THE PATIENT-STAFF CONFLICT CHECKLIST MANUAL
GENERAL BACKGROUND

This booklet contains everything you need to know about the completion of the checklist. The checklist is quite straightforward, but from time to time questions arise about what various terms mean and how they are to be recorded. As it is important that all the wards in the study use the checklist in the same way, we have produced this handbook as a reference guide.

It is really important for the success of the study that the checklist is completed as accurately as you can. No scale like this is perfect, as the real world of acute psychiatric care is complex and varied. However, carefully and thoughtfully completed checklists will produce information which gives a good approximation of the way things are.

The checklist is our main source of information about the type of patients on your ward, and the levels of conflict and containment that happen on your ward.

It is critical, therefore, that:

- You provide accurate information
- You provide comprehensive information

That means precisely completed checklists for as many shifts as possible during the study period.

The checklists are designed to be read into a computer automatically, as there will be many of them completed during the study. Please write clearly, in blue or black biro, and answer all relevant questions. If possible keep them flat (don’t fold them), and clean (don’t rest food or drink on them). Please only use the ones we supply. If you really have run out, you can photocopy them, but we will not be able to scan these. However we would rather have the information in some form than not have it at all.

Place them in the box provided when they are complete, and they will be collected by your researcher.

Thank you for your help and participation in this important study.
GUIDE NOTES FOR COMPLETING THE PCC-SR

Q1.1 Date

Please write the date clearly in dd/mm/yy format, e.g. 01/07/11. Note that for night shifts this will be the date the shift started, i.e. the evening of the first part of the shift.

Q1.2 Shift

Tick the box for the shift to which the checklist applies, i.e. if the checklist is done at the close of the afternoon shift and refers to events within that shift, tick the ‘PM’ box.

Q1.3 Number of staff at start of shift

Please record the number of staff by grade and type, present at the start of the shift. If any are moved or go off sick during the course of the shift, please ignore this and report those who were present at the outset. Please count each person only once. If a permanent member of staff is working a bank shift, they should be included in the numbers for permanent staff, not bank staff.

Q1.4 Main ward door locked to patients leaving

Please record details of the times during the shift that the door was locked to those wishing to leave. Do not count if the door was only locked to those wishing to enter. Do count, even if the door is unlocked on the request of those who have permission to leave, either by the use of a key, swipe card, or ‘buzzer button’ under the control of staff.

Q2.1 – Q4.2 Details of admission(s)

The questions allow you to record details of up to three admissions that occur during the shift. If there are no admissions, leave all questions blank. If only one admission, answer only the three questions relating to admission one, etc. If there are more than three admissions, record details only of the first three.

For the purposes of this study, transfers into your ward count as an admission, so please include them. This is because they will contribute to the levels of conflict and containment on your ward. Sleepovers, however, are not counted as admissions.
**Ethnicity:** please record what you, the person completing the form, perceive to be the admitted patients ethnicity.

**Diagnosis schizophrenia:** please use whatever is recorded in the case notes or what is verbally reported to the nursing team by the medical staff, to determine your answer to this question. If the diagnosis is not known or uncertain, please answer no to this question.

**Sectioned:** answer yes if at time of arrival on your ward the patient was formally detained under any section of the Mental Health Act.

**Q5.1 Incidents of aggression**

Please place a tick in each row, unless there have been no incidents, in which case leave blank. The numbers you report should be of events or incidents, not patients. For example, if the same patient is physically aggressive towards others twice, this counts as two incidents during the shift. Please only record incidents which take place within the hospital grounds.

<table>
<thead>
<tr>
<th>Verbal aggression:</th>
<th>Loud noises, angry shouting, personal insults, cursing, foul language, threats, of a sufficient duration, intensity or volume that you would usually mention it in the nursing notes of the patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical aggression against objects:</td>
<td>Slamming doors, making a mess; throwing things, kicking things, breaking things, setting fires.</td>
</tr>
<tr>
<td>Physical aggression against others:</td>
<td>Swings at people, grabs them, strikes, kicks, pushes, pulls hair, attacks others.</td>
</tr>
</tbody>
</table>

**Q5.2 Incidents of self-harm & attempted suicide**

Please place a tick in each row, unless there have been no incidents, in which case leave blank. The numbers you report should be of events or incidents, not patients.

<table>
<thead>
<tr>
<th>Attempted suicide:</th>
<th>Significant overdose, potentially lethal, severe cutting, attempted hanging, plastic bag over head, jumping, drowning attempt, jumping on front of vehicle, bridges, CO poisoning, wrist or throat slashing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-harm:</td>
<td>Picks of scratches at self, hits self, pulls own hair, bangs head, punches objects, throws self on floor, cuts, bites or otherwise mutilates self.</td>
</tr>
</tbody>
</table>

**Q5.3 Incidents of general rule breaking**

Please place a tick in each row, unless there have been no incidents, in which case leave blank. The numbers you report should be of events or incidents,
not patients. For example, if the same patient refuses to eat twice, this counts as two incidents during the shift. Please only record incidents which take place within the hospital grounds.

In all cases where patients refuse (e.g. to go to bed, or to take regular medication, etc.) please count as an incident even if after nursing time and attention the patient is persuaded to comply.

| Refusing to see workers | Patient refuses to see worker when asked, or attend meeting (e.g. ward round, review) or comply with routine procedure (e.g. give blood/urine sample, sign care plan), even if the patient is eventually persuaded to comply. |

Q5.4 Incidents of drug or alcohol use

Please place a tick in each row, unless there have been no incidents, in which case leave blank. Please record incidents even when consumption has taken place elsewhere, but the patient returns to the ward ‘under the influence’.

Q5.5 Incidents of absconding behaviour

Please place a tick in each row, unless there have been no incidents, in which case leave blank. The numbers you report should be of events or incidents, not patients. For example, if the same patient attempts to abscond twice, this counts as two incidents during the shift.

If a patient is missing without permission and is then later officially reported, this counts as one of each type of event.

Q5.6 Incidents of medication related behaviours

Please place a tick in each row, unless there have been no incidents, in which case leave blank. The numbers you report should be of events or incidents, not patients. For example, if the same patient refuses regular medication twice (one two separate occasions, rather than doses of two different drugs), this counts as two incidents during the shift. These questions refer to psychotropic medication only, not analgesia, antacids, antiparkinsonian, etc. For regular and PRN medication refusals, incidents where the medication was or was not eventually accepted are recorded separately.

| Demanding PRN medication | Asking for, requesting or demanding PRN medication when it is not required or justified. |
### Q5.7 Uses of containment measures

Please place a tick in each row, unless there have been no incidents, in which case leave blank. The numbers you report should be of events or incidents, not patients. For example, if the same patient is physically restrained and placed in seclusion, this counts as two incidents during the shift, one of each type.

<table>
<thead>
<tr>
<th><strong>PRN medication:</strong></th>
<th>Medication given at the nurses' discretion in addition to regular doses, by any route, and accepted voluntarily. Ignore analgesic or antiparkinsonian medication, must be psychotropic.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IM medication (enforced):</strong></td>
<td>Intramuscular injection given without consent.</td>
</tr>
<tr>
<td><strong>Sent to PICU or ICA:</strong></td>
<td>Transferred to Psychiatric Intensive Care Unit, or Intensive Care Area</td>
</tr>
<tr>
<td><strong>Seclusion:</strong></td>
<td>Isolated in a locked room</td>
</tr>
<tr>
<td><strong>Special observation (intermittent):</strong></td>
<td>Any increased level of observation, of a greater intensity than that which any patient generally receives, and which is coupled with allocation of responsibility to an individual nurse or other worker. Periodic checks at intervals. <strong>Count once for each shift or part of shift observation maintained.</strong></td>
</tr>
<tr>
<td><strong>Special observation (continuous):</strong></td>
<td>Any increased level of observation, of a greater intensity than that which any patient generally receives, and which is coupled with allocation of responsibility to an individual nurse or other worker. Continuous: within eyesight or arms reach of the observing worker at all times. Count once for each shift or part of shift observation maintained.</td>
</tr>
<tr>
<td><strong>Show of force:</strong></td>
<td>A number of staff are assembled within view of the patient, with the implicit or explicit threat that the patient will be physically restrained or forced to undergo treatment, unless they comply voluntarily.</td>
</tr>
<tr>
<td><strong>Manually restrained:</strong></td>
<td>Any occasion on which staff physically hold the patient, preventing movement, typically in order to prevent imminent harm to others or self, or to give treatment, or to initiate other methods of containment. <strong>If patient restrained in order to give medication, or to be placed in seclusion, etc., count one for each category.</strong></td>
</tr>
<tr>
<td><strong>Time out:</strong></td>
<td>Patient asked to stay in room or area for period of time, without the door being locked</td>
</tr>
</tbody>
</table>
Q6.1 Research centre and Research number

Please ignore these unless asked by the researcher to provide answers. These questions enable the research team to count all the PCC-SRs from the same ward together, and not get them mixed up with results from other wards.

What to do if you have a query

If you have any further questions about how to complete the PCC-SR, please ask your ward liaison person. If they are not available, you can call your researcher.

Contacts:

Karen James
020 7848 0720
karen.james@kcl.ac.uk

Duncan Stewart
020 7848 5053
duncan.stewart@kcl.ac.uk