



Mentorship in Oncology Rehabilitation

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Perspectives from a Mentee

Hello my name is Andrew Chongaway, PT, DPT and I am a resident (soon to be residency graduate) at Beaumont Health's Oncology Rehabilitation Residency headed by Dr. Chris Wilson. I am also a recent graduate of the University of New England's DPT program where my journey into oncology rehabilitation started. While at UNE, I was fortunate to have an excellent mentor in Dr. Amy J. Litterini, who has worked in oncology rehab and served on APTA Oncology's Board of Directors.

When did you know you were interested in oncology rehab?

During my first semester, my class was fortunate to have a lecture on cancer diagnoses and oncology rehabilitation by Dr. Litterini. I instantly felt a connection in working with this population due to the complexity and the ability to help these warriors regain function and their quality of life. About a month after the lecture, I approached Dr. Litterini about other opportunities to learn or even work with individuals while in school.

What advice would you give for students about finding mentorship while in school?

For me personally, the biggest advice I would give is taking the initiative as soon as possible to seek out mentorship. I was fortunate to have Dr. Litterini as a professor while in my DPT program but if I had never approached her about my interest in oncology rehab or had waited till the end of my program, I don't believe I would have been able to learn and experience as much as I had while in school.

Other advice I would give is being proactive and taking the opportunities that arise. While on clinical ask if the facility sees individuals that have/had cancer or if an individual that has or had cancer is receiving physical therapy ask if you can participate in the individuals treatment plan. This is actually how I ended up presenting a poster at multiple conferences. My second clinical was at a private outpatient facility and an individual with a history of cancer was referred to the facility. I asked if I could work with the individual and completed a case study, which was accepted to the Northern New England Clinical Oncology Society (NNECOS) conference and APTA NEXT. By presenting at these conferences, I was able to network with other medical professionals, attend lectures, and meet other mentors like Dr. Steve Morris who is the



Immediate Past-President of APTA Oncology and Dr. Chris Wilson, who is the current Vice-President of APTA Oncology, while at APTA NEXT.

Also, while in school I was able to complete a project in an oncology elective course that was funded by NNECOS with another classmate where we developed and filmed yoga videos for pediatric cancer survivors to utilize. This would not have been possible if it were not for asking Dr. Litterini about how we could give back to the community and had attended previous NNECOS conferences and networked with other medical professionals. This opportunity allowed me to connect with other members of APTA Oncology like Lynn Tanner, PT, MPT and Dr. Mary Lou Galantino, PT, MS, PhD, MSCE, FNAP, FAPTA who assisted in the creation and development of the videos. We were also able to connect with Steve Wechsler, PT, DPT, who is the Secretary of APTA Oncology, who aided in hosting the videos on the APTA Oncology website.

How did mentorship in school help to shape your future in oncology rehab?

By being proactive and expressing my interest in oncology rehab early, I was fortunate to have guidance and be able to connect with other oncology rehab professionals. If I had not been proactive, I definitely would not be in the position I am in now. For my last clinical I was blessed to be at Memorial Sloan Kettering at their outpatient rehabilitation facility in New York City. While there my love and passion for oncology rehab was cemented during my time there and knew I wanted to continue to learn and gain more mentorship in the field so that I could provide the best care and one day be a mentor for future students and clinicians. This led me to apply to residencies in oncology rehab where I once again met up with Dr. Wilson at Beaumont Health in Troy, Michigan. During my residency, I was able to continue to gain mentorship from Dr. Wilson and the other mentors in the program to become a well-rounded PT in oncology rehab. Also, during the residency I was able to take part in guest lecturing at local DPT programs, assist in writing a chapter for a textbook on oncology rehabilitation, stay involved with APTA Oncology, and become involved with APTA Michigan's Oncology SIG. Without taking the initial step by walking into Dr. Litterini's office while in school, I definitely don't think my path would have led me this far into oncology rehab in such a short period of time.

Perspectives from Mentors

Dr. Chris Wilson's view on being a mentor for future clinicians in oncology rehab:
"I feel thankful to be able to help the next group of shining stars. Many people start looking for mentors to improve their clinical skills but many people who seek out a mentor should keep an open mind because no matter their specific level of clinical skills, each person has something that they can teach or be taught. As a mentor, I want those that I work with to grow past me when it comes to knowledge and skills. That is one of the favorite things to see when someone who I am mentoring becomes better than me."



My name is Amy Litterini and I'm an associate clinical professor in the DPT program at the University of New England in Portland, Maine, and the chair of the ABPTS Oncologic Specialty Council. I was fortunate enough to have Andrew as a student in our DPT class of 2019. Luckily, Andrew realized very early in the program of his interest in oncology, and proceeded to take the initiative to learn and experience as much as he could prior to graduation. He has since become a rising star in the oncology rehab world due to his endless drive and dedication!

My typical goal is to introduce the concept of oncology rehab, and share the potential opportunities with our incoming first-year students in their Clinical Medicine course where an introduction to oncology occurs (i.e. med onc, rad onc, survivorship, cancer-related emergencies). From there, I've worked with our faculty to try to maximize the threading of oncology content throughout our curriculum starting in the musculoskeletal systems course (bone and soft tissue tumors), followed by the neuro systems course (CNS tumors), the integumentary systems course (lymphedema), and Complex Case Management (solid and hematological tumors, and hospice & palliative care). For students selecting our case report writing course sequence, I work with those who've selected cancer survivors or cancer-related projects in full, traditional patient or administrative case reports. I also teach an oncology elective where we collaborate with local community partners on projects in oncology rehab (i.e. pediatric oncology yoga video development) and participate in oncology-related service learning activities (e.g. hosting Be The Match on campus).

What makes a good mentee?

In order to be a good mentee, my advice would be take the opportunities that are presented to you and run with them. If for some reason you don't see opportunities, create them. I recommend all of my oncology-interested students become members of the Northern New England Clinical Oncology Society (NNECOS), the regional tri-state oncology collaborative between Maine, New Hampshire, and Vermont. NNECOS provides excellent opportunities for professional networking and development, continuing education, and grant funding support for student-led projects. In addition to attending their bi-annual conferences, I've had multiple elective course student groups apply for and receive grant funding for worthy projects in collaboration with our community partners, one of which was the pediatric oncology yoga initiative Andrew collaborated on with a fellow student and national yoga experts. For these students, it's often their first grant writing opportunity and experience, as well as their first formal opportunity to collaborate with oncology providers locally, regionally, and nationally in real time.



Strategies for being a mentor for students interested in oncology rehab:

Within our program, I also envision my role as an advocate with our clinical education team in order to ensure the availability of rotations in oncology settings for these students. We're very fortunate to have relationships with amazing locations such as MD Anderson, Memorial Sloan-Kettering, and Beaumont, which offer career-changing opportunities to our graduates. Without these clinical contracts, my ability to teach on campus falls short of providing the critical clinical experience they need to hit the ground running as new graduates in oncology rehab. In addition to facilitating opportunities for didactic and clinical learning, I encourage my students to disseminate their new knowledge in scholarship opportunities regionally and nationally. Like Andrew, I've had several students and alumni presenting at NNECOS conferences, as well as CSM and NEXT. To see them take their experiences and translate them into teaching and learning/scholarship opportunities is a real honor for me to witness.

How do you help provide mentees with guidance/ resources to become successful PTs?

As physical therapists and faculty members, we have a unique opportunity, and frankly important obligation, to encourage the next generation of oncology physical therapists. We must dedicate ourselves to educate, inform, support and inspire their interest and enthusiasm for this very unique patient population. If we do, we can only be so lucky as to have students/alumni/residents/early career professionals/future oncologic clinical specialists like Andrew to take over the next many decades of the skilled rehabilitation our many cancer survivors will need.

Contact Information for Additional Questions and Discussion

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