Ep #61: What Makes a Great Clinician? An Interview with Kathy Cervo

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, friend. I'm recording this at the very, very end of February and I don't know about you, but I can't wait to feel those kind of first signs of spring. Even though it's even snowed at my home this week, I definitely have faith that it's coming soon. I hope you are starting to see those signs and you have faith as well.

I'm excited today to start a conversation about what makes a great clinician. And if you haven't already, I'd suggest you just check in and see what the first thing is that pops into your head in response to this exact question. What is a great clinician? Now, hold onto that for a moment while I share my conversation I had with Kathy Cervo, who serves as the Director of Client Experience here at Abilities.

Before I share that interview, I want to make a small ask of you. This podcast, as I've said before if you've heard this before, really is a passion project of mine because I want the ability for all clinicians to use this tool set as a way to magnify their impact, even if they never work for, either alongside us or with us at Abilities. And one way to do that is to spread this message.

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You can help me to do that in a couple of ways. One, you can follow, rate, and review this podcast to help feed the algorithm so when a clinician just like you is searching for something like this, this podcast can come up. And secondly, if you can share this podcast, or better yet, a favorite episode that you have with your best colleague friend.

If you've heard this before and meant to do it, but you haven't done it yet, that's totally okay. Let this be your sign that today is your day to do that. And if this is your first episode, first, welcome. I'm so grateful that you're listening today. And hopefully, as you listen, you can think about one of your clinical friends who would love to hear more of this kind of information to help them at work.

Thank you so much in advance for your action here. And let's get back to the interview.

Heather: All right, welcome, Kathy, to the podcast.

Kathy: Thank you, happy to be here.

Heather: Great. Let's have you start by just introducing yourself and your role and what that role actually looks like at Abilities.

Kathy: Yeah, for sure. So I'm Kathy Cervo and I've been working with Abilities for almost 11 years. And I've been working as the Director of Client Experience for almost six years. And so what a lot of my job entails is just really trying to make everybody happy. Helping the clients be happy and have a good understanding of what they're wanting. And then also working with clinicians and helping them to have the most success in their caseloads and being able to know what type of clients they want to work with and how many hours they want to be working. And just really trying to make a pleasant work experience for them.

Heather: Awesome, thank you. And you started with us kind of not at the bottom, there is really no bottom with this. But you started as a clinic admin, right, working there?

Kathy: Yeah, correct.

Heather: And then you've kind of reached up. So now you work with both sides of the team, don't you? You work with the admin team in terms of booking the referrals, and you work with the clients. I like to call you the Wayne Gretzky of referrals, I don't know if that really works or not. But the reason I do that is because we don't just send referrals to random clients, it's really about the fit between the client and the clinician.

And so I always like to think of you as that Wayne Gretzky because you're finding what the client is looking for, wants and needs, and what the clinician wants and needs and then finding that match. And you do it masterfully, so thank you.

Kathy: Thank you. That's a great compliment, I appreciate that.

Heather: So let's talk about what makes a good clinician because I think when I think about, like I've asked our listeners today, what is a good clinician? If I think about the instant thing as a clinician, if I think about what makes a good clinician, I would say good clinical skills. But I suspect that you would think something different, or maybe I'm wrong. What would you say to that? What makes a good clinician from your perspective?

Kathy: I definitely think the clinical skills are a huge part of it. They have to know what they're doing and have that education in order to put the skills that they've learned into practice, into an actual treatment session. But I don't think that that's where it stops. There's a lot more that goes into building that relationship with the clients and with their families or their caregivers that I think you can't totally learn in a book. You can learn through experience, you can learn from other people, you can learn through practice, you can learn through failure.

But people are going to listen to you more and want to work with you more when they have a relationship with you and when they respect you and trust your opinions. And I think that's a big part of where clinicians can really grow, outside

of taking more courses and doing more webinars, is kind of seeing that opportunity to grow as a clinician.

Heather: Yeah. And I don't think we've necessarily highlighted this before, but I just want to be clear, you actually aren't a clinician, you don't have a discipline. So tell me a little bit about how you've come to this position. Why do you think that good clinicians need more than just clinical skills?

Kathy: Well, I think it started when I was working the front desk in the clinic. I would see, especially in newer grads, that they were really excited. They knew their stuff. They knew how to do all these wonderful things and how to be a great clinician that way. But I could see a lot of hesitation in terms of communication or even just feeling confident in the things that they had learned when they're now putting it into practice, that they are the expert in that situation and to come across with that confidence.

So specifically when they're talking about a treatment plan or when they're trying to communicate with the admin and the families as to what the next steps are going forward, there's some opportunity for me to help them to build their confidence and to really have trust in their skills, to be able to share that with the families so that the families then were then feeling confident in them in return and trusting what they were saying.

So that was kind of the biggest thing that I saw when I first started and was working for a couple of years at the desk. And then even kind of going further after they've been a client for a while, just communication continuing through that relationship. Whether it be what's expected, what things are going to look like in the future, what their expectations were, what things look like for reports.

Just there's so many different nuances that happen with each individual and unique client that communication was really, really important. And some people, they came by it very naturally. And there's some that really had to work on that and even recognize that it was something that was important to the families.

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Heather: Yeah, thank you. I'm really hearing that it's really portraying a level of confidence and communication. So maybe let's look at those one by one. So could you give me an example of things that you're hearing? And again, you're hearing this because if there are complaints, often they won't, as I hear from you, they won't necessarily share that directly with the clinician, although it's always better if they do. And sometimes they won't even share it with the clinic admin because they feel like they're almost too close to the situation to do that, but they often share it with you.

What kind of things, if you could give some concrete examples where maybe even the clinician isn't even thinking about it being a confidence issue. But what kind of feedback are you getting from clients when you think, oh, this might be a confidence issue from a clinician?

Kathy: Yeah, for sure. So I think, again, why people do come to me, one, I have the title. And sometimes people feel like because you have that title, I have all this power to do all these things. And that's not really what I'm coming in there for. I'm coming in to be a support and to help both sides have a good resolve and sometimes just clear up some miscommunication.

Two, they care a lot about the relationship and they respect the position that the therapist is in and they don't want to offend or hurt feelings or anything like that either. And so that's where it's nice to have that third party kind of person that they can have their interests heard and hopefully some problem solving happening from both sides. I can kind of be almost like a mediator between the two, even though it's hardly ever aggressive or angry. It's just more of a frustration or a lack of communication.

Heather: Like a misunderstanding, yeah.

Kathy: Most times, yeah. 95% of the time it's a misunderstanding or someone doesn't feel brave enough or they don't have the trust there to say exactly what they're feeling at the time. So is one wrong or right? I would say that either is fine, it's just nice that we have that option for someone to talk to me so that I can kind of bring to light some of these things.

But to give kind of an example, I would say the first one is kind of what I was talking about before. That happens quite often where I might be following up with someone who has not re-booked in. So they've come in for an assessment and typically when we see clients, they will see us ongoing. It's not normal for someone to come for an assessment and no longer see us unless they are really not a good fit for the clinician or the type of services that we offer. And usually the clinician will make note of that and it's very clear that this is someone that it's better for them to go elsewhere or to see somebody else or whatever it may be.

But when it's not explained well and I can see that someone has not come in and isn't booked in for future sessions, I can follow up. And a lot of the time it is where the client has left not knowing what they need to do after the assessment. So they've had a great session, they really like the person. They left and they didn't know they needed to re-book in. They didn't know how often they need to come in. They didn't know what the treatment plan was.

And when we dig in a little bit more and I ask them kind of how the session went and what kind of happened, or I'm following up with the clinician, the clinician will sometimes say, oh, well I kind of want them to come whenever they feel they want to come. And that is a good question to be talking to the client in the session.

I think a lot of families, especially families with younger children, they're still adapting to either a new diagnosis or even this might be their toe getting into the water of what therapy looks like. And so they're really relying on the clinician to use their expertise to give their opinions. They want their opinion. It doesn't mean that they have to take everything they say for exactly what it is, but they want that input to then make decisions for themselves.

And so even though someone might feel, like a clinician may feel like, yeah, I want to see you again, come in whenever you want. It's too vague and then they don't know what to do and then they go home and they think about it and they talk about it and all of a sudden four weeks have gone by and it's kind of just not

being thought of anymore or they may not know how to make those decisions either.

So the really big important thing, I think, is in that initial assessment to really make it clear as to what the clinician feels should be going forward and then talking to the client about what is realistic in their life because there's lots of different factors that go into how a booking can happen, whether it be funding, availability, family schedules, what the child they feel is going to be able to tolerate. And as the caregiver or parent they're going to know best as to what they're able to do, or the client themselves.

So to get that clear, confident information and then be able to have a conversation about what realistically can get put into place is really a huge catalyst for ongoing treatment. And it's the first step on them feeling confident that this therapist knows what they're talking about. They really understood what the client needed in that session and that they can move forward.

Heather: Right. It sounds like, as you were talking, what kind of struck me is that confidence shows that you are leading the client. And not necessarily, to me, leading doesn't mean that you're telling the client what to do but, you're showing these are the options. You're agreeing that this is the option. So leading is telling them these are the directions that seem reasonable, and it could be one direction. And then offering that and then letting the client decide if that's the direction they want to go.

And if they don't, then you're having that conversation about what that next step looks like. So that confidence sounds like being able to listen to the client in the session enough to make your best educated guess of what would be the next best step for that client, from both your perspective and the client's perspective.

Kathy: Yeah and I would also say confidence also comes to the point too where it's not knowing everything. It's being comfortable with saying, you know what, this is where we're going to start and if we have to change things that's okay. So even if it's like, I've only met this person for 50 minutes, right? We've only had

this time for so short, I don't really know exactly what things are going to look like.

But you can say I'm going to start by saying I would like to see you once a week, and that gives them something. And then see what happens a couple weeks or a couple months down the road. Okay we saw you once a week, I don't feel we need that anymore.

And so it doesn't mean you have to have all the answers, you just have to be comfortable enough with yourself to say this is what I think right now and then we can make changes. Or let's try this and, oh, it was a complete flop and let's let's try something else. You always learn something in your failures and so being comfortable with failure is also something that makes you more confident as a person and as a clinician.

Heather: Right. So let's talk a little bit more about communication. What kind of complaints do you hear that you would kind of put under the umbrella of communication issues?

Kathy: Yeah, for sure. So one big one that I hear is a timeline. So there's times where a client has felt like they were supposed to get something or receive some sort of communication from the clinician by a certain timeline, whether that was something that was conjured up in their own head as what they thought was appropriate or maybe from what was said or what they heard or whatever it may be.

We can all agree that what is said and what is heard can be different things, but there is opportunity for there to be more clear communication when an expectation is trying to be met. And that could be like the things that I'm hearing about particularly are when they're expecting a report or they're expecting them to connect with another professional that's part of their care team. Or when they thought that, you know, sometimes with our funding certain information needs to be given to a case worker or a social worker in order for those things to happen.

And again, people are waiting on us sometimes for things and they don't know when it's going to be accomplished and it has a lot of impact on their children's therapy or their children's progress or their own progress, depending on who the client is. And so there's communication in a timely manner and then there's also being clear as to when that communication is going to happen so the expectations are proper and their feathers aren't getting ruffled because they felt like well this should have happened by now when realistically it was going to take two weeks for the clinician to even find time in their schedule to do that task.

Heather: Right. What I hear you saying is if they haven't communicated an expectation of how long it is, a client is going to create their own narrative of what that expectation is. And if we don't meet that expectation then that's going to be more challenging.

Kathy: Exactly. And then there's the other side of it where it's the follow-up aspect, right? So sometimes the waiting isn't on that clinician's end. They've done their part, but now we're waiting on the opposite side to do their part. And it's always helpful when the clinician can at least say I have contacted, I have done this or I'm in a holding pattern, we're kind of playing phone tag, whatever it may be.

It may take 30 seconds to like send off that email, but it just brings a lot of comfort to our clients and our caregivers, especially if they're dealing with some neurodiversities that make it harder for them to kind of cope with those things or they are just dealing with life and it's just you never want to feel forgotten and you want to feel like the things that you've been asked or been told are going to happen, that they are in process because you don't want to be that person on the other end calling all the time, did this happen? Did this happen? Did this happen?

It's nicer when the clinician, or if they have the admin do it, contact the client or their caregiver to let them know this is where we're at in the process, just to kind of help them to cope with it. But also that is another kind of drop in the trust bucket that when we say we're going to do something we do it. And so the next

experience they might not feel that same anxiety of is this going through? Is this happening?

Heather: Right, which is why I know you and I and many other people at Abilities say when in doubt, over communicate because it's much better to hear that in a variety of different ways and hoping that you understand what's going on, than to have someone make up their own narrative of what's happening in the lack of communication.

Kathy: For sure. For sure.

Heather: How about for you just as a consumer when you are dealing with these kinds of clinicians and service professionals, what kind of things do you really like? Or what have clients told you that they like? Either perspective.

Kathy: Yeah, personally when I'm dealing with people, and I try to do the same when I'm dealing with other people that I think that they appreciate, is again it really comes back to that quick response, keeping people up to date, over communicating so that you don't feel like you have been lost in the shuffle.

I myself have dealt with different healthcare professionals and I can say for myself I don't have perfect trust in our health system that when referrals are made and things are happening, that my information is not getting lost in the shuffle. There are so many people, we know that different systems are broken and people are working hard. There's no doubt that people are working hard. But we're just an overloaded system sometimes and I feel like even though a health professional is making those recommendations, I feel it on myself that I have to follow up and check in.

And so I would really appreciate that when those things happen, when it's on my end, that the referral source is getting back to me saying we got your referral, you're on a wait list. Don't worry, you haven't been lost in that shuffle. And that just makes me feel more confident in the processes that I'm partaking in at the time. And so because that makes me feel better, I really try to do that with our clients.

And a lot of that comes just really naturally with our booking system. Like just to get an email, here's your appointment, here's the day and time, all those things as soon as an appointment has been booked, right? So that they get that and they know, okay, everything's been finished up. It wasn't just a phone call where they're talking about it, they actually have booked it in and it's in. And that's the first step of their relationship with us knowing that there's follow-through and we've made that connection and we've confirmed that what you've asked for, we've completed. And then it just kind of carries on. Sorry, go ahead.

Heather: Oh I was just thinking, yeah, going through because I know you, everyone else, we've gone through the system and, as you said, the systems are imperfect, whether it's a public system or a private system, no system is perfect.

But what I was hearing from you is that through a variety of ways, like through communication and that, clients like to know that they are heard and that they are seen, right, in a variety of different ways. That the care, whatever that care is, no matter what the discipline is, it's based on the goals and the needs of the client themselves. And that ultimately they feel like there is some – not necessarily that you and the clinician need to be best friends, but that they fundamentally like you, they like the client and that they highlight successes, right? Like the wins as well as the challenges.

So those are some of the things that were kind of coming through my mind as you were going. Is there anything you'd want to add or change to that?

Kathy: I think that there's a big part where we have so many wonderful technological advances that we're able to communicate really quickly with each other and we're able to connect really well. And I think one of the really positive things that we have that helps our clients that they really like is that we still see everybody as an individual.

So no matter how they connect with me or with the clinic or with the clinician, they are still being seen as the individual. They're not getting these kind of form responses and they're being treated with what they are needing, not what the

majority might need. And so when we respond to people quickly, when we acknowledge that they are asking for a request and that we're working together as a team and we follow through on the things that we either said we were going to do or we suggested should happen, it's a really positive experience, even when we can't help them.

I know there's been times where I've reached out to different clinicians to be like, is this someone that you can work with? And there's lots of people that get back to me very quickly so that I can respond to them very quickly. And if they can't see them, they'll give me other people in the area that they can connect with. And so even if I'm talking to someone and they haven't even seen us but I'm able to give them direction outside of us so that they can get the help, they are so appreciative of being referred on and being able to have options.

It's hard to find the people that you need help with sometimes or need help with your situation. And so to be able to be given a lead, Google is great but it's also flooded with so much information. But if another professional can give you that connection somewhere else, it's a huge help.

So these are little things that we do for those that see us or those that don't even see us but just connected with us that I think people really do appreciate. So it's helpful in that regard too, when clinicians are working with people to also be able to recognize this is not something I can do, but here's somebody else that I know can help you or at least help you get to the next step. And that quick communication is always really appreciated.

Heather: Yeah, quick communication. And then it's, again, as you were talking, it's like this is all based on the clinical skills we have to remember to go through the foundation of a relationship, right? It's a professional relationship, and even if that professional relationship is referring you on, that is the relationship. And that relationship is fundamentally who we want to be. Who are we to other people? How do we want to show up for other people?

Kathy: Well and because we're beyond a clinic, right? We're a community and we want to help our community have success. And we, like I believe you said it

just today, there are more than enough clients for everybody. This isn't about we want to have everyone seeing people, no matter what the situation is. We really want to listen to what the needs are and connect them with the right people, whether it's in our organization or not.

And when we are connecting with those potential clients or clients, they're going to understand that. And you know what? They may tell their friends, their family, whatever it may be because they've learned a little bit more about us and maybe we're not a great fit for them, but we can be someone in their community that can benefit from our services.

Heather: Yeah. So just switch it a little bit because you do receive, and I will say it's not like we're receiving a ton of complaints all the time. 99.9% of the time we have, just like in so many other facilities, we have amazing relationships. Because clinicians go into this, no matter where they work, I know that inherently they go into this work because they care, because they respect and value people. It's our core value. But every time you and I interview somebody, we know that they inherently respect and value people. And yet sometimes, just like any other relationship, things can happen.

So as you were talking I was just thinking, sometimes no matter how thoughtful we are about the relationship, no matter how much we're working on our communication and over communicating, sometimes things go wrong. And so sometimes there is a complaint or sometimes clients aren't happy at the end of the day. What would be your advice, what would be your advice to me if I had a client that wasn't happy with me? And shocking, it has happened before. It doesn't happen as much now because I don't have a clinical caseload, but I know it happens all the time.

So what would be your advice to me on how to handle it?

Kathy: Yeah, so we were talking about confidence earlier and I think that with this situation there's a really big difference between being confident and being cocky, right? And so being confident is being good with who you are and being okay with making mistakes. And recognizing when you've made a mistake and

try your best to eradicate it. Where being cocky is kind of being more where you think that your way is the best way and this is not my problem, this is their problem.

And so when someone is coming to a clinician, whether directly or through maybe someone like myself, I think the important thing is, one, to try not to take it personally. Most of the time it's not personal.

Heather: That's so hard not to take it personally.

Kathy: It's so hard, but if you can kind of take a step back and go, okay, there could be a million reasons. Maybe 15 other things happened that day and this was the last breaking point, and maybe it's completely valid. But even if it's a personality thing where the personalities just don't match, that doesn't mean that you are not still a great clinician. It also doesn't mean you're not a great human being. It just means that the two of you together, it's not the best fit.

And so that doesn't mean you have to change who you are, it just means you can listen to what they're saying and maybe there's some things that you can adjust for going on in the future, or with them. Or maybe there's an expectation that they have in their mind, for whatever reason that you're not meeting. You have to decide is this something that I can do and we can continue on with services? Or is this something that, you know what, you're not willing to do?

There have been times where a clinician has been asked to not do things the way they do them and they felt really passionately that, no, this is the way I feel the treatment should happen. If the parent does not agree with it for whatever reason, that's okay. But I'm not the right person to follow through with treatment because it goes against what they feel is the best treatment plan. And I don't disagree with that.

I think that there are going to be, you know, 50 other people that appreciate that way that you're doing it. And someone else is a better fit for how the client wants the treatment plan to happen. So it's not that you have to change who you are or change how you do your treatment plan. It's all about almost the presentation of

how you handle the situation, and it comes down to listening, acknowledging and empathizing.

Heather: Yeah.

Kathy: It does not mean you have to change anything.

Heather: And I would say listening, understanding and empathizing with a client, but there's also that, you know, just to go back to that strong feeling that I have about it's so hard, it is hard. And I think the point isn't for it to get so that it doesn't feel hard, that just shows that we care about other people. But there's also that opportunity to listen and understand and emphasize yourself and your own thoughts and your own feelings and how you're going through that.

So whether you do that just on your own or through support through your clinical mentors or professional coaching, whether that is within your organization, up into beyond professional mental health. But you get to decide how much or how little you need with that. But I think there's that opportunity to understand how that is affecting you and then how you then show up to those clients as well.

And the cleaner you can get on your end about it, then the easier it is to show up, as you're saying, to be like, okay, I feel this way, you feel that way and it doesn't mean that I'm a bad clinician or you're a bad client, but we might not be a good fit. How do we find the best fit for you as the client, so that then that opens more opportunities for me as a clinician to serve those clients that will be a good fit for me as well?

Kathy: Yes, for sure, because usually that will de-escalate things really quickly. And I would even suggest a phone call is always better than a text, just because it always goes a lot smoother when you phone call somebody, or not text, an email. An email sometimes is also good, you have to kind of decide what is the best way to communicate.

But when you're talking to someone about something that is emotional for them, you want to try and not make it as emotional on your side because when it's two emotions going, it just gets defensive and then no one's really listening. And so

that's where I'm kind of saying you have to try to not take it personally and as a problem to solve, not a person to fix.

And so if you can look at it as a problem versus a person, not that they aren't a person but that the situation is a problem to solve, again, it's really, really hard and it's a skill to practice for sure. And I am not perfect. When it has to do with me, it's really hard for me too. But most things can really come down when people feel like they're being heard and validated.

It doesn't mean everything they're saying is right, but you can understand where they're coming from and how we can move forward from this, whatever avenue that may be. It just goes a long way.

Heather: Well, and so then at the risk of tooting of like, oh, your position is a great position, it makes it easier for you to be in there as the mediator for the thing because for myself as a clinician, if it still feels emotional for me at the time and I might need that time, you're able to help to mediate that on the client's behalf. But also on the clinician's behalf so that they can have some time to process and do that.

So then when they do have that eventual connection with the client whether that's the same day or the next day, next week, whatever it is, that you allow the clinician to have space to be able to take the time to process things on their side and it's a lot easier because, as you said, you don't really have a dog in that fight. You're really out there to help the client experience and the clinician experience.

Kathy: Yeah, because usually, again, most times the clients do not go directly to the clinician about it. So if it goes to the admin or myself, and the admin will send it to me, I'm able to find out more information. They're able to talk to me with less emotion as well because it's not about me, it's about solving a problem. And then I can filter it and I can give it to the clinician really logically, as to this is what the situation is, can you tell me what your perspective is?

And then either we decide together it's best for them to then talk directly to the person or it's better for me to kind of clear the air or give some solutions or whatever it may be. Because then if there doesn't have to be a conflict, and conflict isn't bad, but if there doesn't have to be a conflict and they can resume the relationship as it was without this, it's just more comfortable for everybody, right?

Sometimes that conflict does need to happen and it actually strengthens the relationship. But it doesn't always because, again, 99% of the time it is a miscommunication of some sort that can be solved pretty easily with a conversation.

Heather: Yeah, amazing. So as we kind of wrap this up is there something that maybe we haven't talked about yet? What do you want clinicians to know or to take away about being a great clinician?

Kathy: That's a good question. I would just say to do some self-reflection and just really be honest with yourself as to, are you a good communicator? Is this something that you feel is in your wheelhouse as a good skill? Or is it something that you could have help with? And if you need help, ask for it. Ask for help to know where can I communicate better. And start slow and start just doing things, even if it's just as simple as responding to all your emails the same day. And just really trying to have a quick response to people.

And then the other side is, again, with that confidence. Am I a confident person? Do I feel like I'm clear when I'm giving expectations or when I'm asking for things? Do I feel like I'm a confident person in where I am? And again, if you feel like you're not, that is okay. That is actually really normal, but how can you grow in that strength?

No one's asking you to be 100% in these things right away, but just to reflect on where you are and where do you want to be and who's in your resource pool to help you do that? Because a lot can happen when you recognize that there's something that can change. And one step at a time.

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Heather: Awesome. So if people want to connect with you, if they want to talk to you about whatever, how can they contact you?

Kathy: Yeah, so they can definitely contact me through the website. If anyone goes to our website, then there's a contact page and that comes directly to me and I can always connect with them that way. I do have an email which is Kathy, with a K, @abilitiesrehabilitation.com. If they were to call any of the clinics, they could ask for me and they can be connected to me that way as well. I'm more than happy to talk to anybody if they want my opinion.

This is basically just my experience. And just I love people and I love relationships and so, you know, I've messed up a lot as well, and so I've learned a lot from my own mess ups. And so if I can help other people, I'm really happy to do that.

Heather: Right. Thanks so much, Kathy, I appreciate this conversation.

Kathy: Yeah, no problem.

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.