ABSOLUTELY NO GUARANTEE. **The patient or the insurance company is going to pay whether the doc is a jerk or not. THE GOOD NEWS:** *the patient may escape the encounter only needing to pay their "co-pay."* **THE BAD NEWS:** *they're going to pay whether or not they were satisfied, and no matter how mediocre or even downright lousy the evaluation was.* (And no matter HOW MANY SIDE EFFECTS they MAY get from a medication which was prescribed in a rushed fashion.)

No collaborative evaluations. If the psychiatrist can't do it in one hour - Ooops! Too bad.

FOCUS = *cranking patients through like widgets* to "make overhead" because of the lousy reimbursement from managed care. It's the only way for a doc to survive, isn't it?

Buddy, ***you are going to wait as long as it takes.*** If it wastes your time waiting for the doc, too bad!

DURATION of evaluation: ONE HOUR, TOPS. [This is all that is typically allowed by HMO's and managed care; besides, the psychiatrist's schedule is filled back to back with no breathing room, anyway.

Good luck! MEDICATION use

NO TYPED WORKUP. In fact, no notes of ANY kind.
Why would a patient need a copy of his/her note, anyway?

NO LAB ORDERS (are you kidding?)

Patient walks out with NO samples or free coupons.
If the script doesn't work and it costs the patient hundreds of dollars, too bad.

NOTE: the usual paradigm is that there is only a imited amount of time to do the evaluation (or treatment), leaving NO TIME to "think outside of the box." No service to the referring clinician is provided. Essentially, the psychiatrist acts as an unthinking automaton looking at only one piece of the puzzle. There is a "thundering silence" in communication between the psychiatrist and the referring MD.

LOUSY communication with other MD's - the typical referring MD never hears back from the psychiatrist after the patient is referred. **NO COLLABORATION.**

Patient identification, demographics

"Chief Complaint" - what brings them in

"History of Present Illness" - limited

Past Psychiatric History - limited

Family Psych Hx. - VERY limited

Growth & Development; Social Hx - incredibly limited

[Too bad. Much useful data missed.]

Past Medical Hx — Minimal attention paid to this. ***Isn't this about their BRAIN, after all?***

Generally OMITTED Medical ROS — **The paradigm is that this is "outside of the scope" of the "normal" psychiatric assessment.**

BRIEF Mental Status Examination

NO PHYSICAL EXAM, EVER, even if the patient needs it. — **Children are hardly ever weighed or measured, even if they are on stimulant drugs for ADHD which can affect WEIGHT (not height, typically).**

LIMITED Diagnostic Impressions, with justification and explanation

Patient: Physician Relationship is of the **AUTHORITARIAN "do it like I say"** model. Physician is in charge; patient submits. Questions are almost certainly NOT welcome, especially dealing with things the patient may have read on the internet.

MINIMAL plan; minimal instructions, minimal cautions & teaching about Rx.

- **NO LAB EVALUATION OF ANY KIND: conventional, functional or ANYTHING**
- Referrals - none. Isn't this the primary care MD's job?
- Imaging studies - none. Are you kidding? Why would an **M.D.** psychiatrist want to know if there's lung cancer growing inside? And isn't it the primary care MD's job to do all the thinking and ***take care of all aspects of a patient's life in a 7 minute visit***, anyway (due to their time pressures)?
- In some cases, limited access to psychotherapy, Psychiatrist operates from a "biological paradigm," e.g., "I should be able to fix this with the right drugs."
- no established groups to deal with specific issues
- MINIMAL TO NO EDUCATION - at sessi
- UNIMAGINATIVE drug therapy - typically one thing at a time, occasionally with combinations. ***No "off-label" use, because the knowledge base from the peer-reviewed literature is not in place.***

EMERGENCY M.D. ACCESS?!

- Beg the answering service. Good luck!
- no cell phone
- no e-mail