



SCOPE OF PRACTICE

Child and Adolescent Psychiatry Fellowship
Director of Program: William Hudson, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to PGY-4 and PGY-5 rotations under the auspices of the USF Child and Adolescent Psychiatry Fellowship at USF's Silver Child Development Center, Centerstone Child CSU, Evara Health, 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, and Columbus Youth Academy (DJJ). 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 PGY-4 and PGY-5 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 resident supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances, 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 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 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 USF Child and Adolescent Psychiatry Fellowship at the University of South Florida compliance guidelines.

Fellows 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 fellows, faculty, other team members, and patients.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that 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 exposure to a wide diversity of child psychiatry cases at a variety of clinical sites. 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		
CORE PROCEDURES				PGY-4	PGY-5
Perform patient care and procedures in outpatient setting inclusive of psychiatric evaluations and follow up visits.				2	3

	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		
CORE PROCEDURES				PGY-4	PGY-5
Admit patients and complete inpatient H&P for hospitalized patients.				2	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.				2	3
Make referrals and request consultations				3	3
Provide consultations within the scope of his/her privileges				3	3
Participating in court hearing regarding involuntary commitment				1	1
Render any care in a life-threatening emergency				2	2
Order restraint and seclusions				2	2
Perform Group Therapy in an inpatient unit				2	2
Participate in psychological testing				1	1
Participate in PCIT				1	1
Perform Group Therapy in the outpatient clinic				2	2
Teach junior levels of residents in psychiatry and students participating in psychiatry service.				2	2

DocuSigned by:

William Hudson, MD

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William Hudson, MD

Program Director, Child and Adolescent Fellowship

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Effective Date