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Constructing the “Ideal” First-Post Sonographer: Mapping the views of Ultrasound Department leads in the UK

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disclosure of conflict of interest

• There are no potential conflicts of interest or relevant relationships to report.
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background

• Current chronic lack of sonographers in the UK healthcare services (Society and College of radiographers, 2014),
• DEUS Postgraduate course University of Cumbria 2016
• Original HENW study investigated in-depth interviews with Ultrasound Department Leads throughout the North West of England.
• Research evaluated participants’ views on the best course(s) of prospective action in relation to:
  – future workforce development strategies;
  – proposed sonographic education models.

design

• An opportunity sample of participants (N=20) was recruited from Merseyside, Greater Manchester, Lancashire and Cumbria, working both within NHS Trusts (N=17) and independent providers (N=3).
• Interviews were semi-structured, conducted and recorded by telephone and transcribed verbatim. Key identifiers were removed to preserve participant anonymity. Mean interview length was 25 minutes.
• A Straussian Grounded Theory approach (Strauss & Corbin, 1998) was used to investigate qualitative contributions, allowing for the accommodation of both range and depth in the data: Inductive Approach.

“ideal” identities

• Following their evaluations of the prospective educational models, participants were finally asked to outline the defining attributes of their “ideal” first-post sonographer.
• Expectation of repeated and consistent official lines on “Essential” and “Desirable” characteristics in role specs.
• Findings indicated something different, more closely related to evidence arising from current social psychological literature on Talent Identification (henceforth Ti: Miller, Cronin & Baker, 2015).

sorting attributes

• When describing the ideal attributes that they would look for in a new sonographer, participants largely sorted them (implicitly and explicitly) into:
  1. The Innate (i.e. core properties of a person), and;
  2. The Malleable (i.e. skills that could be developed).

“communication is the most important thing”

“the ability to work autonomously”

“You have to be able to talk to people”

“The ability to prioritise a workload”
Trends

• **Technical** attributes (i.e. specifically sonographic proficiencies) were generally taken to be highly malleable; they had been trained and could be trained further.

• **Personal** attributes (i.e. nominally psychological traits and baseline social skills) were generally taken to be rather less malleable than technical attributes, and often innate.

'Manipulation of the machine should be a priority'

'It's important that it's a caring person'

'Even the Psychobiological..?'

• Strong hand-eye coordination as **innate**:
  - "Good hand-eye coordination, they've got to have that dexterity to actually physically scan."

• Strong hand-eye coordination as **malleable**:
  - "There is a requirement for **basic** hand-eye coordination, which will be built on in any department."

“Technical” Smörgåsbord!

• **Ideal Attributes**
  - Equipment Manipulation
  - Hand-Eye Coordination
  - Communication Skills
  - Knowledge

“Personal” Smörgåsbord!

• **Ideal Attributes**
  - Academic Ability
  - Empathy
  - Perfectionism/Drive
  - Communication Skills

“BUT!”

• There was some overlap between how technical and personal skills were defined.
  - E.g. Communication skills, resilience, hand-eye coordination and capacity to understand personal limitations were variably framed as technical or personal attributes, or both.

• There was also considerable variability in interpretation around the malleability of personal attributes such as resilience, academic capacity, empathy, drive, communication and teamwork.

Thus Far…

• Participants did not always agree upon what constituted the desirable technical and/or personal attributes of a new sonographer.

• Participants did not always agree on which attributes were innate and/or malleable within a new sonographer.

• Participants did not always agree on whether the more malleable attributes of a new sonographer could be actively developed, or should be passively allowed to develop.
Personal Experience

Clear implications for candidate-selection
University of Cumbria 3 stage selection process:-

- Academic,
- interpersonal/communication,
- hand eye coordination/spatial awareness,
- knowledge of Ultrasound,

Someone who is responsible enough to pick up the reporting challenges we face

But ..........

- Psychological work on TI indicates that no matter what the formal selection processes might be...

- "...no set of directives can [ever] be specified to cover all empirical contingencies (Garfinkel, 1967). As such, even if a prescribed model is nominally being utilised to-the-letter, there always remains some degree of situated (and thus experiential) interpretation involved in any involved decision." (Miller, Cronin & Baker, 2015, p.646)

Manifesto Point

- So, we might propose, that some of the inconsistent opinions of employers with inconsistent first post sonographers inevitably gives rise to inconsistent ways of interpreting and valuing their attributes.

- Ultrasound training programmes are challenging and there are many facets to consider when designing a curriculum or developing a selection process

  - Our business is to address any inconsistency within the educational domain,

  - Have the patient at the forefront of everything you do

  - Giving bad news, I think that should be a really big focus

Summary

- There are varying opinions of the ideal attributes of a first post sonographer

- Some attributes are unanimously seen as essential but there are differing opinions on whether these are 'trainable'

- To invoke more consistent standards, we need to produce more consistent sonographers.

- Can the initial selection process and curriculum help with this?

References


