



Day in the life of an Associate Specialist

Or it may be better to look at the week in the life of an associate specialist. Rationale for this is that I have a split job, so a week is more indicative of what I do.

I work full-time and currently spend two days at Marie Curie Hospice Liverpool, two days as the medical lead for palliative care at Liverpool Heart and Chest Hospital and a day working with the University of Liverpool as a clinical subdean for hospices and lead for education in the hospice. I have worked as an Associate Specialist since 2004.

Monday University -initially administration relating to student numbers for the three week palliative care placement for fourth year undergraduate medical students. My role as sub dean is to coordinate the teaching within all of our 7 local hospices. Followed by facilitating advanced communication skills training to fourth year medical students part of the 3-day course with an actor, teaching lasts for the rest of the day

Tuesday LHCH -clinic administration, followed by specialist palliative care MDT with the rest of the team. This was followed by a discussion regarding collection of evidence for a mock CQC visit, with the 3 Specialist palliative care nurses, palliative occupational therapist, social workers and chaplain.

Development of an hour-long teaching session for the Northwest specialist palliative care trainees full day study session on the role of the medical examiner.

During the afternoon working with the hospital end-of-life strategy meeting, discussing all end of life care delivered in the hospital with members of all of the clinical teams.

Following this some further administration and then a professionals case conference with the regional adult congenital heart disease team regarding a complex patient, about how best to jointly manage the patient. They have extremely complex psychological and social issues, now probably entering the last year of life.

Wednesday Hospice - senior doctor of the day, this means chairing the morning handover and admissions meeting with the rest of the MDT. Arranged for two admissions into the available empty beds.

Weekly hospice MDT meeting to discuss all inpatients, at the end of the meeting teaching with three fourth year and two final year medical students regarding MDT working.

Teaching session for our multi professional hospice education meeting, delivered jointly with senior specialist trainee regarding tissue donation and how we can try and achieve more donees from the hospice patients.

Educational supervision meeting with rotational internal medicine trainee who is spending 3 months in the hospice. This meeting was then followed by supervision meetings with 3 final year medical students who are in the hospice a 6-week selected advanced medical practice placement to qualifying.

Senior clinical review of the two new patient admissions to the hospice with the IMT and speciality doctor. Case based discussion assessment carried out with the IMT.

Thursday Hospice - teaching ward round with two fourth year medical students with my in patients and their carers.

Two outpatient telephone consultations at the end of the ward round.

Teaching nine fourth year medical students how to manage patients at end of life, regarding symptom management, role of CSCI, care before and after death including verification, certification, the role of the medical examiner and coroner. Session last for the afternoon.

Friday LHCH – 07:30 start for the lung cancer MDT. Followed by an all-day parallel clinic with respiratory physicians, thoracic surgeons, clinical and medical oncologists and our palliative care service. Review of patients being given the diagnosis of lung cancer and who have symptoms. Joint clinic with palliative care occupational therapist, supervision of a nurse led clinic also. Any of the medical staff are able to refer patients to the clinic, including patients who do not have lung cancer, patients are also able to request a clinic review.

During the day I also act as medical examiner and scrutinise the hospital deaths with the medical examiner officer. Finally last meeting of the week on behalf of the APM Executive Board with the national Intensive Care Society regarding a process for discharging patients who are being managed in critical care, home to die.

So what to take away from the week, being an Associate Specialist is a varied role with many differing responsibilities. It has offered me options of working in differing sectors, working in two areas of palliative care means my practice benefits from both areas of work. I deliver and support palliative care education to undergraduate student doctors and trainees. I have the opportunity to support the other Cheshire and Mersey hospices in delivering undergraduate education. Education has been a passion for me for most of my palliative care career. Another different knowledge base has been needed to work as a medical examiner and I have really enjoyed trying to fully understand the process of scrutiny, this role started in 2020

Finally my work with the Association of Palliative Medicine, this has been transformational for me, I have changed from an SAS doctor who felt they had little to offer when I joined the APM SAS committee, to being the co chair and then being a member of the executive board. Working with other senior doctors from other areas of the country has increased my confidence and it could be the same for you.

SAS doctors are able to deliver excellent patient care, educate, carry out research, be an educational supervisor to all grades of trainees and other health care professionals, a medical examiner and work in local, regional and national committees. You can start with one and then increase, the APM SAS committee is there to help to support this