

BMUS)))

Patient Experience and Delivering Compassion

Presented by: Angie White



**LONDON
IMAGING
ACADEMY**



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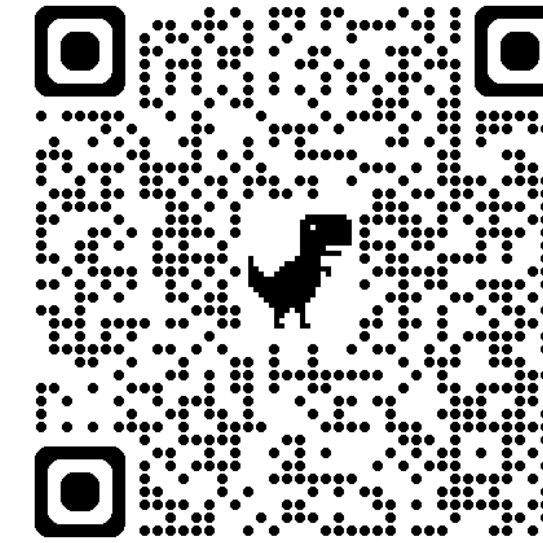
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Learning Outcomes

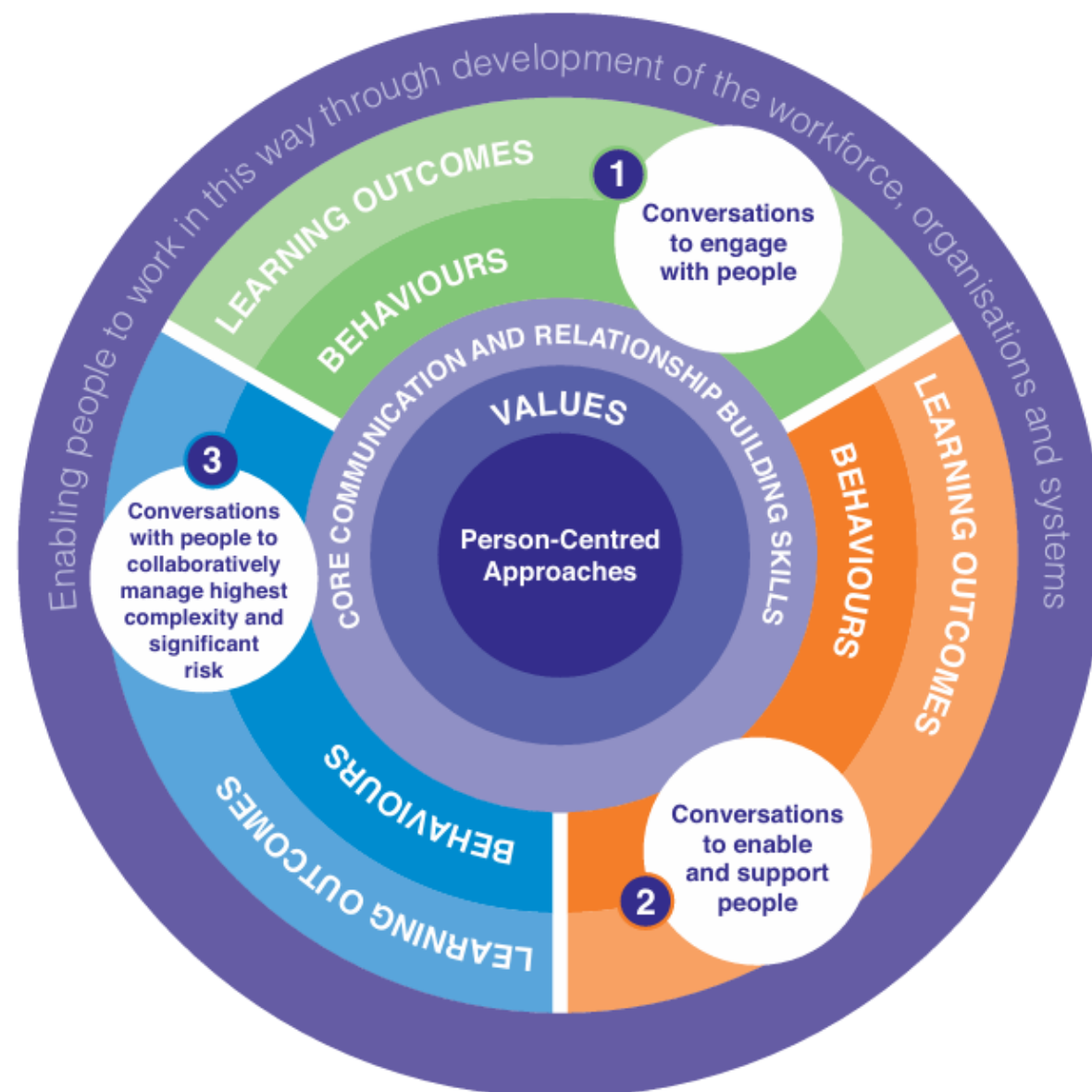
- 1. Review resources guiding patient experience within ultrasound and radiology**
- 2. Describe key factors that affect patient experience and reduce patient anxiety**
- 3. Use small, practical simple communication approaches during scans to improve compassion and patient comfort**

The Patient Experience

- Shift towards patient (person) - centred care
 - Improves outcomes
 - Patients are (or should be!) at the heart of what we do



Person-Centred Approaches:
Engaging people in their lives and communities to enable an
improvement in prevention, wellbeing, health, care and support.

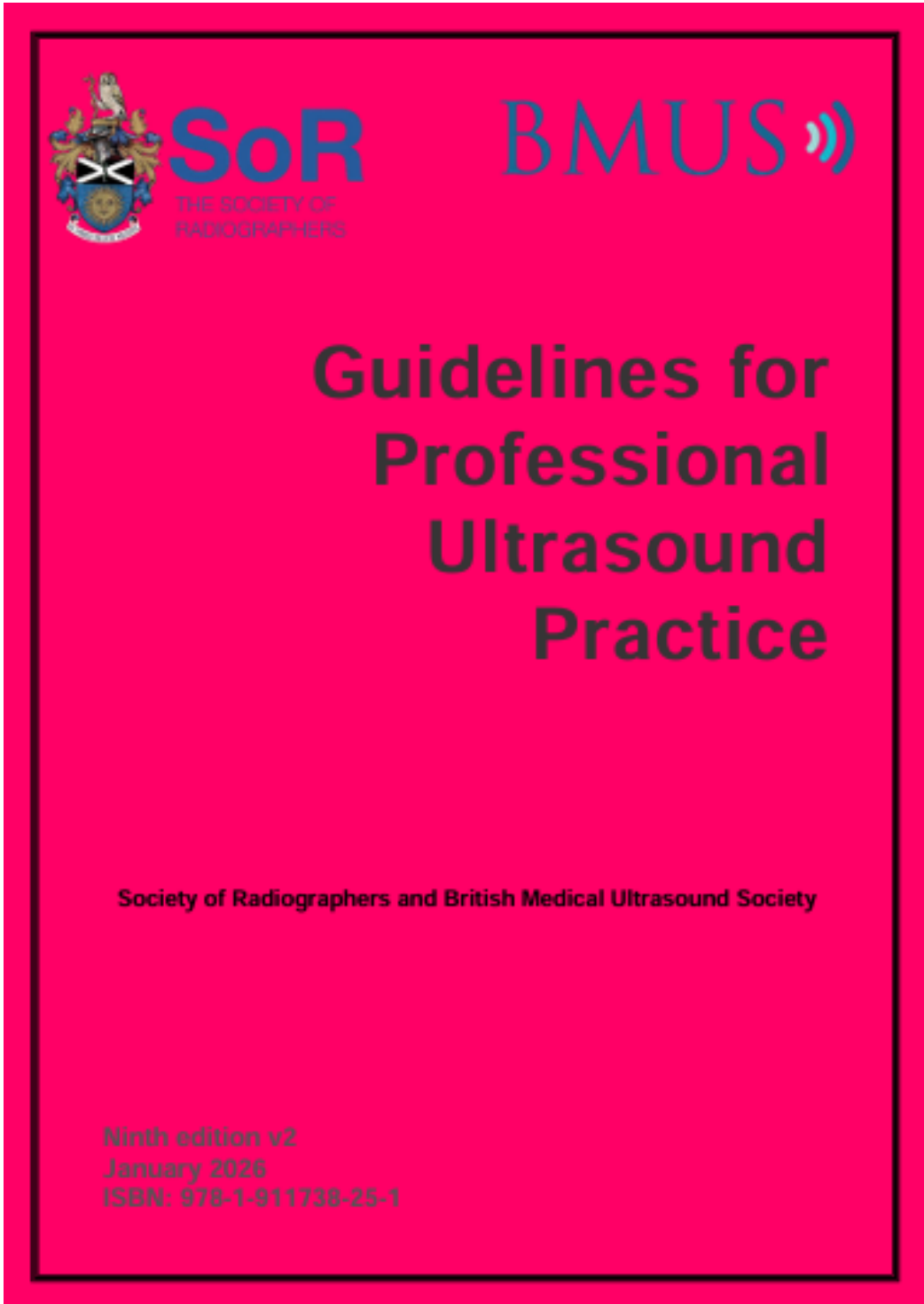


A core skills education and training framework

Skills for Health | skillsforcare | NHS Health Education England

- Review literature and guidance
- Judy will talk about her experiences as a patient

Patient/Person - Centred Care



- “Patient-centred” (x1) Page 18 (section 2.4 Clinical Governance)

As clinical governance is based on professional values and concern for others, the ultrasound practitioner is actively involved in this process of accountability as part of their daily activities. By safeguarding high standards of care and seeking to continuously improve quality, it ensures that healthcare provision is **patient-centred**, which is central to the concept.

- “Person-centred” (x3)

– Page 23 (section 2)

- When conducting an intimate examination, the ultrasound practitioner should:
- Act with propriety and in a courteous and professional manner
 - Communicate sensitively and politely using professional terminology
 - Follow published guidance for use of a chaperone (links below)
 - Respect the patient’s rights to dignity and privacy
 - Comply with departmental schemes of work and protocols
 - Ensure **person-centred** care is delivered

– Page 160/161 (section 5.7 Obstetric ultrasound examinations)

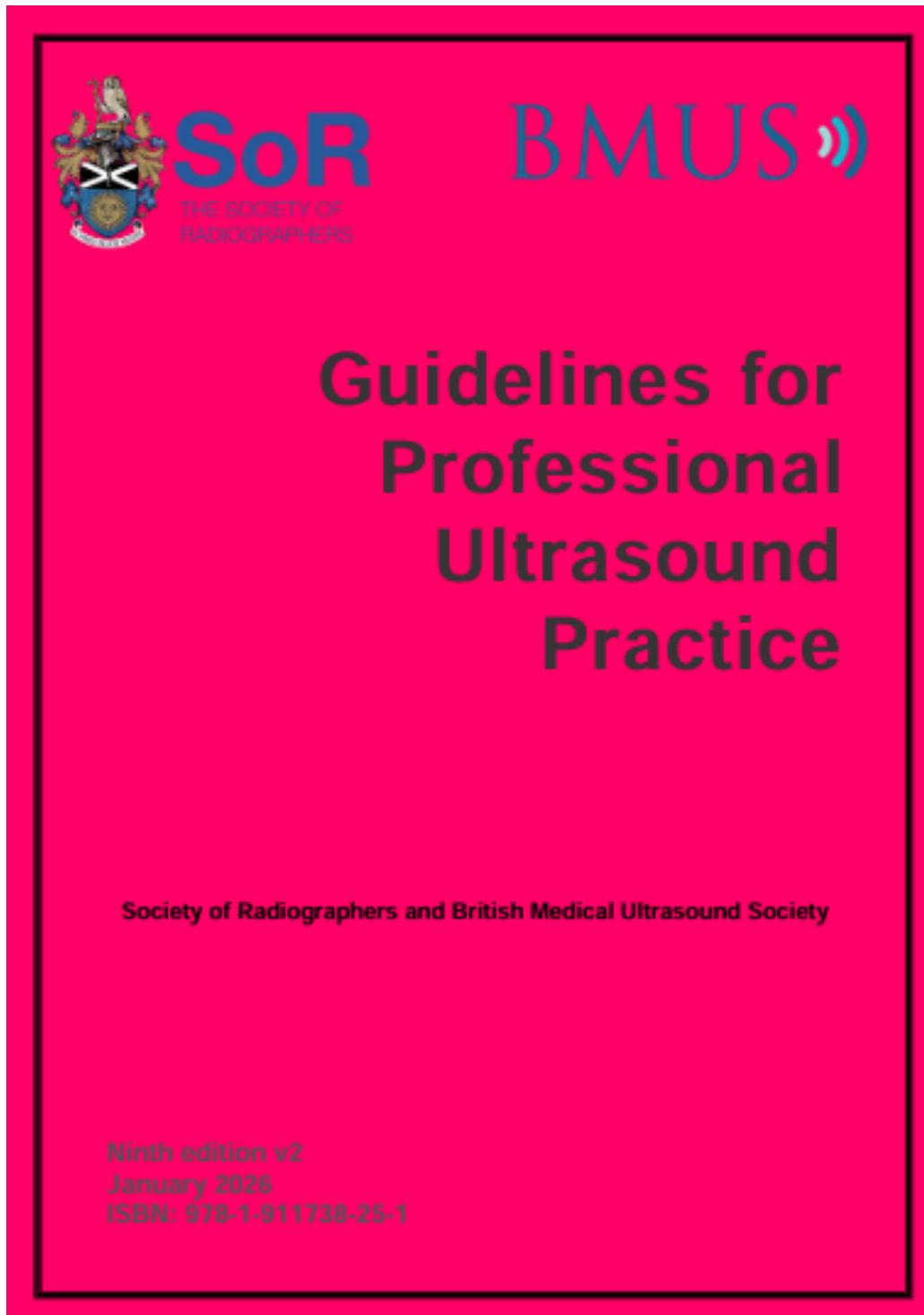
General scanning principles
Person-centred care is at the heart of all ultrasound examinations. Obstetric ultrasound is no different, and should be performed only if there is potential benefit for the baby and parents. Regarding acoustic output and safety, scan times should be kept to a minimum. Ultrasound scans in pregnancy should only be performed by those professionals who have appropriate training, knowledge, skills and competence to deliver safe care. The SoR document [Competence in ultrasound practice in private baby scan clinics](#) provides details of the minimum competencies required for the provision of baby scan services. [2023,

The [UK consensus guidelines and the ASCKS framework](#) for delivering unexpected news in obstetric ultrasound provide advice and support for ultrasound practitioners to communicate findings in a way that best supports values-based health and **person-centred** care.

ASCKS Framework
Avoid assumptions
Set up the scan
Clear, honest information
Kindness
Self-care

Patient/Person - Centred Care

- “Patient experience” (x0)
- “Kind” (x0), “Satisfaction” (x0)
- “Results” – digital results, communicating with referrer
- “Care” “Compassion” “Communication”
– The 6 Cs



2.5 The 6 Cs, patient identification, communication and consent

Compassion in Practice (the 6 Cs)

The 6 Cs are a set of values that underpin Compassion in Practice, a vision and strategy for nursing, midwifery and all health and care staff. This is part of the [Leading Change, Adding Value](#) framework.

They are:

C	Care
C	Competence
C	Compassion
C	Communication
C	Courage
C	Commitment



Patient/Person - Centred Care

- “Communication”

- Results (Section 4.5, The Ultrasound Report, page56)

9. **Communication with the patient**

It may or may not be possible for the report author to pass on information regarding the outcome of the examination to the patient, particularly if there has not been time to review the wider clinical aspects of the case.

Caution is recommended when discussing the clinical findings with the patient, particularly in respect of possible management strategies where the report author may not have adequate knowledge. Ultrasound practitioners should also adhere to the guidance provided on **communication** by their professional body and NHS England’s [Guidance on patient digital notification of diagnostic imaging reports](#) (2025).

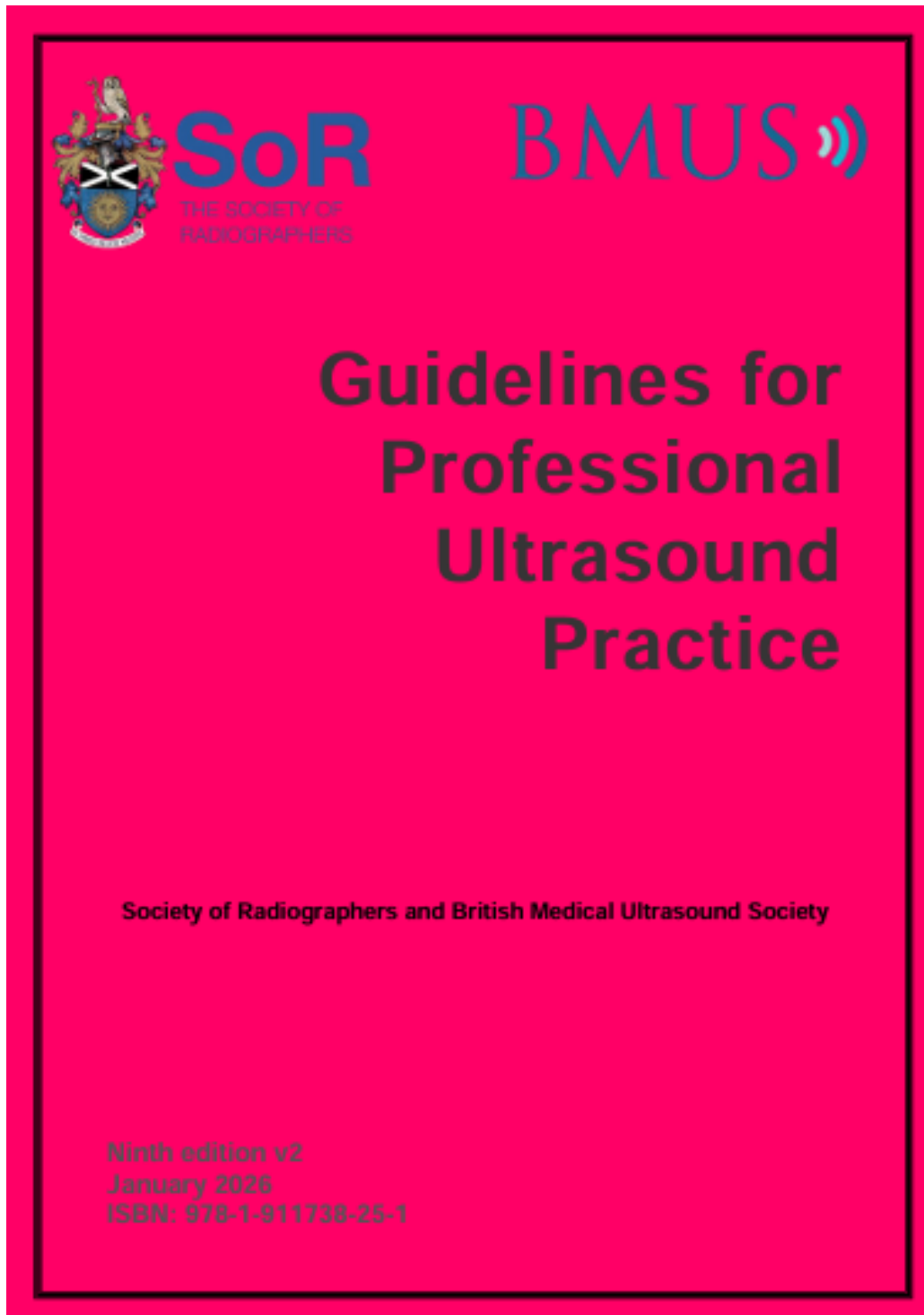
Appropriate training should be undertaken prior to giving any difficult or unexpected news to ensure that such news is given sensitively and effectively and without ambiguity. (BMUS, 2022; [Independent pregnancy loss review, 2023](#)).

- Specific examinations: Obstetrics – multiple, paediatrics x1



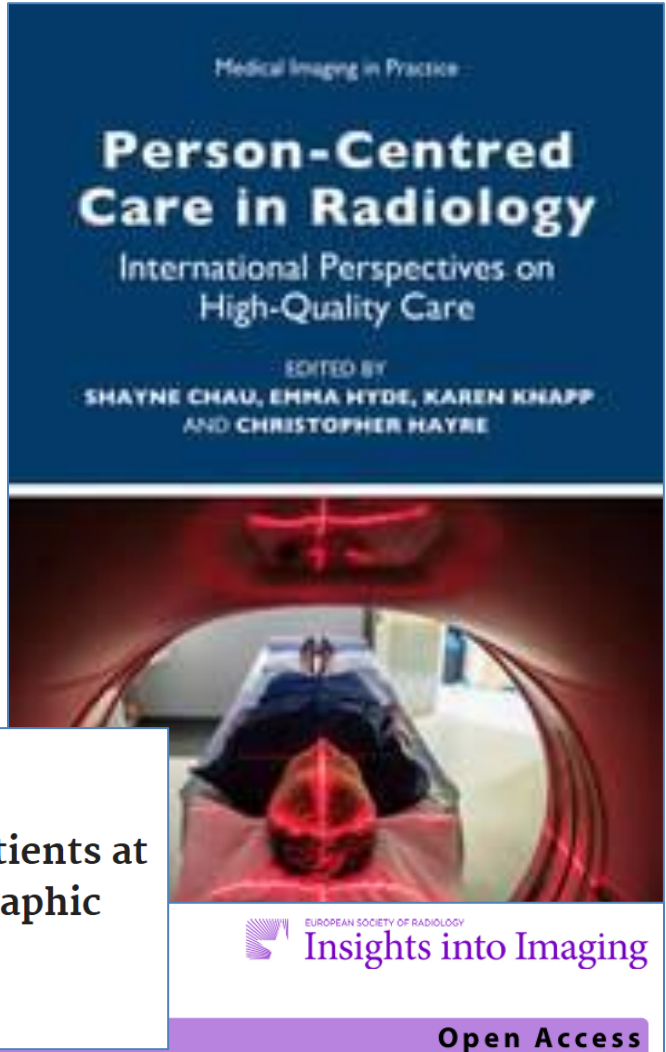
Communication with a young person is often the key to a successful ultrasound examination. Never patronise or assume a young person will not understand. Explain and show. Talk to the patient/young person as well as the carer/mum/dad to make them feel valued ([Paliwalla and Park., 2014](#)).

Communication of ultrasound findings should be sensitive to the needs of the parents and their history, views, values and beliefs. All discussions should be non-judgemental and non-discriminatory.



Patient/Person - Centred Care

- Many resources for more general radiology and obstetric ultrasound
 - But what about the other types of examinations?
 - Intimate? General medical?
 - MINIMAL



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Symposia

Enhancing the Patient Experience: Suggestions to Promote a Patient-Centered Approach to Sonography

Andrea Taylor, BS, RDMS, RVT

Proceedings of Singapore Healthcare
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Original Article

A qualitative study of patients' experience during vaginal examination & transvaginal ultrasound in a tertiary hospital in Singapore

Jean-Jasmin ML Lee ^{1,2}, Xinyi Cheong¹, Tse Yeun Tan^{1,2}, Yuting Zhong¹, Caroline Chua¹, Raymond Goy Wee Lip^{1,2}, and Seng Bin Ang^{1,2,3}

Journal of Diagnostic Medical Sonography

Impact Factor: 0.4
5-Year Impact Factor: 0.5

Restricted access | Review article | First published online January 10, 2025

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Professional Behavior in Sonographers: A Literature Review of Current Standards in the Profession From an Educator's Perspective

Robert C. Moody, Jr., PhD, MS-MIRS, BS, RVT [View all authors and affiliations](#)

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> Radiography (Lond). 2021 Oct;27 Suppl 1:S43-S49. doi: 10.1016/j.radi.2021.07.014. Epub 2021 Aug 13.

Compassionate communication: Keeping patients at the heart of practice in an advancing radiographic workforce

1, J Bleiker², D Hodgson³

How can effective communication help radiographers meet the expectations of patients—COMMUNICATION—a joint statement by the ESR & EFRS

Charlotte Beardmore^{1,2,3}, Andrew England^{2,4}, Cheryl Curren¹, Domènec Corià¹, on behalf of the European Society of Radiology (ESR) and the European Federation of Radiographers (EFRS)

Journal of Medical Radiation Sciences

Open Access

Enhancing Patient-Centred Care and Cultural Safety in Medical Imaging: The Radiographers Experience of Communicating With Patients in a Multicultural and Multilingual Setting in Auckland

Nica Abrasado^{1,2} | Sibusiso Mdletshe¹



Patient/Person - Centred Care

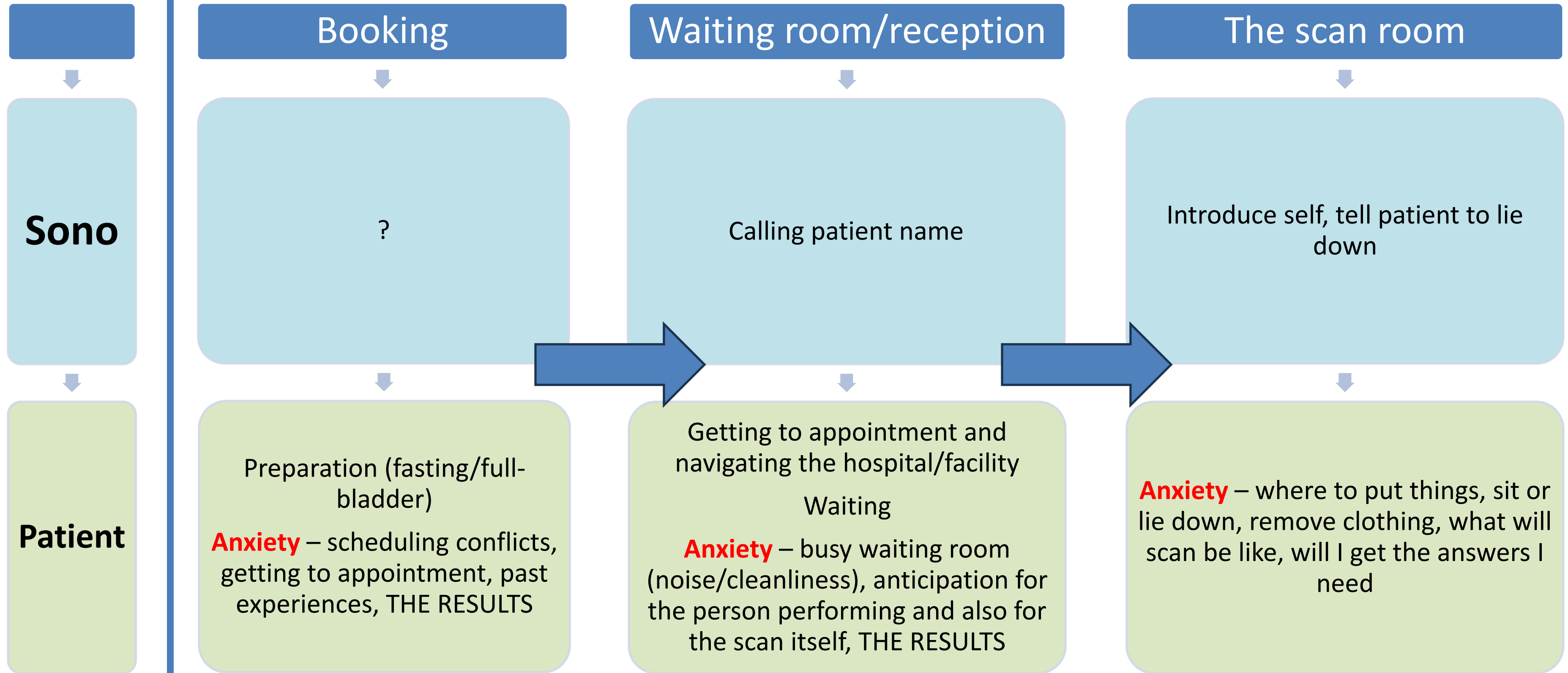
Sonographers have a dual role: performing diagnostic scan, and providing emotional care

*“A **patient-centred approach** requires sonographers to consider and adapt to patient needs before, during, and after the examination” (Taylor 2026)*

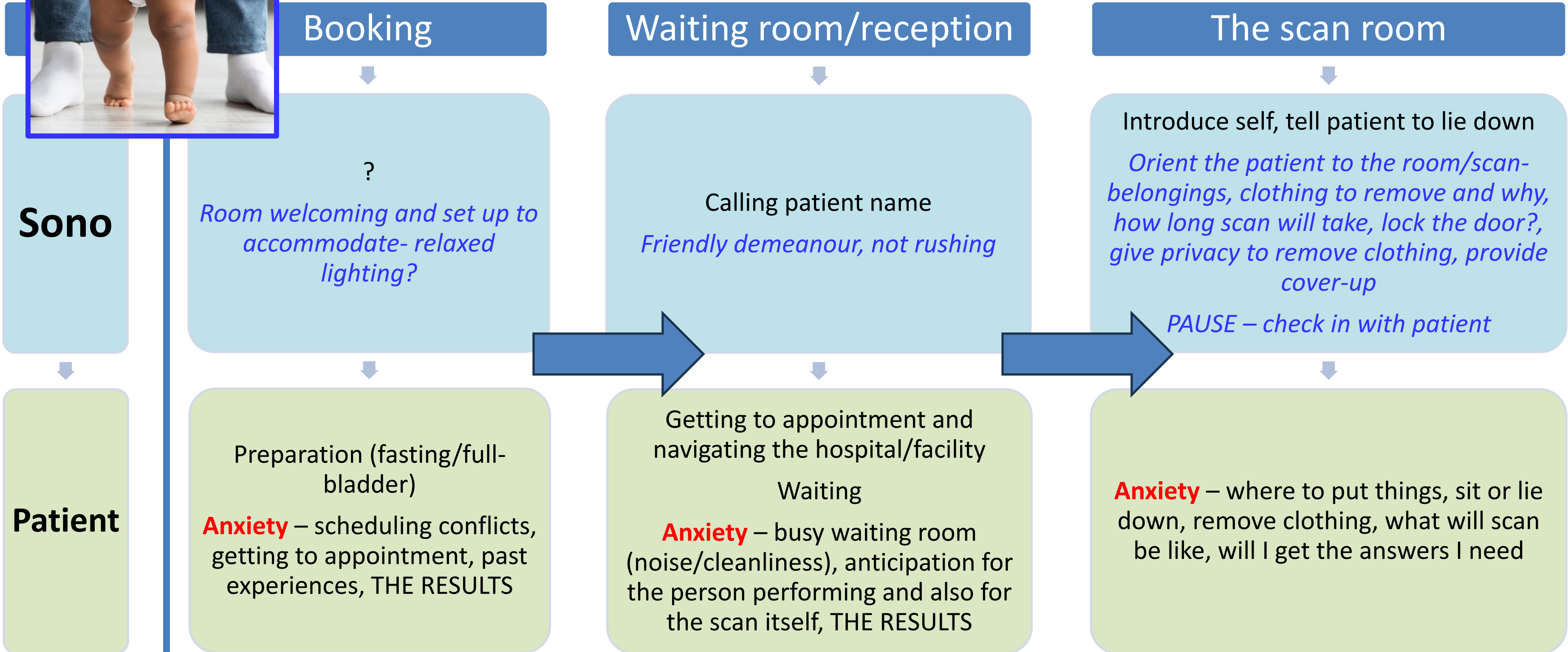
- Based on high-quality and open communication to build trust
- Adaptive approach, requiring effective communication with a diverse patient population that has various levels of:
 - Health literacy, cultural backgrounds, unique needs and preferences, past historical experiences
- Anticipate needs and listen – take direction from both verbal and non-verbal cues
 - Small steps count – and usually have the biggest effects
 - Recognise that perfection is not always attainable



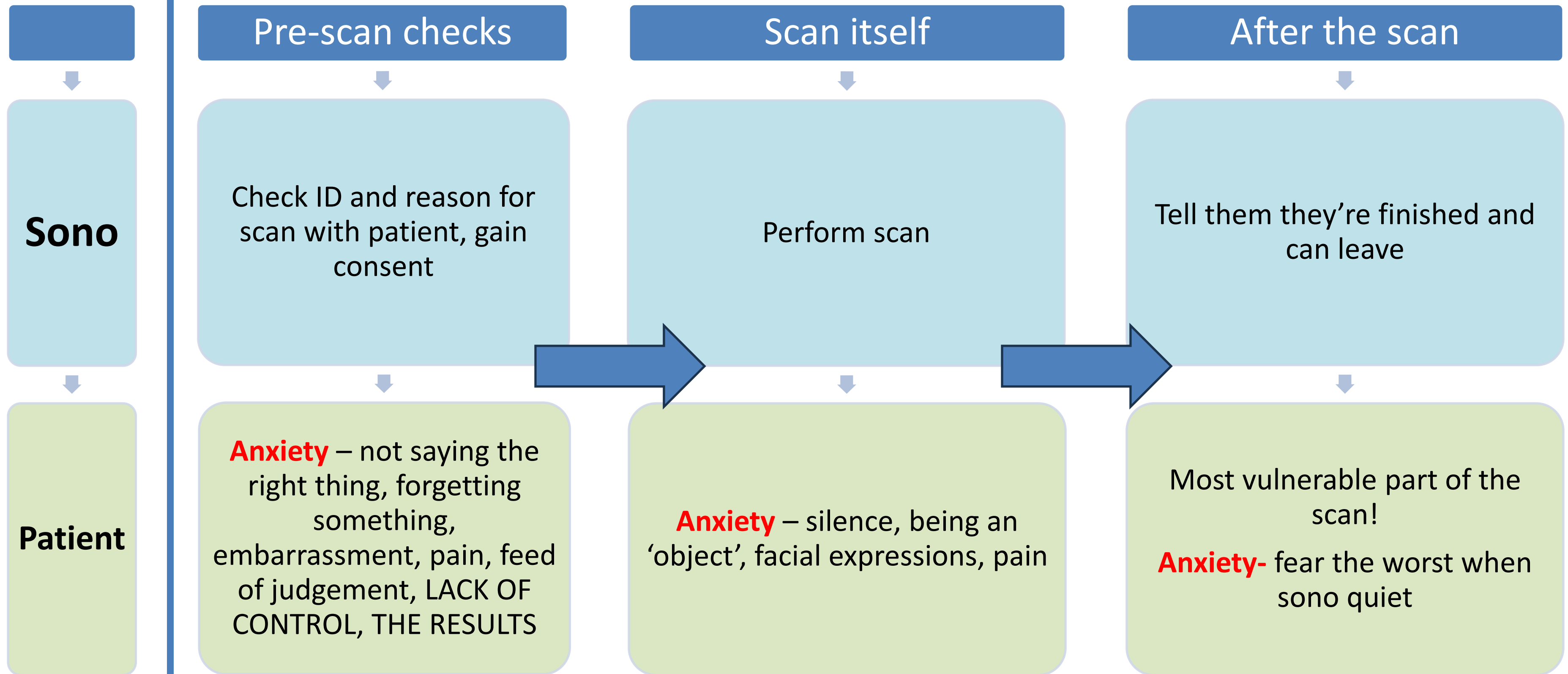
Typical Appointment Walkthrough



Typical Appointment Walkthrough



Typical Appointment Walkthrough



Typical Appointment Walkthrough



Pre-scan checks

Scan itself

After the scan

Sono

Patient

Check ID and reason for scan with patient, gain consent
Ask detailed relevant questions, friendly demeanour
Maintain eye contact, Offer chaperone
State 'you're in control and stop the scan at any time'

Anxiety – not saying the right thing, forgetting something, embarrassment, pain, feed of judgement, LACK OF CONTROL, THE RESULTS

Perform scan
Narrate what you're doing (not necessarily results)- 'pressure here', 'this part will take ___', friendly demeanour
Check in on comfort- pillow? gel? Ok?
Avoid clinical jargon

Anxiety – silence, being an 'object', facial expressions, pain

Tell them they're finished and can leave
Explain what happens next, avoid rushing
Maintain eye contact
Ensure they know how to get out- escort to door?

Most vulnerable part of the scan!
Anxiety- fear the worst when sono quiet

The Balance



- Time.... but what can help?
 - Scan (or prep machine) and talk simultaneously (can repeat back so patient knows you're listening)
 - Ask direct questions rather than open-ended questions
 - Offer to write words down – empowering the patient
 - Have a resource of leaflets or QR codes for common questions
 - Guide the patient to 'write all questions down' to take to their GP – empowering

- Emotional and psychological impact
 - “Mini psychologist”
 - More training is required

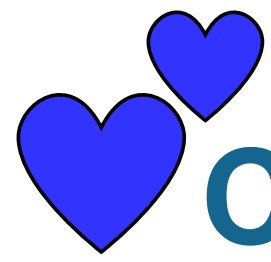
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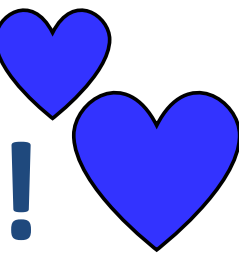
RESEARCH · Volume 51, Issue 4, Supplement , S53-S58, December 2020 [Download Full Issue](#)

A Qualitative Approach to Understanding the Effects of a Caring Relationship Between the Sonographer and Patient

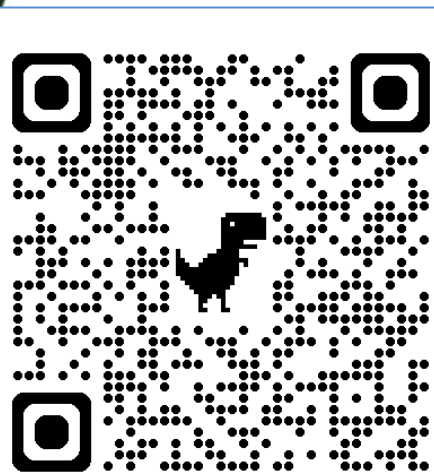
[Leah Van Der Westhuizen](#) ^a [Kathleen Naidoo](#) ^b [Yasmin Casmod](#) ^a [Sibusiso Mdletshe](#) ^c



Conclusions: The patient is at the **heart** of what we do!



- **Understanding patient anxieties helps guide better care** — *being aware of what patients worry about at each stage allows sonographers to respond with empathy and clarity*
- **Compassionate, patient-centred practice is achievable** — *using practical steps such as clear explanations, check-ins, and offering control helps build trust and enhances the overall patient experience*
- **Small actions make a big difference** — *simple communication and compassionate behaviours can significantly improve how patients feel during their ultrasound appointment – which will improve patient outcomes*
- **Consistency matters** — *even with time pressures, embedding a few reliable habits can improve communication, reduce distress, and support safer, more patient-focused ultrasound practice*



Introducing – Judy Birch (Pelvic Pain Charity)

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