



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, **including 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.**

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 fellows 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

1. The supervising physician is physically present with the fellow during the key portions of the patient interaction.
2. 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

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

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 that includes (procedure training, simulation, number of procedures that need to be completed before obtaining indirect supervision). The program schedule is also set up so that fellows 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 fellows need to maintain current ACLS training.

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (Oversight)	
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training
CORE Duties				Child fellow level

Updated: 3/19/24

Perform patient care and procedures in outpatient setting inclusive of psychiatric evaluations and follow up visits.	CAP1 - 2 CAP2 - 3
Admit patients and complete inpatient H&P for hospitalized patients.	All levels - 2
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 - 2 CAP2 - 3
Make referrals and request consultations	All levels - 3
Provide consultations within the scope of his/her privileges	All levels - 3
Participate in court hearing regarding involuntary commitment	All levels - 1
Render any care in a life-threatening emergency	All levels - 2
Order restraint and seclusions	All levels - 2
Perform Group Therapy in an inpatient unit	All levels - 2
Participate in psychological testing	All levels - 1
Participate in PCIT	All levels - 1
Perform Group Therapy in the outpatient clinic	CAP1 - 2 CAP2 - 2
Teach junior levels of residents in psychiatry and students participating in psychiatry service.	All levels - 2

DocuSigned by:



Leigh J. Ruth, MD

Program Director, Child and Adolescent Psychiatry

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