

Ep #92: Is It a Clinical Skill or Customer Service Issue? With Kathy Cervo



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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 hope you are doing well. I am recording this amazing interview that I did with Kathy. I think it's short but it gives you some sweet and gives you some tangible things. And we really talk about a pattern that I've noticed over my 25 year plus clinical career and that Kathy has also noticed dealing with any customer service issues. So I'm really excited for you to hear this.

I think a lot of people think that we have a clinical issue when in fact there is a customer service issue, which we talk about in the interview today is actually something more. We don't talk a lot about customer service, whether we are being trained to work in a public system, but whether we are working publicly or privately, the truth is our relationship with our client or our customer service skills are really important. And so I hope that you get some nuggets today from our interview with Kathy for you to be able to apply to your practice today.

So with that, I hope you enjoy the interview with Kathy Cervo.

Heather: All right, welcome, Kathy. You're not the first person who's come back for a second time, but you're the second. So I do appreciate you coming back and having a conversation today.

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So first of all, for somebody who is a clinician, I think your job is pretty unique. How would you explain to a clinician what your job is?

Kathy: I would explain it by telling them that I'm a resource for them to be able to really balance their experience, but also with the client's experience, and to help them to build a caseload and a schedule that best suits them and gives them the most success in terms of having diversity and learning and growing within their space, but also having enjoyment and being excited to go to work all the time.

Heather: Amazing. That sounds like a fun job. What do you love best about your job?

Kathy: There's a lot of different things, because my job will touch on a lot of different aspects at Abilities. But I really like when I can connect with people, see that there's a problem, and be able to have solutions and options to be able to offer people and let them choose how they want to move forward.

And then seeing them work with therapists and work with different people at Abilities to be able to have progress and to be able to be happy and have that positive relationship in their therapeutic journey.

Heather: Amazing. So I wanted to bring you on today because I think that there's a, again, your job is unique. I definitely have not seen your position in any other organization that I work with, because typically if there is a challenge with a client, especially if a client has a complaint, usually in an organization, in the ideal world, I guess, they would talk to the clinician themselves. And then if the organization was large enough and they weren't getting the resolution that the client was looking for, they would usually go to their boss, who is also a clinician.

And so I think what's unique about you is that you actually aren't a clinician by background. And I think that what's interesting about that is that both clinicians and clients often think that the challenge is a clinical issue, when I think of you working in your job and I think, and you can tell me where I'm wrong, but often

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the challenges aren't actually clinical challenges. They're often customer service challenges.

So first, I just want to lay that out. Would you agree with that?

Kathy: Yeah, I would. I would, for sure. The main issues are usually a miscommunication or a misunderstanding when it comes to expectations. Those are usually the two biggest problems that we have.

Heather: Yeah, say more about that.

Kathy: Yeah, so I'll start with the first one, miscommunication. So whenever either ED admins, or a therapist or a rehab assistant is feeling like something is not going the way they think it should, or they're feeling like someone is unhappy, whether they verbalize it or they have kind of not been showing up to their appointments or canceled everything altogether. That's usually when they involve me.

And they're kind of looking for either some direction or looking for me to be a person to contact them where it feels a little more comfortable where the client can be fully honest, because if it is an issue with not being the right fit with a clinician, they don't always want to say that. They don't want to hurt anybody's feelings. Or they just don't really know how to articulate their problem sometimes.

So it's a very easy way for me to come in, very neutral, so that they can have a good sounding board to talk to. And so when I do approach them, I usually just ask them to tell me, you know, how are things going and try to make them feel comfortable so that they can feel like they can trust me and talk to me and that I'm on their side of trying to figure out what's going on. But I'm also going to be honest back so that there's a proper resolution and not just saying what they want to hear necessarily.

And then miscommunication where the client has either felt like they weren't treated a certain way, or they felt like they should be able to have a certain day and time, or the cost of the sessions, they feel like they weren't aware or they

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didn't see the value necessarily sometimes. Or sometimes it even has nothing to do with anything that happened in the session or in the clinic or anything, but sometimes it's something else that's happening in their life, where they feel like they have to advocate harder.

And we really try to have it where at Abilities, they don't have to advocate. We're going to do everything we can to help them and give them what they need if it's within our wheelhouse to do so. So usually when we start talking it out, and, you know, I really want to listen to what they're saying and try to also make sure that what I'm hearing is what they're trying to tell me. And the majority of the time we can end the conversation with them understanding that yeah, this probably was a miscommunication. And we have a solution to move forward.

Then the other side of it, which comes into the miscommunication aspect is when a client has an expectation, or sometimes even a clinician has an expectation from the client, but usually it is from a client side where they have this expectation that A, B and C should happen in a session, or their child should be doing A, B and C in a session or, you know, what happens in the session should equal these certain results. And I don't always know where they get their information from. I don't know if it's just, you know, there's a million reasons why they have that expectation.

So when I can hear what they expect, and knowing how we work as an organization, I really try to help them to know that it's okay to want certain things. But this is what we do, and if what we offer doesn't meet their expectations, they can either adjust their expectations or I can help them find somewhere else that might be better suited for them. And that can look in a total ton of different array of things.

But again, nine times out of 10 when we have these conversations, we are able to give resolutions for them to be able to move forward and move forward comfortably in working with a therapist that they've already been working with.

Heather: Thank you. That's really helpful. So what I really am hearing you say is that often from both sides, both from the clinical side and from the client side,

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they will think it's a clinical issue when it's often a communication or an expectation issue, which isn't actually a clinical – It obviously informs our clinical work, but it actually isn't like that brass tacks scientific or it's really the art of the clinical experience versus the science of the clinical experience.

Kathy: Well, yeah, and we're in this day and age where people can go on Google, and they can look all these things up. And they can investigate all these different companies and the way different people do different things. But sometimes that can also fog up the brain, where they forget where they heard what things. And it's just a matter of talking it through and helping them just to know what we offer, so that they can have better expectations for when they're moving forward.

Heather: Yeah. I'm curious, if you had a magic wand, what do you wish more clinicians knew about customer service? Because the truth is, we're not really taught that customer service aspect in school. And certainly you see that in both private and public places where people can have, like, we'll say they're good clinicians, but they don't have good bedside manner, or whatever we want to call it.

So what do you wish clinicians knew about customer service?

Heather: Yeah, there's a couple things. One is, it's okay to have a boundary. It's okay for you not to be everything to every person. So it's okay for a clinician to have a certain style, and to be able to work with people that appreciate the style that they're in. And you can't really put that in a box per se. Like not everyone knows what they like until they've had chances to experience different things.

And so I think sometimes clinicians want to, like I said, be all things to all people. And it's not really genuine, because when you're trying to do whatever they're wanting all the time, and maybe there's a bit of give and take in those situations at times, but generally you are who you are. And there's going to be a lot of people that appreciate your take, the way that you present, the way that you build rapport, the way that you design a treatment plan, and the way that you apply it.

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So that's kind of one. And also, like in the sense of a boundary, it's to be able to say, sorry, I don't have room in my schedule to see you tomorrow. And to be able to walk away and not be worried about it and feel bad about it and all those things, because it's okay for you to say no. To say no, and to maybe give options. And that's a really good part of customer service, is when you can't do something that you're being asked, if you can give options where they then can choose what works for them, then there's nothing really else that you can do at that point.

So I think finding a boundary, and it's going to look different for everybody, of how much you're going to allow and what you're not going to allow. And I think that takes time to figure out. But having a boundary is really important. And it's allowed and it's actually a really great and freeing thing to be able to have those boundaries.

Heather: What I hear you say is you having healthy boundaries yourself as a clinician actually creates a better customer service experience.

Kathy: 100%. Yeah, 100%. I think because it's not mean, it's actually very compassionate to have boundaries. And when people know where they stand, then that builds a huge level of trust.

So when you say you aren't able to do something, or that's not in your scope, or whatever it may be, then people believe you because you hold that boundary with them, right? So the presentation of that boundary can be – I think that's where some of that bedside manner can come into place. And I think it's good to kind of know yourself. Like, are you a good communicator over email? Are you better at communicating over the telephone? If you are someone that can be kind of blunt and straight to the point, maybe there's some things that you can add to your communication to soften it a little bit.

But again, I think that's just really kind of getting to know yourself and knowing and listening when you're having these experiences when people that are there to help you are kind of giving you that constructive criticism. That can really go a long way because everyone is so different.

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And that's a part of where my job comes in as well is where I've had lots of clinicians come to me and say, can you just read my email and make sure that sometimes it's not too clinical, because I'm not a clinician and to be able to read it to understand it for the regular person. And then too, just so that it comes off as kind and not cold. Because some of those individuals know that their emails are very, they'll give a lot of really great information, but sometimes it can be too blunt and to the point and it kind of lacks a bit of the relationship side, which they have done very well in person. Right?

So we all communicate differently through different modes of communication. And so I think finding out what your best way to communicate with someone can really help you in keeping those relationships positive.

Heather: It sounds like you're using customer service and relationship building almost interchangeably, which makes sense.

Kathy: Yeah, for sure. And I think when you have a bit of a negative or a bit of a clashing, the best thing that you can do is to work through it. You learn so much from it and you then can actually have a stronger relationship. And this isn't just in the workplace, this is everywhere, right? When we have a conflict with someone, it's always best to work through it and not run away from it. You can learn a ton and most times your relationship can find a stronger foundation from it.

Heather: Yeah, that's amazing. So if clinicians or anyone else, because I know the other part of your job, I often like to refer to you as the Wayne Gretzky of referrals, because you're really good at matching referrals from the community to our clinicians. So if clinicians or clients have any questions, what is the best way that they can connect with you?

Kathy: Yeah, so for myself they can call me, they can text me, they can email me. And we can also set up a time to meet in person or on Zoom. I really try to have all kinds of things available because everyone has different timelines. And when they want to communicate, sometimes clinicians are communicating not during business hours, but they still want to get their thoughts out, or they're

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trying to organize or whatever it may be. So I try to make myself as available as possible to talk to them in a way that's most comfortable for them.

And I definitely see it throughout the organization that different people appreciate different ways to connect. And so to me, there's no wrong or right. If I'm finding that we are communicating and we're kind of not, I'm getting a sense where we're not really understanding each other, then I would definitely either go in or I would give them a call or what have you just because face to face, or voice to voice is always, it's a softer way to communicate. I think everyone softens when you're kind of face to face or phone to phone, like voice to voice.

Heather: Yeah, amazing. And so we'll make sure to put all of your contact information in the show notes, or people can also go to our website if they want to hear more from you.

Well, thank you, Kathy. I appreciate you joining us today.

Kathy: You're very welcome.

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