



QNPICU Staff Training Guidance Document

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Introduction

Effective and targeted staff training is essential for delivering quality care in mental health services, yet there remains need for further direction and consistency in the training opportunities available to staff, particularly staff working in psychiatric intensive care units (PICUs). To address this need and gain a better understanding of the existing training processes, the Quality Network for Psychiatric Intensive Care Units (QNPICU) surveyed member services to identify good practice in training opportunities available for PICU staff as well as potential gaps in training. These insights provided context for the introduction of a Staff Training Working Group, which consisted of a team of clinicians from member services dedicated to analysing the survey findings and shaping a comprehensive guidance tool. This document represents the outcome of their efforts.

Purpose

This guidance document is designed to support PICUs in identifying staff training needs in this clinical area. Over the years, feedback collected from PICU staff during Quality Network peer-reviews reflected that there are notable gaps in training available to them relating to their clinical environment in PICUs; this has impacted the delivery of quality care. This document aims to outline the essential and desirable training areas to address these gaps as informed by the Working Group, feedback from member services and the training standards from the [QNPICU third edition standards](#) (2023). This document serves as a tool to guide PICUs in enhancing staff development and providing best quality care. It should be used as guidance to be tailored to the specific service and staff needs. Where relevant, co-production with patients and carers should be utilised in the development and delivery of trainings.

Artwork displayed on the front cover of this report was created by a patient at Chamberlain



Type 1: Essential Trainings

These are mandatory trainings identified as crucial for all staff. They should be delivered during induction, refreshed annually and regularly revisited through ongoing conversations, such as during supervisions and team away days.

Relational Security

Understanding how to maintain safe and effective relationships between staff and patients is important for the successful functioning of a PICU. This should explore key areas of maintaining relational security, such as:

- Whole care team (who is responsible for maintaining clear boundaries and purposeful therapy).
- The patients on the ward (affecting patient mix and dynamics).
- The inside world experienced by patients (patients' personal world and physical environment).
- The connection patients have with the outside world (impact of visitors and outward connections).

This should incorporate See, Think, Act. Further guidance can be found [here](#). *This training should be offered twice per year.*

Legal Frameworks

An understanding of relevant mental health and capacity legal frameworks is essential. This should include an explanation of the frameworks and patient rights.

Introduction to PICU

An introduction to the PICU environment. This can include information on admission criteria, record keeping, handover processes, a team's vision for the ward, expectations for teamworking and staff wellbeing initiatives.

Preventing and Managing Violence and Aggression

Preventing and managing violence and aggression training is essential for PICU staff. This training should explore how the ward manages violence and aggression, including de-escalation, restraint and reporting incidents of violence and aggression.

Substance Misuse Awareness

This training should support staff to be able to identify different types of substances and what the use of different substances looks like. Ideally this should be provided by psychology or a drug and alcohol service.

Care Planning

Care planning training should include how to involve patients in care planning and documenting patient voice. The training should also cover frequency of reviewing care plans, which should be weekly.

Personal Support Plan

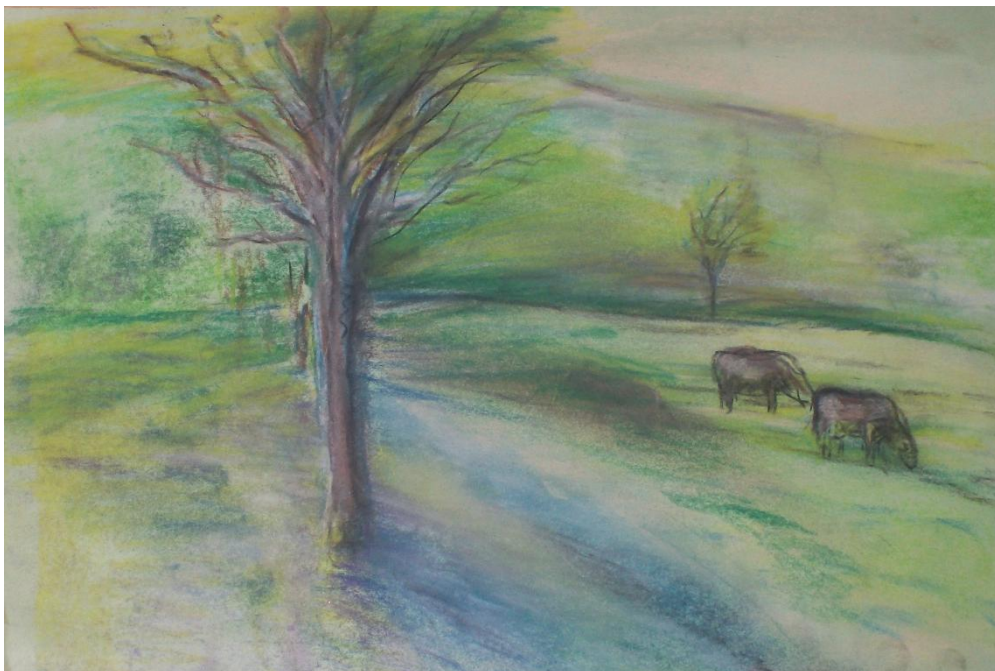
Personal support plan training should include avoiding incidents, developing alternative behaviours and how to create a plan collaboratively with patients. This could be a Positive Behaviour Support (PBS) plan, for example.

Seclusion

For services that have seclusion, it will be helpful for staff to have a training on managing seclusion and minimising its use. There should also be a component on long term segregation, where applicable. Role playing scenarios should be part of the training, i.e. when to place patients in seclusion and how to safely re-integrate patients onto the ward.

Clinical Risk

This training should include strategies for effectively managing risk within a PICU. This would include service-specific risk assessment and incident reporting processes.



‘The Landscape Summons the Day’, created by a patient at Devon Ward.

PHYSICAL HEALTH TRAINING

Findings from the member feedback indicate that some aspects of physical health training are considered essential, while others are deemed desirable.

The following areas were identified as essential physical health training topics, to be refreshed twice yearly:

- National Early Warning Score (NEWS 2).
- Monitoring post rapid tranquilisation.
- Monitoring neurological observations: assessing a patient's neurological status to detect any changes or deterioration.
- Basic Life Support/Immediate Life Support.
- Adverse reactions to antipsychotics, including recognising signs.
- Essential physical observations: blood pressure, pulse, respiratory rate, temperature, assessing consciousness and Alert, Verbal, Pain and Unresponsive (AVPU).
- Medication toxicity: management, assessment, stabilisation and decontamination.
- Treatment of pregnant people (where applicable).

For a guide on physical healthcare equipment recommended for mental health wards, see Appendix 1 of the [Brief Guide: Physical healthcare in mental health settings](#).

Type 2: Desirable Trainings

These are desirable trainings identified as beneficial, but not crucial, for all staff. They could be delivered during induction and offered as bitesize trainings. They should be repeated as deemed appropriate by the ward.

Carer Engagement

This training should include best practice for involving carers in patient's care. It could include guidance on communicating with families, including what information can be passed on when patients do not grant consent. This training should be co-designed and, where possible, co-delivered by experienced carers.

Quality Improvement (QI) and Research

This training would highlight opportunities to get involved in QI and research on the ward. It could cover past QI initiatives and how to involve patients and carers. There should also be an introduction to the relevant lead, if there is one.

Trauma Informed Care

This training would review skills for understanding, recognising and responding to trauma, creating safe and supportive environments. It should review the trauma informed principles.

Role of MDT Members

It would be beneficial for staff to have an understanding of the various roles within the MDT and the therapies on offer at the service.

Ward Specific Restrictive Practice Processes

This training would cover what restrictive practice is, existing blanket rules and processes to reduce them. There should also be an introduction to the relevant lead, if there is one.

Patient Perspective

A training on the patient experience and perspective. This would include feedback from patients on what it is like to be a patient at the service and how staff can best support them. This training should be co-designed and, where possible, co-delivered by experienced patients.

PHYSICAL HEALTH TRAINING

The following areas were identified as desirable physical health training topics:

- Preventative physical health.
- Management of common physical trauma and wound care.
- Electrocardiogram (ECG) and blood taking.
- Substance misuse: warning signs, signs of deterioration, withdrawal and how to escalate concerns.
- Management of cardiometabolic risk reduction covering topics such as diabetes and heart disease.



'At Home At Rest', created by a patient at Devon Ward.

QNPICU Staff Training Working Group

With thanks to the QNPICU Staff Training Working Group for their contributions in formulating this guidance document. The group met three times to discuss the trainings and findings from surveyed members:

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'A Eye', created by a patient at Leverndale Ward.

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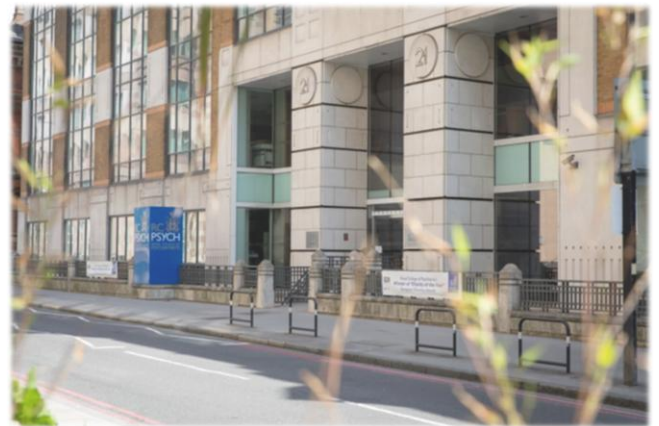
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