

Ep #117: You Already Measure: Turning Objective Findings into Growth



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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. I'm so glad you came here today. I want to start today a little differently than maybe I normally do. And I want to start with a story that you have most likely seen a version of many times before.

So picture it with me: you're with a client, maybe six weeks into treatment, and they're discouraged. They tell you, flat out, that nothing's changed, that they don't feel any different, and maybe this therapy thing that they're trying just isn't working. And the truth is, you've been here before. So you don't argue. You just pull out the tool to measure. So it could be a goniometer, it could be the time test, it could be the standardized assessment, whatever it is for your discipline. But what you do is you show them the number from week one to the next number that you're measuring today. And you do that, and you watch your face change.

Now, as a therapist, don't you love that feeling? I know I do. And if you're like me, it's actually why we got into this work in the first place. And I love this kind of story because the feeling that the client had told one story and the finding actually told a truer one. Because the truth was, the client was better. They just couldn't feel it on a hard day, like that day that they had with you.

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Now, here's what I find fascinating. We, as therapists or clinicians, love that number in the treatment room. We reach for it time and time again as an act of care. But the moment you move that very same number into a dashboard or anything with the word "metrics" on it, something in us tightens up. Same instinct, opposite reaction.

So today, I want to ask why. And I want to offer you a way to hold metrics that doesn't cost you the thing that got you into the thing that you work for in the first place. Because if you've lived in a version of that moment, you're here in the right place.

Welcome to this podcast, *Clinicians Creating Impact*. Again, I'm Heather, and this is actually episode eight of our series about how we use rehabilitation assistants and our model, inAbilities. And this episode is actually one that I've actually been most looking forward to because today we're going to do something a little uncomfortable. I mean, not really, I'm sure. Hopefully, you're in a comfortable place listening to this. But just metaphorically, maybe emotionally, we're going to talk about metrics. And I want to offer you that by the end of this episode, that you may actually already love metrics; you just call them something else.

So, let me start by saying the quiet part out loud, because I think we have to before we can actually move past it. When most of us hear metrics, we don't hear growth, especially when it comes to ourselves. What we typically hear is something like surveillance. We hear someone about to ask why our numbers are, quote-unquote, "only" at whatever they're at. We hear the risk of being reduced to a data point when the whole reason we do this work is that people are not data points. And that reaction isn't a character flaw; it's a reasonable response to every workplace that ever used numbers as a stick. So if that's happened to you, I'm so sorry.

I'm not going to ask you to actually like metrics. I'm just going to ask you to notice that you actually already use them every day, and when you use them well, you use them with care and concern and not as punishment. You measure

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to see your client more clearly. You measure to make that invisible progress visible. You measure so that on the discouraged day, you have something truer than the feeling to hold up to the light. And that's ultimately what good practice metrics is. It's the same instinct, pointed at the health of your team and of your work instead of at one client's range of motion or ability to do daily activities or their ability to speak or to communicate. It doesn't actually replace your judgment; it makes your growth visible. And that's the whole episode right there. But please keep listening.

I want to give you a structure to help you with this because I think the way that I think about this structure, it's like coming home. We're all used to using the SOAP aspect of charting. And so if you think about SOAP, that exact framework, you already trust in your bones. We have been taught that again and again in school, and so many of us use that clinically when we're documenting and even as we're thinking about planning, moving forward. So today, we're going to use SOAP, and we're just going to chart the work you do instead of the client.

So, remember SOAP? Subjective comes first on purpose. And it becomes first on purpose because the felt sense is real and it's actually data as well. The read that you get in the room, the sense that a client trusts you now in a way that they didn't a month ago. It's that feeling that your team is clicking or that something is maybe a little off and you just can't name it yet. That kind of clinical intuition that is there from the start but is also built over years, I never want you to discard that. I always like to think this is true for myself, and I want to offer it to you: Ease is evidence. So when the work starts to feel lighter, that is actually information worth trusting.

But here's the same honesty we'd bring to a client chart: subjective alone drifts. So a hard week colors everything. One really hard conversation can make what was once a great month feel like a really bad one. There's that recency bias. Even though it's hard for me to say, it is true. It quietly edits the story so the last thing that happened becomes the whole truth. And a comfortable sense that things are "fine" can sit right on top of a slow slide in either direction, and we won't actually see it until it's much bigger than it needs to be.

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You know this. It's exactly why you don't just discharge a client on a feeling. The subjective is essential. I want to say that again, but it's also incomplete. So we don't throw it out; we pair it with something steadier.

So, what are the objective findings of using rehabilitation assistants and really integrating them into your practice? I want to give you two or three to choose from. First of all, I don't want to give you 12 because the discipline here is the same as good charting. A few measures that you would actually look at that are really important to you are always going to beat some mega dashboard full of numbers that you're going to avoid. And I want to frame each one as what it reveals about growth and not just as a target that you're failing to hit. Let's not use these numbers against us, remember?

So the first one is reach. So one metric that can be helpful is how many more clients got served because a rehabilitation assistant extended what you could do. This is access made visible because every additional family seen, every person who got care sooner because the work was shared, that's not just a productivity stat. Now again, we can shift that and we can use that for ill, but it's actually, if you put it right-sized, that's really the mission counted. That's what your clinical stewardship extended and paired with a sustainable feeling. It's really a metric worth watching.

So ideally, you start with how many families you want to start with by using rehabilitation assistants. And as your competence and confidence grows, so does your numbers and your reach. That is that subjective pairing up with objective with the impact for you and the clients.

So the second metric that I want to offer is continuity. So that could look like fewer gaps, smoother handoffs, clients held through transitions that used to be where people fell through. So when a rehabilitation assistant is integrated well, care stops being a series of disconnected appointments and becomes something a client can actually lean on. And you can see that. It shows up in things like fewer cancellations that never rebook, in clients who stay engaged through the messy middle of a plan. This is subjective with objective with an

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impact for your clients because your clients will ultimately have a greater impact when they are more engaged and come more frequently.

And the third set of metrics is outcomes held or improved. And this is one that answers the fear underneath of all of it. And that's that fear that sharing care dilutes care. And the finding can actually tell you the truth: that when integration is done well, and is done the inAbilities way—there's lots of ways, but I will say when it's done the inAbilities way—outcomes hold, and often they improve because the client is getting more, not less. That's your proof that delegation protected the quality of care rather than thinning it.

So you have reach, you have continuity, you have outcomes. Notice that none of these are a number to chase; each are more like what I think of as a window. You're not measuring to be graded; you're just measuring to see.

And that brings us to the A, or the assessment part of SOAP. A number is a finding. It's not a verdict. So again, you would never take one goniometer reading or one assessment, no matter what it was, and write a discharge summary off of it. You'd never read a single bad session and decide the whole plan failed. You have to hold the finding in context, right? As therapists, we do this. We look for the trend, not the snapshot. You ask what's going on around the number before you decide what it means. So when you look at your own data, you can bring that exact clinician's discipline that you use so well with your clients for yourself and your team.

So one slow month is not a trend. It might be a holiday, a staffing gap, a season, a fluke. A number that dips isn't an accusation; it's actually a question. The skill is in asking, "What is this story telling me?" instead of hearing, "What grade am I getting?" And that's really the difference between data that pressures and data that nurtures. And it lives entirely in the assessment and in your own brain. The numbers don't carry judgment. We do, or we don't. And we get to choose. And this is where I say the mindset work is so important. You read your own findings the way you would read a client's: with curiosity, in context, over time.

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Now, I'm lucky enough to be a supervisor of therapists. I use metrics all the time to see patterns in the therapists that I'm leading. And I want to offer a couple of observations. First, I find that therapists are way harder on themselves than I would ever be as a supervisor. And maybe that's some of the type-A-ness or recovering type-A-ness that got us into school in the first place or some part of people-pleasing or something else entirely. As a supervisor myself, I bring that same energy to these conversations with therapists as I do with a client. That's the curiosity and an understanding that behavior is communication. Also, as long as we are making progress, I am not going to, quote-unquote, "discharge" or "fire" a therapist. We're going to work together to find the support and the framework that works best for them.

Which then brings us to the Plan. And this is where the numbers that nurture stops being a phrase and actually becomes a practice. Once you can see growth, you can do three things with it that you simply couldn't do before. That's the amazing part of Plan.

So, you can celebrate it. You can celebrate it out loud with your team, with specifics, not just "good job, everybody," but "we held continuity for 11 more families this quarter than last" or "this year than last," and that's because how you all work together. That specific, evidence celebration lands much more differently than a vague thank you. And that's because people feel seen when we do that.

You can practice stewardship. You can use these findings to make better judgment calls: where to add support, where to ease off, where your model is straining. Good data lets you care for the work proactively instead of reacting after something breaks. And then finally, you can advocate with it. And this is something we forget. You can point to reach and continuity and held outcomes. You can advocate for your team and your model with evidence, not just conviction. And that's actually how good care gets resourced.

And the rhythm matters just as much as the content. This is a recurring review, not a one-time audit that you dread. It's a standard rhythm, just like our SOAP

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notes, where you look together with curiosity. You make it up once, you make it real, and then you make it recur. That's when it becomes culture instead of event, and even that mini-culture of your own practice.

So here's my takeaway. Here's your one thing for this week: just one. I'd offer for you to pick a single objective finding from your own practice. Just one. Maybe it's a reach, maybe it's your own sustainability, maybe it's continuity for caseload that you are currently managing. And track it for a month, the way that you track a client goal. A baseline today, a check-in four weeks. That's it. One number, watched with curiosity instead of dread. Not a system, not a dashboard, not this new burden, not one more thing to do. It's just one finding held the way you'd hold a client's progress. See what it feels like to let a number be on your side.

Because here's what I keep coming back to: we already know how to do this as clinicians. We never needed to learn this from a business book, even though I learned this in a very different way when I got my MBA. We learned this in the treatment room first time as a number told to a client in a kinder, truer story than the one that they were telling themselves. We just call it objective findings. And we've always used it as an act of care because sustainable care has to be seen to be sustained. The growth that stays invisible is the growth that eventually gets cut or burns out or quietly disappears because nobody could point to it. Numbers that nurture are just us refusing to let the good work go unseen.

So thank you in advance for listening today. And in our next episode, we're going to go straight at the conversation that sits underneath all of this, and that is building real clinician buy-in, including the honest talk about trust and compensation, because seeing growth is one thing; sharing in it is another. So, until then, pick your one number and watch it the way you'd watch a client you believe in. Have a great 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. See you next week.