While the philosophy and utility of managed care remain debatable, there is no doubt about its effects on the practice of psychiatry (1). Managed care has had an especially profound effect on the university hospital treatment setting, where bedside teaching has long been the mainstay of the educational process.

To address the changes imposed by managed care, the authors devised a seminar to teach psychiatry residents and medical students about managed care, while simultaneously helping them develop the skills to provide and document necessary psychiatric care (2,3). The authors’ experience with this seminar was presented at the 1995 annual meeting of the Association for Academic Psychiatry.

METHODS

The seminar took place once a month in lieu of a weekly care conference. The central exercise involved two residents: one serving as a reviewer and the other as a treating physician (provider). The day before the seminar the reviewer would examine the chart of a patient currently under the care of the provider. The reviewer would then proceed to question the necessity of admission and/or continued hospital stay. The treating physician would defend both the care rendered and the necessity of the inpatient setting. The ward attending physicians (JC and VS) would facilitate the discussion and serve as arbitrators.

Before participating in the role-playing exercise, the residents and medical students were presented an hour-long instruction session on the origins and effects of managed care (4,5). The concept was placed within the contexts of the doctor-patient relationship and the insurance industry (6,7). The mechanisms of concurrent and retrospective review, the role of hospital utilization reviewers, and the typical protocols for appeal were covered. Case illustrations...
were provided to demonstrate the criteria that must be met to justify inpatient treatment and to exemplify the crucial role of concise chart documentation. Two of the authors (JC and VS) provided cases that had been presented for appeal and had proven to be didactically effective for instruction (8). Literature and cases were cited to illustrate the legal and ethical obligations of physicians, reviewers, and payers (9).

As mentioned, the seminar took place once a month within the clinical setting of an 18-bed, open, adult, general psychiatric unit. The patient population is mixed with respect to diagnoses, socioeconomics, and demographics (including types of insurance coverage). The average length of stay is 12 days. The unit director (VS) and associate director (JC) served as the attending psychiatrists for almost all of the patients. Care is provided by a multidisciplinary team that included the physician, nurse, social worker, and creative arts therapist. The unit is a teaching service. It is worth noting that this seminar was open to all disciplines given the importance of documentation by each team member.

FINDINGS AND RESULTS

RESULTS

To evaluate the seminar, a postgraduate year (PGY)-5-level resident (KB) who had spent the entire year on the unit interviewed each of the 14 PGY-1 and PGY-2 residents and a group of 16 medical students who participated in the exercise by using a semistructured questionnaire (see Appendix). The items focused on what the participant learned, whether there was any change in attitude, what his or her reaction was to the exercise format, and whether there were any notable changes in behavior as a result of the exercise.

As seen in Table 1, most participants (the residents and medical students) had a positive response to the exercise and found it educational and particularly useful in its focus on documentation. While most of the response was positive, some participants felt that the format was stressful and that more didactic preparation was needed. Although there were no statistically significant differences between the groups (i.e., residents vs. medical students) on any of the questions, the medical students were twice as likely as the other residents to report a negative change in attitude toward managed care.

Qualitatively, the residents tended to report that they had learned how important it is to document their thoughts on the need for admission and continued hospital-based care. They tended to deny any change in attitude toward psychiatry or managed care or any change in behavior (i.e., although they felt their documentation might have improved), and they did not feel that the exercise influenced their decisions on admission or discharge. With respect to the format, the residents felt the session was an effective way to learn about managed care, and they felt it should be done on more rotations. However, a few felt stressed by the “audience,” especially when they were defending a chart of a patient on their service.

The medical students were pleasantly surprised to learn that their notes play an important role in the patient’s care, insofar as these notes were quoted to deny or defend a patient’s need for hospital care. Furthermore, the medical students reported a change in attitude that the residents denied. While some reported a new found pessimism about the future of inpatient psychiatry and medicine, others were invigorated to challenge current trends and reassert the primacy of the doctor-patient relationship. A few of the medical students felt they would have liked to take part in the exercise rather than observe it. Others felt it would be useful on all hospital services.

Two of the authors (JC and VS) monitored the seminar’s content and process. Re-