

# Ep #91: Answering Your Question About Clinical Transitions



**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. Happy fall. It is official. If you're listening to this as it's first being released, it is definitely fall. We are back to school, back to routine. And I don't know about you, but work has definitely ramped up for me. At work, personally, I'm so grateful to have a couple of new speech therapists coming on board. We have a variety of new staff coming on board right now, which is so helpful and amazing to help with some of the wait lists that we have. So it's a really exciting time, and I hope that it's an exciting time for you.

And some of those new projects that I'm working on is to continue to help with this podcast. So today, I wanted to answer another question here that we have talked about internally as a group of clinicians in our monthly coaching meetings, and I thought it would be helpful to bring out to the wider audience like you.

I love the energy that we have in these internal coaching meetings, but again, I know that not all clinicians have access to this kind of support, so I thought it would be helpful to those who are looking for more support.

Before I share the question and some of the answers that we came up with, I know that so many of you already know this, but this podcast really is a passion project of mine because I really do want all clinicians the ability to have this kind

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of tool set and tips as a way to magnify their own impact, even if they never work for us or alongside us with us here at Abilities. I just love sharing tools and information just like this, that will hopefully make your job easier, because I know that as we do that, that allows you to create a bigger impact for yourself and for your clients.

So you can help me to make this podcast more meaningful by helping me to spread the message. And you can do that in a couple of ways. One, if you follow, rate, and review this podcast, wherever you're listening to it, it helps feed the algorithm so that when there's a clinician just like you, searching for a podcast just like this, it's so much easier for it to come up for them.

And secondly, and this is my favorite, if you could share this podcast, or better yet, a favorite episode with a colleague that you want to help, that would be amazing.

If you've heard this before and you've meant to do it, and you haven't done it, it's okay. This is the day, today. Let this be the sign, today you can help other clinicians just like you.

And if it's your first episode, first of all, welcome, thank you so much for listening. And hopefully, as you listen you can decide who of your clinical friends would love to hear this kind of information to help them at work as well. So with that, thank you in advance for your action and let's get back to the episode.

So the question I want to answer today is, what should I do to ensure high quality care when I'm taking over for a client or a patient from another clinician? And I love that question because, first of all, in our clinical education, for most of us that's some kind of higher education or school, we go over new assessments all the time.

And I'm just going to make the assumption that you feel good about assessments. But we don't always talk about the transition from one clinician to another. And just like in a lot of other areas in real life, transitions can feel hard. They can feel hard both for our client or patient, and for us as a clinician. And

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that makes sense when you think about it. It's a new relationship, fundamentally, but it's also potentially a new routine. And of course, there can be some potential anxiety about that.

So the first thing that you want to do is to take the principles you may or may not be using in any kind of first assessment. So I would break this down into four kinds of steps. First of all, no matter whether this client is just new to you, or new to the organization that you work for, even if that's on your own, fundamentally first we want to develop that rapport and relationship, right?

I always like thinking, show that you have read the notes that have happened before. Because isn't that good? Like I know if I'm seeing any kind of service provider, it's nice to know that I don't have to retell my story again. I like that because this kind of shows that care and concern and can demonstrate that you as the clinician are looking to have a smooth transition.

So obviously, first, you would have to do that, do the reading and do the summary thing. But as you communicate that to your client as that client is going through a transition, again, that shows that care and concern. And that really can help to develop the rapport and the relationship.

The second thing that I would do is ask about their goals. And don't assume what happened in the chart from the clinician's point of view is actually the same as for the client. It's kind of like, I like the idea of trust, but verify. Because maybe this is an opportunity to check in on assumptions and reassess with new eyes.

You can say something like, oh, I've read your chart. This is what I got from that. Is that your perception? Or something like that, that feels authentic to you. It's amazing. I know for myself, and maybe you've had that as well. Like you've been working even as a client, right? If you think about you as a client, you work with one service provider, no matter who it is, and then you get another perspective.

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This is an opportunity for the client to kind of recheck-in and to tell their side of the story as well. So again, it doesn't matter that there's been goals in the past, but just ask the client again about their goals.

The third thing I would say is don't be in a hurry to change anything specifically, especially if the client seems super happy with what has happened in the past. You can really use that as an opportunity to observe and assess first, and then to slowly add or subtract things that you think will help your sessions with the client.

I like to kind of start with that stable base and then put your own spin on it. What I find is sometimes clinicians, in order to kind of feel like, yes, they are leading, they want to lead by changing first. And I just want to offer that you don't need to change anything first to lead.

But just by saying, hey, we're going to do what we were doing before, unless, of course, the client has said something about their goals. You've checked in and they've really mentioned something that they want to go in a directly opposite way than what they've been doing before. If it isn't broken, don't fix it. Let's just start with what was working before, and then you can add your unique spin moving forward.

And then my fourth point that I would say is check in frequently with the client. Because like any new client, you really want to ensure that you and the client are on that same page much more at the beginning when the relationship is newer, right? Once you have that established relationship, it's a lot easier to give more time and space. But check more often than not at the beginning, especially in that time as a transition.

So to restate the answer to that question, how would I ensure quality care when I'm taking over from another clinician? I'd really go back to the things that I always do in a first assessment, which is developing that rapport and that relationship first, showing that I've done my homework. I would second ask the client again about their goals, not assuming what had happened in the chart is

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the same from the client's perspective. I would not be in a hurry to change anything.

And fourthly, I would check in frequently with the client. I really want to establish that relationship, so frequent check-ins are going to make sure that that transition is smooth, both from the client's perspective and from your perspective.

So give it a try and let me know how it goes. Yes, I'm busy. I know you're busy. We're all busy. But I'm here to tell you I am never too busy to talk to you. So give me an email at [heather@abilitiesrehabilitation.com](mailto:heather@abilitiesrehabilitation.com) and let's continue the conversation offline. I hope you have an amazing rest of your week and I'll talk to you soon.

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](http://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](http://abilitiesrehabilitation.com). See you next week.