MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA

Psychiatry, Med-Psych & Neuro-Psych
Department of Psychiatry

SCOPE OF PRACTICE
PGY 1-4 and above

The MUSC Scope of Practice (SOP) for residents working in psychiatry clarifies those activities and types of care that residents may perform within the MUSC Health System (MUHA). It reflects both milestone expectations by clinical area and year in training, but is predicated on individual competence and permission for each trainee as they progress as individuals. The SOP unites the principles and expectations of residents in training with those of health care governance and accreditation. These policies are determined through collaboration of the training program, Graduate Medical Education (GME) and clinical leadership, and tailored to specific clinical service areas and specialty. Resident scope of practice never exceeds the privileges and credentialing of their supervising physician for a given patient, or in the case of multiple supervisors, for a specific activity or procedure. In coordination with the SOP, supervision is governed by policy that follows the regulations of the Psychiatry RRC or the ACGME when training in psychiatry. **When participating in training experiences under other disciplines such as Medicine, Neurology, Pediatrics and Emergency Medicine in each case, the scope of practice for that specialty or service prevails. This is also true for combined training residents (Medicine/Psychiatry and Neurology/Psychiatry) when training and performing service in their shared disciplines. Even though combined residents have unique skill sets, their SOP never exceeds that of the responsible supervising physician (as stated above).** All clinical area SOPs are available to all residents, nurses and attending physicians through an up-to-date web link via the GME Office. These are living documents that update, at minimum, by yearly review, or more frequently in response to our quality improvement process and ongoing regulatory changes.

A defined attending physician or appropriately credentialed/ authorized LIP (typically a faculty psychologist) is responsible in every episode of care. This attending must be readily present or available to the trainee based upon the risk and complexity of the activity and the competency of the individual resident and their level of training. In addition each core program has an institutional SOP for residents that defines allowable clinical activity, the type and range of supervision required and guidelines for use of supervision and the expected individual competency over time. Site-specific supervision is governed by the service faculty attending and additional general and longitudinal supervision is structured by year and setting of activity. This includes a *mix of general supervision, case based and episode based supervision, as well as professional development and therapy supervision* in accordance with the ACGME, individual RRCs by discipline, all in line with the

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philosophy of evolving competency and the determination of specific gradations of responsibility toward independent practice at graduation. Residents are always practicing under the supervisory umbrella, never practice independently and provide clinical care under credentialed and privileged faculty with guidelines that dictate minimum faculty involvement and expectations.

In July of 2011, we updated our new intern supervision and competency assessment guidelines that provide for specific criteria to move from 'direct' supervision to' indirect' supervision and the required interaction with upper level (senior) residents and faculty in the provision of care and decision making. In light of this we defined criteria for resident supervision of other residents and introduced an upgraded version of our "Residents as Teachers" longitudinal curriculum. This update includes components of supervision, patient safety, boundary issues, risk mitigation, quality improvement and personal growth toward independent practice.

The MUSC SOP follows the clinical area in which a resident is working, and is closely linked to those attending faculty who supervise in that specialty. When residents move to a different specialty or service area, the SOP and Supervision Guidelines for that area govern the activities of the resident, to the limits of their individually achieved competency. These guidelines are reviewed and distributed prior to release when updated, at orientation for new trainees and periodically (at least annually). The guidelines are presented to residents and faculty at multiple forums, and available on a special web resource link for perusal. The philosophy that drives our supervision policy is based in the concept-- that residents may not perform new procedures, activities or make decisions about clinical care beyond what is allowed by their service area, the privileging of their service supervisor, and that they must prove basic competence to function to achieve greater independence as they progress in training.

All clinical activities by residents occur with permission of the institution and supervising faculty, regardless of year in training and skills acquired. As trainees acquire competence in a given skill, the type and amount of direct supervision may decrease by the risk of the activity and the comfort of the attending physician- unless directly specified by department, MUHA or training program policy.

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When uncertain as to the best course of action, or faced with new circumstances or procedures for which a resident has not yet proven competence to perform, the resident is expected to seek immediate supervision prior to initiating care or disposition of a patient. Appropriate supervision must be clearly identified and available at all times when care is being delivered by residents. In rare cases, such as clinical emergencies where delay would cause harm to the patient, care may need to be initiated while waiting for supervisory guidance.

PGY-1 Psychiatry

- New interns may practice only under direct supervision of an approved upper level resident or faculty member until meeting the minimum guidelines for competence in core expected skills and knowledge. See http://academicdepartments.musc.edu/iop/Updateonsupervision_guidelines.pdf
- Complete all clinical, medical, neurological, psychiatric and addictions diagnostics such as interviewing, clear and accurate history-taking, physical/neurological/mental status for children, adolescents and their families, adults, and elderly patients under their care on internship rotations and formulate appropriate initial treatment plans
- Assure that all laboratory, imaging, neurophysiologic, and psychological studies are up-to-date and available on a daily basis for all assigned patients
- Assist in completing and maintaining all medical records relevant to care rendered to their patients, relating history and clinical findings to relevant biopsychosocial issues
- Formulate differential diagnosis and treatment plan for all patients under their care
- Assist in providing crisis intervention techniques, crisis management, triage, pharmacological and other somatic therapies

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PGY 1-4 and above

PGY-2 Psychiatry

- Supervise and assist in the teaching of PGY-1 residents and medical students in accordance with the supervision guidelines. To teach and supervise other trainees, residents must be in good academic and professional standing within the training program. See Supervision Guidelines- http://academicdepartments.musc.edu/iop/Updateonsupervision_guidelines.pdf
- Conduct psychiatric consultations in a variety of medical, surgical and community settings
- Evaluation and management of patients who are a danger to themselves or others
- Evaluate and reduce risk to natural caregivers
- Demonstrate sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all disorders in the current standard diagnostic statistical manual and about the common medical and neurological disorders, which relate to the practice of psychiatry
- Gather/organize data, integrate these data with a comprehensive formulation of the problem to support a well-reasoned differential diagnosis, formulate a treatment plan, and implement treatment and follow-up
- Complete all clinical, medical, neurological, psychiatric and addictions diagnostics such as interviewing, clear and accurate history-taking, physical/neurological/mental status for documentation children, adolescents and their families, adults, and elderly patients under their care on rotations and formulate appropriate initial treatment plan

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SCOPE OF PRACTICE
PGY 1-4 and above

- Assure that all laboratory, imaging, neurophysiologic, and psychological studies are up-to-date and available on a daily basis for all assigned patients
- Assist in completing and maintaining all medical records relevant to care rendered to their patients, relating history and clinical findings to relevant biopsychosocial issues
- Formulate differential diagnosis and treatment plan for all patients under their care • Assist in providing crisis intervention techniques, crisis management, triage, pharmacological and other somatic therapies
- Conceptualize illnesses in terms of biological, psychological, sociocultural and iatrogenic factors that determine normal and disordered behavior and affect long-term illness course and treatment
- Relate to patients and their families, as well as other members of the health care team with compassion, respect, and professional integrity
- Develop a keen awareness of their own strengths and limitations
- Understand professional ethical principles and the necessity for continuing their own professional development
- Assist in the management of geriatric patients, including those with long-term care in a variety of settings

PGY-3 Psychiatry

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PGY 1-4 and above

- Serve as supervisory residents in the hospital on-call for purposes of oversight and education of junior residents and students, triage and intervention for emergencies of patients in the ED and by telephone, as well as screening admissions to the psychiatry services
- Provide continuous care of children, adolescents, adults, elderly, and their families (balanced by gender, ethnic, racial, social, and economic backgrounds), varied by psychopathology and interventional modalities, seen regularly and frequently for an extended time, in a variety of treatment modalities, and emphasizing a developmental and biopsychosocial approach to outpatient treatment
- Perform the major types of psychotherapy including short- and long-term individual psychotherapy, psychodynamic psychotherapy, family therapy, group therapy, and cognitive-behavioral therapy, crisis intervention. Long-term psychotherapy experiences must include a sufficient number of patients
- Evaluate and management of patients who are a danger to themselves or others
- Evaluate and reduce risk to natural caregivers
- Demonstrate sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all disorders in the current standard diagnostic statistical manual and about the common medical and neurological disorders which relate to the practice of psychiatry
- Gather/organize data, integrate these data with a comprehensive formulation of the problem to support a well-reasoned differential diagnosis, formulate a treatment plan, and implement treatment and follow-up

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SCOPE OF PRACTICE
PGY 1-4 and above

PGY-4 Psychiatry

- Teach psychiatry and combined disciplinary topics to students in the health professions
- Provide leadership of interdisciplinary teams and coordination/supervision of care rendered by nonmedical therapists
- Provide continuous care of children, adolescents, adults, elderly, and their families (balanced by gender, ethnic, racial, social, and economic backgrounds), varied by psychopathology and interventional modalities, seen regularly and frequently for an extended time, in a variety of treatment modalities, and emphasizing a developmental and biopsychosocial approach to outpatient treatment
- Perform the major types of psychotherapy including short- and long-term individual psychotherapy, psychodynamic psychotherapy, family therapy, group therapy, and cognitive-behavioral therapy, crisis intervention. Long-term psychotherapy experiences must include a sufficient number of patients
- Evaluate and management of patients who are a danger to themselves or others
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