Yantra Psychiatric Services, Inc at the School of Academic and Behavioral Learning Excellence (SABLE) and Phoenix House. 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.

Additionally, all resident/fellows **MUST** contact their clinical supervisor or the program director:

- upon learning of a patient suicide or a patient inflicting serious harm on others
- upon making a report to DCF
- upon receipt of a subpoena

Supervision may be provided by more senior residents/fellows 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 Child and Adolescent 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.
- 3) 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 that residents at any given PGY level are assigned to a rotation only once they are deemed ready for the responsibilities of said rotation. Annual decisions about competence are made by the program’s clinical competency committee to ensure a successful transition and preparation for the next PGY level. All residents need to maintain current ACLS 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	A	B	C	D	See below for level of supervision required for each procedure and year of training
CORE Duties					Child fellow level
Perform patient care and procedures in outpatient setting inclusive of psychiatric evaluations and follow up visits.					CAP1 - B CAP2 - D
Admit patients and complete inpatient H&P for hospitalized patients.					All levels - C

Treat and manage common psychiatric conditions. Provide medication management (including getting consent for treatment), perform individual/family psychotherapy and respond to telephone inquiries from patients/families.	CAP1 - B CAP2 - D
Make referrals and request consultations	All levels - C
Provide consultations within the scope of his/her privileges	All levels - C
Participate in court hearing regarding involuntary commitment	All levels - A
Render any care in a life-threatening emergency	All levels - C
Order restraint and seclusions	All levels - C
Perform Group Therapy in an inpatient unit	All levels - C
Participate in psychological testing	All levels - A
Participate in PCIT	All levels - A
Perform Group Therapy in the outpatient clinic	CAP1 – B CAP2 - C
Teach junior levels of residents in psychiatry and students participating in psychiatry service.	All levels - C

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