



## **How Did I Get Here? And Where Am I Going? Part 2**

Hello again! If you are reading for the first time, my name is Mikaela, you've joined my story smack dab in the middle and you may want to check out pt. 1 of this segment first! (you can find it on the website under ListsOncRehab Blog) For those of you stopping back to read more about my journey, thanks for coming back! In this post I will talk about my volunteer experience, going to MD Anderson for my last clinical rotation and why I am now headed off to a neurologic residency.

To get the ball rolling, let's first dive into my experience with volunteering. I cannot say enough about the experience I had as a hospice volunteer. I highly recommend working with patients who are going through the death and dying process to anyone interested in acute care, skilled care or oncology. Through my experience as a volunteer I was able to practice skills that I didn't even realize played such a large role in who I am as a clinician. The biggest skill I learned was active listening.

Death is something that many have encountered in their lives. Leading up to hospice volunteering, I had had multiple experiences with death. However, it was always from an internal perspective, one of personal pain and suffering, as I was the one to have lost someone. I had never had the experience of interacting with someone on a weekly basis who was going through the active dying process. It gave me a new perspective on patient's joys, fears, worries, and fulfillments. Ultimately, it gave me perspective on how one thinks when they are told their time is limited on this planet. Having this new outlook is the number one thing that has made me a more empathetic, compassionate and well-rounded clinician.

I was still a volunteer when I received the news I was accepted to MD Anderson for my last clinical rotation. I am fortunate enough to have attended a physical therapy program that had an affiliation with MD Anderson (MDA). Having this opportunity was something that catapulted me into all things oncology. Once there, I quickly realized all the uncharted water of oncologic care that I never saw before, which at first appeared very daunting.



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The biggest thing I want to stress about my clinical experience is that you have more tools in your physical therapy toolbox than you think. Patients with an oncologic diagnosis do not normally fit into a defined category of physical therapy care. Most of the time they have multiple systems affected by their disease/treatment process and you already have at least 70% of the required knowledge on these systems once you graduate. Oncologic care adds an extra layer to these systems and challenges you to look at them at both a micro and macro level.

My soap box for this section is this: your knowledge base, no matter if you were able to have a clinical in oncology or not, is a valuable catapult into oncologic care. Yes, medications are different, yes there are different precautions depending on treatment and diagnosis. However, at the end of the day, patients still have neurologic, cardiopulmonary and musculoskeletal issues. They also happen to have a cancer diagnosis. Multiple system involvement made me realize how important it is to have a vast understanding of each one.

If I told you my plan was to be on my way to a neurologic residency three months ago, I'd be lying. I was dead set on starting out in an oncologic residency or working at a cancer institute. However, my experience at MDA and circumstance has brought me to this point and I could not be more excited. I was able to see several neurological oncology patients while at MDA which reinforced all the fundamental knowledge I learned in school. This also showed me how much more I still wanted to learn in order to provide patients with the highest quality care.

Throughout my residency I will continue to dive into oncology through the SNP, mentorship and independent learning. One day I am hoping to work in oncologic care and use my experience in residency to provide the best care for my patients. I hope that in reading these two posts it sheds light on the fact that my journey has not been linear, and yours doesn't have to be either, but every experience I have had along the way has confirmed my desire to be in oncologic care.