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Executives:
Jennifer Gillette - Staff Social Worker at the National Bone Marrow Transplant LINK
Rachel Becker - LMSW, Deputy Director of Cancer and Careers
Kayla Terrell - Nurse Practitioner, Survivor of Acute Lymphoblastic Leukemia (ALL) with a Philadelphia Chromosome-Positive

Operator: Hello and welcome to the National Bone Marrow Transplant LINK meeting.

I would now like to turn the meeting over to today's facilitator, Jennifer Gillette. Please go ahead.

Jennifer Gillette: Thank you, Jordan. We appreciate you. Good afternoon, everyone. Yes, this is Jennifer Gillette, and I am the Staff Social Worker at the National Bone Marrow Transplant LINK. I'd like to warmly welcome you to our Lunch & Learn with the LINK program. Today's program will focus on Communicating Effectively Regarding Returning to Work Before, During, and After a Bone Marrow Stem Cell Transplant.

We'd like to give a special shoutout and thanks to our generous sponsors. Blood Cancer United, Incyte, Sanofi, and Mesoblast. We also want to thank our esteemed LINK partners for their continued support.

Just so everyone knows how the outline will go today, we'll do a brief introduction to the National Bone Marrow Transplant LINK, just in case anyone is not familiar with us, and then we'll hear from Rachel Becker. She is an LMSW Deputy Director of Cancer and Careers who will share practical information and guidance for returning to work after time off for treatment. Whether it's part-time, full-time, or a completely different career, Rachel will cover disclosure issues, how to swivel in sticky situations, and more. And then we'll hear from Kayla Terrell, a survivor of acute lymphoblastic leukemia (ALL) with a Philadelphia chromosome positive, who recently returned to work as a nurse practitioner. She will share her experience and lessons learned. And then after they are done speaking, we'll open it up for questions and answers and then a final conclusion.

So about the LINK, for those of you who are not familiar with us, our mission is dedicated to helping individuals and their families navigate the transplant and cellular therapy journey from diagnosis through survivorship. We do this by providing education, emotional support, and trusted resources. Some of those resources are we have a content-rich Facebook community that offers daily inspiration, educational updates, and survivorship tips. We have educational books, referrals, and emotional support from a licensed social worker. We have our last Wednesday of the month program where you can connect and support fellow survivors. These include writing workshops, meditation, crafting, strength training. We have our arts program. We have our Lunch & Learn call like you're on right now, that are on all types of topics related to bone marrow transplant. We have our Marrow Masters podcast that you can download wherever you listen to your podcast, covering things like chronic GvHD, survivorship, new treatments, caregiving, and more. And those have had over 45,000 downloads. We have our educational webinars, our Coffee Klatch support group, our peer support program where you can talk to fellow survivors, and our Celebrating Second Birthdays program where your second birthday is honored. And then our Survivors Thrive Book Club, which is an interactive group discussion centered around books related to healing, resilience, and survivorship. So, if you need any extra support on your journey, please feel free to reach out, and we are happy to connect you.

Just a couple of housekeeping items today. One, we ask that once we do get to the question-and-answer period that you try to keep your questions as concise as possible. You can ask one and then get back in the queue, just to try to keep it fair that we can answer as many as possible. And we will try to get to as many as we can today, but sometimes we can't get to all of them. And also, just remember today's program is never meant to replace any medical advice. It is just meant to stimulate conversation with your provider.

So now on to the meat of our program. It is my pleasure to introduce our featured speaker, Rachel Becker. Thanks for being with us, Rachel.

Rachel Becker: Hi, Jennifer. Thank you so much for having me. I'm thrilled to be joining today. As you all have been told, my name is Rachel Becker. I'm Deputy Director of Cancer and Careers. I've worked here for over 12 years now, focused solely on the issues that sit at the intersection of work and a cancer diagnosis.

For those of you who aren't familiar with Cancer and Careers, a little bit about us before we dig in. We were founded in 2001 to support every person in every industry and every job so that they can thrive in their work environment and in their life after a diagnosis. Cancer and Careers also works with companies to develop their internal systems of support for employees navigating illness and work, and we do trainings for healthcare professionals so that they are better informed about how to speak with and support you around work-related issues. We offer a variety of programs which are free of charge. We have conferences, we do monthly webinars, we have free publications available in English and Spanish, as well as a robust website with articles and interactive tools available in English and Spanish.

For those of you who are looking for work, we offer a free resume review service where you can upload your resume, and we'll pass it along to a professional career coach for advice. And then we also have an online Ask a Career Coach message board where you can get guidance and support on any questions that you may have regarding working through treatment or returning to work. And so that's just a quick overview. Our website is cancerandcareers.org. I hope you check us out.

So we are here today to talk about effective communication. But before I dig into that, I want to take a moment to acknowledge that everyone who's dialed in may be in a different place of terms of where you are with your experience with cancer and work, and you may have different concerns or questions that you're seeking answers for today. You know, when we talk about returning to work at Cancer and Careers, we say that sometimes that can be as simple as stepping back into the office the first time after hearing the words you have cancer. And it's possible that some of you maybe just got your diagnosis and are thinking through how to make an initial disclosure to your employer. Maybe some of you have disclosed, but you've just learned that you need a bone marrow transplant and you're actively trying to figure out how that's all going to come together, how you're going to share that news. Some of you maybe already had your transplant very recently, so you're living the reality where it's still kind of an active process, and you're not quite ready to go back to work yet. Others may be looking to go back in the next couple of weeks, or maybe you're already in the mix and are here today because you have some questions about how that's going. Maybe it's not going exactly how you thought it would. Or maybe you're even looking for a new job. Whatever your current situation is with work and your cancer experience, my hope is that today you will leave this session with some solid, practical information that's practical for you either now or in the future if and when your circumstances change. And of course, if there's something that I don't cover in the 20 minutes that I have to go through my piece of things, we'll be around for the Q&A to answer questions. So please don't hesitate to ask.

Now, I'm going to talk about three key topics in this first portion of the conversation. And first, we're going to talk about what communication is, what effective communication is, and why it's important so we can all be on the same page in terms of understanding terms. We're going to talk about personal communication styles, what they are, how to identify yours, how to identify others, and why knowing what your and other people's communication styles are can help make communication more effective. And then we're going to go into some practical tips for navigating conversations.

So starting with some basic terms, again, so we can all move forward with a shared understanding of concepts. And I specifically want to start talking actually about some common misconceptions people have about communication and to challenge those misconceptions. So there's a common myth that communication is black or white. You're either born a good communicator, or you're not. And while there are certainly people who are born with a knack for communicating, the fact is that communicating well is a skill. And like any skill, it can be practiced, and it can be learned.

Another misconception is that full disclosure is always the best policy or the related idea that not sharing every single detail is equivalent to lying. But what I'm here to tell you is that while there is truth to the idea that honesty is the best policy, it is not always the best approach to share absolutely everything. And in most circumstances, when it comes to work, you're not required to share everything. So there are decisions that you can make about what information you want to have public within your workplace or amongst your coworkers and what information you want to hold for yourself.

And then another misconception is that we are only ever given a single chance to have a conversation. And the fact is that this is very rarely the case, particularly when it comes to work-related conversations. They are ongoing; you can revisit them. So many people find some relief in the idea that no single conversation, most of the time, there are exceptions, but most of the time there's no one conversation that should so much pressure on it that it stresses you out endlessly. And, of course, the list goes on, but we're going to impact these ideas further as we start digging deeper.

And having addressed some misconceptions, let's now talk about what communication is. So one definition is that communication is a process through which information, ideas, and/or emotions are shared between two or more people. In other words, it's really what gives us the power to meaningfully connect with others. And of course, communication can occur in a number of ways. It may happen through audible communication, such as spoken words, or sounds that are nonverbal, like grunting or sighing. Some communications may be written out or shared in sign language. Our behaviors around others and our body language can also convey information or clues about what we're thinking and feeling. And then it's also important to note that sometimes our communications happen in a way that are thought out and deliberate and very structured, but that's not always the case. Sometimes we end up sharing ideas or information based on a spur-of-the-moment decision or impulse. Sometimes that's a good thing. Sometimes people feel uncomfortable when they kind of spontaneously share things. But the idea is that, in terms of how we plan and communicate, there's a spectrum in how conversations actually play out. And then of course, sometimes details get shared with others subconsciously without us even knowing we're doing it. Like when we're nervous and our hands start shaking, or if you start tapping your foot repeatedly, that can communicate something to the person you're communicating with. So really a wide variety of things that fall under the umbrella of what communication is. But what makes communication effective? Well, the first key concept to consider is that effective communication is a two-way street. It involves both sharing thoughts and ideas and also listening and receiving and actively absorbing what's being shared by the person we're communicating with. So this means not only being mindful to get our own perspective across in a way that's clear and organized, but also really paying attention to what the other person is trying to get across and consider what they're bringing to the table in terms of their own perspective. Sometimes it can even be helpful in workplace conversations to think ahead of time about what other people are bringing to the table in terms of their perspective. It's important to ask clarifying questions; understanding what's being shared with you is an important part of being an effective listener as part of the communication cycle.

It's always a good idea to make sure everyone's on the same page up front rather than wishing later that you'd iron things out. Keeping emotions regulated can be an important part of communicating effectively. That's not to say you shouldn't ever express your feelings, whether it's hysterical laughter or tears or anything in between. But emotional regulation is often key to making sure that you're being clear with your words. Expressing gratitude when it's appropriate is a best practice. Expressing it before you share an idea or after a conversation, getting across the idea that you're appreciative for what the other person is bringing in, helps them to be a more receptive listener. It can help them walk away from the conversation and process the ideas through that kind of softer lens. And then, of course, summarizing a conversation once it's over is very effective in terms of communicating, right? It means it's a way for you to establish that the person that you were speaking with, particularly in a workplace, has left that conversation with the same understanding of the things you agreed on, the things that you explored, all of that. Put it in writing, it gives them an opportunity to say, yes, I agree with this or and also or actually I understood that differently, but a recap can go a long way. And this, of course, is tied into the idea we brought up earlier, which is that effective communication isn't necessarily limited to being a one-time event. In fact, it should be something that happens regularly. We can all probably relate to the idea that life in general and at work, any tasks or projects, they're all continuously evolving and sometimes in unexpected ways. So regular check-ins, whether they're five-minute touch bases or hour-long weekly deep dives into something, are often necessary to make sure communications are as beneficial as possible to everyone involved. That can help keep the lines of communication open. It's also important to note that sometimes effective communication very purposely takes place over more than one conversation. Sometimes the best answer you can give when somebody asks you a question that you don't know the answer to is, “Let me get back to you.” Right? It's much better than taking a stab at an answer or putting something out on the table that you're ultimately going to have to walk back later because you discover that it's untrue.

Now, how each of us goes about communicating can vary quite a bit from person to person, and it's based on individual factors like personality, cultural background, the way we were raised, and so on. And the way a specific person expresses information or ideas is referred to as their communication style. Very important to note that there is no one correct communication style. There are differences, but essentially all on equal footing. And a good place to start figuring out what your individual communication style is, to ask yourself what your feelings are about sharing. Some people are sharers, and some people just are not sharers. Some people, if they find out that they're diagnosed with cancer, it is going to feel really unnatural to them to hold that information back from the people they work with. It's going to make them feel like they're not being themselves or they can't relax around their colleagues. For other people, they may feel very strongly that their health is no one's business, or they're only going to share it with the necessary people at work who need to know. Again, a lot of spectrums when it comes to talking about communication, and this is one of them. And whatever your particular feelings are about sharing or communicating overall, all of them are valid.

Now, as you might imagine, there are a number of career coaches and other employment professionals who have done some really good thinking about thinking and research into communication styles in workplaces and in job searches as well. And amongst them is a man named Mark Murphy, who's an author and a leadership coach. And one of the things he says is that there are two major philosophical differences in the ways people communicate in workplaces.

The first is that there are people who tend to communicate either with more emotion and feeling, and then there are others who tend to communicate more with data, numbers, and facts. So, for example, if you have two people who are working at an animal shelter, a more emotional communicator might say, “I feel like we're doing well with our winter adoption push. It's so exciting to see the Teams inboxes overflowing with adoption applications.” Whereas a more data-driven communicator might say, “You know, 92% of the dogs we're currently fostering have received adoption applications. In other words, this push is doing great.” Both are saying something similar, but how exactly they're saying it is different because of their communication styles. The same idea, different framing.

And then the second philosophical difference that Murphy talks about has to do with the arc that people use to convey information. Some people go in a straight line: A and then B and then C and then so on and so forth. Some people share in a more circular way. They'll make a point, and then actually that'll lead them down to a path to another thing, and then they'll circle back, and then they'll go to B, and then they'll go and remind them of another thing. Again, none of these is better than the other, just different ways of communicating. Some people go into really granular detail in order to get their point across, and that's the way that they keep their ideas organized, and they feel that it's really important to go step by step in communicating processes or whatever they're explaining.

And then there are other people who are really big-picture communicators. They give you what they call a 10,000-foot view. They may even skip over some details entirely that those more granular people thought were really important to communicate. So again, none of these better than the other; all on equal footing. But as you start thinking about your own communication style, I encourage you to think about which of these characteristics resonates not only with who you are, but also how your boss communicates and how your specific coworkers communicate. They can help you plan out conversations in advance in two ways. First, knowing what your strengths are allows you to own them, right? And that creates effective communication. And then knowing who you're talking to and how they're going to receive information helps you to plan. Like if you're a feeling person and your boss is a numbers person, that might tell you a lot about how you're going to communicate with them.

Also important to consider the culture of your workplace. Is the environment like a second family where people joke around and share details about their weekends and their families? Or is the overall tone more corporate and buttoned up and laser-focused on the task at hand?

How does this impact the way you do or don't communicate at work? Does it affect how comfortable you are sharing your diagnosis or sharing updates about what's going on with you? Or even if you decide to share it all.

Now, in the last few minutes I have here for this part of the talk, I want to transition to talking about some practical tips for communicating. Again, some of you may have already had disclosure conversations at work or so are experts in your own right in terms of what I'm about to talk about. Some of you may be actively making decisions about your first conversation. And then, of course, it's also the case that circumstances with cancer can evolve, so you may find down the line thinking through whether or how to disclose a new piece of information related to your diagnosis or your treatment. And sometimes starting a conversation can be the hardest part. Many people say it's intimidating, and it's incredibly understandable that that would be the case. But overall, when you're preparing to begin any conversation related to your diagnosis or your health, or really any sensitive topic, personal topic with your employer, be sure to weave in the idea that you want to collaborate with them to create a plan that ensures both your needs and their needs are being met. For example, if you just learned that you need to have a bone marrow transplant, after you share that news, you might also say, “I know this is a lot for you as well, but I think if we collaborate, we can come up with a plan that works for both of us. It's very important to me that everything continues running as smoothly as possible.” That communicates that you're not only showing up to say, “Hey, I also need something from you.” You're saying, “Hey, I'm a team player. Let's do this together.” And then the other thing that we always encourage in these moments is to communicate the idea that when it comes to treatment, when it comes to anything related to a cancer experience, the situation is fluid. What you know today is what you know today. And that may be different next week, next month, six months from now. So communicate the idea that, you know, this is what we know now. This is the plan as I see it today. We may have to come back and revisit, but you know, I want to know what felt it was important to start mapping this out. It can be very awkward to have to go back to your employer after you've come up with a plan and say, actually, we need to undo this because it's not still working. Putting out that idea of fluidity and flexibility up front can be incredibly helpful.

Okay, and then, I'm almost out of time here, so I'm very quickly going to finish up by saying there are no bright-line rules about the right or wrong way to have disclosure conversations. Ultimately, we just want you to be comfortable with your approach, but it can help to be strategic and make clear decisions about what, if any, information about your diagnosis you're going to share, who you're going to share it with, and where. And this includes both conversations that happen in person or at work and also online. Keep in mind that if you're going to share personal health information at work, there's no need to share every last detail all at once. You can start with what's relevant today and then share more later. But getting truly clear about your preferences not only helps you plan conversations in advance, but they can help you feel more in control of your own narrative because you know where your boundaries are. So for example, if you're experiencing a lot of fatigue as you're returning to work, that might be something you need to discuss with your manager because it's relevant for them to know that.

You know, that you need a modified schedule or a modified workload for the first few weeks as you're coming back while you get back up to speed. But maybe you really don't want your coworkers to know that you're experiencing that fatigue for whatever reason; it's completely valid. And in that case, you may need to communicate to your boss, you know, "Hey, I'm sure this goes without saying, but I'm telling you things about my cancer and treatment and recovery that I'm not sharing widely with everyone here, so it's really important to me that those things stay between us."

It can also be very helpful to plan out some potential responses to questions that you may get from your coworkers. I've heard so many stories over the years where people have been caught off guard by a question, and then they wound up disclosing information that they'd rather have kept private. And there's a technique that we recommend for navigating these circumstances that we call the swivel. So what the swivel is: if someone makes a cancer-related comment, you acknowledge the comment that they made very briefly, just touch on it, you put a nice big and in the middle, and then you direct the conversation into an area or a topic that you feel more comfortable communicating about. So staying with the same example, if you're returning to work after time away, experiencing fatigue that you're not eager to talk about, and a well-intended coworker comes up to you and "Hey, you're back. How are you feeling?" For them, this could come from a place of concern and feel like a very simple question, but to you, it might be loaded. So a way to respond to this might be able to say, "How am I feeling? Well, I'm excited to be back. And actually, I heard that we're going to be working together on the XYZ project. Do you have time to catch me up on what happened while I was out?" That sends cues to them that you are still work-oriented, that you are the professional person, that you always were, that you are not the person with cancer, only that you are every robust piece of who you are and always were. Or if you know you have a shared interest with this person, you might say, "Actually, I'm so glad that I ran into you. Have you been watching the new seasons of The Traitors? I'm so curious what you think, right?" The idea is that the swivel is very flexible. It's a pattern. You can adapt it, gently touch on the comments, say, and drive the conversation in another direction, and people will pick up the conversation where you left it off.

So I am out of time right now, but I'm going to turn it over to Kayla so that she can share her story. And as I mentioned, effective communication isn't a one-time-only thing, so I look forward to chatting with you during Q&A.

Kayla Terrell: Thanks, Rachel. Hi, everyone. I'm Kayla Terrell. As we have mentioned, I want to thank you all for having me today and just kind of wanted to give you guys my perspective as a survivor and transplant or recipient of a transplant returning to work. So as mentioned, I am a survivor of Philadelphia-positive acute lymphoblastic leukemia (ALL) and received an allogeneic bone marrow transplant.

Today, I just want to share my experience of returning to work after a bone marrow transplant. But more importantly, I want to talk about what the process taught me about communication, expectations, identity, and giving ourselves permission to change.

When people talk about returning to work after a bone marrow transplant, I think a lot of us tend to focus on the logistics. When can I go back to work? Will I return full-time or part-time? Will my employer hold my position while I'm out? What accommodations might I need? And those are all important questions, but I think there are other questions that are just as important and sometimes much harder to answer. Such as: Who am I now? What can I realistically expect of myself? How do I explain what I need when I'm still figuring that out myself? And how do I move forward with my life without feeling like my illness has to remain at the center of every conversation? Those were the questions I found myself navigating, and truthfully, I'm still learning some of the answers today.

I received my diagnosis in August of 2022. I was 30 years old, freshly married, just beginning to establish myself in my career as a nurse practitioner. I was at a stage of life when I felt like everything was just getting started. I had gotten married, worked hard to reach my professional goals, landed a dream job, and was looking forward to building a future and family with my husband. And then literally overnight, everything changed. Because of my Philadelphia positive chromosome, I was told from the very beginning I would need a bone marrow transplant. I was fortunate and found a match quickly and received my bone marrow transplant in January of 2023. Suddenly, my life had come to a screeching halt, and I ultimately spent approximately 18 months away from work. 18 months is a long time to be away from something that is such a significant part of your identity. During that time, so much of my life revolved around treatment, appointments, recovery, and sometimes simply trying to get through each day. When you're in the middle of a treatment or transplant, the priority is just surviving. You are focused on getting to the next appointment, the next treatment, the next milestone. But eventually you reach a point where you start looking forward to the other side of transplant. You start thinking about returning to life you had before. For me, returning to work represented normalcy. I wanted to feel productive again; I wanted to be a nurse practitioner again, to have something to talk about besides cancer and transplant. I wanted to stop feeling like a patient and start feeling like myself. So when I was able to return to work, I went back full time immediately to the same surgical nurse practitioner job where I'd been working when I was originally diagnosed.

Looking back, I can recognize now that I was incredibly eager to simply prove to myself that I could do it. I wanted to return to normal as quickly as possible, and that's what I did. What I didn't fully appreciate at the time was that I was trying to return to a life that looked familiar, even though my body, my experiences, and my needs had changed dramatically. One of the biggest questions I learned was that being medically cleared to return to work does not necessarily mean I was physically or emotionally ready to resume life exactly as it was before. I'd been through a bone marrow transplant. I had spent months recovering. I had lost a great deal of stamina, and rebuilding that took time. Even simple things I had previously taken for granted could leave me exhausted. It took months to feel like I was regaining my strength, and I was doing all of this while still on oral chemotherapy, which I remained on for approximately a year after returning to work. So even though I was back at work, I was still very much navigating life after transplant.

I think one of the challenges survivors face is the gap between what we expect of ourselves and what our bodies can actually manage. We remember the person we were before transplant and treatment. We remember our energy, our routines, our productivity, and how much we could take on without even thinking twice. And sometimes we expect ourselves to return to that person immediately.

But recovery doesn't necessarily follow the timeline we want it to follow. For me, working in the operating room meant long hours on my feet, sometimes upwards of 60 hours a week. I wasn't always able to hydrate adequately or take the breaks my body needed. I also experienced transplant-related complications, including avascular necrosis and GvHD, which led me to having severe leg pain that I hadn't previously dealt with. Eventually, I realized that the physical demands of that role were taking much of a toll on my body. That realization was difficult because I had worked so hard to get back. I had wanted to prove that cancer hadn't taken my career away from me, and now I was faced with the possibility that the very job I had returned to might not be the best fit for me anymore. And to make that decision even more difficult to process, I was carrying the guilt of potentially leaving after they had held my job and supported me for 18 months while I was away. Approximately a year after returning, I made the decision to change roles. That was an important turning point for me. I had to recognize that adopting my career wasn't a failure. It was a way of taking ownership of my health and creating a sustainable future for myself.

Another unexpected challenge of returning to work was realizing how often people wanted to talk about my cancer and transplant journey. I knew that the people around me cared. Their questions came from a place of concern, love, and genuine interest in how I was doing. But I was also trying to reach a place where cancer and transplant weren't my entire identity anymore. And yet I found myself answering questions about my diagnosis, my transplant, my recovery, and how I was feeling on a regular basis. It was a strange contradiction. I had been desperate to return to normal life, but once I returned, I was constantly reminded of how different my life had become. I could be having an ordinary day at work, focused on my patients and my responsibilities, and suddenly find myself discussing one of the most difficult periods of my life. There were times that I wanted to talk about it, and there were times where I simply wanted to be Kayla, the nurse practitioner, rather than Kayla, the cancer and transplant survivor. And those feelings were valid. That experience taught me that something important about communication or taught me something important about communication. We can appreciate someone's concern without being obligated to share every detail of our experience. We're allowed to decide what we share, when we share it, and with whom. I realize it's incredibly important to maintain boundaries while still acknowledging the people who care about us. And the same principle applies when talking to employers. I realized I didn't need to have every answer before I initiated a conversation about my needs. Sometimes you simply need to explain that you're experiencing or what you're experiencing, identify what might help and remain open to revisiting the conversation that circumstances change.

I was fortunate to feel supported by my employers throughout this entire process. I felt that my changing physical and mental health needs were understood. That support made a tremendous difference, but I also learned that communication is not always a single conversation. Sometimes it's an ongoing process of recognizing what isn't working, speaking up, and working together to find a better solution. Finding a role that worked for my new body became a priority for me. When I transitioned into my current role as a nurse practitioner in the emergency department, I found a work environment that better accommodated my physical needs. I now work nine-hour shifts. I have more flexibility to hydrate, eat, sit down, and pace myself throughout the day. For example, I can see a patient, take five minutes to sit down and chart, drink some water, have a snack, and then move on to the next task. My schedule also became more manageable. Rather than working long five consecutive days, I could work a couple of days, have time off, work another day, and then have several days to recover. That recovery time matters, both physically and mentally. Those small things might not seem significant to someone who hasn't experienced a major illness, but for me, that made an incredible difference in how I felt throughout the workday and even outside of work.

And just when I felt that I had finally found a balance that worked for me and thought I had it all figured out, my husband and I received some incredible news. We were expecting our first child. After everything I had been through, becoming pregnant and welcoming our daughter felt like an extraordinary gift, truly. We now have a four-month-old baby. And I recently returned to work after maternity leave. Then this time being away from work was a very different experience. Instead of being away because I was fighting for my life trying to recover, I was away enjoying a new chapter of life starting with my daughter. But returning to work this time still required me to reassess my needs. I'm now working part-time because that is what feels right for me in this season of life. I want to be a good nurse practitioner. I want to be a present mother. I want to be a supportive wife. And ultimately, I want to enjoy the life I worked so hard to get back. And I've learned that I don't have to choose just one of those identities, but I may need to make adjustments to how I balance them all. The version of me who returned to work full time after 18 months away from cancer and transplant treatment is not the same version of me who is returning to work as a mother, and neither version is more successful or more worthy than the other. They are simply different versions of me with different needs, priorities, and circumstances. That is perhaps the most important lesson I can share today. We are allowed to evolve after transplant. Don't be afraid to change the picture. Sometimes we can become so focused on getting back to the life we had that we forgot we are allowed to create a life that works better for who we are now. For me, that meant returning to work full-time, realizing that wasn't sustainable in my original role, changing positions, finding a better physical balance, and ultimately returning part-time after becoming a mother. My journey hasn't been a straight line, but I have been fortunate to experience support from my employers and colleagues as my needs have changed. That support has helped me understand just how important it is for survivors and workplaces to approach these conversations with honesty, flexibility, and compassion. Returning to work after a transplant is about more than getting back to a job. It's about finding your place in a life that may look very different from the one you imagined before your transplant.

My bone marrow transplant will always be a part of my journey. Cancer will always be a part of my story, but they are not the entire story. I'm a survivor. I'm a nurse practitioner, a wife, a mother, a person who is still discovering what this next chapter looks like, and I'm proud of all of those things. Thank you for allowing me to share my experience with you today. If there's one thing I hope you remember, it is this. You do not have to return to the person you were before treatment to build a meaningful life afterwards. You are allowed to become someone new, and you deserve a workplace and a life that makes room for that person. Again, thank you for your time.

Jennifer Gillette: Oh my goodness, Kayla. I am just misty here listening to you. Thank you so much. First of all, congratulations on your little pumpkin. I am so happy for you, but wonderful presentation; and we appreciate everything you shared. As well as Rachel, thank you. Wonderful presentation as well. Jordan, can you tell everyone how they can ask questions today?

Operator: Certainly. If you'd like to ask a question, simply press star followed by the number one on your telephone keypad. I'll just take a brief moment while we compile the Q&A roster.

Jennifer Gillette: And while we're doing that, I'm just going to ask one question while we start getting people lined up. And the first one will go to you, Kayla. I know you have to wait for your doctor to clear you, but what factors did you consider when you were deciding whether to return to work? Like what made you feel, other than just the doctor clearing you, like, okay, I can try to do this? Or what would you recommend learning that maybe she bounced in?

Kayla Terrell: I think for me, after I got to the one-year mark, which was a major milestone, might I add, it feels like such a rewarding moment. I think at that very point, something inside of my brain clicked like, okay, I want to be something other than a transplant. I want to be a working adult; I want to function. My friends' world was still spinning, my husband's world was still spinning, my parents' world was still spinning outside of transplant. And I think for me, something in my brain, as soon as I made that first major milestone, just clicked, and I was ready. I just woke up and was like, okay, I'm ready. And so I started simply doing longer walks. Like I was walking and getting fresh air as much as I could, but I was trying to build my stamina and kind of made it a point of motivation to reach goals. So one mile, two miles, three miles, and then maybe a little jog, and then it was making a list of tasks and finishing those tasks each day. And so that way, once the doctor cleared me from a medical perspective, I had already started thinking more of like a functioning adult in the society of having a job and accomplishing tasks. And that's what made me jump right in. And again, as my story shows, that wasn't necessarily the best choice, but it's where I went, and along the way we've adapted.

Jennifer Gillette: I love it, thank you so much. Jordan, is there anyone with questions yet?

Operator: There's currently no questions. As a small reminder, I would just like to say you can press star followed by the number one to propose a question.

Kayla Terrell: Since we don't have any questions in the moment…

Operator: We do actually have a question from Stephanie Corman. Stephanie, your line is live.

Stephanie: Hi, my name is Stephanie, and I just want to say that was outstanding. I did join late, but I absolutely took in so much useful information and connection; I think that's the word I need to use. My question is, I've been terrified to return after work since my cancer diagnosis, and I've been in remission now for a couple of years, but have accumulated side effects from treatment that have caused me even more dysfunction in my autonomic nervous system. And so my question is, how do you get past all this frustration when the baby steps that you've been trying are setting you backwards? And exercise is so important. My field is in exercise, so it's a double frustration that I can't do what I love. And I'm trying again with baby steps and changing my life for what it is now and accepting that. And this is something that has been recent, even over the last week. But if there's any suggestions, I would just say welcome to hear.

Kayla Terrell: I am happy to give you some…. Sorry, this is Kayla. I'm happy to give you some of my personal experiences. I also had anxiety and frustrations from being less than, I guess, of what my previous self was. So I will tell you during my entire treatment and still to this day, I have an incredible therapist, which I went through a couple, I think I had three that I went through before I found one that fit me and what I needed. And I talked to her regularly and she would help me through those frustrations and I think remind me to come back down to earth. But in real time, one of the tools that she helped me… one of the tools she provided for me when my nervous system was taking over and my frustrations were taking over, and I lost sight of the bigger picture, was something so simple, and I still do it. But she would say, go to the freezer, get a piece of ice, and put it in both of your hands and squeeze it as hard as you can. And it sounds so silly, but it's like a shock to your nervous system, and it resets everything. And for me, it was a calming place. She also would continuously tell me during our conversation to be where your feet are. So be present in what you're dealing with now, and they'll be frustrated that you're not 50 steps ahead, right? So those two things I think just come to mind as things that I still to this day use multiple times a day to get through the frustrations and kind of help ground myself.

Stephanie: I agree with the ice. The ice is my best friend. There hasn't been enough ice in the freezer. Yes, I appreciate your help. Thank you.

Rachel Becker: That's great guidance, Kayla. This is Rachel. And to piggyback on all of that, I think that what Kayla said about having patience with the process is so important. It's easier said than done, and I think that there's also a component that's about having grace with the time that it's taking. And kind of approaching it all with the framework of just because today this feels endless, it doesn't mean that it is endless, right?

People from all backgrounds and all experiences go through those moments where there's something that they feel like is never going, you know, never going to change. But just because you can't see it doesn't mean that today doesn't mean that change isn't coming or that progress isn't coming. So it's really about finding the different ways that you can continue, like having grace with yourself in terms of how you're understanding your own feelings about where you are.

And then the other thing I'll say is that Cancer and Careers is a number of webinars archived on our website that you can go back and watch any time. And one of them in particular is called Navigating Long-Term Stress or Managing Long-Term Stress. It's wonderful. It's led by a social worker that we worked with for many, many years. It's a fan favorite. We bring it back every year because it's so popular and it's got some really wonderful tips and tricks that you can use to augment your ice practice and everything else. So I encourage you to go check that out too.

Jennifer Gillette: Thank you, ladies. Jordan, do we have any other calls on the line?

Operator: Your next question comes from the line of Sydney. Your line is now live.

Jennifer Gillette: Hello, Sydney. You might be on mute.

Operator: Sydney, your line is now live. It seems there might be technical difficulties. I will return them to the queue, and we'll go to the next question from Alexi. Your line is live.

Alexi: Hi, everyone. Can you hear me okay?

Jennifer Gillette: Yes, we can. Thank you for being here.

Alexi: Great. Thanks so much for running this workshop or Lunch & Learn. I just had my transplant in September. I'm still fairly fresh, and I'm still recovering. However, my financial situation doesn't allow me to take as much time as I would like, and I'm looking to return to work soon or sooner than I would have liked. I've also been dealing with unemployment even before my diagnosis because of where my field has switched. It's been really hard to find work. My plan was to go to school this September and to start a new career. However, all those plans have been changed by my diagnosis. As much as I wanted to go and study even during chemotherapy, the transplant didn't allow me to do that. So right now, I'm in a position where I deferred my school until next September. But financially, I need to start looking for work and somehow find work between now and September next year. However, because I can't find work in my own field and I can't find work in the new field before I study, I'm essentially going to be applying for a lot of survival jobs: shop clerks, Canadian Tire, whatever I can take to make ends meet. And my question is: when and how do I mention the fact that I'm a cancer survivor or that I'm still dealing with it, that potentially, when they do the next scan, if it's bad news, I would have to go back for another set of treatments?

And what I'm worried about is if I mention it in the beginning of, for example, an interview, being honest and being like, “Hey, I'm going to need more time; I'm going to need some rest.” I'm afraid that that's going to hurt my chances in finding that work because at the end of the day, when a supervisor or manager looks at me and goes, “Well, we feel really sorry for your situation, but we have another candidate who's healthy and able to do much more than you are.” And they might not share their back with me in that conversation, but privately, I'm afraid that they're going to choose another candidate. So how do I apply for a new job while being honest about my abilities, my situation, but also not hurting my chances in getting that job?

Rachel Becker: So this is Rachel. This is a question that we get all the time. It's very, very common. There's so much that I want to say in response to you. I'm also going to encourage you to reach out to me after today if you want to have a one-on-one conversation about your specific circumstances. The first thing I'm going to say is, in terms of the jobs that you're thinking about, don't necessarily pigeonhole yourself about the kind of jobs that you might be doing in terms of like, working in-store or what have you. I don't know what your prior field was. I don't know what you're looking to go into, but there are so many opportunities to do remote work now. You could find something that's temporary. You could find something that's flexible where you get to set your own hours. There are like the really kind of silver lining that came out of the COVID-19 pandemic is that remote work became such a standard thing that's widely available. So you may have more options for what you can do available that you might think, and those options might come with baked-in flexibility. So that's the first thing I'll say to you.

The second thing I'll say is that your instinct about, you know, to be cautious about disclosing what's going on with you during an interview, I think that's a very strong instinct. So there have been some studies done that show… here's what I'll say. First of all, when anyone is interviewing for a job, whenever they're writing cover letters, all of these things, like our goal is always for you to be doing what feels comfortable. We want you to feel in control of your narrative and your voice. But we also want you to be savvy, and we want you to be making decisions that are going to set you up for success, right? So while I wish it were not the case that discrimination exists, we do know from some studies that have been done that people who share information about their diagnosis in a cover letter or a resume are less likely to be called in for an interview than people who don't. And, of course, you don't know how that is going to go when you share it in an interview. And quite frankly, there's no requirement for you to share that information in most circumstances. In some circumstances, you may need to share what's going on with your health. So I'm thinking about Kayla working in an ED and if there was an immunocompromised, you know, there are probably medical requirements to work in a hospital that she needs to go through in clearance, right? But, you know, that is not the case for every job. I would, in fact, say that for most jobs, it's not a requirement for you to disclose what's going on with your health either during an interview or once you've been hired. Unless you need to ask for something specific, like a reasonable accommodation or time off, in which case you might be required to share some information.

As I was saying when I was speaking, and as Kayla mentioned, as one of her lessons learned in her own life is that you don't necessarily have to share every last detail. And I know that this can feel like being dishonest. I know that it can feel like lying. But if you think about it, there are all kinds of things that people don't share with their employers, right? Think about the number of people in the world who are on antidepressants. Not everyone on antidepressants walks in and says, you know, I take antidepressants, and sometimes I have bad days, right? Diabetics don't necessarily disclose that they're insulin-dependent. People with heart disease, right? The world is filled with people who are holding on to all kinds of information that they just don't necessarily put out there up front. And because the world is full of humans, everybody has human things that they're navigating, right? So what I would encourage you to remember is to keep in mind that even in your cover letter and your resume, your job is to sell yourself as a savvy candidate. Talk about why you're qualified for the job, why you're interested for the job, and then in an interview, it's to do the same thing. Your job is to sell yourself, to keep a conversation going, keep that conversation focused on work. And you are not lying. It is not an omission. It is not a deception if you don't talk about your health or your health circumstances during an interview.

With that said, if you or anyone else on this call feels that it's really important in an interview that you do say this upfront, what we recommend is waiting until you at least get to the second interview. Because if you think about the steps of a job search process, on your cover letter, your resume, some personality can come through, but essentially you're a piece of paper, right? And there are a lot of other pieces of paper in the mix. But once you're a person in the room, the people who are interviewing can get a sense of your energy and your personality and what you bring to the table and the way that you synthesize information in real time and all of the things that people look for when they're looking for someone that they're going to be on a team with, right? And if you get to a second interview, it means that you that's on paper and the you that shows up in life are all things that are… they all make a strong argument, right? They make this employer want to consider bringing you on board. If at that point it feels really important to share, you can, right? Because they've got that whole sense of who you are, that would be the moment to do it. But again, there is no requirement in most instances.

Alexi: Okay.

Jennifer Gillette: Thank you, Rachel.

Rachel Becker: And like I said, you can reach out to cancerandcareers@cew.org and mention that you were on today's call and that you're looking for me, and we'll find a time to talk. Thanks for everyone, by the way.

Jennifer Gillette: Oh, thank you. That's very kind of you, Rachel.

Rachel Becker: Yeah, absolutely.

Jennifer Gillette: Go ahead.

Operator: Your next question comes from the line of Stephen Sommer. Your line is live.

Jennifer Gillette: Stephen, you might be on mute.

Stephen: Thank you. I was on mute. This is your last question. I just wonder how you explain a year-and-a-half gap of employment. I'm a doctoral candidate, and I was supposed to finish two PhDs, and I haven't worked for a year and a half now. So as I reapply for jobs, without saying I had cancer, what do I say about I've not worked for a year and a half? I thought.

Rachel Becker: Yep. So another very common question and a very good question that I'm so glad that you asked. So again, right, you're a human, and humans are allowed to have human things going on, right? And we talked about- I talked about the swivel when I was presenting that when someone asks you a question, and you don't want to answer it by talking about cancer or really talking about anything else that you just don't want to bring up. You can use the swivel approach, which again is you acknowledge the question that was asked, you put the word in there, and then you bring the conversation over to something that you feel more comfortable talking about. So in response to someone saying, "I see you haven't worked for 18 months. Can you tell me what was going on during this gap on your resume?" You might say. "Yeah, I was dealing with a family circumstance, but that's all resolved now, and I'm really looking forward to X, Y, and Z parts of this job. Let me tell you about it." Or, you know, something that we encourage is for people to look into courses that they can take online. There are many that are free that are in the area that they've been working, or that they want to get into, or if there are any professional associations that you can, like, go to meetings for or whatnot, you could swivel to talk about that. I was dealing with a family situation that's now resolved. But during the time that I wasn't working, I actually took this course to build my skills in XYZ, or I spent a lot of time engaging with XYZ trade organization. I'm not sure exactly what your field is, but the idea is to just keep the conversation moving so that you're showing the person that you're interviewing with how savvy you are and why you'd be a good fit. Does that make sense?

Jennifer Gillette: Thank you so much.

Stephen: Thank you

Rachel Becker: Of course.

Jennifer Gillette: We are going to need to start wrapping up now, but I have one quick question for you, Rachel, before we do. For anyone that is maybe thinking about trying to go back, but concerned about like what kinds of accommodations might be reasonable things they could ask for, could you give a few examples of things that are more common to ask for?

Rachel Becker: So, I mean, common is a challenging word because different things are going to work for different people. But what I will say is that there's a wonderful resource online that's called the Job Accommodation Network. It can be found at a website that's askjan.org, and it's a database that's run by the by the government, by the US government, a database of accommodations that people have found were helpful in allowing them to continue working and manage their side effects. And in this database, you can type in a side effect, and it'll give you some suggestions. But off the top, so that can, you know, that's a way to find specifically what you're looking for in a lot of answers.

Off the top of my head, sometimes people don't consider the fact that if you have a computer-based job that has an in-person requirement, asking to work remotely could be an accommodation. And that's an accommodation that most employers can support at this point. And it can be really helpful because, you know, Kayla was talking about resting and drinking water and having snacks available and things like that. And sometimes it's easier and more comfortable to do that when you're in your own home. Conversely, having a dedicated space where you could go rest- asking if that's available for you- a little lounge or an empty office that doesn't get used frequently, could be an example of an accommodation. In terms of… So those are sort of accommodations to your physical surroundings, right? Then you might also request an accommodation in terms of time and schedule, so maybe you know that you tend to wake up early in the morning and between 7 a.m. and 3 p.m. you're really at your best in terms of your ability to be productive. Maybe your employer can switch your work schedule so that instead of working nine to five, you work seven to three. So same number of hours, different time of day. The trick with thinking through accommodations is to really get clear on what exactly you're trying to address and then be creative and flexible in your thinking.

Jennifer Gillette: Thank you so much. And again, I just want to thank both of our speakers. Amazing presentation today. And I want to thank our sponsors and our partners as well as I want to thank all of you for coming today. We hope we helped you in navigating this area. And we hope you have a great day. Thank you.

Operator: This concludes today's call. You may now disconnect.