



SCOPE OF PRACTICE

Geriatric Psychiatry Fellowship
Director of Program: Gregory Sullivan, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Geriatric Psychiatry Fellowship at the University Psychiatry Center, USF Memory Disorders Clinic, USF Byrd Institute Clinic, and 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.

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 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 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. Each fellow must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. Fellows are responsible for seeking assistance from the supervising physician under any circumstance in which they require support due to approaching the limits of their expertise or any circumstance which falls outside the scope of authority described by the supervising faculty. Fellows must communicate with the supervising faculty in the following circumstances: emergency care rendered by trainee, patient upgrade to higher level of care, unexpected patient death, unexpected complication or event report, patient or staff request to speak with attending, or if the trainee is harmed or threatened.

Supervision may be provided by more senior 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Geriatric 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 or fellow 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 fellowship program has a curriculum for providing knowledge and performance competence for all of the fellows. The program schedule is structured so that residents are afforded progressively increasing autonomy in supervision, with decisions surrounding advancement of autonomous practice made by the program director based upon supervisor evaluations and feedback. Semi-annual 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 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)		
Designated Levels	1	2	3	See below for level of supervision required for each procedure	
CORE PROCEDURES					All PGY Levels (5+)
Perform patient care and procedures in outpatient setting					3
Admit patients and complete inpatient H&P for general ward service					3
Treat and manage common medical conditions					3
Make referrals and request consultations					3
Provide consultations within the scope of their privileges					3
Render any care in a life-threatening emergency					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)		
Designated Levels	1	2	3	See below for level of supervision required for each procedure	
Teach junior levels of residents and fellows in psychiatry and students participating in psychiatry service					3
Perform individual psychotherapy					3
Participate in committees and councils to which the resident physician is appointed or invited					3
Order restraint and seclusions after completing appropriate training					2
Perform Group Therapy					1
Prescribe Clozapine after completing documented training and with supervision from a credentialed attending					2
Determine motor threshold prior to transcranial magnetic stimulation					1
Administer Electroconvulsive therapy (ECT)					1
Administer Transcranial Magnetic Stimulation (TMS)					2

DocuSigned by:

Greg Sullivan

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Gregory Sullivan, MD
Program Director, Geriatric Psychiatry

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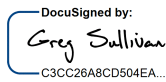
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