

# DELIVERING UNEXPECTED FINDINGS WHILST TAKING CARE OF YOURSELF

Judith Johnson, PhD, ClinPsyD,  
Clinical Psychologist  
Reader, University of Manchester  
Director, Manchester Clinical Academic Centre



# TODAY'S TALK

Why it's hard

What hinders sonographer recovery, what helps

Coaching for healthcare professionals



WHY DO YOU THINK IDENTIFYING  
UNEXPECTED NEWS IDENTIFIED BY  
ULTRASOUND IS HARD?



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**Why do you think identifying unexpected news identified by ultrasound is hard?**

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1. There is no time to prepare

2. Scans are emotionally powerful experiences which have become a modern rite of passage



## WE SHOOT THE MESSENGER

- We assign blame to the person who relays news, regardless of logic
- It is part of our process of ‘sense making’
- This is pronounced when the news is unexpected

John, L. K., Blunden, H., & Liu, H. (2019). Shooting the messenger. *Journal of Experimental Psychology: General*, 148(4), 644-666. <https://doi.org/10.1037/xge0000586>





# THE EMOTIONAL JOURNEY OF UNEXPECTED PREGNANCY NEWS



- Shock leads to a slowing of thought and a cortisol release.
- It has to be worked through by a process of 'making sense' of what has happened.
- Information processing capacity can be impaired until this has happened, as people are focused on this 'sense-making'

# IS SHOCK LIKE A MESSY THREAD?



Meta-ethnography of qualitative studies into nurses' and midwives' experiences of caring for women experiencing pregnancy loss

- 11 studies (129 participants)
- This work creates a messy ball of tangly emotions
  - Emotionally drained
  - Depressed
  - Physically and mentally exhausted
- Recovering involves untangling the mess by 'making sense' of the events which caused them

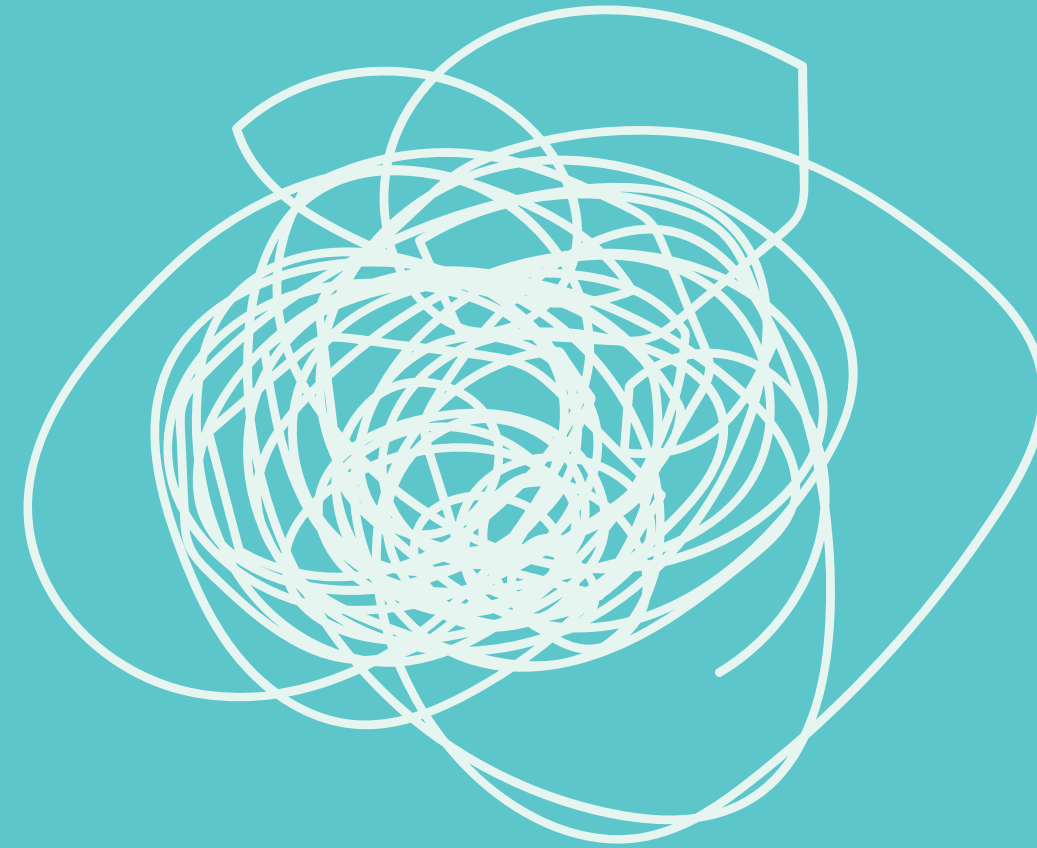




# FACTORS WHICH MADE THE THREAD VERY TANGLY.....



- Being new in role
- Lack of training
- Unhelpful policies/rules
- Lacking time
- Having own personal experiences 'triggered'



# FACTORS WHICH HELPED UNTANGLE THE THREAD.....



- Peer support from colleagues
- Training
- Professional policies/guidance
- Personal support from family/friends
- Faith/spirituality



# CAUSES OF STRESS IN SONOGRAPHERS

## EMOTIONAL BURDEN

Being unable to distance from patients

## LACK OF CLARITY

Lack of clear guidance; lack of a standard; chaotic environments

## MORE INTENSE CLINICAL WORK

Mixing patient-facing work with other types of work reduces stress

## HIGH WORKLOAD

No. scans; Short time allowances for scans; over-time; staff shortages

## CHALLENGES WITH CAREER PROGRESSION

## LACK OF UNDERSTANDING FROM PATIENTS



# HOW DO SONOGRAPHERS COPE?.....

I've got a couple of close friends that I've worked with for many years and I just sometimes think, I can't wait to see them lunch time to unburden

## PEER SUPPORT

## CONTINUOUS LEARNING

So I think personally I've benefited a lot by watching different sonographers, how they manage that situation and picking out what I consider to be good bits, good aspects of delivering bad news and try to formulate my own



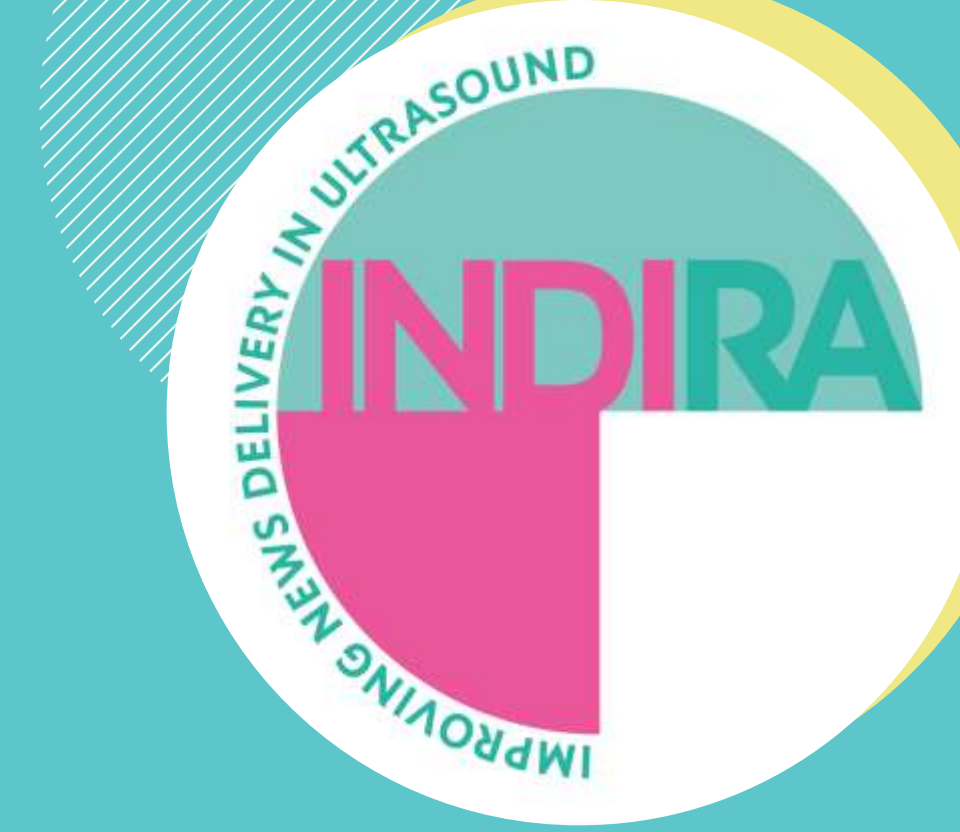
## THE MASK.....

“Your heart starts going at 100 miles an hour and you're absolutely panicking and you're trying desperately for your face not to show that”

“If you didn't deliver the happy-clappy scan to them.. They would complain. Irrespective if you've had.. you know, you'd told the previous patients some really bad news”

“I guess in a way you just bottle your emotions up and sort it out when you get home. That's quite difficult in itself”

(Hardicre et al., 2021)





IN AN IDEAL WORLD, WHAT  
SUPPORT WOULD YOU LIKE?



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**In an ideal world, what support would you like?**

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## A NEED FOR GREATER CREATIVITY...

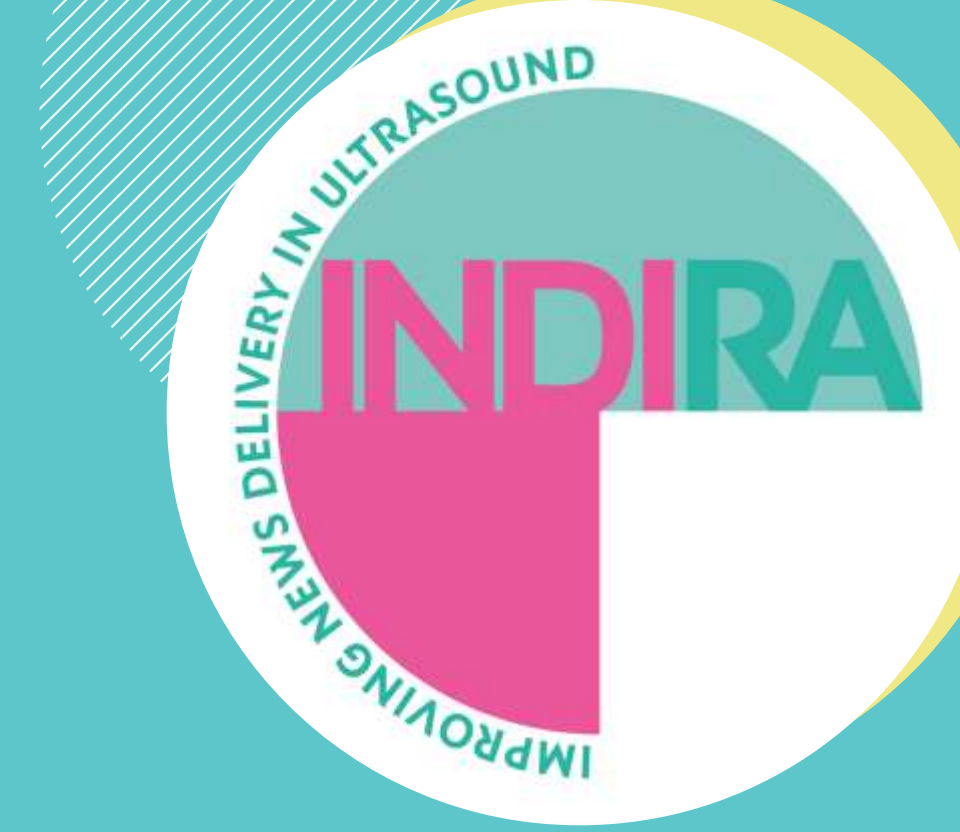
- Over-focus on didactic training (Johnson et al., 2019)
- Opportunities to practice, and receive feedback
- Emotional aspects
  - Peer support, clinical supervision and debriefing
    - Clinical supervision and debriefing recommendation 73/73 in the pregnancy loss review
  - Professional psychological support
- Policy and strategy? Gaps in guidance put the onus on individual staff members



## SOME TIPS AND SUGGESTIONS.....

- Forgive yourself when it goes wrong
  - Acknowledge the constraints of the situation
  - Consider news delivery 'super communication'
- Recognise the reality of shock
- Find meaning
- Advocate

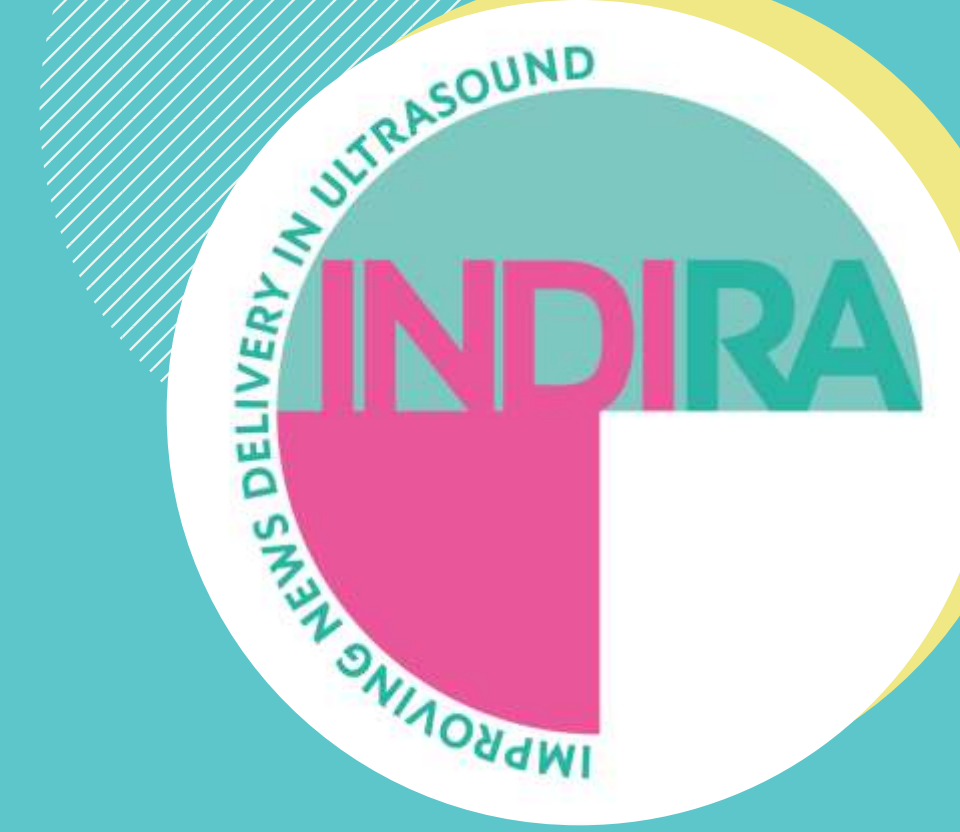
Pizza and wine. Distraction.





# INDIRA WRITING GROUP

- Lack of agreement on what ultrasound practitioners should say when delivering news
- 28 people attended a day-long workshop
- Healthcare professionals, academics, policy makers, lay experts
- Discuss key issues and aimed to reach consensus





# ASCKS

**A:** Avoid assumptions and loaded words

**S:** Set up the scan

**C:** Clear, honest communication

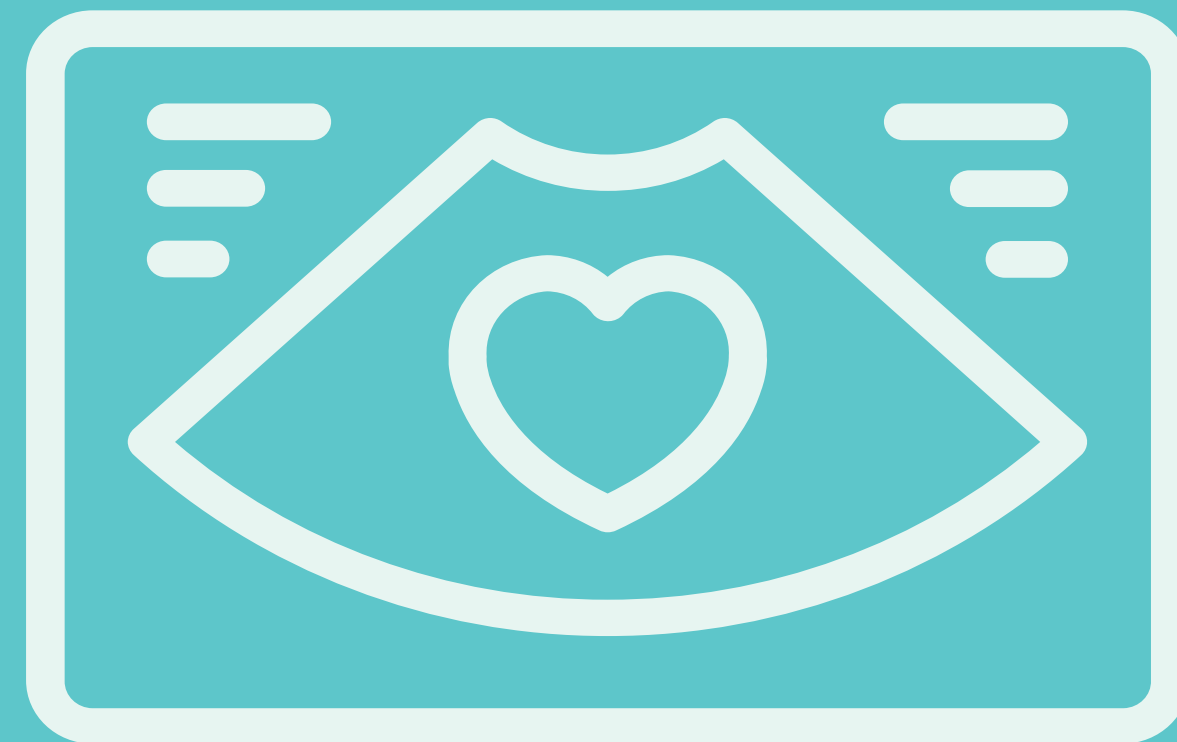
**K:** Kindness

**S:** Self care



# COMMUNICATION COACHING FOR SONOGRAPHERS (CCS)

- Coaching programme to support sonographers with delivering unexpected news
- Designed with sonographers, for sonographers
- Aimed to boost sonographer confidence
- Sonographers collect audio-recordings, these are transcribed and reviewed in coaching sessions



Sonographer: I can see a pregnancy sac, which is the place where the baby grows. But I can't see anything in that sac.

Expectant parent: Oh... are you sure? Can you check again?

Sonographer: Yes, I'm sorry... we scanned you 10 days ago and in that time I'd have expected the pregnancy sac to grow, and to see the development of the pregnancy. But the sac has grown only 1mm, and there is still no fetal pole.

Expect parent: Oh...



Sonographer: I can see a pregnancy sac, which is the place where the baby (K - use of 'baby') grows.

(C - translation) But I can't see anything in that sac.

Expectant parent: Oh... are you sure? Can you check again?

Sonographer: Yes, I'm sorry (K - expressing regret) I know this is upsetting news.

We scanned you 10 days ago and in that time I'd have expected the pregnancy sac to grow, and to see the development of the pregnancy. But the sac has grown only 1mm, and there is still no fetal pole.

Expect parent: Oh...



## CCS: results

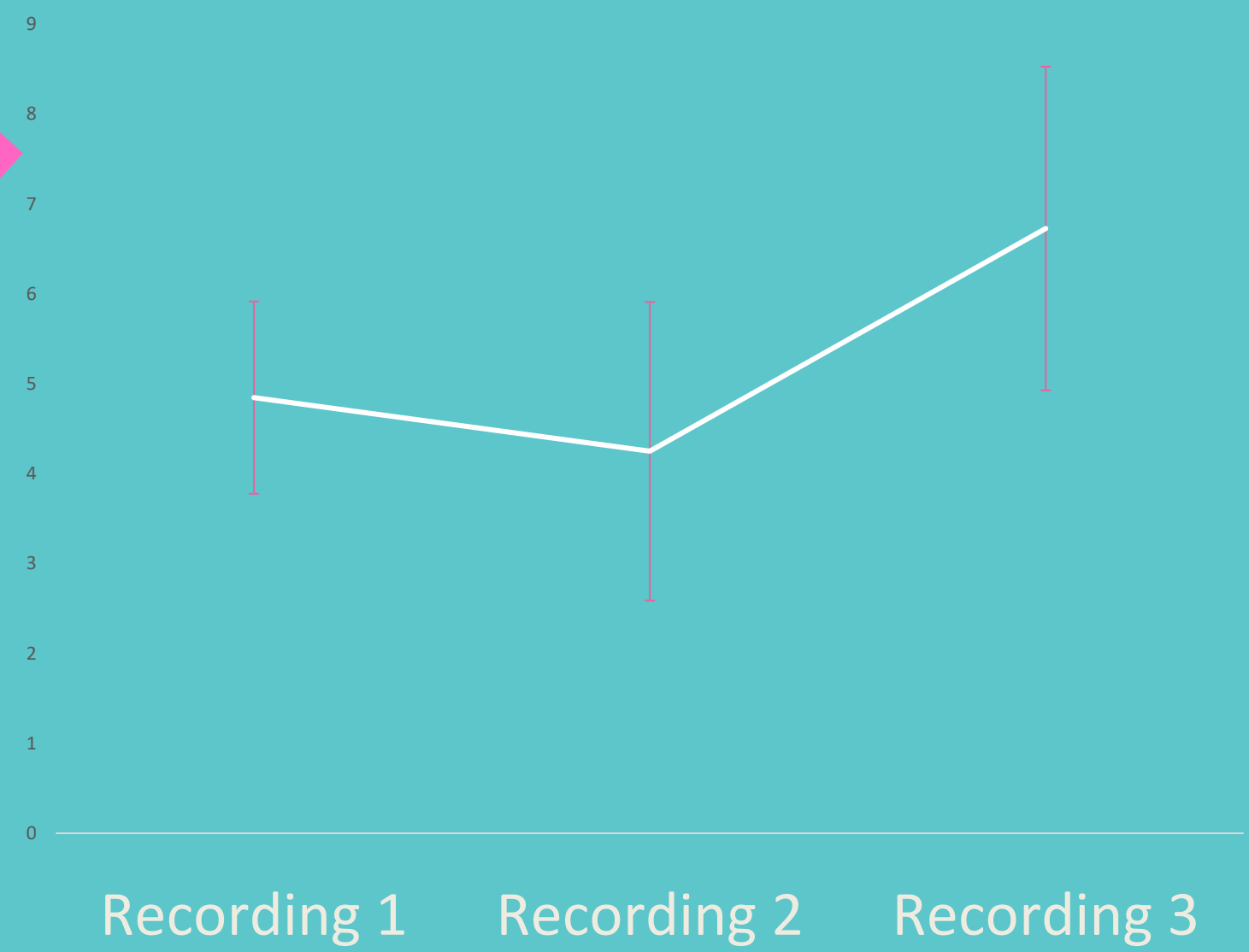
- 10 sonographers completed the intervention
- Significant increases in:
  - **Communication skills** (R1 m=4.85, SD=1.07; R3 m=6.73, SD=1.80, p=0.003)
  - **Communication confidence** (T1 m=28.00, SD=6.27; T2 m=32.80, SD=6.05, p=0.005)
- All respondents said they would recommend the intervention
- Most strongly agreed it was engaging (n=8; 89%) and imparted useful skills (n=8; 89%)



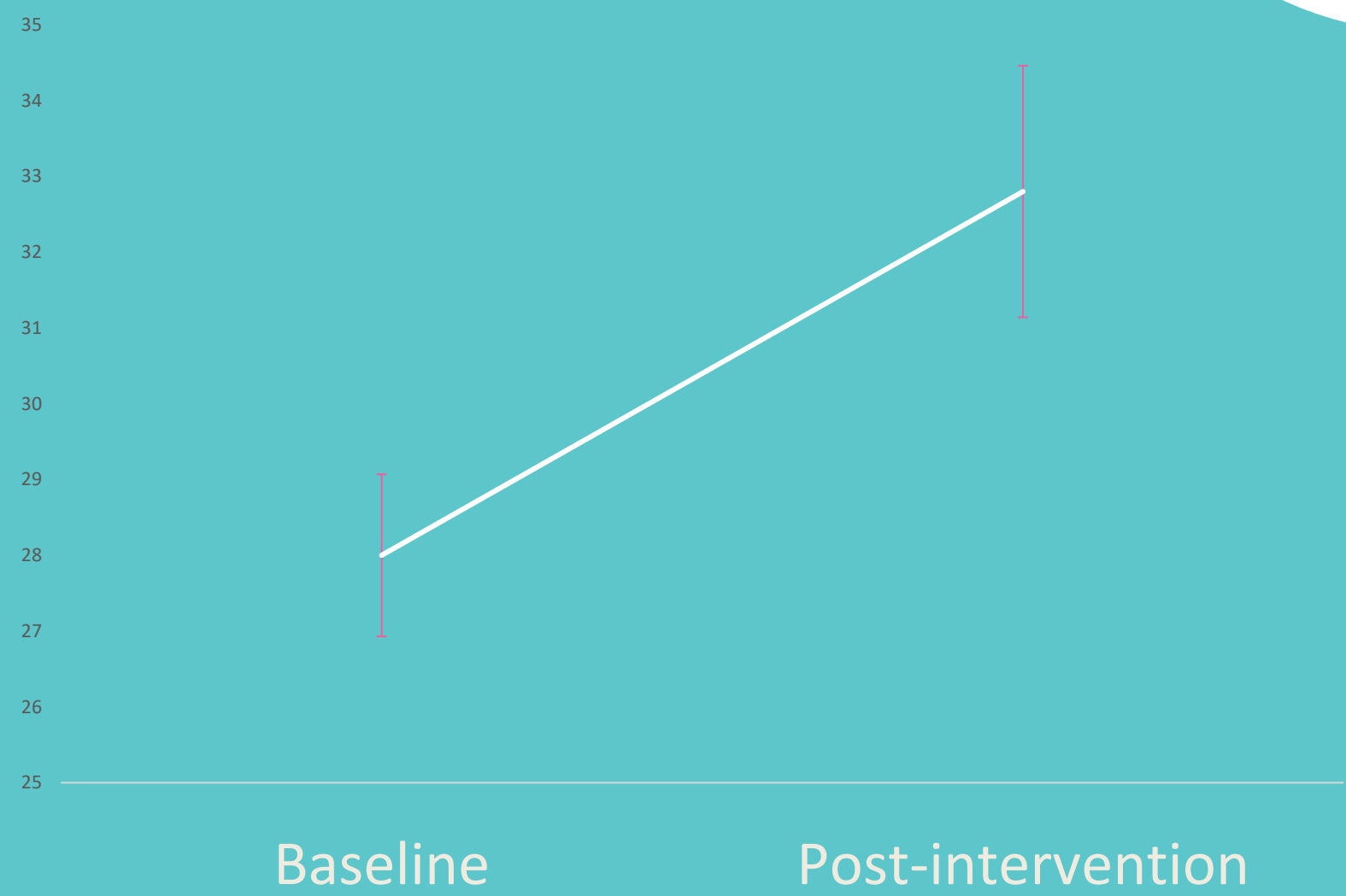




# CCS: results



Overall communication skills



Confidence in communicating

