

Ep #53: How to Fail as a Clinician and Not Die



Full Episode Transcript

With Your Host

Heather Branscombe

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Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director, and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Hi there, friends. I'm recording this podcast at the beginning of January of the beginning of a new year and it's so fun. I'm so glad that you decided to listen to this episode today. And whether it was an email that brought you here or the podcast title, or better yet, a fellow colleague that shared this episode with you, thank you for being brave enough to even listen to this episode today.

When I was thinking about this episode and how to title it to reflect what I really wanted to share with you, I decided to go the humor route because I know deep down for so many clinicians, and even for myself at one point, it feels like if you're failing that you're dying. And it makes total sense that it would. So many of us have come into our positions as working clinicians because as working clinicians, we do not fail.

Many of us have had to work really hard to get good grades to either get into the school that we would need to prepare us for the career that we're currently working in. Or many other of us have had to jump through so many hoops to prove that the clinical training that we received from all parts of the world were sufficient enough to be able to be given a chance and a license to practice in this area of the world.

And so even now as practicing clinicians, again, many of us have healthcare colleges that legislate our practice. And I know from talking to many of you and

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from myself, there is a fear that the college could take our license away if we don't act appropriately. So I just want to start by not necessarily downplaying that fear, I think that is a healthy fear and it encourages us to behave in the professional manner that we all do.

And all this to say our past and current lived experience means that failing as a clinician, of course, doesn't sound like an awesome thing to do. So before I want to convince you differently, I wanted to ask a favor of you. This podcast is a passion project of mine because I want all clinicians, even if they never work with us at Abilities, I want all clinicians to have the ability to use this tool as a way to magnify their impact for themselves and for the clients or patients that they work with.

And one way to do that is to spread this message. So you can help me to do that in a couple ways. One, you can follow, rate and review this podcast to help feed that algorithm so that when a clinician is searching for something like this that could help them, then this podcast would come up. And second, if you could share this podcast, or better yet, share a favorite episode with a colleague, you could consider that a gift to me because I would be eternally grateful to you for any and all of the above. Thank you so much in advance for your help. I really appreciate it.

And now let's get back to helping you to fail without dying, shall we? What I find is the most interesting thing when I started to look into that fear of failure and whether I really wanted to keep it, is that for so many of us, our brains like to think that failure is a fact, when in fact failure really isn't a fact. It's actually a thought. Have you ever thought about that? Whether failure is a fact or a thought?

Let me give you a couple examples to help you to hopefully come to the same conclusion that I did. So for example, many classes in school, there's not a standard cutoff up to what is a fail. So maybe in some of your classes 50% was a fail. Other of them, you might have needed 60%. Some you might have needed 80% or more. And so all that to say what is a fail in a certain class might be a pass in another class.

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And then if we're to take this to our clinical assessments with our clients or patients, while many of these assessment tools may have a "pass or fail" rate, that doesn't mean of course that if a client hasn't "passed" a certain assessment that they themselves as a person are a failure. Of course they're not, that's why they come to us as a clinician. We're using that assessment to be able to help them to be able to achieve the goals that they want to be able to work towards. So that assessment helps us to understand them better and to be able to help us to understand ultimately how to help them better.

So I thought I would share this story that I got from an amazing occupational therapist that I happen to work with currently that really resonated with me. And I've actually shared this many times with other colleagues that I work with. And I hope that you also can get some benefit out of it as well in terms of your perspective of failure as a clinician.

So this occupational therapist colleague of mine went to a course by a fellow clinician. And this clinician was talking about setting up sessions with a client or a patient. So essentially what this instructor was saying is based on our assessment, our clinical knowledge, the understanding that we have of our clients, we make our best clinical guess as to what might be beneficial in a session, and that's what creates the basis of our treatment planning.

Once we actually execute on that treatment plan, the client experiences that plan and the behavior of that client is either, A, exactly what we expected or some kind of flavor of it, or B, maybe not at all what we expected. And then what the client instructor said next, I think is super profound.

As a clinician, there is an opportunity for us to see that behavior of the client or of the patient, especially if it's not what we expected, we can label that as an opportunity for further assessment. And if we saw behavior that we expected them to have, we could see that as treatment. So if your treatment plan works, we call it treatment. And if it doesn't work, we can call it assessment. And I love this idea for a couple of reasons.

First of all, I love it because there's no inherent judgment of the client themselves as to if they should have behaved in a certain way. And if they didn't,

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we just take that behavior just as a fact. And I think that can be really helpful for us as clinicians as we're leading our clients or patients towards a mutually agreed upon goal. The behavior that they're giving to us is just a fact.

The second reason I really like that thought is that we haven't judged the clinician based on the behavior that the client shows in a certain treatment. And while that can sound maybe kind of minor, when we think about it it's often how we judge ourselves as clinicians and whether we judge ourselves as clinicians based on the behavior of our client. Meaning that if a client behaves in a way that we don't expect, our brain often goes to either, one, it's the client's fault, or secondly, it might be our own fault as the clinician.

And I just want to offer that that's not necessarily helpful because if it's the client's fault, what we're saying is they weren't "performing" for us, which we know that isn't actually their job, is to perform for us. They are not circus animals. And so that's not really a helpful place. And secondly, if it's not the clinician's fault, it means that we don't make it wrong that the clinician did not anticipate the behavior of the client or patient in the session, again, the way that they expected it to go.

So in summary, it's not the client's fault, it's not the therapist's fault. It's really just assessment. It's our opportunity to learn. And based on that assessment, it's our opportunity to try new things using that scientific method. So it's so important to our treatment planning to be able to provide that improved experience for everybody involved moving forward based on the reaction of the client to our treatment plan.

So that's one of the first things I'll often talk about with our clinicians, especially when they're newer clinicians, is to really just be able to release that judgment on a treatment planning level. But also, there's an opportunity to use the same concept and to zoom out and to apply that to us as clinicians for our own goals in our own clinical careers and for the things that we want to work on as a clinician.

So say we set goals around documentation, about managing our time, around things like setting boundaries, around compensation, clinical knowledge or

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anything else that's important to us as a clinician. We have this opportunity to come to these goals with the same kind of beginner's mind, with the idea that as we try things out, if it works that's great. We can keep going with that, and we can call that our "treatment."

And if not, if our behavior is not the way that we want it to be, that we're looking to change, we can treat that as an assessment. We can come to that, learn from it, and then we can move forward. So I'd invite you to take that same kind of care and concern that I know that you bring to your client sessions, and to bring that to yourself as you manage your own clinical career and your own career goals.

Of course, it makes sense when your brain offers you that failing feels like you are a failure or that you might even die in the process of failing. You can remember that so much of our past and current clinical experience lends itself to that understanding that our brain makes that mean that failing might be more important than it actually is.

There is this opportunity to be playful, to have fun, to make learning, even for you as you work on your own goals, for it to be fun and to actually plan to fail along the way to our goal. I know that you don't expect your client or patient to be perfect as they work towards their goals, and neither should you expect that perfection of yourself as you work towards your own goals.

This past year, I actually set some pretty major goals for myself and for my team, and I'm here to tell you I actually didn't hit any single one of them. I can also confidently say that it was the most successful professional year that I've ever had because the goals that I set were massively high, and so me not hitting my goals actually meant that I made so much more progress, and in areas that I wanted to work towards, than I have in at least the last five years combined.

I really associate my career success last year from my ability to play with that feeling of failing and with that feeling of frustration that can often come when you're pursuing massive impossible goals and you're not hitting them.

Now, feeling frustrated can feel a little different than feeling like you are failing or feeling like you are a failure, so maybe that sounds a little better than dying, and

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maybe not super awesome. And so if it does, I get it. And I also want to talk a little bit more about frustration and how I've used frustration in next week's episode. I'll talk about how I've managed those feelings and why it's actually been one of the biggest gifts to my clinical success.

So let's give failure a try. Give it a try and let me know how it goes. I'm not Tony Robbins or Oprah, I'm pretty accessible to chat with. So let me know how it's going. Email me at heather@abilitiesrehabilitation.com because yes, I do have the time to talk to you and yes, I do want to help you for free. This is my clinical passion project and I want to help you out. So with that, have an amazing week, and I'll talk to you soon. Take care.

If you enjoyed today's show and don't want to worry about missing an episode, you can follow the show wherever you listen to your podcasts. And if you haven't already, I would really appreciate it if you could leave a rating and review to let me know what you think and to help others find *Clinicians Creating Impact*.

It doesn't have to be a five-star rating, although I sure hope you love the show. I'd really want your honest feedback so I can create an awesome podcast that provides tons of value. To learn more about me and the work that I do, visit my website at www.abilitiesrehabilitation.com/clinicianscorner to download your free Getting it All Done at Work process and to see what I'm up to. Thanks so much.

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to abilitiesrehabilitation.com. See you next week.