



CANCER+
CAREERS

BE THE
BOSS
OVER CANCER

FOR HEALTHCARE PROFESSIONALS
A GUIDE TO HELP PATIENTS MANAGE
WORK & CANCER
THIRD EDITION

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INTRODUCTION

As a healthcare professional, you are uniquely positioned to help patients navigate the issues around work and cancer. You are the most visible — and, given the proper resources, the best-equipped — source of essential information for patients who hope to continue working during and/or after treatment. The goal of this manual is to give you the direction and tools you need to answer questions, provide resources for referrals and support your working patients.

The manual consists of five sections, which parallel the topics presented in our multi-part Educational Series for Healthcare Professionals. Both the webinar series and the manual are made possible in part by a generous grant from the Avon Foundation for Women. The webinars are archived and available for listening and viewing at Cancer and Careers’ website, www.cancerandcareers.org. The website also provides a wealth of additional information and resources for you, your patients and their employers. Highlights include individual career coaching, patient checklists and workbooks — all free of charge.

ACKNOWLEDGMENTS

The Healthcare Professionals Educational Series and Guide were made possible through a generous grant from the Avon Foundation for Women.



Cancer and Careers would also like to thank Monica Bryant, Esq., Joanna L. Morales, Esq., Rebecca V. Nellis, and Kate Sweeney for lending their expertise to the content of this program and publication; Jenny Brillhart Page for designing all the materials; and Rachel Becker, LMSW, for putting it all together.

Please note that the content in this publication is intended to provide general information on the topics presented. It is provided with the understanding that neither Cancer and Careers, nor any other contributors are engaged in rendering any legal or professional services via the information provided throughout. The information provided should not be used as a substitute for professional services. Cancer and Careers recommends seeking appropriate professional counsel for any questions about a specific situation.

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CANCER AND CAREERS

EMPOWERS AND EDUCATES PEOPLE WITH CANCER TO THRIVE IN THEIR WORKPLACE

EDUCATION

NATIONAL AND REGIONAL CONFERENCES ON WORK & CANCER

Conferences on the complexities of balancing cancer treatment and recovery with employment, featuring experts discussing legal issues, health insurance, career coaching and more.

COMMUNITY EVENTS

Local events and speaking engagements addressing the unique challenges of cancer in the workplace.

EDUCATIONAL SERIES FOR HEALTHCARE PROFESSIONALS

A multi-part accredited series, accessible via webinars/teleconferences and archived on cancerandcareers.org. The sessions provide targeted information on combining work and cancer treatment, so healthcare providers can effectively inform their patients. Includes a printed companion guide.

HEALTHCARE PROFESSIONALS IN-SERVICE TRAINING

These in-depth accredited training sessions equip the staffs of national cancer centers and cancer support organizations to better understand and serve patients who must balance work and a diagnosis.

For any of our free publications, visit us online at WWW.CANCERANDCAREERS.ORG

SUPPORT

WEBINARS ON BALANCING WORK & CANCER

A series of webinars for people with cancer who are dealing with issues across the work continuum, including job search, health insurance, disclosure and more.

ONLINE CAREER COACHING CENTER

Offers survivors free access to experts, who address individual questions on how to manage work during and after treatment.

RESUME REVIEW SERVICE

This free service allows job-seeking cancer survivors to upload their resume and receive feedback from one of our professional career coaches.

INFORMATION

CANCERANDCAREERS.ORG & CANCERANDCAREERS.ORG/ESPAÑOL

An interactive website with articles, a blog, an event calendar, a resource directory, a collective diary, videos, downloadable tools, and a newsfeed with recent news and research on issues related to work and cancer.

PUBLICATIONS

Job Search Toolkit and *Manager's Toolkit* and English and Spanish versions of the *Living and Working with Cancer Workbook*, *Most Important Resources for Working People with Cancer*, *Survival Guide to Living with Cancer As a Chronic Disease*, *Survival Guide to Cancer on a Shoestring*, and the *On-the-Go Guide* series. Publications are distributed free to individuals and cancer organizations nationwide.

WHERE TO START

“ROADMAPPING” A WORKABLE SCHEDULE

For newly diagnosed patients, there are many factors to consider when deciding whether or not to work. The reality is that some of these factors are always going to be in natural conflict with one another. Therefore, one role you as the healthcare provider can play is to support your patient in accepting that a “perfect solution” is unlikely. Rather, the goal of this process is to ask the right questions and develop the most workable path forward for your patient.

Some questions he/she should consider are:

- How will treatment affect his/her work and schedule?
- What are his/her job demands, both physical and mental?
- What are the new barriers, if any, to getting to work? For instance, do treatment side effects make it uncomfortable to catch the bus or the subway?
- How many hours, realistically, can he/she put in now or upon return?
- What other areas of life — cooking dinner, helping children with homework, tending to aging parents — take up substantial hours and may need to be delegated at least temporarily?
- If your patient delays a return to work, what would the downsides be — financially, emotionally and in any other ways? What are the rewards, including financial and emotional? Do the rewards outweigh the downsides right now?
- How is personal identity connected to your patient's work?
- What parts of the job might be more difficult during or after treatment? For instance, if a patient has to lift heavy boxes or equipment, can an accommodation be made?
- How flexible is the work environment?
- Can other accommodations be made?

Throughout this section, we'll explore these questions — and more.

GATHERING RELEVANT INFORMATION

Collecting and thoughtfully reviewing key information can help patients make the best possible decision about whether to work through treatment or take time off. Relevant information falls into three main categories:

- Medical and Treatment Information
- Work Information
- Legal Information

WHERE TO START

MEDICAL AND TREATMENT INFORMATION

COMMUNICATING WITH THE HEALTHCARE TEAM. Remind your patients that good communication with their entire healthcare team is an important part of planning treatment. This dialogue should include conversations about available treatment options, the anticipated timeline, side effects, and ways to reduce and/or manage them. It is also useful for patients to share their personal work goals with their healthcare team; for example, wanting to work as much as possible or scaling back based on their treatment schedule. Doing so ensures the entire team — providers, patients and caregivers — are all on the same page.

Suggest that your patients:

- Discuss concerns related to returning to work openly and honestly.
- Report treatment side effects, especially those that will impact their work ability.
- Tell the healthcare team what their job actually entails. For example, is their job physically or mentally demanding? What is their commute like? What hours are normally required? What other details help paint a picture of their work life?
- Discuss with the team their priorities about returning to work, specifically their re-entry plan, and explain why it's so important to them (if it is).
- Work out a treatment plan with the healthcare team taking all of these factors into account.

TALKING ABOUT WORK-FRIENDLY TREATMENT OPTIONS. If your patient is hoping to return to work while still in active treatment, explore whether the treatment program might be tailored to his or her work schedule — without compromising its effectiveness. Consider the following:

- Treatment options have expanded greatly. By working with you and the oncologist, patients may be able to find a treatment regimen that works best while also allowing them to maintain their lifestyle — including a return to work.
- It may be possible for treatments to be scheduled around their work demands, at least somewhat. For instance, could chemo be done at the end of the week, giving them the weekend to rest? Your patients may feel that they can't request a different schedule. It is important that you remind them that it can't hurt to ask.
- New combination treatments and at-home treatments can save time and energy. For example, a potential option might be oral chemotherapy, which can be taken at home, so it requires fewer visits to the doctor.
- Not all treatment regimens can be adjusted; the goal is the most effective treatment, not the most convenient.

See page 10 for a worksheet to guide you through these conversations with patients. You can also visit www.cancerandcareers.org/en/healthcare-professionals for articles, videos and checklists with additional information on structuring conversations with patients.

WORK INFORMATION

For patients who are currently employed, knowing about and understanding their company's policies is a key piece of the information-gathering process.

COMPANY POLICIES. A company handbook may be the best place to start, as it's likely to contain a lot of helpful information — on health insurance and other benefits (including disability and life insurance), company policies (such as donated leave time and telecommuting), and how to go about requesting time off or “reasonable accommodations.”

Another way for patients to get questions answered is to consult their company's human resources department — if there is one. In addition to what's referenced above, HR can tell your patient how the company has handled similar situations in the past. Many employers have developed contingency plans for sick workers, including things like flextime and job sharing.

Some employers may also offer options to patients that would be considered “reasonable accommodations” under the Americans with Disabilities Act (ADA), such as temporarily shifting job duties or allowing patients to take short, scheduled breaks during business hours to boost productivity. (See page 8 for more on the ADA.)

Patients should also ask specifically whether their company has an Employee Assistance Program (EAP) as part of its benefits package. EAPs are designed to assist employees and their families with resolving a wide range of personal and work-related problems.

Here are the things your patients will want to look into:

• Employee Benefits

- What does their health insurance policy cover?
- Do they have dental and/or vision insurance?
- Do they have short-term and/or long-term disability insurance?
- Do they have life and/or accidental death insurance?

• Other Benefits

- Does their company have a sick-time policy?
- How much vacation time or paid time off (PTO) are they entitled to?
- Does their company have a flex-time or job-sharing policy?
- Do they offer any other flexible work options, such as telecommuting or accessing a leave bank?

• Reasonable Accommodation Process

- Is there one in place?

• Medical Leave Process

- Is there one in place?

WHERE TO START

LEGAL INFORMATION

Finally, as part of this initial round of data collection, it's important for patients to understand what legal rights they may have in the workplace. Many working people with cancer don't realize that they may be protected under federal and/or state laws. These laws can be critical tools in helping to balance work and cancer treatment, so it's important that you and your patients know about the various protections that exist.

AMERICANS WITH DISABILITIES ACT (ADA). The ADA can be very helpful to job holders or candidates who are living with cancer. However, to access protections under the ADA they must be qualified for the job, and the job must be either with a private firm that has 15 or more employees or with a local or state government employer. Additionally, they must have "a disability," which is defined under the ADA as "a physical or mental impairment that substantially limits a 'major life activity.'" With cancer patients, often it is not the disease itself that creates the disability but, rather, the side effects of the treatment (e.g., nausea, cognitive difficulties, fatigue, neuropathy and/or depression).

A "major life activity" is anything that the average person in the general population can perform with little or no difficulty. Walking, talking, breathing, eating, sleeping, thinking, communicating and performing basic bodily functions are all examples of major life activities.

The ADA prohibits all types of discrimination based on:

- An actual disability
- A history of a disability
- A perceived disability (i.e., being regarded as having a disability)
- An association with a person with a disability (e.g., being a caregiver).

If an eligible person has or has had cancer, this law:

1. Protects him/her from discrimination in all phases of employment (hiring, firing, benefits, etc.) and
2. May entitle him/her to reasonable accommodations.

"Reasonable accommodations" is a legal term that refers to adjustments in the workplace that help employees work or continue to work. Examples of possible reasonable accommodations include a modified work schedule, reassignment of an employee to a less physically taxing position or supplying the employee with a more comfortable chair. Keep in mind that only individuals who currently have a disability or those who have history of a disability and are still experiencing some difficulties are entitled to reasonable accommodations.

Reasonable accommodations will depend on the nature of the disability and the job. If your patient is unsure which adjustments may work for his/her situation, contact the Job Accommodation Network (JAN), a program of the U.S. Department of Labor (www.askJAN.org). JAN offers a Searchable Online Accommodation Resource (SOAR) system that allows people to explore various accommodation options for different types of medical conditions in particular workplace settings.

An employer may not refuse reasonable accommodations for a person with a disability unless the modification would cause the employer undue hardship. To be considered an undue hardship, the accommodation must involve significant difficulty or expense for the employer.

Your patients can request reasonable accommodations during the hiring process or at any point during their employment. However, it may be in their best interest to ask for a reasonable accommodation as soon as a problem or an issue becomes known — and before their work performance suffers.

For more on reasonable accommodations, see pages 16-17. Or, for an in-depth look at reasonable accommodations and the ADA, go to eoc.gov/policy/ada.html.

STATE FAIR EMPLOYMENT LAWS. State Fair Employment Laws are similar to the ADA. As the name suggests, these laws vary from state-to-state but may be more protective in that they:

- Have a broader definition of what disability is
- Specifically list cancer as a potential disability
- Cover employers with fewer than 15 employees.

Patients should visit their specific state fair employment agency's website for information on individual state laws that prohibit disability-based employment discrimination.

For more information on state-specific resources, visit www.triagecancer.org/resources/stateresources.

THE FEDERAL REHABILITATION ACT. Like the ADA, the Rehabilitation Act prohibits employers from discriminating against employees because they have cancer. This Act, however, applies only to employees of the federal government and to private and other public employers who receive federal funds.

For more information on the Rehabilitation Act, visit www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf

CANCER AND CAREERS' CONVERSATION STARTERS

A CHECKLIST FOR HEALTHCARE PROFESSIONALS

Below is a checklist of suggested questions geared toward helping you facilitate a conversation between you and your patient about some of the issues around balancing work and cancer. A printable copy of this checklist can be downloaded at www.cancerandcareers.org.

HEALTH

- Have you asked your oncologist about common ways that your diagnosis, medication or treatment could affect your job performance?
- Have you found out the specific details about all of your medications and treatments, including common side effects?

WORK

- What type of work do you do? Be specific about tasks/responsibilities.
- What is the culture like at your job? (Is it small? Corporate? Close-knit/familial?)
- Do you have any concerns about working through treatment? If so, what are they?
- Have you explained to your oncologist exactly what your job entails along with any unique circumstances you'll be living with?
- Have you located your employee handbook or company policy manual? If yes, have you read it? Do you have any questions about what you've read?
- Are you concerned about disclosing your diagnosis at work [at school, or to other people in your life]?
- Are you familiar with any stress-relief techniques that you can use in your workplace when things feel overwhelming or are causing anxiety?
- Are you familiar with tips/solutions to help you cope with treatment side effects that you may encounter in the workplace?
- Do you feel prepared to answer questions about your health or a gap on your resume, now or in a future job search?

LEGAL & INSURANCE

- What type of insurance policies do you have (e.g., health, disability, life)?
- Do you have any questions about your insurance coverage?
- Do you understand your legal rights in the workplace?
- Are you concerned that you're being treated unfairly in your workplace?
- Do you know where to go for information and support on workplace discrimination?
- Do you have any concerns about taking time off work for treatments and/or recovery?
- Do you have any questions about what you're obligated to disclose about the diagnosis to your employer?
- Do you have any questions about what you're obligated to disclose about your diagnosis to prospective employers?

THINKING THROUGH DISCLOSURE IN THE ONLINE SPACE

The preceding section covers the importance of guiding patients through the information-gathering process so that they're able to make the best possible decision for themselves regarding whether to work during treatment. This section looks at ways to assist patients in thinking through the concept of sharing information about their diagnosis and treatment online.

It's important for patients to keep in mind that any information they share on social media may have an impact on their work life. Cancer patients and survivors may feel inclined to turn to online communities for support; however, they should keep in mind that any aspects of their story they share on the Internet or via social media can become public — and may stay public for an indefinite period of time. They also need to know that human resources departments and recruiters routinely peruse LinkedIn, Facebook, Twitter and the blogosphere. That means it's possible that a current or future employer might come across something that reveals a person's health status or history. As such, it's important for patients to take active steps to control their narrative by maintaining a personal online brand that is attractive, positive and conveys exactly how they would like to be represented.

PATIENTS SHOULD GOOGLE THEMSELVES. Patients (and everyone, really) should Google themselves with the critical eye of a boss or potential boss. Remind them that once they put information "out there," it stays out there. By Googling themselves, patients can at least be aware of what their current or future boss can find out — and prepare appropriate answers to potential questions they may have to field.

PATIENTS SHOULD QUIZ THEMSELVES BEFORE POSTING. Encourage your patients to ask themselves the following simple questions before posting information, opinions or photos — especially to a social media site:

- Would I want a boss — current or future — or coworkers to see this?
- Would I want this on the front page of a newspaper or the homepage of my favorite news site?
- Would I want my family to see this?

Even patients who have already been very open about their diagnosis may want to ask themselves these questions when posting about other topics — particularly if they choose to make additional disclosures related to their treatment and wellbeing. And if they are hoping to keep a low profile about their cancer, they should think even more seriously about what to post.

WHERE TO START

CONSIDER WHAT THEIR LOVED ONES ARE SAYING. It's also essential for patients to think about what people in their networks are saying about them. Often a patient's friends and family members will show their support by tagging the patient in a post that mentions his/her cancer diagnosis. For patients who want to maintain their privacy, such a post, though well intended, may lead to accidental, undesired — and very public — disclosure. Patients need to communicate very clearly with their networks about their personal preferences regarding disclosure in the online space (or anywhere). Ensuring that everyone is on the same page — and acts accordingly — can help your patient stay in control of the message.

CONSIDERATIONS WHEN BLOGGING. Many patients and survivors blog about treatment, recovery and other cancer-related topics. If your patient wants to blog, he/she first needs to decide whether to do so using his/her actual name.

“Going public” might make it easier to build an audience; however, if your patient is uncomfortable identifying him/herself or isn't planning to disclose within a work context, then using a pseudonym or remaining anonymous might be a better choice.

Another option is to use www.caringbridge.org, a social platform designed for anyone with a significant health challenge. It offers more-robust privacy settings than traditional blog sites (more on this in the next section) and can be used to update family and friends easily, saving patients and caregivers from having to send numerous emails or make multiple calls. Another site, www.mylifeline.org, provides a similar offering to cancer patients, survivors and caregivers.

MAINTAINING PRIVACY ONLINE. Paying attention to privacy settings on social media sites such as Facebook allows patients to maintain control over who has access to different areas of their profile. Privacy policies on social media sites change frequently, and keeping up with those changes can be a challenge. The best course of action for patients is to test their privacy settings and make sure the information they post passes the “quiz questions” listed on page 11.

When talking to patients about privacy policies on sites such as www.caringbridge.org and www.mylifeline.org, it is important to communicate that profiles are not automatically 100% protected. Recommend to your patients that they explore their profile “Settings” page to familiarize themselves with the various levels of security available and then select the one that meets their needs. Privacy policies on these sites tend to be written in straight-forward language that is easy to understand; another reason why they're a great alternative for anyone seeking the support an online community can provide.

WORKING THROUGH TREATMENT

SHARING THE DIAGNOSIS AT WORK

It's often your role as a healthcare professional to guide your patients in deciding whether or not to disclose their diagnosis at work. The major points to consider are:

1. WILL DIAGNOSIS OR TREATMENT INTERFERE WITH THEIR ABILITY TO PERFORM THE ESSENTIAL DUTIES OF THEIR JOB? If your patient is able to maintain productivity levels, attendance requirements, etc., then the ultimate decision of whether to disclose a cancer diagnosis is entirely up to them (they are generally not legally required to do so). For some, the degree of the disease and the prescribed course of treatment will be so severe that telling the employer may be a necessity in order to access legal protections. But even then, a patient may need to disclose only a fairly limited amount of information.

2. WHAT IS THEIR WORK ENVIRONMENT AND CULTURE? Some workplaces feel more open and receptive to employees sharing personal information. As such, it may feel “safe” for the patient to reveal a medical situation. In these types of environments, having a discussion early on with the employer may ultimately prove beneficial to the employee, even if your patient does not anticipate needing a reasonable accommodation.

It may be helpful to ask some leading questions to find out more about your patient's work environment, such as:

- **How long has your patient been employed at his/her company?** This may help determine comfort level, what legal protections your patients are entitled to and their familiarity with the work culture over time. It may also help gauge the level of trust they have in their employer, which is often key in planning a disclosure conversation.
- **What are their work relationships like?** Is it a close-knit environment centered on teamwork? Do they trust and respect their boss, and vice versa? What other questions might help your patient understand the dynamics at play in their workplace?
- **How has their work performance been evaluated prior to the diagnosis?** This is an important point to explore. Perhaps the employee has had a poor performance history and they fear that disclosing the cancer would be the final straw for their employer. Patients should try to be truthful when assessing their standing at work.
- **Have they witnessed other people at work going through a similar situation?** For instance, when a colleague went out on maternity leave did the company rally around her and pitch in happily? Or was there displeasure at having to cover for her? Prior experiences can give patients a sense of what to anticipate.

WORKING THROUGH TREATMENT

3. WHAT IS THEIR INDIVIDUAL PERSONALITY AND HOW MIGHT THAT IMPACT SHARING THEIR DIAGNOSIS? It is important to assess the emotions your patients may be struggling with as they think through whether/how to disclose at work. Commonly, patients are most concerned about:

- **Control:** Patients may feel they are unable to control the course of the disease, but they may feel able to control the amount or type of information that is shared in their workplace. Making it their own decision may provide them with a sense of power during a time when they generally feel they have very little.
- **Pity:** Patients often say they fear that once they reveal their cancer diagnosis, they will become only a cancer patient in people's eyes. Most patients want to avoid being seen in this light on the job, where they have an established role and image that is relative to their work — and has nothing to do with their health. They may fear discrimination — that people will interpret their illness as a diminishment of their abilities and will treat them differently.
- **Vulnerability:** By disclosing in the workplace, your patients may find they've unwittingly created an opening for other people to share their own stories, comments and connections to cancer. They are then forced to deal with their own emotions as well as their coworkers' emotions, which can be overwhelming.

4. WHOM TO TELL. Patients who decide they want to disclose in the workplace should keep in mind that, depending on the size and structure of the company they work for, they may also have a decision to make regarding whom to speak with. In fact, in certain circumstances it may be necessary for a patient to have more than one disclosure conversation. Patients should carefully consider and plan out each conversation ahead of time, taking into account the professional role of the person they are speaking with and the relationship they have with that person:

- **Supervisor:** An immediate supervisor may be a good person to start the disclosure conversation with. Many patients discover that their boss turns out to be far more than just a manager. He/she can be a source of strength, hope and encouragement — even beyond the professional realm. A supervisor is also the person most knowledgeable about your patient's workload and schedule, and understands how the team and company might best be able to support your patient.
- **Human Resources Department:** HR people can be fonts of information about their company's policies. Most HR departments will have had experience with other employees who have had serious health conditions, in which case they can offer advice on how to tell coworkers and what to expect from the organization. However, not all patients will have access to an HR department or feel comfortable disclosing to them.

- **Colleagues/Coworkers:** When talking to his/her peers, suggest that your patient lets them know what he/she is likely to experience, such as fatigue or hair loss — then focuses on how he/she plans to cope.

For more on structuring conversations with colleagues/coworkers, see “What to Tell,” below.

5. WHAT TO TELL. Encourage patients to get as much information as possible from their doctors — including clear and detailed explanations of the diagnosis, the expected treatment, the prognosis and the anticipated timetable — before sharing the news at work. Gently remind patients that this information is very fluid — anything can change at anytime. The treatment, for instance, may take longer (or less time) than predicted or a different treatment plan may be adopted midcourse. Knowing this ahead of time — and communicating it to colleagues — can help your patients cope if any “curve balls” come their way.

Patients should consider including the following information in their conversations with supervisors, HR representatives and, perhaps, coworkers:

- A brief explanation of the diagnosis and prognosis
- Expected course of treatment
- Any anticipated leaves of absence

Then, if possible, they should create an action plan for how their work will get done while they're undergoing treatment. By having a plan in place, your patient communicates to others that he/she is continuing to take work responsibilities seriously. The plan should include things such as:

- Any outstanding projects
- How your patient plans to complete the work or who will cover for them
- Any reasonable accommodations they may potentially request.

WORKING THROUGH TREATMENT

REASONABLE ACCOMMODATIONS / JOB MODIFICATIONS WHILE IN ACTIVE TREATMENT

As discussed on page 8, in the “Where to Start” chapter, “reasonable accommodations” are adjustments in the workplace that help employees work or continue to work, and they may take a variety of shapes and forms. This specific phrase is a legal term that is used in the ADA as well as in various state fair employment laws and the Federal Rehabilitation Act. However, not all patients will have access to the legal protections that these laws provide. (For more on legal considerations see pages 23-24.) Nevertheless, even if your patient isn’t entitled to an accommodation under a federal or state law, they may still benefit from discussing these suggestions with their employer as potential job modifications. Often employers are willing to support workers during treatment, even if they are not legally obliged to do so; especially if the employee approaches the conversation with useful information and a solid plan.

MODIFYING A SCHEDULE. To start you’ll want to help your patients get a general idea of how their treatment is likely to affect their work.

- Suggest they first identify specific hours and/or days of the week they feel best, versus when they experience the most fatigue.
- Discuss the types of medication being prescribed — and the possible side effects. Explore whether some medications might be taken at night to offset uncomfortable side effects or lowered cognition/energy levels.
- Alert patients about which days are typically the most difficult following treatments, so this information can be factored into their plan.

Patients who are able to adjust their schedule to better balance their job and treatment (or ease the re-entry to work later on) may want to consider one of the following:

- **Telecommuting.** Working from home, part- or full-time, can help eliminate a draining commute or enable patients to lie down when necessary. The key to successful telecommuting is to create a clearly defined agreement with the employer that establishes:
 - Which hours the patient will work
 - How the patient will be reachable (via phone or email)
 - How he/she will indicate being away from their desk (e.g., via auto replies on instant messaging, voicemail and/or email)
 - Any equipment needs (a phone, computer, printer, access to servers, etc.).

- **Flexible hours.** Patients may want to explore the possibility of creating a flexible schedule, whereby they continue to work full-time, but vary the start and end times of their workday. Alternatively, a flexible schedule might entail:
 - Taking time out during the workday to go to appointments, and then making up that time by working later that day or later in the week.
 - Scheduling additional breaks throughout the day to allow for rest.
 - Temporarily reducing a work schedule from full-time to part-time.

MODIFYING A WORK SPACE. Your patients’ work environments should be as comfortable as possible. Encourage them to think creatively about ways they can adjust their work space to help them be more productive. This can include simple things such as setting up their work area so they don’t have to expend unnecessary energy. For instance, if your patient sits at a desk, he/she may consider putting his/her phone, files, printer, etc., within easy reach, or requesting a special chair that will be more comfortable. Another example of a modification might be providing a stool to a cashier who typically stands behind a register all day, or reassigning a security guard to cover an area that is located closer to a restroom.

It may be necessary for a patient to provide his/her manager with a medical certification form when requesting a reasonable accommodation of any kind. It is likely that they will ask you, or another member of their healthcare team to complete this medical certification form. You should make sure that you know what your patient has disclosed about their diagnosis at work, to ensure that you share only as much information as is necessary for them to get the accommodation. In most instances sharing an exact diagnosis is not required.

Reasonable accommodations/job modifications will depend on the nature of the disability and the job. If your patient is unsure which adjustments may work for his/her situation, contact the Job Accommodation Network (JAN), a program of the U.S. Department of Labor (www.askJAN.org). JAN offers a Searchable Online Accommodation Resource (SOAR) system that allows people to explore various accommodation options for different types of medical conditions in particular workplace settings.

WORKING THROUGH TREATMENT

MANAGING SIDE EFFECTS OF TREATMENT AND CANCER

You can greatly assist patients by initiating conversation about the side effects they're experiencing — or are likely to experience — and how these issues can be managed in the workplace specifically. Remind your patients that while many side effects can be addressed with lifestyle changes — such as diet or exercise — others may require adjustments to treatment or additional medication in order to be resolved. It is also crucial to emphasize the importance of reporting any symptoms or side effects to you and their physician.

Once patients know the importance of talking about side effects, review with patients those that are typical as well as suggested remedies. These may include:

PAIN. Remind your patients that pain is a common side effect, caused by the cancer itself or by the treatment. Suggest that your patients:

- Keep a log of the pain, noting the time it occurs and what they were doing.
- Rate the severity of the pain on a scale of 1 to 10 (10 being the worst ever). Then you and the physician can discuss options with the patient — such as medication, or relaxation breathing or a combination thereof — to make the pain more tolerable.

FATIGUE. Although it is one of the most common side effects, fatigue is also one of the most disturbing for those trying to work. It can affect concentration and memory as well as the ability to function, both physically and emotionally. Suggest that your patients:

- Rate their fatigue on a scale of 1 to 10 (10 being worst) and report it to you if it reaches 4 or 5.
- Figure out any pattern to the fatigue so they can anticipate periods of lower energy and plan around them. For instance, many patients say fatigue peaks a day after chemo, lasts for several days, then subsides. Fatigue after radiation, however, tends to be cumulative, becoming progressively worse as the number of treatments increases. Paying attention to the pattern can help with planning treatments and any needed time off work.
- Take short naps if possible, even at work. (Recommend that patients ask their supervisor to accommodate them by putting a cot in a quiet room.)
- Work smart. Curtail all but crucial travel, hold meetings on the Internet or phone rather than in person and telecommute on the heaviest traffic days.
- Prioritize. Completing the most pressing work tasks first will reduce stress and increase feelings of productivity at the end of the day.

- Exercise (or get some sort of physical activity) daily. Exercise has been shown to not only prevent fatigue, but to decrease it once it has set in. The exercise can be as simple as a home-based, moderate-intensity walking program. And remind patients that they should always check with their doctor before beginning any exercise program.

NAUSEA AND VOMITING. If your patients complain mostly of nausea and vomiting, remind them that:

- Many anti-nausea remedies are available and their doctor can recommend the one that's best for them. If it doesn't work well, another one may.
- Dietary changes can help keep nausea and vomiting at bay. Eating five small meals a day, instead of three big ones, can help with nausea (as well as with fatigue). Staying well hydrated, eating small amounts of bland, room-temperature food (crackers and pretzels are good) and eating easy-to-digest foods can help as well.
- Some non-medical mind-body approaches are worth investigating, including self-hypnosis, relaxation exercises, guided imagery and biofeedback, in combination with progressive muscle relaxation.

CHANGES IN APPEARANCE. Dry skin, weight fluctuations, hair loss — when it comes to maintaining an image at work during and after treatment, men and women with cancer face a whole new set of challenges. Encourage your patients to consult the experts: Hairdressers and barbers can offer advice on hair loss and help with wigs; local department stores and support organizations such as Look Good...Feel Better (www.lookgoodfeelbetter.org) can advise on makeup; dermatologists can prescribe skincare remedies. Another tip: Encourage your patients to buy clothes to accommodate any weight gain or loss they experience. Ill-fitting clothing is a constant reminder of the changes that are happening.

HAIR LOSS. Hair loss is a tangible reminder of the cancer. It exposes patients to the world and can make them feel vulnerable and helpless. Returning to work can be particularly challenging when self-esteem and confidence are compromised. Talk to your patients about whether they should expect hair loss with their treatment and, if so, when it is likely to happen. That way they can be prepared psychologically and, if they choose, can get wigs or scarves in advance. Additionally, emphasizing that their hair will grow back can help patients to maintain a positive mindset.

WORKING THROUGH TREATMENT

CHEMO BRAIN. It is quite common for patients undergoing chemotherapy to experience this mental fog. Marked by lack of concentration, memory or thinking skills, chemo brain can be especially challenging for patients who are trying to work. Suggest that they:

- Get a full workup from their primary care physician. The evaluation may uncover other reasons for fatigue and cognitive problems, such as depression.
- Ask about medications that may help their chemo brain.
- Ask about simple remedies such as coffee (unless patients have a health reason to avoid it) to help combat their daze.

Additionally, the following tips may be useful for patients who are struggling to maintain focus at work:

- **Carry a single notebook,** rather than having one at work, one at home, one in the car, etc. This reduces the number of items your patient needs to keep track of.
- **Write down a list of priorities.** Patients should determine their priorities, then focus on each task that needs to be addressed, one at a time.
- **Resist multi-tasking.** Trying to juggle multiple activities at once can greatly hamper concentration. Suggest to patients that they minimize exposure to distractions such as mobile phones, the Internet, etc., as much as possible.
- **Rehearse everything,** including presentations, project updates and phone calls.
- **Ban clutter.** Clearing their work area is another way for patients to minimize distractions.
- **Listen to music.** It's hard for anyone to stay tense when their favorite song is playing.
- **Head outside.** Sunlight and fresh air can help patients de-stress and regain focus. Eating lunch outside, taking strolls during breaks or suggesting that a one-on-one meeting with a colleague be a walk-and-talk affair are ways to increase time outdoors during the work day.

STRESS. It is also important for patients to pay attention to stress levels, which can exacerbate symptoms of chemo brain. You may wish to make referrals for talk therapy, occupational therapy, biofeedback or relaxation training if necessary. Additionally, below are a few basic tips that can help patients manage stress at work:

- **Take regular breaks.** Encourage patients to listen to their bodies instead of pushing themselves too hard. It's a good idea for them to break for lunch daily, and take additional, short breaks throughout the day. Or, perhaps, take 10-20 minutes to meditate quietly.

- **Breathe.** People under stress tend to breathe in short, shallow breaths that do little to bring in oxygen and a lot to increase tension in the chest and shoulders. If your patient often feels panicky or tense, tell them to take a few moments to breathe deeply. Getting more oxygen into the body will slow the heart rate, decrease blood pressure and relieve that sense of panic.
- **Exercise** is one of the most effective ways to combat stress, so advise your patients to incorporate brief periods of exercise into the workday. Suggest that at lunchtime they consider taking a yoga class or heading to the gym to hop on the treadmill (if they're cleared by their physician to do so). Patients might also consider taking short breaks throughout the day to stretch or do simple exercises in their desk chair.
- **Just say no.** Patients should try to set boundaries at work that enable them to decline certain types of requests, such as staying late for non-essential projects. Although it can be difficult to say no, doing so can help them become a better employee; they won't be overburdened with extra projects and won't feel trapped by every ask they receive. The key to setting effective boundaries in the workplace is crafting language that feels natural for your patient and communicates the "no" message in a way that is still professional and team oriented. For example:

- *"I appreciate that you thought of me for this project but I'm a bit swamped this week, and am concerned about my ability to get this back to you in a timely manner."*
- *"Thank you for offering me these additional shifts. Unfortunately, I'm short on time at the moment as I've got some family obligations to attend to. But I'd love to talk about this possibility again in a few months, once the situation at home has settled down."*

- **Laugh.** Laughter can reduce the physical symptoms of stress by increasing the flow of oxygen throughout the body and releasing feel-good endorphins in the brain.

TAKING TIME OFF

Because work is often deeply tied to patients' sense of identity, they may find it difficult to part with job responsibilities when taking a leave of absence. However, letting go is often necessary to benefit their health. Below are some tips to share with patients who have made the decision to take time off from work.

ASSESS THE WORKLOAD. It's important for your patients to take a step back and realistically evaluate their circumstances — and then thoughtfully consider a plan for their absence. Here are some suggestions:

- **Consider current responsibilities/projects.** Patients should note which projects they are responsible for, their deadlines and current status, and which ones can feasibly be completed before going on leave.
- **Be honest with themselves.** Many patients suffer from “they can't get by without me” syndrome. Remind them that, while their work does need to get done, they don't necessarily have to be the one to do it. Communicate to your patients that it's okay to loosen their grip and let their team help out.
- **Reassign and delegate.** It's a good idea for patients to speak with their manager about how to divide their workload among their fellow employees. You can support them in thinking through how they might initiate this conversation and what solutions they might propose for making sure their projects are fully covered.
- **Create a written plan.** Having a clear, written plan can help ensure that your patient's manager and coworkers all have the same expectations. This, in turn, can help your client have peace of mind while taking time off.

NAME A POINT PERSON. Just as a point person can assist your patient in managing interactions with the office while they're working through treatment, this person can also help while your patient is out on medical leave. He/she can keep coworkers informed about your patient's progress, and let your patient know what's been going on at the office. Encourage your patient to be clear with their point person about how often they can/should call with questions and updates, as well as when it is (or isn't) okay to contact your patient with an office-related “emergency.”

Below are some key points for your patient to keep in mind when selecting a point person:

- **Check company policy.** Some employers have policies that will limit your patient's interactions with his/her company during formal leave. If this is the case, the point person will play an essential role upon your patient's re-entry to their job, helping to bring your patient up to speed on projects and changes that took place while they were away.

- **Choose wisely.** The point person should be someone in your patient's department whom he/she trusts. It doesn't have to be someone who does their exact job; it might be an administrative assistant or colleague. However, it should be someone who has good communication skills and reliably returns phone calls and emails in a reasonable time frame.
- **Publicize the decision.** Your patient should make sure colleagues and clients know who their point person is as well as the best way to get in touch with that individual.

LEGAL CONSIDERATIONS

FAMILY AND MEDICAL LEAVE ACT (FMLA). The Family and Medical Leave Act of 1993 gives your patients the right to take time off due to illness (or caring for a seriously ill child, parent or spouse) without losing their job. This law:

- Covers workers who have worked at least 12 months and at least 1,250 hours during the preceding 12 months, at a private company that employs 50 people or more (within a 75-mile radius) or a school or government agency.
- Grants workers up to 12 weeks of unpaid leave, which can be taken all at once or in increments as small as a few hours at a time, until the maximum is exhausted. Note that using the FMLA intermittently can be a very helpful option for patients who want to work through treatment, because it provides a way to access even small amounts of protected time off.
- Allows workers to keep their employer-sponsored health insurance coverage during the 12-week period of leave for their own serious medical condition or to care for a spouse, parent or child.
- Guarantees that the employee will have their job or an equivalent job with the company after returning from leave.

DISABILITY INSURANCE BENEFITS. If your patient needs to take time off from work they may need to find alternative sources of income. One option may be disability insurance, which provides employees with some income (typically 50%-70% of their salary) while they are unable to work due to a medical condition. While your patients can obtain detailed information on any private disability benefits from their company's human resources department, regarding federal disability benefits from the Social Security Administration (SSA), and on state disability benefits from state insurance agencies you can tell them the basics:

TAKING TIME OFF

- Disability insurance is generally divided into long-term (for those illnesses or injuries expected to last 12 months or longer or predicted to be terminal) and short-term (for illness expected to last less than 12 months).
- Short-term plans are usually administered through the employer or the state, while the employer or the federal government oversees long-term plans.
- The definition of disability changes from plan to plan, so it's crucial that your patient asks the administrators of a plan how the term is defined in their particular plan. Additionally, private disability benefit plans have varying definitions of what short- and long-term mean, so it is important to read the plan's description.

For the federal long-term disability programs, your patients should be aware of the “Big 5” questions they will be asked in order to determine eligibility for long-term disability benefits:

1. Is your patient working? Generally, the Social Security's definition of disability, and therefore the eligibility criteria for receiving federal disability benefits, is strict and excludes those able to work. (See www.ssa.gov/planners/disability/dqualify4.html) However, the SSA does have trial work periods that might allow your patient to work on a trial basis. Earnings limits increase each year and can affect eligibility. For current information on disability recipients' earnings limits, visit www.ssa.gov/pubs/10003.html.
2. Is your patient's condition severe?
3. Is it included in the list of disabling impairments? (The list is posted on the Social Security Administration website, www.ssa.gov/disability/professionals/bluebook/AdultListings.htm. Please note: It is intended for professionals, so you will want to help your patient decipher the information and determine if they are included.)
4. Can your patient do the work he/she did previously? If so, the claim will likely be denied.
5. Can your patient do other types of work? If so, the claim will likely be denied.

The SSA also has a Compassionate Allowances program that identifies diseases and other conditions that “invariably qualify under the listing of impairments based on minimal objective medical information” and therefore receive expedited processing in disability determinations. For more information, go to www.ssa.gov/compassionateallowances/conditions.htm. Keep in mind, however, this doesn't guarantee access to benefits, just a speedier application process.

DISABILITY RESOURCES

U.S. Department of Labor

www.dol.gov/dol/location.htm

On this page, patients can find out if their specific state has a short-term disability program.

U.S. Social Security Administration

www.ssa.gov/pubs/10029.html

This page offers information on Social Security disability plans.

FMLA RESOURCES

U.S. Department of Labor

www.dol.gov/dol/topic/benefits-leave/fmla.htm

This resource provides information to better understand the law — from guidelines and forms to applicable rules and regulations.

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RETURNING TO WORK

A patient who has taken time off from working and is now ready to return is likely to find themselves in one of two circumstances:

- Planning to return to an existing job
- Planning to look for a new job.

It is also common for patients in either circumstance to discover they no longer feel satisfied working in their previous job or professional field and wish to make a career change. All of these situations have their unique challenges and benefits.

This chapter discusses ways in which you can help your patients navigate this challenging transition.

PATIENTS RETURNING TO AN EXISTING JOB

Much of the information in the “Working Through Treatment” chapter (pages 13-21) can be used to help patients and survivors prepare for re-entry. However, whether they’ve taken a long- or short-term leave, there are some additional points to help them consider:

BREAKING OUT OF THE “CANCER PERSON” BOX. The upside for patients returning to their existing job and employer is that there are many known quantities. Being familiar with the responsibilities of their role — as well as with the people in the organization, the interpersonal dynamics of the place and what it takes to succeed — all have their benefits. However, one downside experienced by patients returning to their prior job is the feeling that they will forever be seen as the “cancer person” in the workplace, rather than being viewed as the employee they were prior to their diagnosis.

It is common for patients’ coworkers to make cancer-related comments during the re-entry process. For the most part, such comments are well-intended attempts to connect with the patient (e.g. “My uncle also had cancer,” “How are you feeling?”). However, regardless of good intentions, patients often find these comments off-putting. Therefore, a very important role you can play is to help patients prepare how they are going to respond to any cancer-related comments or questions. And to help them do this, we recommend a technique called “The Swivel.”

“THE SWIVEL.” We call it the Swivel because the goal is to acknowledge and address the cancer-related question or comment, then redirect — or swivel — the conversation toward a work-related topic. This allows the patient to re-cast themselves in a work context. Here are some examples of how a patient might swivel in the workplace:

Coworker: “My uncle also had cancer.”

Patient: “That must have been very difficult — thank you for sharing that. While you’re here, do you have a few minutes to review some of the notes from yesterday’s meeting?”

Coworker: “How are you feeling?”

Patient: “Really excited to be back! In fact, I have a few questions about the new time-card system. Do have a few minutes to answer them?”

The examples above give a sense of what a swivel might look like. However, the overall goal when working directly with patients is to help them find language that is succinct and feels authentic. Once they have crafted their own personal swivels, recommend that they practice saying them out loud so that the words feel natural coming out of their mouths.

More information on the “The Swivel” and how it can be used during the interview process can be found on pages 32-33.

GETTING YOUR PATIENT UP TO SPEED. After being away from work, it’s important for patients to regain confidence about their job-related abilities. Below are some points to address as you support them in that process:

- **How is their psyche?** Just as important as feeling physically capable of doing their job is for patients to feel psychologically up to the task. If your patient doubts their capacity to succeed, encourage them to consider one-on-one counseling or to join a support group comprised of other cancer patients returning to work.
- **Formal return-to-work program or disability-management program.** It may be beneficial to patients to look into whether their company has such a program in place. If not, they should explore whether there is an informal contact person for such transitions. Traditionally, Employee Assistance Programs, which help workers recover from drug and alcohol problems, involve a return-to-work meeting, in which employee and employer discuss expectations and capabilities. The same sort of meeting might be useful as your patient resumes their duties.

RETURNING TO WORK

- **Evaluate work-readiness.** What should your patient expect in terms of residual side effects? Are they prepared to come back full-time or part-time? Can they telecommute from home a few days a week? Ease back into their usual routine with half days? Additionally, if your patient is choosing whether to work mornings or afternoons, it's important for them to factor in the possible side effects of any medication they take.

REQUESTING TELECOMMUTING AS AN ACCOMMODATION FROM A CURRENT EMPLOYER.

If your patient plans to broach the subject of telecommuting with their current employer, it's a good idea for them to create a proposal or plan showing how they can continue to make their contribution to the work of the organization without putting in face time every day. You can help your patient think through the benefits for the employer, such as continuity of work and productivity gained by eliminating commute time. Being able to articulate the benefits for both parties, as well as a willingness to compromise — such as committing to attend on-site meetings or visit customer sites as needed — can help patients persuade their current employer to embrace the concept.

CONSIDERING A CAREER CHANGE

Many patients no longer find the same satisfaction in their job as they did before cancer — and that's okay. This kind of shift may be temporary or permanent; either way, it's important to validate patients' feelings and support them as they explore and reflect.

However, even if your patient strongly feels that their work-related goals have changed so much that they wish to embark on a new career path, it still may be helpful for them to return to their old position for a while before searching for a different one. For many patients, regaining confidence as a full-time employee in a familiar environment can be invaluable.

Cancer and Careers' *Job Search Toolkit* provides tips on how to find meaningful work as well as on looking for work after cancer. It's a terrific resource for patients and can be ordered in hardcopy or downloaded from www.cancerandcareers.org free of charge.

JOB-HUNTING AFTER CANCER TREATMENT

Just as returning to an existing job has both pros and cons, so too does finding a new job after cancer. In the “pro” column, patients have an opportunity to enter an environment where their supervisors and colleagues don't know about their cancer experience, leaving it up to the patient to decide if and when that information should be revealed.

Conversely, because he or she will be entering a new work environment, it will be necessary to invest more time and effort in figuring out their circumstances, including new job responsibilities, the personalities of and pre-existing relationships between coworkers (and where your patient fits in), and how to “succeed” within the organization overall. Additionally, it's important to remind patients that all workplaces have their unique quirks and dysfunction, and it is worth taking some time to discover those as well.

However, before your patients can begin to acclimate to a new work environment, they'll need to engage in the highly involved process of job-hunting.

NORMALIZING THE JOB-SEARCH EXPERIENCE. The fact is that looking for work is an inherently challenging and stressful experience regardless of the job-hunter's cancer history. One area where you can be very effective with patients is helping them to accept this reality. Normalizing the highs and lows of job-hunting as being common to people of all backgrounds may prevent your patients from thinking their struggle is directly related to their cancer experience. It is also useful to help patients manage their overall expectations by exploring any thoughts and feelings they anticipate may be part of the process, and then work toward identifying various approaches to self-care that might be effective during the lows (see pages 20-21 for tips on managing stress).

ADDRESSING CANCER DURING THE JOB-SEARCH PROCESS. For many survivors who are looking for work, a big question is whether and how to address their cancer during the job-hunting process. While patients are generally not legally obligated to disclose a cancer diagnosis at any point (during the application/interview process or once they are employed, for that matter), they should be encouraged to make a decision about disclosure that feels right for them. Some survivors can't imagine a set of circumstances in which they wouldn't share their story. Others may view their experience as something they coped with and survived, but not something that defines them or that they want to make part of their identity — professional or private.

It is also not unusual for cancer survivors to feel a certain obligation to disclose their cancer history so potential employers have a more complete understanding of the person they might decide to hire. If you're working with a patient for whom this is the case, take some time to explore where these feelings might be coming from, and remind them that it is not essential for them to communicate every detail of their personal lives during the application and interview process. It may also be useful to point out that there are many people living with chronic life-long conditions, such as diabetes or Crohn's disease, who don't necessarily disclose their illness.

RETURNING TO WORK

However, if your patient feels strongly about disclosing — or will need to request a reasonable accommodation once they are hired — the real consideration isn't whether to tell, but when. We often get asked if someone should disclose in a cover letter or resume — or during the first interview. For these patients, it's important to remind them that each stage of the job-search process — from the cover letter to the resume to interviewing — are all parts of a strategy to get hired. The cover letter and resume are designed to get them through the door, and the first interview is the very beginning of a potential relationship. The goal during each of these stages is to impress a prospective employer and advance to the next phase of the hiring process; so it is probably not the best time for patients to share their cancer history. Instead, encourage patients to be instinctual as they move through the interview rounds, and to choose a moment when they think the company is invested in them and likely to make an offer. Another, very viable option is to wait until the offer comes through, then share the information as part of their discussion of salary, benefits and other related factors.

JOB-SEARCH ESSENTIALS

When it comes to the actual job-search, there are a few essential “tools” that every survivor needs to have in their arsenal, and below are some key points to cover with patients. More detailed information on all of these topics — and others — can be found in Cancer and Careers' 60-page *Job Search Toolkit*, which can be ordered in hard copy or downloaded for free at www.cancerandcareers.org.

NETWORKING. The vast majority of jobs today are found through networking rather than through job-board postings or newspaper listings. For patients who have taken time off, one of the biggest challenges can be reaching out to someone they haven't spoken with in a long time. If your patient feels uncomfortable reaching out because time has passed and now they need something, encourage them to do the following:

- Acknowledge the lapse in time.
- Explain the “Why now?”
- Offer to do something in return.

It's also a good idea for patients to keep track of their contacts and communications. Cancer and Careers' networking tracker, which can help patients stay organized, can be downloaded from www.cancerandcareers.org/grid/assets/networkingtracker.pdf.

LINKEDIN. Maintaining an effective profile on the professional networking website www.linkedin.com has become as crucial as crafting a good resume. LinkedIn multiplies your patient's existing personal and professional networks by making their connections' connections available to them as well. Additionally, in the past few years employers have increasingly turned to LinkedIn as an inexpensive alternative to headhunters when filling all but the most senior positions. Encourage your patients to devote time and effort to building their profile when they join, and it will likely yield benefits.

RESUMES, AND RESUME GAPS. Due in large part to the expansion of online communities and brands, the world of job-seeking has changed. What hasn't changed is the fact that a resume must be carefully crafted and the information presented in a concise, targeted and visually appealing way. And remember, always communicate to your patients that the goal of a resume isn't to get them the job — it's to get them an interview.

For many cancer survivors, the most pressing question about resumes is how to deal with gaps. The assumption is that gaps on a resume mean being automatically relegated to the “no” pile. However, because of the downturn in the economy, it's much more common for people to have gone for long periods of time without a steady, full-time job. Therefore, it's important to communicate to patients that a gap on a resume is no longer a clear indicator of a health crisis — but it is something to be dealt with strategically. More information on designing a strategic resume can be found in Cancer and Careers' *Job Search Toolkit*.

COVER LETTERS, AND ADDRESSING THE GAPS. A cover letter (or cover email) can help differentiate your patient from other candidates, and give them the opportunity to include more details about their interest in a specific job. It's extremely important that patients do not simply regurgitate their resume when writing their cover letter. Rather, the cover letter is an opportunity to draw parallels or highlight an experience that makes your patient uniquely suited to the particular job for which they are applying. Additionally, cover letters should be no longer than three paragraphs, and they should be proofread very carefully.

If your patient has a significant gap on their resume and they feel strongly about addressing it in their cover letter, you can help them come up with an explanation for it that they're comfortable with. Something such as:

“After a period of family responsibilities, I returned to school to refresh and update my accounting skills. Since accounting standards and regulations have changed substantially in the past five years, this training was timely and highly relevant.”

The point is for patients to briefly explain the gap and demonstrate that they have stayed current.

RETURNING TO WORK

INTERVIEWS

Understandably, interviews make a lot of cancer survivors nervous — particularly when it comes to addressing any gaps in employment. However, one thing that you can do is to help your patients understand that interviews are a source of anxiety for many people — not just those with a cancer history — and that their best tool during any interview is good preparation. Communicate to your patients that while they don't want to lie during any part of the hiring process, it is important to remember that no one shares every last detail about themselves either. The purpose of the interview is to figure out whether your patient and the company are a good match. Below are some additional points to keep in mind when talking to your patients about the interview process.

CAN A POTENTIAL EMPLOYER ASK ABOUT HEALTH HISTORY? The federal Americans with Disabilities Act (ADA) and State Fair Employment Laws prohibit most employers from asking a job applicant about a disability before offering the job. However, a potential employer may ask questions about whether your patient can perform the essential functions of a job and how he/she would perform those functions. For example, if your patient walks with a cane, they can't ask why your patient uses a cane, but they can ask about their ability to carry heavy boxes or stand on their feet all day.

Of course, just because a prospective employer isn't supposed to ask about health history doesn't mean they won't. Therefore, it is always a good idea to help your patients think through how they might field a question that shouldn't be asked. Will they disclose? Will they tell a potential employer they shouldn't ask that question? Will they acknowledge that they had a health issue in the past? Essentially it is up to your patient to decide. Your role is to support your patient in giving some thought to this ahead of time. This will help them feel in control and prepared for anything that might come up in the interview.

“SWIVELING” DURING AN INTERVIEW. Although it's illegal for employers to ask specific questions about a patient's health, it's not out of the ordinary for them to inquire about a gap in employment. This is another area where The Swivel technique can be very useful (for more on The Swivel, see page 27). In this context, the goal is to acknowledge the question about the resume gap and then redirect — or swivel — the conversation in a way that addresses your patient's professional goals and desire for the job. The ideal swivel does not leave an opening for the interviewer to dig further into the gap, but instead nudges them to pick up the conversation from the point it was swiveled to.

When helping patients plan their own personal swivel, work with them to develop a succinct, authentic answer to the “gap” question and then practice it over and over until they feel completely comfortable saying it out loud.

Sample swivels:

“I was dealing with a family issue that is resolved now, and I am thrilled to discuss how my management skills can build the team and grow your business.”

“I realized that what I was doing didn't fulfill me, so I took a step back to think about what would make me happy, and I think my tech background would be a great asset not just for this role but for the company as a whole.”

ADDITIONAL TIPS FOR INTERVIEW PREPARATION. The key to your patient having a successful interview is for them to be as prepared as possible. Cancer and Careers' Mock Interview Worksheet and Interview One-Sheet are useful tools for your patients to use with you or with their family and friends to help them to prepare. Both can be downloaded for free at www.cancerandcareers.org/en/looking-for-work/mock-interviews.

For more information on returning to work after cancer, download Cancer and Careers' **JOB SEARCH TOOLKIT**, at www.cancerandcareers.org.

HEALTH INSURANCE OPTIONS

INSURANCE OPTIONS

Health insurance plays a vital role in enabling patients and survivors to manage their care. But knowing how to maximize health insurance coverage — or finding a plan that's right for a person who doesn't already have coverage — can be overwhelming. Here's some information to assist your patients in navigating the health insurance maze.

UNDERSTANDING A CURRENT INSURANCE PLAN. For patients and survivors who have coverage, it is important to read their health insurance policy and understand the coverage they already have. This information can usually be found in employee manuals; however, if your patients can't find it there, recommend that they contact their health insurance company for a copy of their policy. It's not an exciting read, but reviewing the fine print now can reduce the likelihood of misunderstandings later. Whether your patient has a traditional ("fee for service") health insurance or a managed-care plan (such as a health-maintenance organization [HMO] or preferred-provider organization [PPO]), it's important that they learn what they need to in order to get the most out of their coverage.

Recommend to your patients that they find answers to the following questions:

- How do I go about getting a second opinion?
- If I see an out-of-network doctor, will the appointment be covered?
- Do I need a referral from my primary care physician to see a specialist?
- Am I allowed to choose my own specialists and/or switch to a different doctor if I'm dissatisfied with the care I'm receiving?
- Must treatments be preauthorized, and if so, when?
- What, exactly, is covered (e.g., doctor appointments, hospitalizations, chemotherapy treatments) and to what extent?
- Do I have prescription coverage? If so, are both brand-name and generic medications covered? Which pharmacies are in my plan's network?
- Must I meet a deductible before my insurance plan covers appointments and treatments?

If possible, it can also be helpful for patients to meet with an HR staff member or an employee benefits representative to learn about any programs their company has in place that might help with their medical bills. Patients and survivors should explore whether their company offers:

- **Health Savings Accounts.** Individuals can contribute pre-tax dollars from their paychecks to these medical savings accounts to help pay for qualified medical expenses. Some employers set up HSAs for their workers — and some even help fund them. Funds roll over from one year to the next.

- **Flexible Spending Accounts.** FSAs are similar to HSAs, with some notable differences. Like HSAs, FSAs allow individuals to contribute pre-tax dollars from their paychecks for use toward qualified medical expenses. However, FSAs are different from HSAs in that there are limits to the dollar amount that an employee can contribute. Another difference is that funds don't roll over indefinitely; after a short grace period at the end of the year, unused money in an employee's account is forfeited. Therefore, it's important for patients to accurately estimate how much they'll need to spend on qualifying medical expenses each calendar year. Employers may or may not contribute funds to an FSA.

HEALTHCARE REFORM

The Patient Protection and Affordable Care Act (ACA) was signed into law in March of 2010. Many of the provisions of this law have gone into effect; however, there will continue to be changes up through 2020. Some of the ACA's new provisions affect current policy owners, and others provide new ways for obtaining health insurance coverage for those who don't already have it. Here we've outlined the key points to know about the ACA:

PERSONAL RESPONSIBILITY. As of March 31, 2014, everyone who can afford basic health insurance must obtain it; the alternative is to pay a fine to help offset the cost of care for Americans without insurance. There are a few exceptions to this rule, including cases in which affordable coverage is not available.

HELP FOR THOSE WITH PRE-EXISTING CONDITIONS. As of January 1, 2014, insurance companies can't refuse to sell coverage or renew policies to persons with pre-existing conditions. Furthermore, women, as well as anyone with a pre-existing condition, can no longer be charged higher premiums for their health insurance.

PREVENTIVE CARE. All new health plans sold on or after September 23, 2010, or those that renew after that date, must cover certain preventive health services, such as mammograms, flu shots, colonoscopies, and cholesterol checks, free of charge, without a co-pay, deductible or other cost sharing. For the complete list of covered services, visit www.healthcare.gov/preventive-care-benefits.

APPEALING DECISIONS. All health insurance companies must now have an internal appeals process and all states must now have an external process for consumers to appeal health insurance companies' decisions. For example, if an insurance company denies a claim on the basis that the procedure was experimental, patients now have the right, in any state, to appeal that decision and show why it was not experimental. Those enrolled in a health plan must be

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provided with a notice about available internal and external appeals processes and be told of the availability of assistance to help complete the process. More information about this right can be found at www.healthcare.gov/health-care-law-protections/#part=11.

BUYING INSURANCE FROM THE MARKETPLACE. As of October 1, 2013, individuals can buy health insurance from a state marketplace (otherwise known as an “exchange”). This is good news for individuals who are currently unemployed or who are employed but whose employer offers unaffordable or inadequate health insurance — or none at all.

State health insurance marketplaces offer a choice of competitive health plans that must meet certain benefits and cost standards in addition to being affordable. The marketplaces are competitive and open to individuals and small businesses (i.e., those with fewer than 50 employees).

Insurance companies must apply to sell their plans through each marketplace. The ACA also limits how much marketplace plans may require consumers to pay out of pocket for medical expenses in addition to their premiums. These caps will help keep out-of-pocket costs down and stem the tide of bankruptcies caused by medical bills.

Marketplaces vary by state. States that run their own marketplace have a website patients can visit directly to learn more about the options available. Or they can visit www.healthcare.gov to find information on health insurance options in any state.

FINANCIAL ASSISTANCE. When an individual applies for a health insurance plan in the marketplace, they will be asked whether or not they are employed and whether their employer currently offers them coverage. They will also be asked to include some financial information. Based on all of this information, the marketplace can determine if they are eligible for any financial assistance.

People who buy plans in the marketplaces may also qualify for financial assistance to help them pay for their health insurance. This assistance is based on income level and family size. For example, individuals who have annual incomes up to \$46,680 may be eligible for a premium tax credit that would lower their monthly premium. In addition, individuals who have incomes up to \$29,175 and purchase a “Silver Plan” may also be eligible for cost-sharing subsidies. These subsidies will reduce the cost of healthcare expenses an individual or family must pay when they receive medical care — for example, by lowering the co-payment for visiting the doctor.

RESTRICTIONS AND BANS ON COVERAGE LIMITS. As of January 1, 2014, insurance companies can’t impose annual or lifetime dollar limits on benefits that are deemed essential, such as hospital stays. A limit is defined as a cap on the total benefits your insurance plan will pay you, either for all benefits (e.g., a \$100,000 annual cap) or for certain benefits (e.g., \$200,000 cap on organ transplants).

For more information on accessing health insurance coverage or for updates on the Affordable Care Act, visit www.healthcare.gov.

OTHER LAWS

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) protects the privacy of an individual’s health information and may allow them to keep their health insurance when changing jobs. This law:

- Guarantees access to health insurance in certain circumstances, as well as the ability to bring it along to another job
- Prohibits discrimination based on health status in certain circumstances
- Protects medical privacy, including a cancer diagnosis and treatment, by limiting certain people/parties from disclosing information
- Sets limits on who can have access to a person’s health information in all forms
- Prevents anyone/any party from receiving a person’s health information without that person’s consent and ensures that what is shared are only the relevant details.

In order to take advantage of HIPAA protections, individuals cannot have a break in coverage lasting more than 63 days. HIPAA limits a new employer’s ability to deny someone health insurance coverage due to a pre-existing medical condition, but there are circumstances in which coverage for such a condition can be excluded for up to 12 months. To learn more about this and other aspects of HIPAA, read the U.S. Department of Labor’s “FAQs About Portability of Health Coverage and HIPAA,” at dol.gov/ebsa/faqs/faq_consumer_hipaa.html. Or visit the U.S. Department of Health & Human Services Office for Civil Rights “Health Information Privacy” page, at www.hhs.gov/ocr/privacy/index.html.

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THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) may offer health insurance protection for an individual and their family members after that individual leaves a company. This law:

- Gives eligible employees and their family members the right to remain enrolled in the same health insurance policy even after leaving a company.
- Allows patients to continue seeing their own doctors for continuous treatment, since they will remain enrolled in the same health plan.

Employees at companies with 20 or more workers are eligible to receive COBRA benefits if they sign up within 60 days of losing their healthcare coverage. An eligible employee can elect COBRA when he or she experiences a qualifying event, such as leaving his or her job. The length of time one can keep COBRA coverage depends on his or her qualifying event (e.g., 18 months of COBRA coverage after a job loss). Former employees who take advantage of COBRA must pay the monthly health insurance premium themselves. To learn more about COBRA, visit the U.S. Department of Labor’s “FAQs About COBRA Continuation Health Coverage,” at dol.gov/ebsa/faqs/faq-consumer-cobra.html.

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NOTES



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