

Psychiatry

Department of Psychiatry - Orangeburg

SCOPE OF PRACTICE

PGY – 1-4

The MUSC Orangeburg Psychiatry Residency Program Scope of Practice (SOP) for residents training in psychiatry specifies clinical activities and care delivery that residents may perform within the MUSC Health System (MUHA). The SOP combines the expectations for residency training with health care governance and accreditation, and reflects a collaboration between the residency program, Graduate Medical Education (GME), and clinical leadership. The policies that inform scope of practice are tailored to specific clinical service settings and clinical specialties. As reflected in the SOP, resident supervision is determined by policy as reflected in the regulations of the Psychiatry RRC and the ACGME when training in psychiatry. **When participating in training experiences under other disciplines to include Medicine, Neurology, Emergency Medicine, or OBGYN, the scope of practice for that specialty or service predominates.**

All patient care is supervised by board-certified physicians in every clinical setting. The exception would be the long-term psychotherapy experience which may be supervised by licensed psychologists or psychotherapists. All documentation must be verified by the rotation supervising faculty member who provides ongoing feedback to the resident on perceived strengths, weaknesses, and performance as well as written formative evaluations every three months. In addition to rotation supervisors, the resident meets individually on a weekly basis with a primary supervisor who guides overall progress on all facets of the program including research. Each year the resident is assigned a different primary faculty supervisor.

The purpose of supervision is to ensure appropriate patient care and to provide educational experience for residents. The supervisor is responsible for the evaluation and treatment of all patients under the resident's care. The supervisor determines the level of independence given to the resident on each case in conjunction with ACGME guidelines. The supervisor is to provide the resident with responsibility, guidance, and feedback to optimize the educational benefit of each clinical case. The MUSC SOP correlates with the clinical area or specialty in which the resident is working. When residents are on other specialty services, they must follow the supervision policies of that service. It is the policy of the MUSC Orangeburg Psychiatry Residency to ensure that Psychiatry Residents are always adequately supervised. Every rotation has an associated faculty preceptorship. Residents will have a clearly designated faculty or staff clinician responsible for the care provided to each patient. Prompt access to faculty or staff supervision will be always available to residents in all

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clinical settings. The MUSC Orangeburg Psychiatry Residency supervision policy is congruent and consistent with MUHA and ACGME supervision policies.

Supervision may be exercised through a variety of methods, to include HIPAA compliant synchronous audio-video methods consistent with telehealth standards commensurate with ACGME policy. Portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

It is the duty of each resident to notify those who are supervising them if they feel that the care of a patient is beyond their expertise, they feel excessively fatigued, they are ill, etc. If the physician immediately supervising them is not responsive, they should continue up the chain of command for that service. If there are any questions or concerns, the resident should immediately contact the MUSC Orangeburg Psychiatry Program Director or designee.

The six major competencies identified by the ACGME inform SOP for the MUSC Orangeburg Psychiatry Residency Program. Within each major competency there are multiple sub-competencies with correlate milestones that further inform and define the SOP. The basic clinical skills to be developed include the abilities to gather and organize relevant data, integrate the data into a formulation of the problems which supports a well-reasoned differential diagnosis, then develop and implement a comprehensive evidence-based treatment plan with follow-up care. Upon completion of the program, residents are expected to be competent in the core areas of patient care, medical knowledge, systems-based practice, practice-based learning and improvement, professionalism, and interpersonal and communication skills.

Patient Care (PC)

Medical Knowledge (MK)

System Based Practice (SBP)

Practice-Based Learning and Improvement (PBL)

Professionalism (PRF)

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Interpersonal and Communication Skills (ICS)

PGY-1 Psychiatry

Initially, PGY1 residents must be supervised directly before determining whether indirectly with direct supervision immediately available is safe and appropriate.

PGY1 residents will be expected to perform and will be evaluated in the following sub-competencies under the 6 major ACGME competencies as cited above in the primary care setting, in neurology, in the emergency room, and in community psychiatry.

A. PATIENT CARE AND PROCEDURAL SKILLS

1. Psychiatric Evaluation

- Conduct an efficient and flexible patient interview to inform a clinical diagnosis
- Consistently elicit a clear, relevant, accurate, and complete history
- Gather and use collateral information
- Perform physical, neurological, and mental status exams, appropriate diagnostic studies, and essential procedures
- Perform a safety assessment incorporating risk and protective factors
- Systematically record findings in the medical record

2. Psychiatric Formulation and Differential Diagnosis

- Recognize psychopathology, organize findings, and propose a reasonable differential diagnosis.

3. Treatment Planning and Management

- Monitor effectiveness of treatment plan and revise when indicated

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4. Psychotherapy

- Demonstrate empathy.
- Identify and reflect the core feeling, key issue, and what the issue means to the patient while managing the emotional content and feelings elicited.

5. Somatic Therapies

- Practice evidence-based somatic therapies including medication, ECT, and other emerging forms of somatic treatments including neuromodulation.

B. MEDICAL KNOWLEDGE

1. Human Development through the Life Cycle

- Apply developmental theories and understanding of relationships.

2. Psychopathology

- Apply fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions

3. Clinical Neuroscience

- Diagnose and treat neurologic disorders commonly encountered in psychiatric practice, including neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, neurocognitive

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disorders, seizure disorders, stroke, intractable pain, and other related disorders

- neuropsychiatric comorbidities
- Apply neurobiological processes and how they are included in a case formulation
- Apply indications, metabolism, and mechanisms of actions for psychopharmaceuticals

4. Practice of Psychiatry

- Understand and apply legal and ethical aspects of psychiatric practice
- Recognize American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences, and power

C. SYSTEMS BASED PRACTICE

1. Patient Safety and Quality Improvement

- Comply with external and internal administrative and regulatory requirements

2. System Navigation for Patient-Centered Care

- Coordinate patient care within the health care continuum and utilize available clinical and community resources at the appropriate level, setting, and modalities of care

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- Work in interprofessional teams to enhance patient safety and improve patient care quality

D. PRACTICE BASED LEARNING AND IMPROVMENT

1. Reflective Practice and Commitment to Personal Growth

- Self-evaluate to identify strengths, deficiencies, and limits in one's knowledge and expertise (with the recognition of when to ask for assistance)
- Set learning and improvement goals

E. PROFESSIONALISM

1. Professional Behavior and Ethical Principles

- Demonstrate compassion, integrity, fairness/respect for others
- Demonstrate responsiveness to patient needs that supersedes self-interest
- Demonstrate respect for patient privacy and autonomy

F. INTERPERSONAL AND COMMUNICATION SKILLS

1. Patient and Family Centered Communication

- Sustain working relationships with patients and families in the face of conflict, challenges, and communication barriers
- Communicate in such a way that partners with the patient and families to assess their care goals and values including, when appropriate, end-of-life goals

2. Interprofessional and Team Communication

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- Educate patients, families, students, residents, and other health professionals
3. Communication within Health Care Systems
- Accurate and sufficient information-sharing through maintaining comprehensive, timely, and legible medical records when applicable

PGY-2 Psychiatry

PGY-2 residents may be supervised indirectly, and they may provide assistance in the supervision and teaching of PGY-1 residents, and students in various clinical disciplines.

PGY-2 residents will be expected to perform all previously identified milestones under PGY-1, and will additionally be required to perform and will be evaluated in the milestones within the sub-competencies that comprise the 6 major ACGME competencies as cited above in multiple inpatient psychiatric settings, in an outpatient medication management psychiatry clinic, and in an outpatient psychotherapy clinic.

G. PATIENT CARE AND PROCEDURAL SKILLS

1. Psychiatric Evaluation

- Consistently elicit a clear, relevant, accurate, and complete history
- Gather and use collateral information
- Systematically record findings in the medical record
- Be aware of one's own emotional response and be able to use it clinically

2. Psychiatric Formulation and Differential Diagnosis

- Recognize psychopathology, organize findings, and propose a reasonable differential diagnosis

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- Employ reliability and validity of the generally-accepted diagnostic techniques and tools for decision-making including physical examination, laboratory testing, psychological testing, and measures to monitor treatment
- 3. Treatment Planning and Management
 - Create comprehensive and individualized treatment plan according to diagnosis and formulation
 - Monitor effectiveness of treatment plan and revise when indicated
- 4. Psychotherapy
 - Demonstrate empathy
 - Identifies and reflects the core feeling, key issue, and what the issue means to the patient while managing the emotional content and feelings elicited
 - Recognize and honor appropriate therapeutic boundaries
 - Establish and maintain a therapeutic alliance
- 5. Somatic Therapies
 - Manage and treat patients using psychopharmaceuticals with or without psychotherapy
 - Educate patients with current evidence on the risks, benefits, and uncertainties of each alternative somatic therapy including medication, ECT, and other emerging forms of neuromodulation

H. MEDICAL KNOWLEDGE

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1. Human Development through the Life Cycle
 - Apply developmental theories and understanding of relationship
 - Apply factors influencing development - Biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle;
 - Incorporate developmental concepts in formulation
2. Psychopathology
 - Apply fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions
 - Assess risk in a variety of settings and determining level of care
3. Clinical Neuroscience
 - Diagnose and treat neurologic disorders commonly encountered in psychiatric practice, including neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, neurocognitive disorders, seizure disorders, stroke, intractable pain, and other related disorders
 - Identify neuropsychiatric comorbidities

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- Identify neurobiological processes and how they are included in a case formulation
- Apply indications, metabolism, and mechanisms of actions for psychopharmaceuticals
- Assess reliability and validity of the generally accepted diagnostic techniques for clinical decision-making including neurological and physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and other measures to inform treatment
- Understand indications for and uses of electroconvulsive and neuromodulation therapies

4. Practice of Psychiatry

- Apply legal and ethical principles of psychiatric practice
- Understand the history of psychiatry and its relationship to the evolution of medicine
- Understand and apply regulatory compliance especially billing and reimbursement

I. SYSTEMS BASED PRACTICE

1. Patient Safety and Quality Improvement

- Participate in performance improvement by identifying, disclosing, and analyzing system errors and safety events followed by proposing and implementing potential systems solutions

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- Advocate for patient safety, quality patient care, achieving patient goals, and optimal patient care systems
- Comply with external and internal administrative and regulatory requirements

2. System Navigation for Patient Centered Care

- Coordinate patient care within the health care continuum and utilize available clinical and community resources at the appropriate level, setting, and modalities of care
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Effectively and safely both transfer and receive patient care responsibilities from other healthcare professionals. Transition of care events, e.g., “hand-offs” are key events demonstrating professional communication

3. Physician Role in Health Care Systems

- Integrate psychiatry with other medical disciplines and interprofessional teams to enhance patient safety and improve patient care quality

J. PRACTICE BASED LEARNING AND IMPROVEMENT

1. Evidenced Based and Informed Practice

- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- Use information technology to optimize learning

2. Reflective Practice and Commitment to Personal Growth

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- Self-evaluate to identify strengths, deficiencies, and limits in one’s knowledge and expertise (with the recognition of when to ask for assistance)
- Set learning and improvement goals
- Incorporate formative evaluation feedback into daily practice

K. PROFESSIONALISM

1. Professional Behavior and Ethical Principles

- Demonstrate compassion, integrity, fairness/respect for others
- Demonstrate responsiveness to patient needs that supersedes self-interest
- Demonstrate respect for patient privacy and autonomy

2. Accountability/Conscientiousness

- Demonstrate accountability to self, patients, colleagues, society and the profession (encompasses ownership of patient care including timeliness, attention to detail, disclosing and otherwise addressing conflicts of interest)

3. Wellbeing

- Complete and apply an individualized plan for personal and professional well-being that recognizes institutional factors that impact well-being

L. INTERPERSONAL AND COMMUNICATION SKILLS

1. Patient and Family Centered Communication

- Sustain working relationships with patients and families in the face of conflict, challenges, and communication barriers

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- Communicate in such a way that partners with the patient and families to assess their care goals and values including, when appropriate, end-of-life goals
 - Demonstrate attention to professional boundaries in communication
2. Interprofessional and Team Communication
- Work effectively as a member or leader of an interdisciplinary health care team or other professional group that includes virtually all providers of essential services to those with mental illness across a wide range of settings.
 - Educate patients, families, students, residents, and other health professionals
3. Communication within Health Care Systems
- Demonstrate accurate and sufficient information-sharing through maintaining comprehensive, timely, and legible medical records when applicable
 - Demonstrate respectful, appropriate, clear, constructive, and effective communication with colleagues, physicians, other health care professionals, and health related agencies

PGY-3 Psychiatry

PGY-3 psychiatry residents may be supervised indirectly, and they may serve as the supervising resident for call coverage for the purposes of oversight and education of lower level resident physicians, medical students, and students in various clinical disciplines.

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PGY-3 residents will be expected to have achieved competence in all previously identified milestones under PGY-1 and PGY-2, and will additionally be required to perform and will be evaluated in the milestones under the following sub-competencies in multiple inpatient psychiatric settings, in telepsychiatry consult liaison, addiction psychiatry, college psychiatry, forensic psychiatry, school-based psychiatry, outpatient medication management continuity psychiatry clinic, outpatient psychotherapy continuity clinic.

M. PATIENT CARE AND PROCEDURAL SKILLS

1. Psychiatric Evaluation

- Consistently elicit a clear, relevant, accurate, and complete history
- Demonstrate awareness of one's own emotional response and be able to use it clinically

2. Psychiatric Formulation and Differential Diagnosis

- Formulate an understanding of the patient's clinical issues based upon biopsychosocial, spiritual, cultural, and developmental factors

3. Treatment Planning and Management

- Manage patient crises including the recognition and appropriate response to family violence and its effects on victims and perpetrators
- Incorporate community resources in treatment planning and management
- Recognize when supervision is indicated

4. Psychotherapy

- Manage and treat patients either individually or in groups with brief or long-term supportive, psychodynamic, cognitive-behavioral, expressive, and family therapies

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- Integrate the selected psychotherapy with other treatment modalities and other treatment providers
5. Clinical Consultation for Diverse Populations
- Evaluate and treat a diverse population (diverse age, gender, backgrounds, ethnicity, culture, economics)
 - Provide consultation and liaison services to a variety of medical and surgical settings in a way that integrates mental health and physical health care across specialties and disciplines
 - Manage and treat individuals with chronic and persistent mental illness with medication, psychotherapy, crisis interventions, and social rehabilitation
 - Provide psychiatric care to patients receiving treatment from non-medical therapists and coordinating such treatment.
 - Appropriately request and judiciously apply consultant recommendations

N. MEDICAL KNOWLEDGE

1. Psychopathology

- Identify medical conditions that can affect evaluation and care of patients (interface of psychiatry and the rest of medicine) including psychiatric manifestations of medical illness (such as delirium, depression, and steroid-induced syndromes)

2. Clinical Neuroscience

- Practice pain management including recognition of the related signs of addiction

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3. Psychotherapy

- Apply theories, practice, and evidence base interventions for brief or long-term supportive, psychodynamic, cognitive-behavioral, and expressive psychotherapies for individuals, groups, couples, or families

4. Practice of Psychiatry

- Understand American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences, and power

O. SYSTEMS BASED PRACTICE

1. System Navigation for Patient Centered Care

- Demonstrate awareness of community resources for self-help, recovery, and rehabilitation
- Assist patients in negotiating with system complexities and disparities in mental health care resources

2. Physician Role in Health Care Systems

- Advocate for the promotion of mental health and the prevention of mental disorders.
- Incorporate considerations of cost awareness, value, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate through resource management and evidence-based practice

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- Understand the financing and regulation of psychiatric practice, managed care, and the structure of public and private organizations that influence mental health care decisions
- Work effectively in various health care delivery settings and systems relevant to psychiatry either consulting or delivering psychiatric treatment in a variety of settings including outpatient clinics, hospitals, residential treatment centers, schools, primary care clinics, day treatment centers, and in homes.
- Demonstrate understanding of how types of medical practice and health care delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources

P. PRACTICE BASED LEARNING AND IMPROVEMENT

1. Evidenced Based and Informed Practice

- Systematically analyze and monitor practice outcomes and implement changes based upon quality improvement methods and the best available evidence
- Contribute to the evidence that informs clinical practice through research

2. Reflective Practice and Commitment to Personal Growth

- Identify and perform appropriate learning activities to acquire the best available evidence to guide patient care
- Develop as teacher by participating in the education of patients, families, students, residents, and other health professionals

Q. PROFESSIONALISM

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1. Professional Behavior and Ethical Principles
 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
2. Accountability/Conscientiousness
 - Adhere to ethical principles and high standards of ethical behavior which include respect for patient privacy and autonomy, ability to maintain appropriate professional boundaries, and understanding the nuances specific to psychiatric practice (Principles of Ethics with “Special Annotations for Psychiatry” as developed by the American Psychiatric Association are applied and taught as integral to the educational process.)

R. INTERPERSONAL AND COMMUNICATION SKILLS

1. Patient and Family Centered Communication
 - Demonstrate respectful, appropriate, clear, and effective communication with patients, families, and the public across a broad range of situations, socioeconomic conditions, and cultural backgrounds
2. Interprofessional and Team Communication
 - Develop relationships and share knowledge in the consultative role with other physicians and health professionals
3. Communication within the Healthcare Systems
 - Actively listen and constructively communicate through the appropriate channels to solve problems and effect system improvements

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PGY-4 Psychiatry

PGY-4 residents will be expected to demonstrate competency in all milestone criteria in the sub-competencies identified for PGY-1, PGY-2, and PGY-3 psychiatry residents. They will be expected to perform and will be evaluated per all milestones cited in all of the above sub-competencies which comprise the 6 main ACGME competencies of Patient Care, Medical Knowledge, Systems Based Practice, Practice-Based Learning and Improvement, Professionalism, and Interpersonal and Communication Skills.