

## 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.

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## 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 Strauss 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**.

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## “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.
 

*‘A fairly key facet is being able to cope with the academic requirements’*
- Expectation of repeated and consistent official lines on “Essential” and “Desirable” characteristics in role specs.
 

*‘Communication is the most important thing’*
- Findings indicated something different, more closely related to evidence arising from current social psychological literature on Talent Identification (henceforth TI; Miller, Cronin & Baker, 2015).
 

*‘The ability to work autonomously’*

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## 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).

*‘You have to be able to talk to people’*

*‘The ability to prioritise a workload’*

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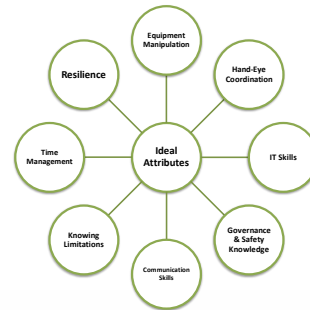
## Trends

- **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'*

## "Technical" Smörgåsbord!



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## "Personal" Smörgåsbord!



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## 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.

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## 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."*

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## 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.

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## 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'*

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## 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)

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## 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.

*'Have the patient at the forefront of everything you do'*

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

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

– Our business is to address any inconsistency within the educational domain.

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## 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?

*'I think the biggest thing is someone who wants a career in Ultrasound'*

*'I'm looking for someone who is training because they want to do this job'*

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## References

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