I don’t pass out when I see blood,” says John D. Robinson, EdD, MPH, ABPP, a professor of psychiatry and surgery at Howard University College of Medicine and Hospital in Washington, DC.

And that’s lucky, because Dr. Robinson is all over Howard University’s hospital. One day, he could be in the operating room with a patient about to undergo surgery. The next he could be working with a patient on how to better adhere to a medical regimen. And the next he could be meeting with physicians on the hospital’s transplant team to review transplant cases. “I’m all over the place,” he says.

Dr. Robinson’s full integration into the workings of his hospital is the result of three things: a change in DC’s hospital practice law, inclusive bylaws at his hospital and his own efforts to gain influence (see Pointers for Gaining Influence in Hospitals on page 19).

Interested in following in his footsteps? According to Dr. Robinson, the first step practitioners should take is to examine state laws regarding hospital practice. Also review the hospital’s bylaws to see whether psychologists qualify as medical or professional staff with full voting privileges. And don’t be fooled by people who claim that the Joint Commission (formerly known as the Joint Commission on the Accreditation of Healthcare Organizations) says that psychologists can’t practice in hospitals, says Dr. Robinson. “The commission’s rules are actually very permissive,” he says.

According to Robinson, the integration of psychologists into DC hospitals began in the early 1980s when leaders of the DC Psychological Association (DCPA) noticed a problem: The city’s 1938 hospital law was keeping psychologists from being able to practice in hospitals. DCPA’s legislative chair began the battle to revise the law by enlisting the help of an unusual ally: a city council member with a pregnant constituent upset because a hospital wouldn’t allow her midwife to deliver her baby there.

Getting other professionals involved in changing a hospital practice law is key, emphasizes Dr. Robinson. “Having a broad coalition makes it look less self-serving for psychologists,” he says. The DC coalition included nurse anesthetists, podiatrists, nurse midwives, optometrists, psychologists and others who wanted hospital privileges.

Equally important is to get the support of those who already do have privileges. In DC’s case, for example, anesthesiologists endorsed nurse anesthetists. Orthopedists endorsed podiatrists. And pediatricians, internists, family practitioners and other non-psychiatrist physicians endorsed psychologists. Patients themselves also make good allies. Robinson adds that having a political action committee, a good lobbyist and lots of fundraising parties also is important.

The result of the coalition’s hard work was the 1984 Hospital Privilege Law, a revision of the earlier law that gave psychologists and others hospital privileges.

As for hospital bylaws, Howard University Hospital has what Dr. Robinson calls “one of the best medical staff bylaws I’ve ever seen.” The hospital’s definition of “medical staff” includes psychologists. It allows psychologists and other licensed health care practitioners to exercise their independent judgment; vote and hold office; and admit, treat, and discharge patients as a member of the hospital’s medical staff. “That gives you control and authority,” says Dr. Robinson, noting that psychologists don’t have to work under a physician’s supervision.
John D. Robinson, EdD, MPH, ABPP, professor of psychiatry and surgery at Howard University College of Medicine and Hospital, offers these tips to his fellow psychologists:

- **Learn the rules.**
  Psychologists often want other practitioners to act like psychologists, says Dr. Robinson. “Don’t try to change the culture – understand the culture,” he says. That means abiding by rules even if you don’t agree with them, such as the unspoken hierarchy that makes residents, interns and junior faculty step aside to let senior faculty get on the elevator first.

- **Blend in.**
  “Some psychologists don’t want to wear a white coat,” says Robinson. “They don’t want to be seen as a [medical] doctor and have to treat a heart attack.” That’s a mistake, he says. Robinson encourages his fellow psychologists to dress like everyone else and do whatever else it takes not to stand out from the rest of the medical staff.

- **Make yourself known.**
  Get to know people and talk to them, urges Robinson. If there’s a medical staff meeting, don’t ask for permission to attend – just go. “I go to a lot of meetings I don’t have to so that people know who I am," he says. “That way they see that I’m part of the hospital, not isolated in the psychiatric unit.”

- **Focus on your clinical role.**
  Robinson recommends that psychologists identify themselves as clinicians, since they’re part of the medical staff. He also urges them to underline that identity by using clinical language. “And learn other people’s clinical language,” he adds.

- **Serve on committees.**
  One of the most important committees is the credentialing committee, which determines who can practice at a hospital. “If you’re on it, everyone on the medical staff will know who you are because they want you to be on their side,” says Dr. Robinson. Other important committees in his hospital include the admissions committee for the medical school and departmental promotions and tenure committees.

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**Getting other professionals involved in changing a hospital practice law is key, emphasizes Dr. Robinson.** “Having a broad coalition makes it look less self-serving for psychologists.” The DC coalition included nurse anesthetists, podiatrists, nurse midwives, optometrists, psychologists and others who wanted hospital privileges.

Of course, the bylaws also note that psychologists and other nonphysician practitioners must seek consultations when necessary. Physicians must also perform the history and physical examination of patients upon admittance and discharge. And if patients need medication, Dr. Robinson has a psychiatrist manage them pharmacologically.

Dr. Robinson’s only regret? That there aren’t more psychologists in hospitals. Physicians “see us as something that enhances what they do,” he says. “If I could clone myself, I could satisfy a lot of other department heads.”

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### RESOURCES

**10 Things You’ll Find at APApractice.org**

1. **PracticeUpdate e-newsletter**
   New in 2008: login not required
2. **Managed Care Reimbursement Toolkit**
3. **Why practitioners must use their NPI by May 23, 2008**
4. **HIPAA resources for psychologists**
5. **APA-approved guidelines**
6. **Medicare payment updates**
7. **Practice management and marketing resources**
8. **Mind/Body Health Toolkit materials**
9. **Self-care pointers**
10. **Breaking legislative news of interest to psychologists**