Telehealth Tips for Psychiatry Residents During the COVID-19 Pandemic

During the COVID-19 pandemic, many mental health providers are quickly adopting telehealth to provide essential healthcare without contact and exposure risk, especially for the medically vulnerable and elderly. This rapid change leaves psychiatrists, particularly residents, with limited guidance. Although the basic structure of visits is the same, there are key subtle differences. Residents may feel frustrated by the lack of time to develop comfort and mastery in this new setting. We hope to provide a shortcut to telehealth skills and knowledge to assist residents in providing high-quality remote psychiatric care.

This guide is a catalogue of practical tips for telehealth based on our clinical experience and discussions with colleagues. They are designed to improve the experience for both the patient and practitioner. We encourage trainees to experiment with each point while being aware that they must develop their own authentic style within the confines of the policies and procedures of their setting and organization. This list is not comprehensive; it is meant to supplement a more robust and formal training in tele-mental health services that covers structure, billing, safety, documentation, legal limitations, policies, and procedures for emergencies.

The Physical Environment

- If you are working from home, make sure you have a private space. No one else should be able to overhear your conversation. Your patient should not be able to hear other people, children, pets, or doors opening/closing in the background. Consider using a white noise machine to cover background noise. If there is a distracting noise during the visit, name it and move on.

- Make sure your patient has a safe, private space for the entirety of the appointment. If they are worried about being overheard or intruded upon, they will not be able to engage as openly or deeply with you.

- Make sure the area visible in your webcam is tidy and professional.

- Dress professionally (from top to bottom!)

- Wear your badge and make sure it is visible to the camera.

- Avoid busy patterns on clothing. Plaid and small stripes are especially distracting through the distortion of the camera.

- Look at the camera when speaking in order to “make eye contact” with your patient.

- It is easy to get distracted by the image of yourself. Check this mirror function initially to make sure the camera is lined up correctly, then hide the window.

- If you need to take notes, use a pen and paper. Typing during a visit can be loud and distracting for patients.
• Tell the patient when you need to look something up in the medical chart. You could even consider sharing your screen depending on the information.

Establishing and Maintaining Therapeutic Alliance

• It is much easier to get distracted during a virtual visit. Make sure your email is closed, your phone is silenced, and the video screen fills your entire computer screen.

• A virtual visit may feel more “social” or “conversational” than an in-person visit in clinic. Be attentive to maintaining a professional frame and staying on task.

• You may not experience the same degree of “emotional resonance” as you would during an in-person visit. Pay more attention to visual and verbal cues from your patients.

• It may be harder for patients to hear your small verbal utterances or read your subtle facial cues. You may need to “exaggerate” these or make more explicit empathic statements.

• Talk openly with your patients about how virtual visits are different from in-person visits. Check in about how the experience feels for them.

Special Patient Populations

• If you have any concerns about domestic violence, you may have to problem-solve with your patient about finding a safe space for telehealth. If there is any chance of an abusive/violent person overhearing or finding out about the visit and becoming angry, then it may be safer for the patient to come into clinic.

• Think carefully about using telehealth with patients who have delusions about technology. You do not want to be incorporated into their delusions and compromise the therapeutic alliance.

Managing a Crisis

• Don’t end the visit until you have safe plan.

• If you think your patient needs to go to the hospital, ask your patient to call 911 while you are still in the visit with them. When first responders arrive, you can end the visit. If appropriate, you may provide a hand-off to first responders.

• If you are not sure what to do, stay in the visit and page your attending. You can either have them join the telehealth visit or put them on speaker phone so that you can all discuss a plan together.

COVID Specific Tips

• Talk about the COVID pandemic openly. Ask how it may have contributed to their current presentation of psychiatric concerns.
If your patient is feeling more anxious, ask them about their news consumption. You may recommend limiting this to a few trusted sources for a limited amount of time. Think of time-restricting news as similar to “scheduled worry time.” Recommend that your patients avoid all media in the evening close to bedtime.

Ask your patient about self-care measures they are using that are safe within the parameters of social distancing. This may include going for a walk, cooking a nice meal, meditating, taking a bath, etc. Brainstorm with them about what techniques have helped them manage anxiety in the past.

Remind your patient to stay socially connected virtually, such as video chatting with friends and family. Feeling connected and cultivating a sense that we are “all in this together” is an effective way to reduce anxiety.

Ask explicitly about substance use, which tends to increase during times of crisis. Help your patient strategize about how to limit use and use alternative coping strategies. If they have a sponsor or other sobriety support system, encourage them to stay in close contact.

You may recommend some free, helpful apps such as a Mindfulness Coach (for developing a meditation practice), CBTi coach (for restful sleep), and Virtual Hope Box (for distress/SI).

**Physician Self-Care**

- It is especially important to connect with other tele-providers and ask for help. There are likely other providers struggling with similar issues that you can collaborate with and problem solve together.

- You’ll be spending more time in front of a computer than normal. Remember to get up and move around in between appointments, even if briefly. If you have access to a standing desk, consider standing during some appointments. You may also need to adjust the brightness of your monitor if your eyes are getting tired.

- You’ll have less spontaneous social interaction with colleagues than normal. Consider arranging zoom meetings with colleagues during your lunch hour or after work.

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