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 psychotherapy supervision* in accordance with the ACGME common requirements and individual RRCs by discipline,

For information regarding this scope of practice, please contact:
Edward M. Kantor, MD, Program Director, (843) 792-0192, kantor@email.edu

all in line with the 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.

New PGY1 supervision and competency assessment guidelines 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. There are defined criteria for intermediary upper-level resident supervision of more junior residents. This update includes components of supervision, patient safety, boundary issues, risk mitigation, quality improvement and personal growth toward independent practice following the appropriate core and combined RRC Milestones.

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.

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 to the resident and support staff in every setting where residents perform clinical duties. A predesignated faculty supervisor must be available via in-person, at the point of care or indirectly, but immediately available to the resident.

In some cases, HIPAA compliant synchronous audio-videoconferencing is an acceptable form of clinical supervision and has been approved by the ACGME and the relevant RRC. Live audio-videoconferencing with the attending present in a different location is an acceptable form of direct and indirect supervision for those residents who have moved beyond the need for direct over the shoulder supervision in that setting of care. In rare cases, such as a clinical emergency, where any delay would cause harm to the patient, care may need to be initiated while waiting for supervisory guidance. In those cases, engagement with the clinical supervisor should be initiated as soon as practical, either with the primary responsible faculty member or an appropriately credentialed alternative.

PGY-1 Psychiatry

- New interns may practice only under the direct supervision of an approved upper-level resident or faculty physician **until meeting the minimum guidelines for basic competence in our core expected Intern skills and knowledge**. See Appendix 1: Intern Skills Check (paper form or electronic procedural documentation).
- PGY1 residents (Interns) may 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 clinical rotations and formulate appropriate initial treatment plans with supervisor input and the immediate availability of the designated supervisor(s). Skills and knowledge achieved via the Intern Skills Check process allow interns to move from direct to indirect supervision based on items completed successfully,

but still requires the immediate availability of the supervisor for direct (in person) supervision as needed, to assist with complex or new situations and to confirm patient assessments and treatment plans decisions as may be required. Interns may not provide direct clinical in care in the absence of an immediately available, known and designated supervisor, and may not discharge or move patients to a lower level of care or monitoring, without supervisor involvement or preapproval. (Supervisors include, qualified PGY2 or above residents, SARs (senior residents) or attending physician.

PGY1 residents may:

- initiate laboratory, imaging, neurophysiologic, and psychological studies are up-to-date and available on a daily basis for all assigned patients and review results with designated supervisor(s).
- 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.

- PGY1 residents may not independently discharge or move a patient to a lower level of care or transfer a patient between services, without real-time approval of a designated upper-level resident (PGY2 or above) or responsible faculty supervisor. A PGY2 resident may serve as an intermediate supervisor (when otherwise qualified) under a designated faculty supervisor or SAR. When covering services on-call or during Night Float, the supervisory resident

(SAR / Senior Resident) must be involved in major decision-making with junior residents and approve all disposition decisions where patients are transferred to lower levels of care. The faculty physician/psychiatrist on call is available to the SAR to assist with supervision of junior residents, and to process complex or unusual cases and assist with inter-service differences of opinion or unclear dispositions. Junior residents are expected to discuss all patient dispositions with the SAR prior to disposition, who may choose to involve the Supervising Physician on-call for complex, unusual clinical situations or differences of opinion between clinical services as appropriate. A duty chief resident is also available for administrative support to the SAR after hours and may be utilized to clarify policy or to help solve inter-service or systems issues.

PGY-2 and above Psychiatry Residents

PGY 2 residents may:

- Supervise and assist in the teaching of PGY-1 residents and medical students in accordance with the supervision guidelines and COM policies. In order to serve as a supervisor for other trainees, PGY 2 and above residents must be in good academic and professional standing within the training program and have met the relevant prerequisite competencies involved.
- Conduct psychiatric consultations in a variety of medical, surgical and community settings.
- Provide evaluation and management of patients who are a danger to themselves or others.
- Demonstrate clinical decision-making and perform requisite skills and are expected to have knowledge about the differential 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 and use appropriate supervision to supplement their evolving knowledge and experience.

- 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 relevant clinical, medical, neurological, psychiatric and addictions diagnostic processes, such as interviewing, history-taking, physical/neurological/mental status examination for documentation in children, adolescents and their families, adults, and elderly patients under their care across a wide range of clinical settings, including patients with medical co-morbidities.
- Review all laboratory, imaging, neurophysiologic, and psychological studies on a daily for assigned patients and communicate findings to supervisors and team members.
- Assist in completing and maintaining all medical records relevant to care rendered to their patients, relating the history and clinical findings with sensitivity to relevant biopsychosocial, cross-cultural, known disability or other patient specific circumstances that may affect care and decision-making.
- Formulate differential diagnosis and treatment plans for all patients under their care
- Assist in providing crisis intervention techniques, crisis management, triage, pharmacological and other somatic therapies.

SCOPE OF PRACTICE
PGY 1-4 and above

- Conceptualize illness in terms of biological, psychological, sociocultural and iatrogenic factors that determine behavioral variance and may affect long-term illness course and treatment decisions.
- 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 and be open to input and supervision.
- Understand professional and ethical principles and the necessity for continuing their own professional development over time.

PGY-3 Psychiatry

- When otherwise qualified, a PGY3 and above resident may serve as a supervisory resident in the hospital on-call, for purposes of oversight and education of junior residents and medical students, provide triage and intervention for emergencies of patients in the Emergency Department ,live, by televideo or by telephone consultation, and may screen admissions to the psychiatry services based on policies in effect at the time.
- The PGY 3 resident may provide ongoing care of children, adolescents, adults, elderly, and their families with sensitivity to gender, ethnicity, race, social, religious and economic background as relevant to individual patients) including those seeking various forms of psychotherapy, medication support for mental illness treatment and relevant co-morbidities

within the standard practice of psychiatry and medicine. Residents may only practice under supervision of physician and other health professional supervisors who are licensed, credentialed and vetted by the training program/department to independently practice those services and activities.

The PGY3 and above resident may/will:

- Perform the major types of psychotherapy under supervision, including short and long-term individual psychotherapy, psychodynamic psychotherapy, family therapy, group therapy, cognitive-behavioral therapy and crisis intervention/psychological first aid. Dynamic psychotherapy and CBT experiences must include a sufficient number of patients over the amount of time required to develop basic competency.
- Evaluation and management of patients who are a danger to themselves or others.
- 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 the data with a comprehensive formulation of the problems identified 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 (SUD) 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 rotations and formulate appropriate 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
- Conceptualize illnesses in terms of biological, psychological, cross-cultural and iatrogenic factors that determine varied behavior and may affect Qualit of Life, long-term illness course and outcome.
- Relate to patients and their families, and 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 and the use of feedback and supervision when necessary.
- 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 needs across a variety of clinical settings

MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

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

SCOPE OF PRACTICE
PGY 1-4 and above

PGY-4 Psychiatry

- Teach psychiatry and interdisciplinary topics to junior residents, medical students and other health professions students
- Provide leadership of interdisciplinary teams and coordination/supervision of care rendered by non-physician therapists.
- Provide continuous care of children, adolescents, adults, elderly, and their families (balanced by gender, ethnic, racial, social, and economic backgrounds), utilizing across various 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
- Demonstrate sound clinical judgment, requisite skills, and a high order of knowledge about the patient's condition, treatment, and prevention of major mental disorders in the DSM-5 along with the common medical and neurological disorders which relate to the practice of psychiatry.

For information regarding this scope of practice, please contact:
Edward M. Kantor, MD, Program Director, (843) 792-0192, kantor@email.edu

MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

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

SCOPE OF PRACTICE
PGY 1-4 and above

- 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 care.
- 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
- Conceptualize illnesses in terms of biological, psychological, cross-cultural 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, knowing when to ask for help and utilize supervision.

For information regarding this scope of practice, please contact:
Edward M. Kantor, MD, Program Director, (843) 792-0192, kantor@email.edu

SCOPE OF PRACTICE
PGY 1-4 and above

- Understand professional ethical principles and the necessity for continuing their own professional development.
- Explore evolving areas of the field through elective experiences and certification processes for procedures such as ECT, TMS, medication infusion, combined therapy and medication, etc..

For information regarding this scope of practice, please contact:
Edward M. Kantor, MD, Program Director, (843) 792-0192, kantor@email.edu