

**A: Practical guidance on telepsychiatry for the busy clinician: a checklist of things to consider before, during and after the consultation.**

(For further detail, please refer to the section from Table B listed in brackets).

1. **Consult relevant national guidance** for your country (*section 2a*).
2. **Consider information governance issues and the IT system** that you and your patient will be using (*section 2b*).
3. **Prepare the patient:** ensure the patient has relevant information before the consultation (*section 3a*).
4. **Prepare yourself:**
  - Be familiar with the IT system you will use (*section 3b*).
  - Ensure your environment is set up appropriately (*section 3b*).
5. Starting the consultation: **use a written checklist** such as the one shown below, derived from the American Psychiatric Association's [Telepsychiatry Toolkit](#) (*section 4a*):

**1. Name of clinician and patient**

e.g. "Hello, I am Dr AB. Am I speaking to Mrs CD? Is there anyone else in the room you want me to be aware of?"

**2. Location of the patient**

e.g. "Can you let me know where you are right now? It is important for me to know this before each session"

**3. Immediate contact information for clinician and patient**

e.g. "If we get cut off for any reason, how else I can I reach you? If there is an emergency, you can also reach me at ..."

**4. Expectations about contact between sessions**

e.g. "Although we are connecting in real time here and now, I want to review how we will communicate outside of these video visits. [Insert plan and note you cannot respond in real time outside of these visits]"

**5. Emergency management plan between sessions**

e.g. "Should an emergency happen between visits, the plan that we have made is for you to [Insert plan]"

Alternative checklists are this [visual summary by the BMJ](#) and the [telehealth tool by the College of Family Physicians of Canada](#).

6. During the consultation focus on: (*section 4b*)
  - **Communication**
  - **Contingencies/back up plan** in case of difficulties, such as IT or clinical issues
  - **Confidentiality**

- Consent
- Confidence

7. **Physical examination** is possible, but may need to be adapted (*section 4c*).
8. Consider **combining with other digital technologies** e.g. apps, websites for information, platforms for recording data such as mood symptoms (*section 4d*).
9. Consider **safety and emergency plans** (*section 4e*).
10. **Document appropriately** – just as you would for face to face contact with additional details relevant to telepsychiatry (*section 5a*).
11. **Are there any special considerations?** (e.g. Older adults, child/adolescent, cultural issues, assessments by more than one member of the team) (*section 6a-d*).
12. **Are there any training issues to consider?** (*section 7a*)