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Communication skills training in ultrasound: Ultrasound practitioners' views.



WE NEED TO TALK

STEPHANIE EASEN, GILL HARRISON

Ultrasound is a routinely performed, but complex examination, to determine normality or otherwise, of a fetus in pregnancy. In England the Fetal Anomaly Screening Programme (FASP) recommends that all women are offered two scans in pregnancy, one of which is the anomaly scan that performed between 18 weeks to 20 weeks and six days of gestation¹. With the introduction of a national screening programme for ultrasound in pregnancy and screening for chromosomal abnormalities, the communication between ultrasound practitioner and patient has become more complex, as additional services and optional screening methods have been introduced².

The ultrasound practitioners' communication skills during an anomaly scan will have an impact on the expectant parents. Van der Zalm and Byrne's³ small qualitative study investigated mothers' experiences of unexpected or bad news during an obstetric ultrasound scan. They concluded that the experience of an ultrasound scan has a profound and unforgettable impact upon the mother, irrespective of the diagnosis³. Most parents consider the ultrasound scan an important part of their maternity care for reassurance and bonding with their baby, whilst others view the scan as a social event and not necessarily a medical examination for prenatal diagnosis⁴, which can be problematic if an abnormality is seen during the scan.

In the event of detecting an abnormality, it is the ultrasound practitioners' responsibility to communicate these difficult findings and support the parents through their mixed emotions and distress⁵.

In recent years, emphasis on patient satisfaction of healthcare has increased⁶. Yeh and Nagel's⁷ review of communication in women's health found that progress has been made, but further patient-centred communication improvements are needed, which in turn should increase patient compliance and satisfaction⁸. Effective communication is particularly important for developing successful relationships to assist in obtaining details from a patient, delivering information and aiding in decisions to manage uncertain findings⁹. Moreover, good communication can lead to better patient satisfaction and reduced complaints. Litigation is common in obstetrics, with cases rising each year¹⁰. Patient complaints are also increasing annually¹¹, with one of the highest causes for complaint being poor communication and information, accounting for 11% of complainants in the 2010-2011 report.

There are limited communication skills training programmes for teaching the unique skills required by the ultrasound practitioner to deliver bad news with no time to prepare. The charity Antenatal Results and Choices (ARC) run one day courses to support a range of healthcare professionals in communication skills and 'delivering difficult news'¹². These courses are the most popularly attended by ultrasound practitioners. Maddocks et al's¹³ survey in 2009, of 156 obstetric ultrasound units based in England, concluded that 76% of the participating obstetric units had attended communication training with the majority (72%) completing the ARC courses. The remaining units received training, either in-house or other external courses. Responsibility to ensure skills are current is left to the individual practitioner after completion of their ultrasound training. Currently, there are no national or specific communication skills training programmes available for ultrasound practitioners breaking bad news (BBN) in fetal anomaly screening.

This study aimed to review ultrasound practitioners' views about communication skills training for giving difficult news during an anomaly scan, determine how useful respondents thought a specific communication skills training programme would be to aid or improve their practice when disseminating bad news during an anomaly scan, and to investigate ultrasound practitioners' preferences for mandatory or voluntary communication skills training.

METHOD

An online questionnaire was designed, containing open, closed and Likert scale questions in addition to free text space for comments, using SurveyMonkey™. The participants were self-selecting through advertisements placed in *Synergy News*, *Midwives* and *Ultrapost* (BMUS). Inclusion criteria were an ultrasound qualification, currently practicing and performing obstetric fetal anomaly ultrasound scans. The results were analysed using descriptive statistics and review of free text comments.

Ethical approval for this study was granted by the School of Health Sciences ethics committee, City University London (reference: MSc/12-13/34).

RESULTS

An analysis of the results was performed using an interpretative method to provide an in-depth relational

analysis. The main strength of this research was the inclusion of the transformational technique in the design, but the main weakness was the participant sampling method which meant the probability and inferential statistics were not possible¹⁴.

There were 131 responses to the questionnaire, of which the majority (45%) were recruited from *Synergy News*, with others responding after finding out about the survey from *Ultrapost* (11%), *Midwives* newsletter (6%), a colleague (17%) and 21% 'other'. 'Other' included recruitment through the Society and College of Radiographers (SCoR) website/email and by their colleagues/ex-colleagues through emails or social networking sites.

Participants were asked for their opinions on BBN during the anomaly scan (Figure 1). Free text comments suggested that breaking bad news was 'difficult', 'stressful' and 'never easy' and needing





“ Good communication can lead to better patient satisfaction and reduced complaints ”

time to ‘mentally prepare’ before discussing the news. Confidence levels varied, dependent on the nature of the abnormality identified and the certainty of prognosis. Confidence was lower when a complex abnormality was seen or the diagnosis was unknown, and as a result, the medical pathway was unclear. The most common qualitative theme (35%) was related to years of experience and the positive effect this had on practitioners’ ability to disseminate the findings, with one comment: “It is a skill you learn and improve the more times you do it.” Experience and confidence did not, however, make the process of breaking bad news any easier, for example: “I have been breaking bad news for many years. It never gets any easier” and “no matter how prepared one is or how experienced there will always be situations which cause an enormous amount of stress and times when one simply has no words.”

Since qualifying, 85 (65%) respondents had

attended communication skills training, of which 61 (70%) suggested the training had prepared them for communicating difficult findings during an anomaly scan (Figure 2). The majority of ultrasound practitioners (72%) attended a single one-day communications skills course during their careers. The ARC training was the most popular (58%), with attendance being on Saturday. When questioned about preferences for training, 112 (85%) UPs wanted specific communication skills training for breaking bad news during an anomaly scan (Figures 3 and 4). Interestingly 67% of UPs requested this specific training to be mandatory (Figure 3).

In relation to the training requirements, the participants most commonly suggested group discussions (27%), lectures (23%) and role play (19%) as the most appropriate methods for training.

DISCUSSION

Simpson and Bor’s¹⁵ study of sonographers suggested that communication skills training could benefit sonographers by helping to improve their confidence, whilst considering the impact of the news on the patient. The majority (85%) of respondents in the current survey, wanted a specific communication skills training course for communicating difficult findings during the anomaly scan and of these, 67% wanted mandatory training. Ultrasound workloads are increasing^{16,17}, which can impact on training and development opportunities¹⁷, so it is possible that mandatory training was selected as the most popular response, as it would provide an opportunity for staff to develop their skills in this challenging area, with protected study time, as provided for other mandatory training such as moving and handling. This was supported by ultrasound practitioners’ responses relating to limited funding for courses, staff shortages, difficulty gaining approval to attend training, oversubscribed or no courses available. The same restrictions were also found within the ultrasound survey by Maddocks et al¹³ revealing staff shortages and few practitioners having protected time for continuing professional development (CPD). One respondent suggested that ‘mandatory attendance is the only way funding will be provided in the current climate’.

The qualitative comments regarding attitudes towards further training after qualifying were varied, as found by Brasseur¹⁸, who quotes a respondent’s ‘frustration’ with the range of communication skills demonstrated within the clinical ultrasound department. Factors that might have influenced their views towards training included their position within the ultrasound department. Payne, Turner and O’Brien¹⁹ found that a medical practitioners’ responsibilities and seniority could imply that they already have superior and modified communication skills. This assumption may also relate to ultrasound practitioners, leading some to feel under scrutiny by other colleagues or deem themselves above the requirements of training. Interestingly, one participant stated: “...a core part of the obstetric ultrasound training syllabus for all categories of staff. Should be compulsory. Those who need it most, often do not voluntarily attend, either because they think that they don’t need it, or because they are a bit afraid of facing this kind of content.” In addition to practitioners feeling confident in their role due to experience, others could potentially have unconscious incompetence, being unaware of limitations in their ability^{20,21}. Ammentorp’s study of healthcare professionals (HCPs)²² suggested that HCPs

“Delivering ‘bad news’ in real time is extremely stressful”

having undergone training, may be more aware of their abilities and limitations when communicating with patients. The study²² included longitudinal review of participants over 6 months, demonstrating sustained improvement of self-efficacy six months after training, with statistically significant levels compared to the control group. Views on what constitutes effective communication may also differ amongst ultrasound practitioners⁹. Mandatory communication skills training would ensure that all healthcare professionals undertaking this challenging role would benefit from updates and feedback on their skills, but also for those who have extensive experience, a sharing of knowledge and expertise with less experienced colleagues.

The results of this survey were similar to a study carried out over 16 years ago¹⁵, with 65% of respondents having attended training in communicating difficult findings, compared with 61% in Simpson and Bor's study. Of those 85 respondents who attended communication skills courses 23 (26%) participants attended once 20 (23%) infrequently attended and 14 (16%) participants skipped the question, which was incongruent with how often they would like to have refresher training. Herlitzer et al²³ concluded, that communication skills retention was up to two years post-training. Further refresher courses also motivated HCPs to retain their skills²³. These findings support respondents' views in this current study, with the majority (85%) wanting specific training to be regular and consistent every two years (26%). Comments included: "Everyone can benefit from refresher training in this difficult area," and training is "even more important now as more anomalies detected."

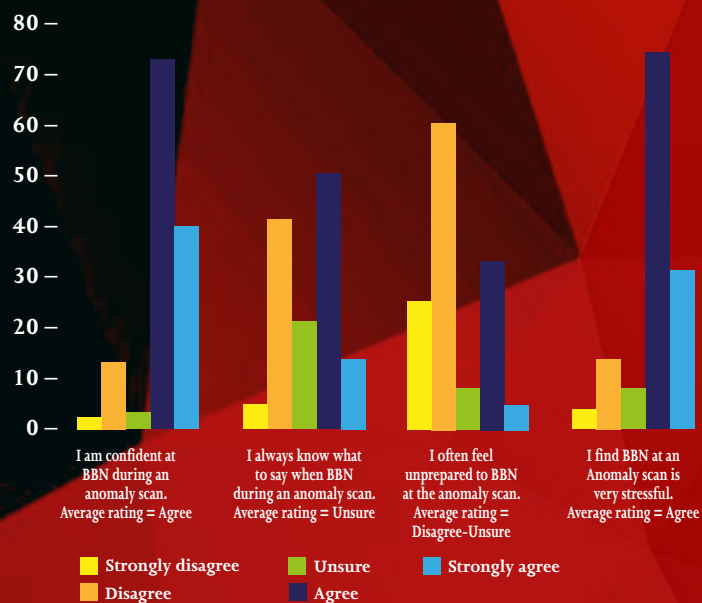
This study agreed with findings from previous studies such as Bresseur's¹⁸ research which highlighted the need for consistent training, to reduce variability within different units. This current study further adds to the knowledge base that ultrasound practitioners would value education for communicating difficult findings during the anomaly scan, with the preferred teaching method of role play and discussion of difficult scenarios. Harrison et al's²⁴ research found additional benefits were gained through group discussion, allowing for feedback and group collaboration, which was reiterated by a respondent's comments: "The course I attended was for sonographers and I gained more from talking to fellow sonographers than I did from the teacher". It has to be remembered that some

people dislike role play, with a small minority (5%) expressing a dislike for this method of learning. One suggested actors could demonstrate communication scenarios. A further 11% favoured online courses, although considering the nature of the topic, online courses maybe less appropriate for learning verbal and non-verbal communication skills. Harrison et al²⁴ found that an online communication tool was beneficial for individual study, but also helpful for facilitating discussion during group workshops, which can be a useful resource to assist those who dislike role play.

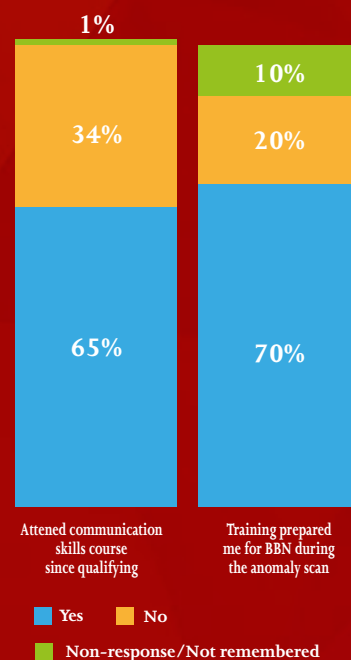
The survey results suggested general satisfaction with post-qualification communication skills training, although some respondents felt that the focus was more on the consent and final results of first trimester screening for trisomies, than on the ultrasound practitioners' role of delivering challenging news, often without any preparation. One respondent suggested: "I do feel that they could give more attention to the situation of the sonographer breaking bad news or giving ambiguous and frightening news within 20 minutes of meeting a couple." Simpson and Bor¹⁵ and Bresseur¹⁸ highlighted the issue of communicating unexpected, uncertain or difficult news to someone the healthcare professional (HCP) has only just met, as one of the most difficult aspects of the ultrasound practitioners' role. A respondent's comments in this study reiterated that "delivering 'bad news' in real time is extremely stressful...appropriate training is needed" with the inclusion of "coping strategies to manage the shock and stress."

Communication skills training has already been successfully developed in oncology, with the introduction of the advanced, three-day mandatory training programme 'Connected', for healthcare professionals in England¹⁹. Barth and Lannen's²⁵ research found that healthcare professionals appreciated communication courses and the training led to improvement in the quality of care. Interestingly, research evaluating this national programme found that the 'one size fits all' training did not suit all learning needs¹⁹. This work could be modelled to assist in the development of training for other health professions, such as ultrasound practitioners, whilst tailoring some of the training to meet local practice needs.

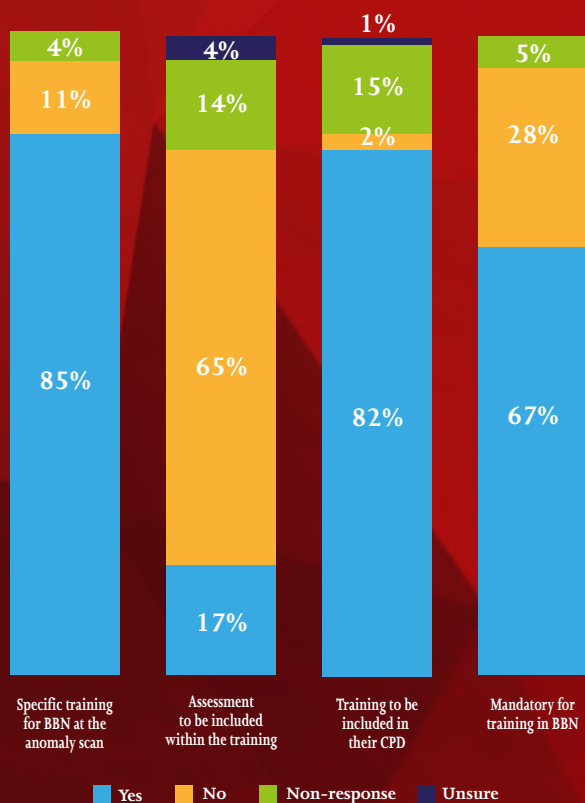
The NHS business plan, 'Putting patients first' (2013/14 – 2015/16)²⁶ has placed an emphasis on improving services and patient satisfaction in the NHS. Additionally, the Ombudsman report (2010-2011)¹¹ demonstrated one of the highest causes for grievances was related to poor communication and lack of information, accounting for 11% of complaints. The development of a mandatory, specific communication skills course for ultrasound practitioners disseminating bad news during an anomaly could potentially enhance practice, thus improving patient experience of the fetal anomaly screening service. Whilst many studies suggest communication skills training improves patient experiences²⁷⁻³⁰ it has to be recognised that training does not always lead to changes in patient care, as highlighted by Johnson et al³¹, who found no significant difference in patient feedback scores pre- and post-training. The study also noted that patients having ongoing care rated their HCP more highly than patients meeting the HCP for the first time, which is a common scenario for many ultrasound practitioners. Further research could include evaluation of pre- and post-training patient feedback, using a similar format to Johnson et al³¹, with a more rigorous, unbiased



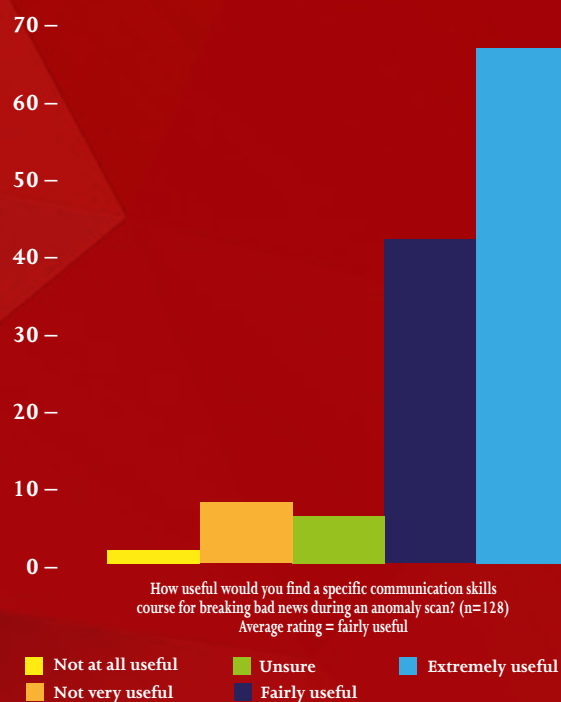
▲ Figure 1. Participants' current views on the given statements relating to breaking bad news (BBN) during the anomaly scan. (n=131).



▲ Figure 2: Chart demonstrating the attendance and opinions on previous communication skills training



▲ Figure 3: ultrasound practitioners' opinions about specific communication skills training.



▲ Figure 4 The ultrasound practitioners' attitude rankings on the statement "How useful would you find a specific communication skills course for BBN during the anomaly scan? (n=128).

selection process, although this can be difficult due to ethical considerations. It would be interesting to assess pre- and post-training feedback for a range of ultrasound practitioners, if mandatory communication skills training was implemented and triangulate that with practitioners' self-reported competency and confidence levels.

There are limitations with this study, particularly with selection and recall bias, as participants were self-selecting, suggesting a possible interest in communication skills training or conversely having had a poor experience of training. Recall bias may have impacted on some responses, as half of the respondents had attended training between six and 20 years ago³². In relation to the number of ultrasound practitioners in the UK, the response rate was low, so the findings cannot be generalised to the wider population. The results are however useful to compare with previous studies and in the development of a communication skills training programme for ultrasound practitioners undertaking fetal anomaly scanning.

CONCLUSION

Communication skills, when delivering difficult results to patients in pregnancy, can have a profound impact on the patient's well-being and satisfaction with the care they receive. Negative consequences of poor communication can include reduced satisfaction, increased anxiety and potential litigation. This study found all the respondents would disseminate bad news at some point during their careers, however not all the participants had attended further communication skills training since qualification. Ultrasound practitioners in this study agreed with previous research findings, in that breaking bad news during an anomaly scan was stressful.

Although many ultrasound practitioners rated their past communication skills training highly, many found the ad-hoc nature of training to be a limiting factor in the development of their skills. Previous studies have suggested re-training every two years, which agreed with participants' views in this study, towards a specific, mandatory communication skills course, with refresher training every two years. A fifth of respondents felt that past training had not prepared them for breaking bad news during an anomaly scan. Over 80% wanted a specific course for communicating difficult news during the anomaly scan.

The study generated opinions which can be utilised in the development of a specific training programme for ultrasound practitioners delivering unexpected findings during the anomaly scan. Lectures, group discussions and role play, featured heavily as the most preferred methods of learning how to communicate adverse findings during the anomaly scan. The results of this study could inform local and national discussions about how to improve ultrasound practitioners' confidence in their abilities to communicate effectively in such challenging situations.

FROM THE AUTHORS' VIEWPOINT

The study has useful information for organisers arranging a communication skills training course, as the participants provided invaluable information on the preferred choices of course locations, the course duration, the frequency of course attendance, the course teacher's professional background, day of the week for attendance and style of training.

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<http://www.sor.org//learning/library-publications/itp>

This article has been prepared following local guidance relating to the use of patient data and medical images.

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HOW TO USE THIS ARTICLE FOR CPD

- Bad news can be defined as something which can adversely affect a person's view of the future (<http://patient.info/doctor/breaking-bad-news>). Consider which situations may be perceived as bad news in the obstetric ultrasound setting. Remember to consider this from a wide range of viewpoints, not just your own.
- Reflect on your own experiences of giving challenging information to patients. What factors have gone well, what could be improved and do you have any further training needs?
- How do you ensure your communication skills are adequate to deliver bad or difficult news during an anomaly scan?
- Do you feel there is a way to determine whether an ultrasound practitioner has effective communication skills or struggles to coherently deliver the news empathetically?
- Reflecting on your own experiences when delivering difficult news is a key aspect of self-development and a way to improve your skills. How have you done this in the past? Are there ways that you could do this more effectively? Is there any way to share your learning experiences with others, to develop skills more widely?

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