



# Case study

Name: Jill Hardman-Smith

Job title: Lead Macmillan Advanced Clinical Practitioner

## What role/profession are you in?

My role is the Lead Macmillan Advanced Clinical Practitioner for Breast Care. The main parts of my role are managing the Advanced Nurse Practitioner team and the Breast Care Nursing Team, service development and working clinically in the Breast Care Unit. I will mainly see patients who have been seen by their GP and have been referred to the hospital on a cancer 2 week wait system. I take their history, conduct a clinical examination, request the appropriate tests and give the patient the results. Sadly this isn't always good news I have to share.

I have been working with breast cancer patients for around twenty years in a variety of roles; on the wards, in research, as a Breast Cancer Clinical Nurse Specialist and in palliative care. I have a degree and had to complete a double weighted masters module for the clinical aspect of the practitioner role. I love the variety I get in this role and I get opportunities to make changes and improve the service whilst managing a team but I am still able to have face to face contact with patients, which means for me it is the best of both worlds.

## What did your early career look like?

I always liked school, love learning and still do. My nurse training was a diploma, so I paid for Open University course to upgrade to a BSc with Honours whilst working full time. I have attended a vast array of courses; the last course was to train to be a Surgical First Assistant, which means that I can help the Surgeons doing breast surgery, which I really enjoy. Sometimes I get to assist in operations for the patients that I have seen in the Diagnostic Clinic so they feel reassured too as we have usually built up some rapport, which offers some comfort during a worrying time. Adult learning is great – it is more focused on what you want to learn and I feel you are often more committed as it is for your development and career.

## What is a typical day for you?

My typical day starts at 8am where I catch up with colleagues, manage day to day issues, and prepare for clinic. At 8.30am the clinic starts and I see the patients to assess them clinically, take their medical history and send them for relevant tests; which can include biopsies. I see the patients after their tests and discuss the results and any possible diagnosis. The number of patients in a morning clinic can vary from 8-12. It may not see like many but the patient is fully assessed and given an outcome usually on the same day and they have chance to ask questions and raise any concerns they have. I write up the patient notes, dictate a letter, arrange a results appointment and give health information to the patient. Hopefully then I can have some lunch before my afternoon. In the afternoon I do non-direct patient administration which includes things like liaising with General Manager/Lead Clinician/ Deputy Heads of Nursing and Matrons for any service changes; Updating policies, providing feedback on any complaints, pass on compliments to team members, support staff in the unit – offering advice and knowledge to them as needed; Check and update any letters before going out to patients and GP's; Help moderate risks from family history for breast patients.

## Do you have any words of encouragement for anyone thinking about a career in health and social care?

The NHS offers so many valuable opportunities to learning to develop both personally and professionally and help make a difference to other people in their time of need. This is my second career, and here I am 26 years on still pleased with my choice and regularly feel honoured to be part of our patient's pathway.

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