

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](#), the [telehealth tool by the College of Family Physicians of Canada](#), and the [Best Practices in First Time Telepsychiatry During COVID-19](#).

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 modified (*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, students, cultural issues, assessments by more than one member of the team) (*section 6a-e*).
12. **Are there any training issues to consider?** (*section 7a*)