



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

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DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

GUIDELINES FOR PSYCHIATRISTS
ASSIGNED TO OUTPATIENT CLINICS

APPROVED

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James McReynolds, Director

I. PURPOSE

To describe the role and interaction of Department of Mental Health psychiatrists assigned to outpatient clinics

II. POLICY

Although psychiatrists are under the direction of the Deputy Director of Medical Services, the administrative responsibility for clinic rests with Deputy Director for Community Treatment and Centralized Services. Therefore, all disciplines must engage in regular communication and dialogue to ensure the successful operation of the interdisciplinary team and clinic.

III. PROCEDURES

- A. Psychiatrists are expected to take their administrative concerns to the clinic supervisor first. If there is no resolution of the problem, then the M.D. and clinic supervisor will ask the lead psychiatrist and program manager, respectively, to mediate. If issues are still unresolved, the Deputy Director of Medical Services and the Deputy Director of Treatment should be contacted for a final resolution.
- B. All psychiatrists are expected to take their last regularly scheduled client up to 30 minutes prior to end of their shift, (i.e. if the psychiatrist's shift ends at 5:00 p.m., then he/she is expected to see his/her last client at 4:30 p.m.). It is recognized that a crisis may occur just before the end of a shift and a client will need to be seen.
- C. If there is open time on an M.D.'s schedule, it is expected that the M.D. will remain on site for all work hours scheduled. Any deviations from the regular schedule will be coordinated with the clinic supervisor or designee.
- D. Accrual of time is discouraged. If the psychiatrist is required to work more time than scheduled, the clinic supervisor is to be notified. Arrangements will then be made with the clinic supervisor for the psychiatrist to take the excess time off. This should be done at the mutual convenience of the psychiatrist and the clinic.
- E. **Clerks have full responsibility for scheduling appointments. This includes regularly scheduled and emergency clients. Clerks will consult the psychiatrist of schedule changes as the need occurs.**
1. Clerks will schedule three (3) medication support

visits per hour. Child psychiatrists are expected to see two (2) clients per hour. Exception: M.D.'s who are new to the Department will have no more than two (2) clients scheduled per hour for the first month of his/her employment.

2. Intakes are to be scheduled for one (1) hour with no limit on the number of intakes per day. For example, if a M.D. is scheduled for 8 hours, he/she could have 8 new clients. Intakes for children may take up to 1½ hours.
 3. All follow-up medication appointments will be made for the beginning of each hour e.g., 1:00 p.m., 2:00 p.m., etc. Three adult clients will be scheduled at the beginning of each hour. Two minor clients will be scheduled at the beginning of each hour.
 4. Clients who are not in crisis, but are out of medications and a potential crisis exists, should be added on to the M.D. schedule when the M.D. has only two clients per hour, or when a cancellation or no-show occurs.
 5. Clients who have been receiving treatment for over one year and are not on medication should be evaluated by a psychiatrist. He/she will establish a diagnosis using 5 Axis and review treatment provided for in the previous year. He/she will then make recommendations as to how treatment will proceed.
- F. Should there be a difference in clinical judgement between a psychiatrist and a clinician which would result in an inconsistency regarding the diagnosis, the diagnosis of the physician will stand.
- G. Psychiatrists' schedules are developed by the Deputy Director of Medical Services with input from the Director and Admin. Staff. Schedule changes such as sick leave, vacation, or any absence of MD from the clinic will be communicated to Deputy Director, Medical Services Office and relayed to the Assistant Director and Deputy Director of clinic.
- H. Matters pertaining to general working conditions including offices, keys, telephones, desks, office supplies, etc. are to be brought to the attention of the clinic supervisor. If there is a difference of opinion about these matters, the lead psychiatrist and program manager should be involved. If the problem persists, it should be brought up to the attention of the Deputy Directors of Medical Services and Treatment Divisions for resolution.

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