

The Young Doctor: One Day, *Inshallah*

By Katie M. Spencer, SPT

Congratulations to Doctor of Physical Therapy Student, Katie Spencer (Marist University), winner of the annual Student Essay Contest, co-sponsored by the American Counsel of Academic Physical Therapy (ACAPT) and the Journal of Humanities in Rehabilitation (JHR). The eighth in an annual series, this national contest offers a creative opportunity to ignite critical reflection in Physical Therapy students across the nation to support holistic approaches to patient care. This year's essay prompt was:

In clinical practice, physical therapists frequently encounter moments of uncertainty—cases where clear answers or established protocols may not exist for a given problem. Navigating this ambiguity requires not only clinical expertise but also the capacity to adapt, reflect, and respond to new and complex situations. The Master Adaptive Learner (MAL) model emphasizes lifelong learning and adaptability in these uncertain moments, encouraging clinicians to continuously reflect, learn, and innovate in their approach to patient care.

In this essay prompt, we invite students to describe their experiences of navigating ambiguity and uncertainty in clinical practice or education, and offer examples of how their encounters with the health humanities—ie, engagement with literature, ethics, storytelling, or the arts—have influenced their approaches to healthcare. How have they helped you cultivate the skills to become a Master Adaptive Learner (one who is more reflective, adaptive, and innovative)? How have the humanities enhanced your ability to manage uncertainty with empathy, curiosity, and creativity? In what ways have these disciplines guided your growth as a resilient and adaptable clinician in training?

A blanket of heat suffocated me in the small, overcrowded room. Black garbage bags over the windows. Babies crying. People speaking in an unfamiliar language. Women and children with the look of desperation. With my face flushed, sweat dripping everywhere, I wondered, *how will I make this work?*

I was in the middle of Syria, sent to provide medical care, yet nothing in my training prepared me for the reality I faced. These were refugees seeking safety from civil war. Neighboring countries fearing for their national security pushed them further south. State actors, paramilitary, and militias, all pursuing their own interests without regard for the welfare of the people. A humanitarian crisis is an understatement. There was

no protocol for treating under these conditions. *These patients need me. Get it together.*

Her

Amidst the chaos, a young girl with dark, unkempt hair caught my attention. Her sandals were too small for her feet. A bright-red Minnie Mouse shirt showed her belly, noticeably malnourished. She followed me through the day, watching me treat each patient. She became my partner, handing every child I treated candy from my bag. Through an interpreter, she shared that she “dreamed of becoming a doctor like me.” I smiled and replied, “Maybe one day you can.” Her face dropped. I realized that I had made a mistake. The

interpreter informed me that insurgents had burned her school down. *How could I have been so ignorant to say such a thing?*

I had prior experience in resuscitative surgical care in sterile and safe environments in the United States, but that sandy and war-torn Syrian village contrasted to the point of being surreal. Instead, I was providing rehabilitative care to villagers whose pain, both physical and mental, was constant. I treated goat herders suffering from chronic pain and lifelong malnutrition. I treated children with developmental disabilities, fashioning shoe inserts from just a pliable splint and an ace bandage. I listened to my patients, a challenge via an interpreter, to understand their impairments and find solutions. I listened to a woman explain that sometimes she had trouble breathing when domestic tensions were high. Another woman shared her story of fertility concerns. These were mothers, daughters, and sons. All of them were plagued by conditions that people back home would see specialists for, but that was not an option there. This was their lived experience, and for the kids, the reality of their childhood. I learned how to adapt to any environment, trusting myself to be innovative when resources were low, and stakes were high. It seemed to become more difficult as the day wore on, and the resources inside dwindled while the line outside kept growing. In that Syrian village, healthcare was simple, yet still so complex, boiling down to one simple question: *How can I do the most with the least?*

The host nation's forces would refill my cup of tea as a gesture of respect, while the patients offered me their stories of pain and hope, translating their trials and tribulations into emotions I could deeply feel. Each villager had a story, reinforcing that healthcare goes beyond what the eye can see. Their stories were a brutal reminder of our different worlds, where theirs showed

me what resilience and compassion truly are.

Now, halfway across the world from that sweltering, overcrowded room, I am coming to understand that physical therapy is about appreciating our patients' stories, hardships, and dreams. When you genuinely listen, you find that in helping them, you help to heal yourself.

Me

As a child, I would write fictional stories with my mom at the kitchen table every week. Then she was gone. The hurricane came next, washing away the memories left of her. Then my father left too, as if there was nothing left to stay for. My childhood disappeared in the wreckage, and with them, so did my writing. For years, I buried reflection under the weight of survival, to make it to the next step in my life, convincing myself to keep pushing through. In sharing this with you all, I have rediscovered my writing amidst the debris. My writing has led me to process—to become more at ease with everything I have seen, lost, and even become.

The Master Adaptive Learner Model is built on reflection, but that purpose extends beyond growing as a clinician. It demands a responsibility to take your experiences, learn from them, and make a difference in this world. I have seen firsthand what happens when a child's future is stolen before they even had the chance to dream; however, I have also seen that even in the darkest corners of war, compassion endures.

Us

Thus, I will stand where medicine, ethics, and humanity collide, embracing the inherent paradox of being both a soldier and a healer, and choose to do good. I hope to stand side-by-side with that young

girl—*excuse me, that young doctor*— and, one day, *inshallah* (God willing), make a difference together.

About the Author



Katie Spencer is a Doctor of Physical Therapy student at Marist University in New York. After experiencing generous community support through various childhood hardships, she made it her life-long mission to continually support those who did not have anyone. To engage with health humanities firsthand, she enlisted in the U.S. Army at 17 years old as a medic where she provided care to marginalized communities, both domestically during times of crises and overseas in austere environments. In her free time, she enjoys exploring hidden swimming spots and off-the-map towns with her canine best friend, Raqqa, whose name is a tribute to the stories shared with you of the resilient Kurdish women who have touched her life deeply.