

## Ep #112: The Art of Delegation: When to Involve a Rehabilitation Assistant and How to Do It Confidently



### 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.

Welcome back to *Clinicians Creating Impact*. I'm so excited that you decided to listen to this episode today. Today we're going to be talking about something that every clinician, I'm here to tell you, every clinician secretly struggles with at some point. And that is delegation. More specifically, how do you know when to involve a rehabilitation assistant in your program and how do you do it confidently?

And I want to start here by just naming the real problem because, fun fact, it's almost never what we think. Most clinicians, in reality, don't really struggle with delegation because they're inexperienced. I have seen this across the board. They actually struggle because: one, they don't want to lose quality of the care that they're providing. Two, they don't want families to think that they are passing off the care. Three, they don't want to overwhelm the rehabilitation assistant. Four, they don't want to look like they can't handle their own caseload. And five, they don't want to violate college standards.

And if you notice those and look at those individually, underneath each and every one of them is actually one key theme, and that's uncertainty. That's the

## **Ep #112: The Art of Delegation: When to Involve a Rehabilitation Assistant and How to Do It Confidently**

uncertainty about, is this client-appropriate? Is this safe? Is this allowed? Am I doing this right? Is this what good clinicians, quote-unquote, do?

And because of that uncertainty, clinicians in my experience do one of two things. First, they either hold everything themselves and then burn out quietly, or they avoid delegation altogether because it feels safer not to try. And I'm here to say one, I see it. I hear you. I was that at one point. But neither of those actually helps the client. Neither of those approaches actually helps you as a clinician. And neither approach uses the full power that's available of when we work together.

So today I want to walk you through when delegation makes actual sense, how to do it confidently and ethically, and what it looks like in real life at Abilities because sometimes some real examples can be really helpful. So let's take the fear out of delegation and replace it with clarity.

So one of the biggest misconceptions I hear from new clinicians, whether they are a new grad clinician or a new clinician to Abilities, is something of the flavor of, "Delegation means I'm giving away the work I should be doing." I'm here to tell you, that is not true. Delegation done well, it is ethical, it is regulated, it is client-centered, and it is actually aligned with college standards. And fun fact, it actually allows clinicians to do the work only they can do.

So here's the mindset shift that I'd like to offer you today. Delegation isn't actually about doing less, it's about doing what matters most. When the clinician actually leads the plan and the rehab assistant carries it forward, the client actually gets more consistency, more repetition, and more of a relationship than without that delegation. So in that way, it's actually a multiplier, not a shortcut.

So how do you actually know then when a client is ready for an involvement with a rehabilitation assistant? Here's a simple, accessible framework that we use here at Abilities. Feel free to swipe it and use it to the extent that it's helpful to you.

## **Ep #112: The Art of Delegation: When to Involve a Rehabilitation Assistant and How to Do It Confidently**

So for us, a client is a good candidate for a rehabilitation assistant for that level of support when the clinician has established a clear plan. The goals are measurable and observable. The work requires repetition or consistency. The rehab assistant can safely implement the activities. The client benefits from relationship and structure. And the clinician remains the decision-maker.

And at least for the kinds of clients and families that we are serving here at Abilities, that's actually the majority of cases, especially when you're looking at neurodevelopmental rehabilitation.

So let me share a story to kind of highlight what this can look like from the perspective of Abilities. So we had a speech-language pathologist who loved working with a specific complex population. She loved the complexity that it had and the creativity it required from her as a clinician.

But she also acknowledged that doing that work all day actually drained her energy. So she didn't want to stop serving that population all in all, but she also knew that she couldn't sustain the volume of that caseload that she was carrying. So what she decided to do was to partner with a rehabilitation assistant. She led the planning, the rehabilitation assistant carried out the work, and together they created a rhythm.

And the result of that was clients made faster progress, the speech-language pathologist's energy stabilized, the rehabilitation assistant grew in both skill and confidence, and the speech-language pathologist was truly able to work in her zone of mastery. I really like that story because it really shows that delegation doesn't actually dilute your impact as a clinician, it actually amplifies it.

I want to share, again, it's great to have a good success testimonial story, but let's normalize this. Even experienced clinicians hesitate sometimes, I'm here to tell you. Again, I'm almost closing in on 30 years of experience and I've seen it.

Here's another real example. We had a clinician who felt unsure about involving a rehabilitation assistant with a client who had big emotional and behavioral needs. And that, on first glance, it makes sense, doesn't it? The clinician was

## **Ep #112: The Art of Delegation: When to Involve a Rehabilitation Assistant and How to Do It Confidently**

afraid that the rehab assistant might be overwhelmed or that the family wouldn't understand the shared care model.

So what we did is we slowed everything down and asked - what parts of the plan truly need clinical expertise? What parts need repetition and relational consistency? What kind of safety considerations do we need to put in place? What does the rehabilitation assistant need to feel supported? And how can we introduce this to the family clearly? So once we asked and then answered those questions, within two weeks, the family understood the team-based care model. The rehabilitation assistant was then able to confidently support sessions, and the clinician felt a massive reduction in mental load.

The key to all of this in the story was not rushing. The key here was clarity. And if you want to hear more about how important clarity is in this kind of delegation, you can listen to Episode 111.

So here's the simple, accessible way I like to think about delegation. So first of all, there's the clinical decision. Does this part of the work require assessment, reasoning, clinical judgment, or a plan adjustment? If yes to any of those, that is going to involve a clinician. But if no, when we're thinking about the individual parts of the work, that's when you can consider using a rehabilitation assistant.

Then we have the repetition test. Thinking about the activity, does this activity that you're thinking about depend on practice, routine, and consistency? If your answer to that is yes, that is definitely prime rehabilitation assistant territory.

Third, you want to think about the safety check. Is the activity safe, predictable, and within the rehabilitation assistant's training and comfort? Again, if the answer is yes to that, this is lending itself to be very appropriate for delegation. But if not, it doesn't necessarily mean that they're not appropriate for a rehabilitation assistant. What it means is the clinician should hold that until readiness is built, if and when it's built.

Fourth is the relationship factor. So you want to ask yourself, "Would relational consistency help this client?" And if the answer is yes, an involvement from a

## **Ep #112: The Art of Delegation: When to Involve a Rehabilitation Assistant and How to Do It Confidently**

rehabilitation assistant can often accelerate the progress. They can often see a rehabilitation assistant a lot more than they can see a clinician. So that factor can be really important.

And then fifth is the family understanding. How clearly have you communicated the why, the who, and the how of team-based care? Because the truth is, families don't actually resist delegation in my experience when they understand the purpose. They resist when things aren't explained, and that makes total sense.

Because I'm here to tell you, we have stories when delegation wasn't the right fit. And that's just as important as when it is a fit. I'll tell you about one story. We once had a client whose behavior escalated unpredictably. The therapist tried delegating some of the sessions to a rehabilitation assistant, hoping that it would create the relational consistency that would help to stabilize the behavior. But after a few weeks, it was super clear that the rehabilitation assistant was experiencing some real safety concerns. So as a team, we re-evaluated the clinical plan, the risk level, and the rehabilitation assistant's comfort and training.

And so what happened in this example is the clinician took back the sessions temporarily and then slowly reintroduced the rehabilitation assistant involvement once the behavioral plan stabilized. And I like to share this story because it's not a failure. It really is good judgment because great delegation is actually fluid. It evolves as we get assessment and feedback over time.

So here's a reflection question for you today. Where is one place in your caseload where involving someone like a rehabilitation assistant could help the client's progress faster and help you work more sustainably? It could be as simple as one activity, one client, one part of the plan, or one piece of follow-through you don't actually need to hold alone. Think about that, and then you can apply it.

And if you're listening from outside Abilities and thinking, "Hey, this is great. This is just the kind of support and team-based care I want around me," please reach



## **Ep #112: The Art of Delegation: When to Involve a Rehabilitation Assistant and How to Do It Confidently**

out because, of course, I would love to talk to you about what working with us could look like for you.

Next, in a following episode, we're going to talk about the actual workflow of team-based care. So you're not going to want to miss that. We're going to talk about the handoff, the feedback loop, and the rhythm that makes this sustainable for everybody moving forward. I hope to see you there. Have a good rest of your day.

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.