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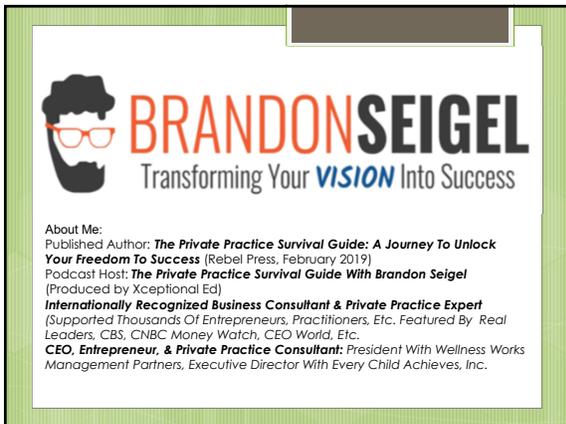
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### Eat, Sleep, & Breathe Healthcare/Therapy Industry:

- o Wife is an Occupational Therapist.
- o Mother-in-law is an Occupational Therapist.
- o Brother-in-law is an Occupational Therapist.
- o The Dog was a licensed service dog.



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### Brandon's Inspiration:



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### Learning Objectives: Preparing To Enter The OT Workforce

- o A brief update on the current healthcare environment impacting your profession.
- o Understanding the current employee marketplace for an Occupational Therapist
- o Identifying tips for career planning as an Occupational Therapist.
- o Strategies for a successful career as an Occupational Therapist.
- o Strategies for writing an effective resume and cover letter.
- o Understanding the art of negotiation and when it is appropriate.
- o Tips for crushing your first interview!



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**Brandon's Disclaimer:**

All of the information that I am presenting today is designed to be recommendations and concepts based on my experience. I am here to help and give some new perspectives that might help you better prepare when entering the OT Workforce.



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**Before We Begin:**  
**MOST IMPORTANT TAKE AWAY:**  
**What Is The #1 Barrier Or Weakness In Today's Clinician?**



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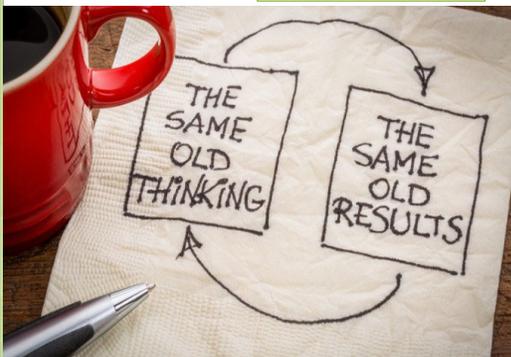
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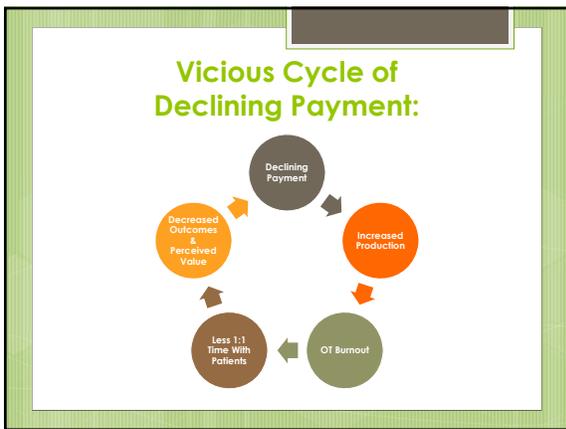
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A slide with a green border. The title "Current Healthcare Environment:" is at the top in green. Below the title is a bulleted list: "Increased demand for services.", "Increased expenses.", "Stagnant or decrease in funding.", and "Consolidation.". To the right of the list is an image of a blue and white globe with a silver stethoscope draped over it.

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### Increased Healthcare Demand:

**Causes for increased demand:**

- Aging baby boomer generation.
- The increasing average lifespan.
- 2010 Affordable Care Act (requiring healthcare coverage).
- Environmental factors (i.e. pesticides etc.).



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### Healthcare Providers Faced With Increased Expenses:

- Labor law changes (1099 regulations, minimum wage increases, etc.).
- Increased cost of living.
- Higher denial rate of healthcare claims.
- Delay in payment from insurance companies.
- ICD-10 (implementation of new diagnosis coding system).



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### Examples of Technology & Impact On Healthcare Environment:

Discuss Pros & Cons Of Each Item:

- Wearable Devices
- Telehealth Services
- Data Driven Outcomes (Increased Metrics, Funding Tied To Data, Data Driving How We Define Outcomes)
- Access To Charts In Real Time Anywhere (Kaiser Example)
- Additional Examples



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### Current Healthcare Environment Summary:

- We need legislative help to support your profession and the necessary funding and accountability to the insurance companies.

**CALL TO ACTION:**  
**Please Get Involved With ALOTA and AOTA and Help Legislate For Your Profession!**

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### Understanding Employment Trends & Statistics For OT's:

It is essential to understand the statistics on your profession to career plan effectively. You obviously know that there is a supply/demand issue but understanding the current employment and compensation trends can be extremely beneficial.

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### Overall Statistics On Occupational Therapist Profession

Quick Facts: Occupational Therapists

<a href="#">2018 Median Pay</a>	\$84,270 per year \$40.51 per hour
<a href="#">Typical Entry-Level Education</a>	Master's degree
<a href="#">Work Experience in a Related Occupation</a>	None
<a href="#">On-the-job Training</a>	None
<a href="#">Number of Jobs, 2016</a>	130,400
<a href="#">Job Outlook, 2016-26</a>	24% (Much faster than average)
<a href="#">Employment Change, 2016-26</a>	31,000

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### Overall Statistics On Occupational Therapist Assistants

Quick Facts: Occupational Therapy Assistants and Aides

<u>2018 Median Pay</u>	\$57,620 per year \$27.70 per hour
<u>Typical Entry-Level Education</u>	<a href="#">See How to Become One</a>
<u>Work Experience in a Related Occupation</u>	None
<u>On-the-Job Training</u>	<a href="#">See How to Become One</a>
<u>Number of Jobs, 2016</u>	46,800
<u>Job Outlook, 2016-26</u>	28% (Much faster than average)
<u>Employment Change, 2016-26</u>	13,200

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### The Breakdown Of Pay:

Nursing care facilities (skilled nursing facilities)	\$90,570
Home healthcare services	87,570
Offices of physical, occupational and speech therapists, and audiologists	86,060
Hospitals; state, local, and private	84,550
Elementary and secondary schools; state, local, and private	73,980

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### Important Information To Keep In Mind Regarding The Job Market:

- o Although the "supply and demand" factors are currently shifted in your favor, this can change at any moment. Brandon believes that the market will become more competitive over the next 5 years depending on healthcare reform, federal and state funding, etc.
- o FYI: There are six graduate OT programs in Southern California. There are approximately 400 new Occupational Therapists graduating from these programs each year. This does not include Northern CA programs and programs from other states.
- o I share this with you because there will come a point when there is a "tipping point" and the job market will become more competitive. Please also keep in mind the number of COTA's entering the employment market as well as other disciplines that share some similarities in scope of practice depending on your setting.

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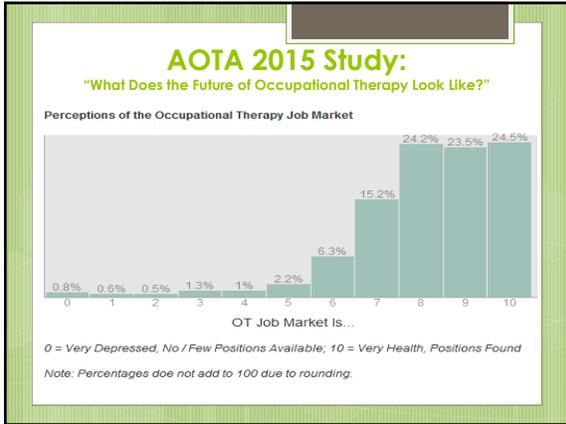
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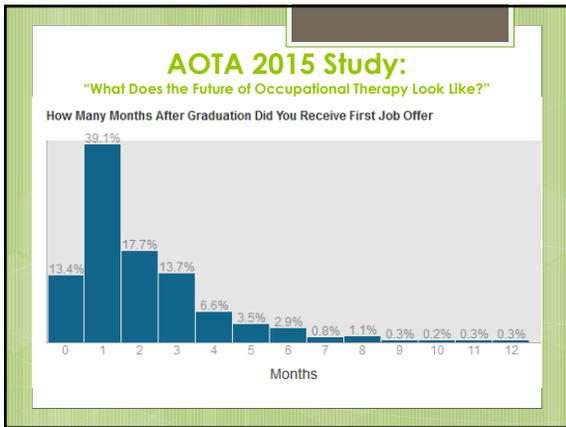
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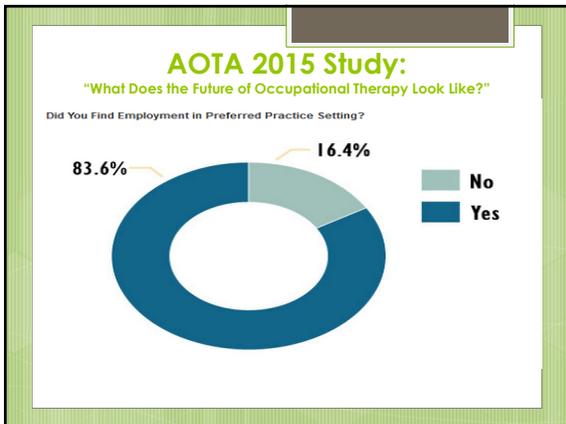
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## AOTA 2015 Study:

"What Does the Future of Occupational Therapy Look Like?"

Unemployment Trends, 2010 to 2014

	Unemployed Any Time in 2014	Median Weeks Unemployed	Unemployed Any Time in 2010	Median Weeks Unemployed in 2010
Overall	10.4%	12	7.5%	10
OT	9.3%	12	7.0%	10
OTA	15.2%	12	10.8%	12

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## The Bottom Line:

- Research, Prepare, and Strategize For A Successful Career As An Occupational Therapist.
- I find that there are many Occupational Therapists that feel "entitled" because they are an OT and those are the people that will have challenges gaining great employment opportunities.
- Keep in mind that there is a difference between "an opportunity" and a "great opportunity."



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## Purpose & Happiness :

- How Do We Define Purpose:** Why do we do the things we do every day? What's the larger vision and greater purpose in our work beyond paycheck or profits?
- Purpose often fuels the way we utilize communication as a tool.
- Happiness impacts the way we communicate & communication impacts the way we make others experience happiness. There are levers of happiness:
  - Sense of control
  - Sense of progress
  - Connectedness (number and depth of relationships)
  - Vision / Meaning (being part of something bigger than yourself)



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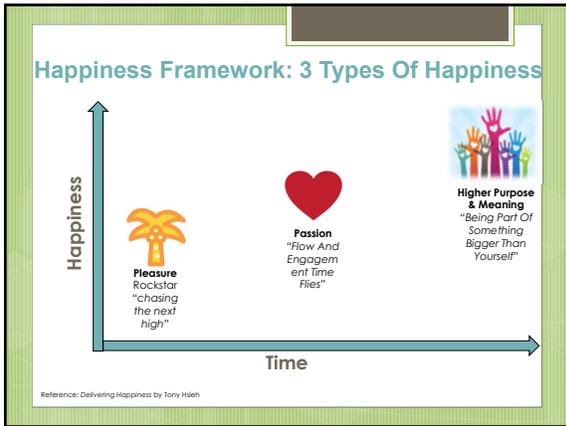
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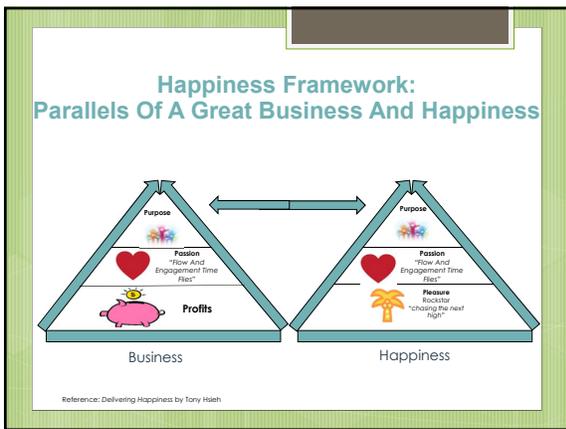
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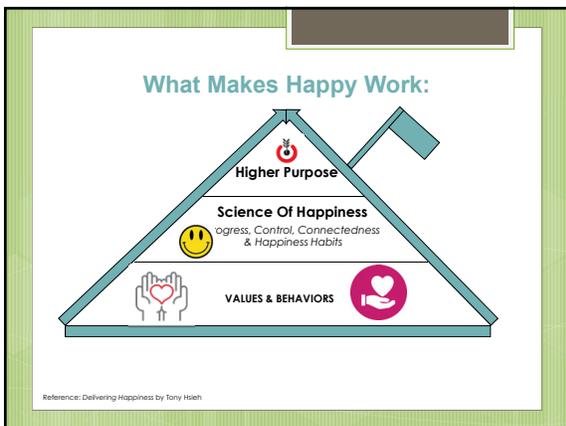
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## The Elephant In The Room “The Barriers”

**The Facts:**

- **11 Billion Dollars Are Lost Annually Due To Employee Turnover.** *(Bureau of National Affairs)*
- **Supply & Demand Metrics Favor Employees In The OT/PT/SLP Industries.** *(Ex. The PT Industry is on track to have a shortage of 26,560 Physical Therapists by 2025)*
- **Higher Productivity Standards / Higher Employee Burnout** *(Upwards To 95% Productivity Expectations In Some Settings)*
- **Fixed Expenses On Rise / Net Income On Decline** *(Therapist's Compensation Expectations On The Rise While Reimbursement Stagnant If Not On The Decline)*



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## The Elephant In The Room “The Barriers”

**The Facts:**

- **More Than 50% OT/PT/SLP Students Will Graduate With Over \$70,000 in debt.** *34% will graduate with over \$100,000 in debt.*
- **52% Of OT/PT/SLPs Reported Desire To Make Professional Change Within 5 Years With 20% Expressing Interest In Non-Clinical Role.**
- **70% of professionals who are thinking about transitioning to a non-clinical role are doing so in order to improve work-life balance or increase fulfillment.**
- **Two-Thirds Of American Employees Are Not Fully Engaged At Work.** *(Dale Carnegie)*
- **Disengaged Employees Cost Organizations Between \$450 And \$550 Billion Annually.**



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## Pain Points From The Private Practice Employer Perspective

Frustrations About The Current State Of Employee's Work Ethic, Dedication, & Commitment Are On The Rise. Employers Are Frustrated Because:

- Private Practice Business Model Is More Challenging Than Ever & Feel Alone
- Employees Are Demanding, Low Productivity, Want The World, Not Reliable, Entitled, Etc.
- Salaries, Benefits, & Expenses Are On A Constant Incline But Reimbursement Is Not Following The Same Trend Pattern.
- Employees Are More Challenging To Engage, Empower, & Satisfy While Productivity & Work-Life Balance Demands Are Hard To Satisfy.

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**Pain Points From The Private Practice Employee Perspective**

Frustrations About The Current State Of Expectations & Ultimately Desire:

- Higher Compensation, Benefits, & Acknowledgements
- They Want More "Work-Life Balance" – Meaning "More Time Not Working."
- They Want Continuous Growth Opportunities, Low Productivity Requirements, & Less Patient Care Time.
- They Want Every Minute That They Spend Related To Their Job Acknowledged, Appreciated, Compensated, Etc.
- They Want To Ensure Their Contributing To Greater Purpose & Don't Want To Just Be Stuck In A "9 to 5" Day In and Day Out Grind.

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**HOW DO WE BRIDGE THE GAP:**  
 Shared Reality, Transparency, & Collaborative Relationship Is a Necessity

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**Strategizing For A Successful Career:**

*In the words of Henry Ford,  
 "Before everything else, getting ready is the secret of success!"*

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### Tips for getting ready: Research, Research, Research!

- o Research current factors impacting the setting that you are interested to work in
- o Research every company that you are applying for a job with.
- o Research data on salaries, benefits and training provided for the setting, so your expectations are realistic.
- o Research the learning curve of the type of position that you are applying for.
- o Research yourself and what you are hoping to achieve professionally in the next five years.



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### Helpful Resources For Research: The Starting Point!

- o ALOTA ([www.alota.org](http://www.alota.org))
- o AOTA ([www.aota.org](http://www.aota.org))
- o Glass Door ([www.glassdoor.com](http://www.glassdoor.com))
- o Indeed ([www.indeed.com](http://www.indeed.com))
- o Linked In ([www.linkedin.com](http://www.linkedin.com))
- o NGOT ([www.newgradoccupationaltherapy.com](http://www.newgradoccupationaltherapy.com))



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### Tips For Taking Advantage Of Fieldwork Experience:

- o **Create Relationships With As Many People Within Company** *(Managers, Therapists, HR Team, Patients)*
- o **Keep a Journal For Each Fieldwork Experience** *(Document All Exposure: Diagnoses, Treatment Methods, Assessment Protocols, Patient Outcomes Etc.)*
- o **Focus On Your Productivity** *(Earn Your Exchange – Hard Work Pays Off, Stand Out!)*
- o **Interview Your Supervisor And Other Clinicians** *(Strategies To Be A Strong OT From The Start, Common Mistakes, etc.)*
- o **Ask Supervisor About Your Strengths, Weaknesses and Tips For Improvement Before Graduating**
- o **Take Supervisor To Lunch / Acknowledge Your Supervisor**
- o **Ask For Letter Of Recommendations**

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## Strategies For Career Planning As An Occupational Therapist:

- o Brainstorm a strategic career plan based on the following concepts:
  - o Your current and future lifestyle. (Work/Life Balance)
  - o Your clinical passion along with your likes and dislikes. (Define settings that you thrive in)
  - o Your clinical strengths and dislikes
  - o Your learning style
  - o Your 1 year, 3 year and 5 year goals!

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## Brandon's Tips For New Grads:

- o Walk before you run!
- o Research, study, duplicate, execute!
- o Invest in your clinical knowledge!
- o Pace yourself!
- o Effective communication is the secret!
- o Love what you do!



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## Essential Tips For Your Resume:

- o The general rule of thumb: highlight your most applicable skills at the top of your resume.
- o A resume should look professional. A simple design goes a long way! (no pink paper, no flashy designs, etc.).
- o Customize your resume to the position that you are applying for.
- o A resume's purpose is to communicate your most relevant skill sets. A resume is a black and white communication of qualifications as it relates to the job that you are applying for.



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### Hiring Manager's Are Looking For The Following When Evaluating Clinicians:

- o **Relevant Exposure (New Grads)** – What exposure to diagnoses, treatment outcomes, treatment techniques, assessment tools, production, etc.
- o **Relevant Work Experience** – What previous work experience relates to this position (Clinical Aide, Dev. Intervention, etc.)
- o **Retention, Retention, Retention!** (How long were you at your previous employer)
- o **What separates you from other clinicians?** (Clinical certifications, awards, published research, philanthropy related to the field of therapy, etc.)

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### Top 5 Most Common Mistakes On New Grad Clinician's Resumes:

- o Clinicians think that a resume must be 1 page
- o Clinicians write a generic "objective statement."
- o Clinicians highlight the wrong information through structure of resume
- o Clinicians don't include details on clinical rotations
- o Clinicians don't understand that a "new grad" resume structure is different than experienced clinician's resume structure



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### Two Common Formats For Resumes:

- o **Chronological:** This kind of resume is based on past experiences. It typically has fewer headings and lists experience in a reverse chronological order.
- o **Functional:** This format consists of headings (related skills & expertise, professional experience, etc.) I prefer a functional resume format for "new grads."
- o **Additional Tips: (My Personal Preferences)**
  - o Font Type: Use Times New Roman, Calibri, Verdana, Arial or another plain font throughout the resume.
  - o Font Size: 10-12 pt. for the primary body of resume with your name in 16-18 pt. format
  - o Layout: Margins 0.5 to 0.9



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### Additional Common New Grad Clinician Resume Questions

- o Should I include my grade point average on my resume?
- o This is my 2<sup>nd</sup> career, how do I document that? (previous experience in banking, pharmaceutical sales, flight attendant, etc.)
- o What previous work experience is considered relevant?
- o Where do I document the presentations I did at AOTA or published papers?
- o Should my resume differ in format depending on the position that I am applying for?
- o Should references be included on my resume?



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### Brandon's Viewpoint On Resumes:



- o Your resume starts as a blank canvas and will develop over time into a master piece illustrating your professional journey.
- o It is a visual communication and expression of your experience and exposure.
- o You must prioritize your communication. The most relevant information is at the top of the resume.

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### Different Categories That You May Use On Your Resume:

- o Education
- o Licensure And Certification
- o Fieldwork Experience
- o Relevant Work Experience
- o Professional Development
- o Relevant Volunteer Involvement
- o Research Experience



**Categories**

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## Resume Disclaimer:

- The following resumes have been altered to protect the identity of the candidates. The majority of content is real information.
- The purpose of sharing these resumes is to give feedback and perspectives for you to keep in mind when composing your resumes.
- Please be aware that all of the following advice is truly recommendations, and there is no "black and white" way of crafting resumes; therefore, this is truly my advice based on 12+ years of hiring employees.

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## Generic Functional Resume Format

**Alison Huff**  
11 Beechwood Drive, St. Louis  
63117-1000, MO | 314.555.1234

**OCCUPATIONAL THERAPIST**

**SUMMARY:** A results-oriented and passionate professional with 5 years' experience in providing patient and caregiver care in a hospital setting. Skilled in the areas of orthopedics, chronic disease management, and respiratory care. Proven ability to assess individual patient needs.

• Work involved in establishing treatment plan for patients and identifying activities and specific goals to be accomplished.  
• Ability to bring theoretical, research, and research history to assess the patient's condition and needs.

**LICENSES & AFFILIATIONS**

- Licensed from state of North Carolina
- Affiliated with American Occupational Therapy Association

**RELEVANT SKILLS**

- Excellent patient communication
- Strong organizational skills
- Excellent written and verbal communication
- Proficient in MS Word and Excel

**PROFESSIONAL EXPERIENCE**

Therapy Management Corporation, Charlotte, NC     May 2008 - Present  
Occupational Therapist

- Screen and evaluate patients in accordance to physician's evaluation
- Establish and implement individualized care plans for patients
- Screen patients and families in the appropriate use of equipment and physical modalities
- Implement safety and risk reduction strategies for patients
- Plan and coordinate occupational therapy programs
- Document changes to patients' progress and treatment recommendations

**Major Achievements**

- Successfully managed and implemented a new rehabilitation program for patients with lower extremity and stroke disabilities
- Coordinated patient of residence care services and social needs rehabilitation at the facility between years 2009 and 2012.

**Salvatore Rodriguez, San Gabriel, CA**     Feb 2001 - Jan 2008  
**Occupational Therapy Assistant**

- Provided therapy services to patients in accordance with individual treatment plans
- Assisted in professional therapy exercises to assist with joint mobility
- Documented activities to patients and their families as part of notes and their machines
- Assisted the occupational therapist with setting and repairing care plans
- Trained patients in the proper use of therapy equipment

**Major Achievements**

- Wrote a paper on Social Occupational Therapy published in Therapy Today
- Chaired for group of other SOTA in occupational therapy practice

**EDUCATION**

STATE UNIVERSITY, San Gabriel, CA - 2001  
Bachelor of Science in Occupational Therapy

**ADDITIONAL CAPABILITIES**

- Occupational therapy equipment training for facilities rehabilitation
- Supervising and rehab modification techniques
- Strong knowledge of anatomy and orthotic devices
- Excellent knowledge of medical terminology
- Excellent verbal and written communication skills

← Page 1 of 2
Page 2 of 2 →

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**Resumé**

*What you need to know.*

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**Abigail Wright**  
PT

**RELATED EXPERIENCE**  
Comprehensive Outpatient Rehabilitation Experience (CORE) August 2013 - present  
South Allegheny Animal Spine Center, Lehigh Valley College August 2013 - December 2014

**WORK EXPERIENCE**  
Star Food Store, Mechanicsburg, PA March 2013 - present  
**Part Time Bakery Assistant**  

- Demonstrate creative skills with cake decorating
- Work in an environment of diverse co-workers exhibiting strong customer service skills
- Track other employees
- Exercise responsibility while working independently with management frequently absent
- Demonstrate time management skills to accomplish assigned tasks with great efficiency

**Amosville Free Library, Amosville, PA** September 2012 - present  
**Children's Library Assistant Work Study**  

- Create/bring letters and notes to parents
- Work with children to bring items on book
- Create and keep track of attendance sheet
- Prepare age and developmentally appropriate crafts, games, and activities for children
- Set up and supervise during routine and story time

**Computer Aid Work Study** September - June 2011  

- Assist teachers of the library on both PC and Mac operations
- Perform daily printing, copying and filing
- Proficient in Microsoft Word/PowerPoint/Excel, and Publisher

**Bob Evans Restaurant, Carlisle, PA** March 2009-2013  
**Server/Hostess**  

- Provide customer service while maintaining server line and table service
- Train other servers/Hostesses
- Report and track sales

**RESEARCH EXPERIENCE**  
The Impact of Aquatic Exercise in Sleep Disturbance in Children with Autism Spectrum Disorder  
Dr. Linda Leshman-Yelverton, University of Pennsylvania, PA  

- Presenting at Combined Meetings in Anaheim, CA February 2016

**PROFESSIONAL ORGANIZATION**  
American Physical Therapy Association 2013 - present

**CAMPUS INVOLVEMENT**  

- Physical Therapy Club
- College Agent Center
- Contribution Writer for La Via Gallitima

**CERTIFICATIONS**  
**First Aid/ CPR Certified** Passed through November 2017

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Her work experience is not relevant. A "Bakery Assistant" position is not relevant therefore it truly should not be on her clinical resume.

**Ken Woo, OTR/L**  
3909 Robertson Road, Los Angeles, CA 90012  
(310) 228-9811 - kwoo001@gmail.com

**PROFESSIONAL SUMMARY**  
Experienced therapist with excellent patient/therapist communication skills. Well-versed in client-centered care approach and upholds strong work ethics.

**SUMMARY OF QUALIFICATIONS**  

- Completed level I research in variety of settings at Tri-City Med Center
- Second level II membership in upper extremity sub-specialty clinics
- Master's Degree in Occupational Therapy from University of St. Augustine
- Broad medical background including child, orthopedic, neuromuscular, rehab care
- Well-developed interpersonal and management skills from prior military service

**JOB AND EDUCATION HISTORY**  
**Shaw, Stealy, Stealy, Evansville, Stealy**, San Diego, CA 22 Jun - 12 Aug 2015  
**Handwork Level II Intern**  

- Completed case for upper extremity injuries, average caseload of 14-16 patients/day
- Responsible for evaluation, creating intervention plan, treatment, and documentation
- Treatment for conditions: stress injuries including: shoulder, elbow and hands; wrist sprains; acute traumatic injury; rehabilitation including: neck, shoulder, CTS, De Quervain's, elbow fracture, radius fracture, trigger finger release
- Performed splinting, post-operative second care, and applied modalities including: ultrasound, iontophoresis, TENS
- Trained in manual therapy techniques including soft tissue mobilization, myofascial release, joint mobilization and traction
- Familiar with Workers Comp, PPD, MRO, and ACA documentation and billing requirements via electronic and paper

**Navy Medical Center, Occupational Therapy Dept**, San Diego, CA 8 Jun - 19 Jun 16  
**Handwork Level II Intern**  

- Completed upper extremity rehabilitation at Miramar Air Station & Navy Med Ctr, San Diego
- Responsible for evaluation, treatment, and documentation for splained patients
- Care for Post-operative repair: fractures, avulsion, avulsion-related injuries, complex traumatic injuries, post-orthopedic surgery rehabilitation
- Splinting & post-surgical protocols in close collaboration with orthopedic dept.

**Tri-City Medical Center**, Vista, CA 16 Feb - 8 May 2015  
**Handwork Level II Intern**  

- Skilled in acute care, acute rehab unit, med surgical, and outpatient pediatrics
- Proficient in patient and post-operative care of orthopedic, hand/wrist and elbow
- Proficient in risk assessments & requirements as well as Tri-City's approach of care
- Demonstrated reliability, consistency, and client-oriented care during "rehabilitation of care"
- Consistently received positive feedback from patients, medical staff, and supervisors
- Completed two home assessments and assisted on one recreational therapy outing

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Pick One: I find that "professional summary" and "summary of qualifications" overlap and ultimately it is essential that you utilize this section only if you have info that will help you stand out.

Since this candidate was a "new grad," I would have preferred if she had her "degree" highlighted above her fieldwork, but I do find many candidates highlight where they went to school at the bottom of the resume.

**RELEVANT EDUCATION, TRAINING AND VOLUNTEERING**

Occupational Therapy, Registered  
**National Board for Certification in Occupational Therapy** 11 Nov 2016

University of St. Augustine, San Marcos  
**Master of Occupational Therapy** 16 Aug 2016

BLS from Advanced Medical Certification  
**CPR and First Aid Certified** Nov 2016

VA Hospital, La Jolla, CA  
**Volunteer at Outpatient Hand Clinic** May 2014-Feb 2016

Colorado State University, Ft Collins  
**B.S., Biology** 2012

Front Range Community College, Ft Collins, CO  
**Certified Nurse Aide Course** Nov 2012

Oriskany Hospital, Occupational Therapy Dept., Englewood, CO  
**Volunteer for TBI, Spinal Injury, Assistive Tech, & Wheelchair Mobility** Jan 2012-Aug 2012

Evercare Hospice, Colorado Springs, CO  
**Hospice Volunteer** Jun 2010-Sep 2011

Stella's Hospice Rehab Unit, Great Falls, MT  
**PT Therapy Volunteer** 2004-2006

University of California, Riverside  
**B.S., Neuroscience**  
**Somatosensory Neuroplasticity Research, Psychology Dept** Mar 2003

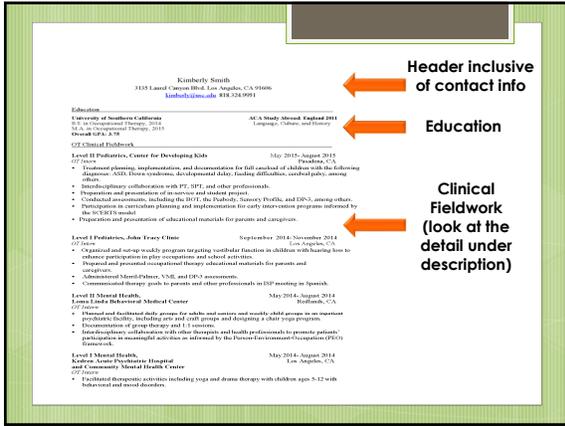
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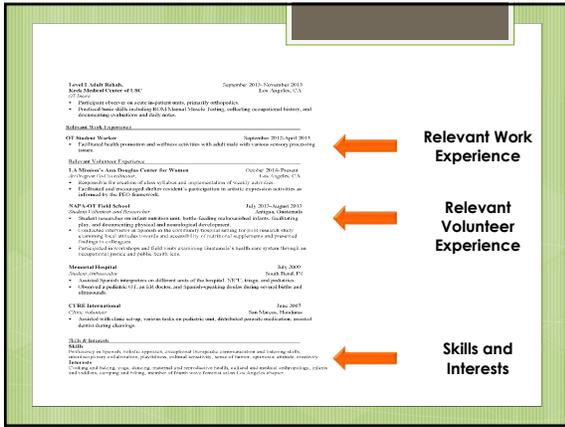
This candidate put all of their education, training and volunteering under one section. I personally find it is more effective when education and volunteer experience is separated.

Please note: Everything that is detailed in this section is relevant.

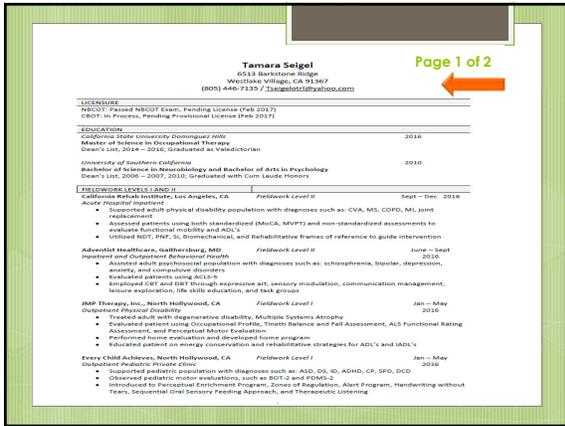




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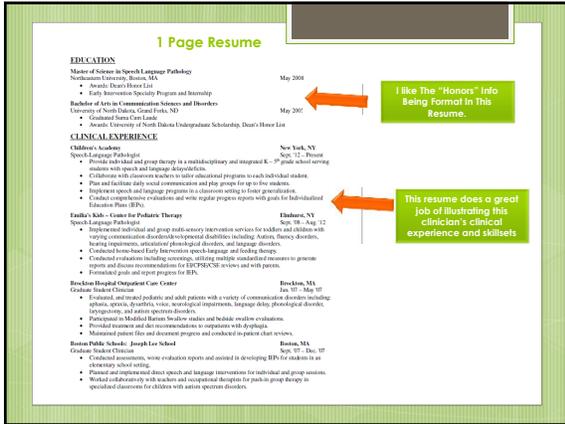


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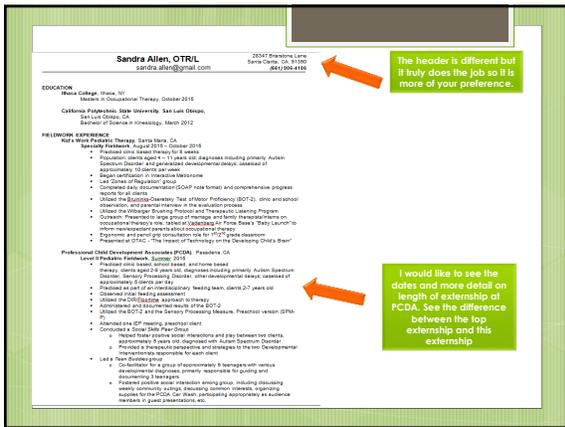


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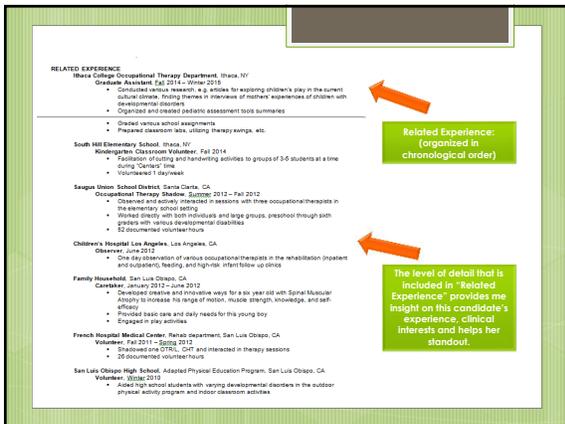




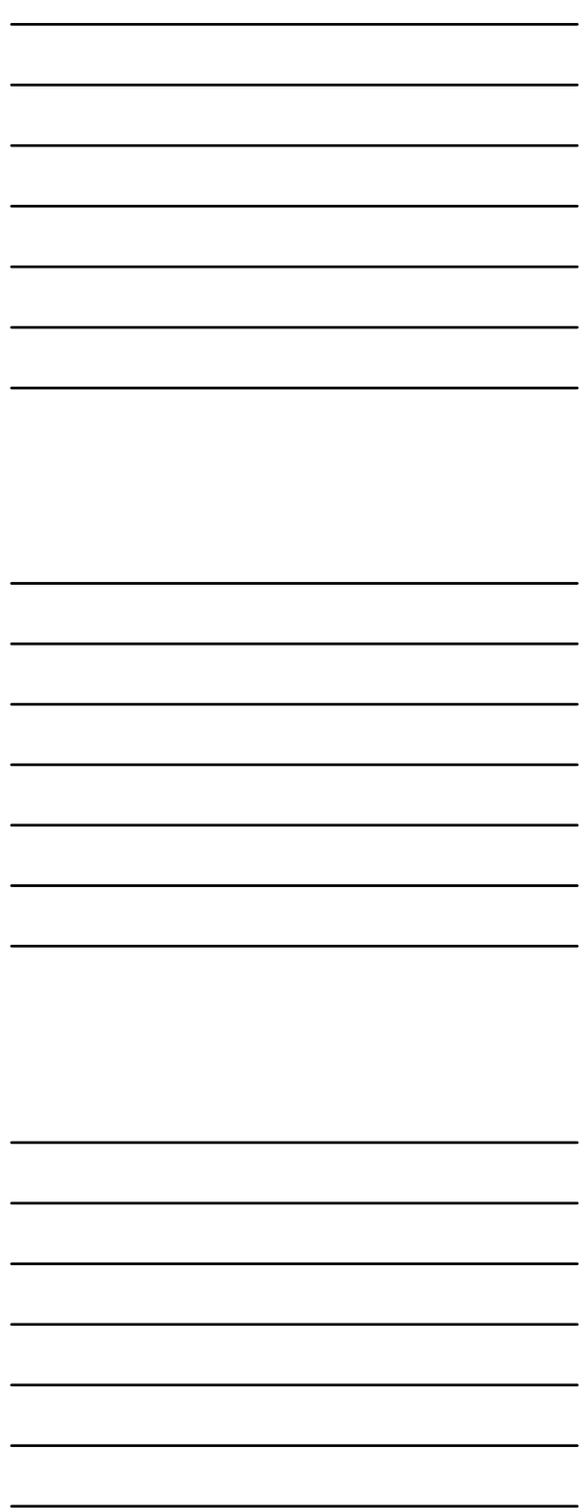
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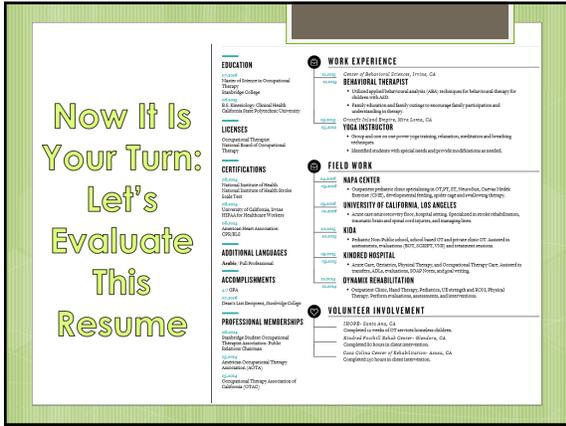


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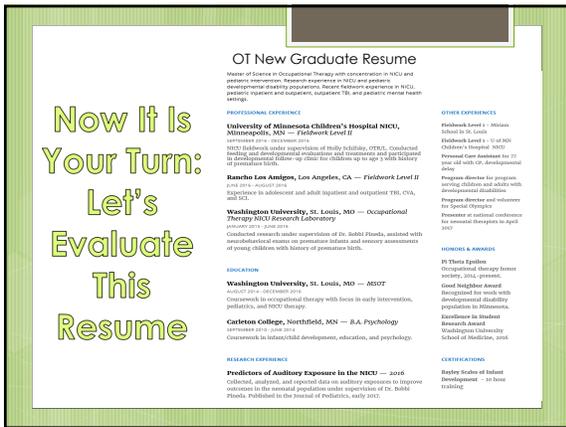


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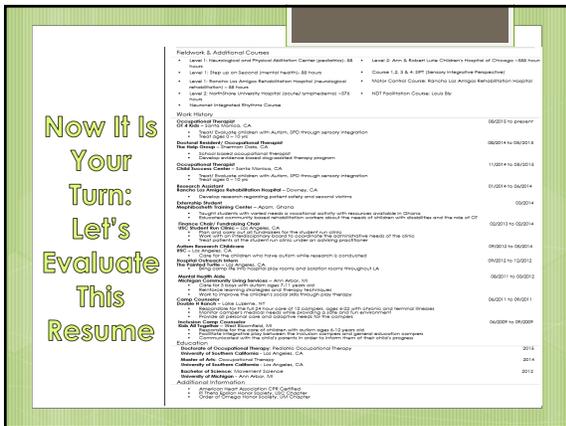




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## RESUME TRANSFORMATION

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## Purpose Of A Cover Letter:

- Cover letters are essential to a "hiring manager in the people business" because they allow hiring managers to see your general communication skills and gives the hiring manager a glimpse into what attracts you to the position.
- Cover letters should be personalized to each company. Please note that "cookie-cutter cover letters" are pointless; therefore, personalize everything!
- Communication is one of the most important things that I look at when hiring new clinicians.

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## Brandon's Cover Letter Preferences:

- Cover letter should be personally addressed to the direct hiring manager.
- Cover letter should illustrate that you have knowledge of the company and the position.
- Cover letter should express 2-3 qualifications that make you the right fit for the position, and it should be linked to qualifications that are outlined in the job description/job post.
- Cover letter should share a little bit about you and your passion for why you came into this field.
- Cover letter should always ask for the opportunity to meet and discuss your qualifications and the position in more detail.

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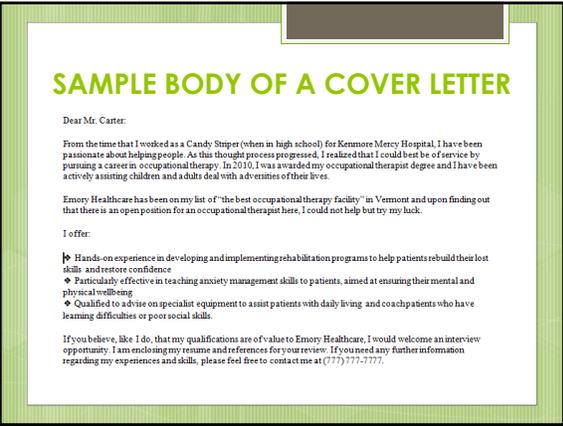
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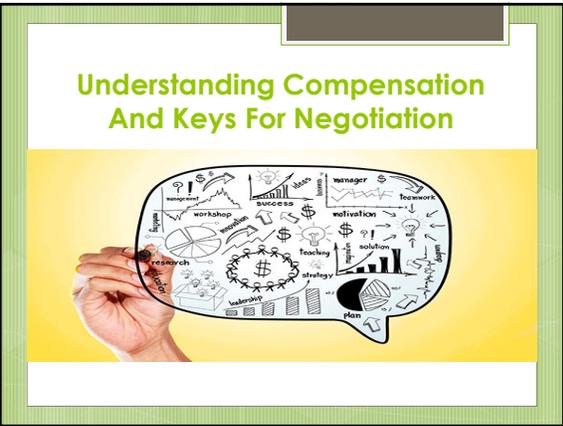
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### Benefit Packages May Include:

- Salary or Hourly Compensation
- Medical Benefits
- Dental Benefits
- Vision Benefits
- Vacation
- Sick
- Holidays
- 401 (K)
- Continuing Education
- FMLA Benefits
- Work Culture

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### What Is Negotiable?

- Salary - possible
- "Sign On Bonus" - possible
- Medical Benefits - non-negotiable
- Vacation / Sick - non-negotiable
- Continuing Education - possible
- Incentive Programs - possible
- Loan Forgiveness - possible
- Flexible Hours - possible
- Other Benefits?

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### Keys To Negotiation Of Your Compensation:

- Strategize your priorities:
  - Compensation, Benefits, Mentorship, Clinical Setting, Continuing Education, Etc.
- Research, Research, Research (Survey real life Occupational Therapists)
- Understand the company's fiscal situation (funding source, etc.)
- Make your value proposition!

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### Important Qualities For Occupational Therapists:

According to the U.S. Bureau of Labor Statistics, it is essential that Occupational Therapists have the following important qualities:

- Communication Skills
- Compassion
- Flexibility
- Interpersonal Skills
- Patience
- Writing Skills
- Ethics (Brandon's addition)



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Data Source: <http://www.bls.gov/oes/current/oes291122.htm#st>

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### Preparing For The Interview Process:




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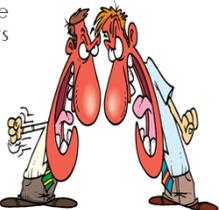
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### Understanding Hiring Managers:

Generally speaking, there are two types of hiring managers in today's healthcare environment:

- "Number's Business" Hiring Manager
- "People Person Business" Hiring Manager




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**Communication Does Matter:  
Take Time With Your Email Communication!**

Some of my sample questions I email to potential candidates before scheduling an interview:

- Are you seeking positions as a W-2 employee? (I noticed that you are currently operating as an independent Contractor and find it is very different than W-2 employment)
- Are you looking for part-time or full-time employment?
- How many billable treatment visits per week are you seeking?
- What attracted you to this position?
- Are you currently working for any other early intervention providers?
- Are you open interested in making an 18-month commitment to an employer if offer the position?
- What cities are you interested in covering?
- What is your desired compensation?
- What is your availability for a phone interview next week?
- What electronic medical record systems have you utilized previously?

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**Communication Does Matter:  
Take Time With Your Email Communication!  
Example Of Real Life Poor Email Response**

both w2 and 1099 I do.  
yes to all.  
enjoy being out and about as opposed to just sitting behind a desk.  
yes, LT fine.  
familiar with welligent, seis, windows 10 etc.  
can phone interview this week.  
are you an SLP also?

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**Now Check This Response Out:**

1) I was attracted to this position because I have a great deal of experience with the 0-3 population and throughout all of my volunteer, work, and fieldwork/clinical positions, my favorite part of each placement has been coaching and providing education to caregivers. I was drawn to OT after being the nanny for a family with an infant with developmental delays who ended up being diagnosed with autism, and her in-home therapists really resonated with me in terms of their collaboration with the family/caregivers and client-centered vision for the child's progress. In terms of professional goals, I am very interested in the SMC certification and have a background in neonatal therapy (in a NICU), so I really enjoy working with infants on feeding and swallowing. I am presenting at a national neonatal therapy conference in April on caregiver education for preterm and medically fragile infants, and I hope to continue to be involved in the presenting/conference realm in the coming years. My main immediate goal, however, is to develop a strong clinical foundation in a setting such as early intervention and remain in that position for several years to grow as a therapist.

2) My clinical fieldwork experiences were at Rancho Los Amigos (inpatient and outpatient rehab) and in a NICU, but as I mentioned above, I have extensive experience working with families in their homes—this is what drew me to the field of OT. I greatly enjoyed both of my clinical experiences, but found myself frustrated when discharging clients home where I knew they were going to need a great deal of continued support. In-home therapy is where I feel like as therapists we can provide the greatest "real-world" support to our clients.

3) I have more experience with infants under the age of 12 months than I do with any other population. My NICU fieldwork was an intensive experience where I worked with premature and medically fragile infants (and referred almost all of these infants to early intervention in-home services). I also have been a nanny for several families and understand the "real life" challenges, routines, and development that happens in a baby's first 12 months from the perspective of the whole family.

4) As I mentioned above, whatever job I start as a new graduate, I hope to stay in for at least 2-3 years to gain a strong clinical foundation in that particular setting. I recognize that I will still be developing my clinical skills throughout my first year (and years) and want to capitalize on that learning by remaining in a relatively consistent position.

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**Stand Out:  
Make an Everlasting Impression!**

- Dress to impress (please do not show up in scrubs).
- Shake hands and look people in the eye.
- Send a thank you note to anyone that you meet (handwritten letters make a huge impression).
- Communicate clearly with passion to show your interest in the company and the position. Respond in a timely manner.
- Express your professional goals so that a company knows what you are trying to accomplish and how the position aligns with your goals.



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**The Secret Sauce:  
Bring A Clinical Portfolio  
To Your Interview**



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### AOTA Tips On Interviewing:

- o Do your homework about the program/facility:
  - o Who owns it?
  - o What type of clients do they service?
  - o Have they been in the news lately?
  - o What kind of programs do they have and are there any specialty programs?
  - o What are they best known for and are there any centers of excellence?
  - o What is their payment structure and who is their primary funder?
- o Arrive at least 10 to 15 minutes early for your appointment. Make sure you have directions to the organization and allow time for traffic.
- o Come to the interview alone. Do not bring a family member or significant other to the interview.
- o Dress professionally and somewhat conservatively, but be true to your personality.
- o Be polite to everyone you encounter. Acknowledge everyone with a smile and greeting.
- o Do not chew gum.
- o Turn off your cell phone.
- o Bring a pen to complete paperwork.
- o Bring extra copies of your resume in a folder.

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### AOTA Tips On Interviewing Continued:

- o Have a list of questions prepared to ask the interviewer(s):
  - o Workload/caseload
  - o Supervision
  - o Team members
  - o Performance review process
  - o Continuing education opportunities
  - o Professional Association duties
  - o Clinical ladder and opportunities for advancement
  - o Opportunity to work with students
  - o In-services offered
  - o Mentorship opportunities
  - o Opportunities to work with other team members
- o Do not ask about salary in the first interview. Be prepared to give a salary range if asked.
- o Be yourself. Remember, you are interviewing them too.

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### AOTA Common Interview Questions

- o Tell me about your fieldwork experiences. What were the settings, what types of clients did you service, what were the assignments you had, and what did a typical day look like towards the end of your rotations? What kind of caseload or workload were you carrying at the end of the rotations?
- o What type of feedback did you receive from your supervisors about your documentation?
- o What interests you most about our program/facility? What interests you most about this position?
- o What strengths or special skills will you bring to this position? In what areas will you need support and further learning?
- o What type of supervision fits your personal style the best?
- o Do you have a professional development plan? Where do you see yourself in 5 years?
- o What type of volunteer organizations do you participate in?
- o Have you sat for the NBCOT exam?
- o Tell me about a situation during your fieldwork where you felt most proud to be an occupational therapy practitioner.
- o Tell me why you went into occupational therapy.
- o Tell me your definition of occupational therapy.
- o Tell me about a situation where you needed to advocate for occupational therapy. What did you say?
- o What do you see as your greatest weakness? How do you compensate for this?
- o Do you have any questions?

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### Brandon's Conclusion For Part 1:

- We have lots of factors influencing our industry and job market.
- It is essential to go the extra mile in doing proper research, preparation and make an everlasting impression!
- We are in the "people business" therefore, we must communicate, connect and create a better tomorrow together! This is truly the "Therapist X Factor"



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Data Source: Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2017-17 Edition, Physical Therapist Assistants and Aides, on the Internet at <http://www.bls.gov/ooh/healthcare/physical-therapist-assistants-and-aides.htm> [visited August 29, 2018].

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 UXC Professional Solutions, 2015: [www.uxcps.com.au](http://www.uxcps.com.au)

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### Brandon's Contact Info

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 Direct Office Phone: (818) 850-1382  
 Website: [www.wellnessworksmmp.com](http://www.wellnessworksmmp.com) / [www.everychildachieves.com](http://www.everychildachieves.com)  
 Headquarters: North Hollywood, CA  
 Additional Office Location: Austin, TX & Madison, WI



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### Learning Objectives Part 2: Mastering Your Soft Skills As A Clinician

- Define the value of communication in today's environment
- Identify the difference between empathy and sympathy and the relationship to patient care and bedside manner
- Identify most common communication barriers as an Occupational Therapist
- Understanding the impact that technology has on communication and how to protect your licensure
- Strategize the key principles for keeping your foot out of your mouth



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### Eat, Sleep, & Breathe The Art Of Communication

- Father is an author and professor. He wrote the book that much of this workshop is based on.
- The book is "The Mouth Trap" by Gary Seigel, PHD



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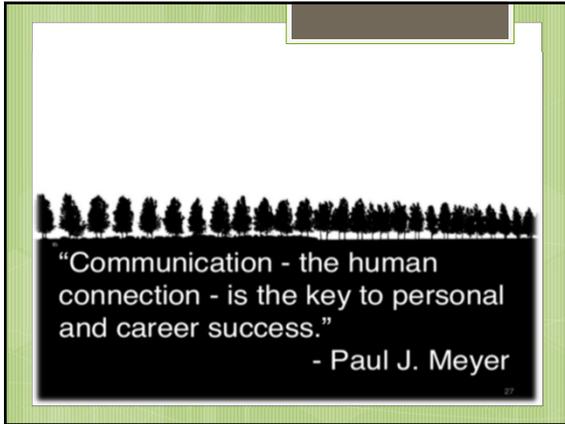
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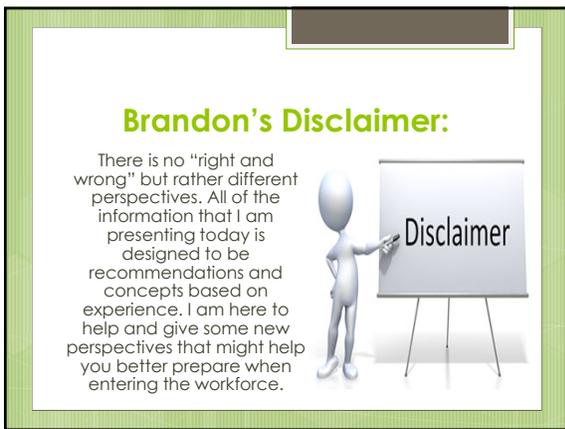
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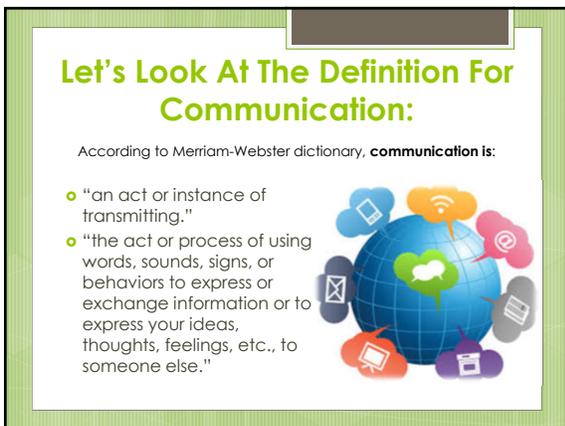
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### Communication In Today's Environment:

- o **Verbal:**
  - o We converse with patients, colleagues, caregivers
  - o Common "mouth trap examples" – phone calls where surrounding environment overhears a poor communication.
- o **Written:**
  - o Patient Documentation (EMR, Word Documents, Patient Handouts, etc.)
  - o Email correspondence
  - o Text message correspondence
  - o Social Media correspondence (therapist unhappy with work)
    - o Facebook
    - o Twitter
    - o Linked In
  - o Common "mouth trap examples" – people read into written communication and determine intentions based on their tone, self-esteem, communication style and personality.
- o **Nonverbal:**
  - o Body language
  - o Appearance (clothing, personal hygiene, etc.)
  - o Pictures (Social Media) – drinking pic, etc.
  - o Common "mouth trap examples" – pictures that don't represent professional conduct

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### Repercussions Related To Poor Communication:

- o Repercussions related to poor communication
- o Loss of trust (client may lose trust, colleague may not trust you)
- o Loss of "buy in" from patients
- o Loss of reputation
- o Legal repercussions (HIPAA, liability, etc.)
- o Loss of employment or clients




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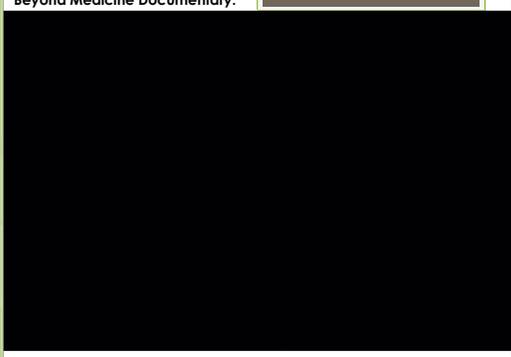
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**Beyond Medicine Documentary:**




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### Empathy Vs. Sympathy: The Clinician's Dilemma

 <b>Empathy</b> Experiencing the feelings of another You have similar personal experiences Emotion	 <b>Sympathy</b> Understanding the suffering of another You acknowledge another's circumstances Recognition
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### Examples of Empathy Vs. Sympathy

Empathy vs. Sympathy

- **Sympathy:** I am sorry for your loss. What can I do to help you during this difficult time?
- **Empathy:** I feel and understand your pain; my grandmother passed away last year as well.
- **Sympathy:** A doctor may feel sympathy and understands a patient's illness and try to alleviate the pain, but she may not feel his/her distress and pain.
- **Empathy:** A cancer support group can empathize with the radiation therapy of a member and understand his/her fear because they have experienced the procedure as well.

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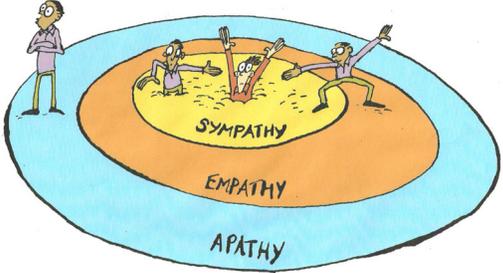
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### What Do You Think? When Do We Show Empathy vs. Sympathy?



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### Most Common Communication Barriers As An Occupational Therapist:

- o Clinical colleague has a conflicting perspective, reality or viewpoint.
- o Clinical colleague undermines your clinical viewpoint to the patient.
- o Patient or caregiver is in denial or will not accept your communication.
- o Communication is not clear or timely.
- o Communication tone creates friction. (Dementor impacting tone)
- o Communication is not genuine.
- o Therapist's communication is inappropriate, and data is detailed in patient's chart due to the naivety of clinician.

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### The Role That Technology Has On Your Communication:

- o When you communicate via "technology," then your communication is truly never deleted. (HIPAA/Privacy Concerns)
- o Technology has changed the way that we communicate. (Twitter, Snap Chat, Facebook, email, cell phones, Skype, etc.)



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### Understanding Conflict:

- o Conflict happens everywhere:
  - o **Home** (Family, Kids, Siblings, etc.)
  - o **Work** (Co-workers, Bosses patients, caregivers, etc.)
  - o **Social Media** (Facebook, Twitter, etc.)

**CONFLICT IS NATURAL**

- o Reasons for conflict are:
  - o **Miscommunication**
  - o **Different Perspectives / Opinions**
  - o **Different Objectives**



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## Conflict Resolution: How Do We Make The Best Of These Situations?

- We must be more aware:
  - Understand that everyone is different (respect each other's differences).
  - Understand that there is a pattern to how most people handle conflict. "Conflict Resolution Style"
    - The tool: Thomas-Kilmann Conflict Mode Instrument (TKI) assesses an individual's behavior in conflict situations.
      - In conflict situations, we can describe a person's behavior along two basic dimensions:
        1. **Assertiveness:** the extent to which the individual attempts to satisfy his or her own concerns
        2. **Cooperativeness:** the extent to which the individual attempts to satisfy the other person's concerns
  - It is important to know your conflict resolution style!

<https://www.ccp.com/pdfs/amp248248.pdf>

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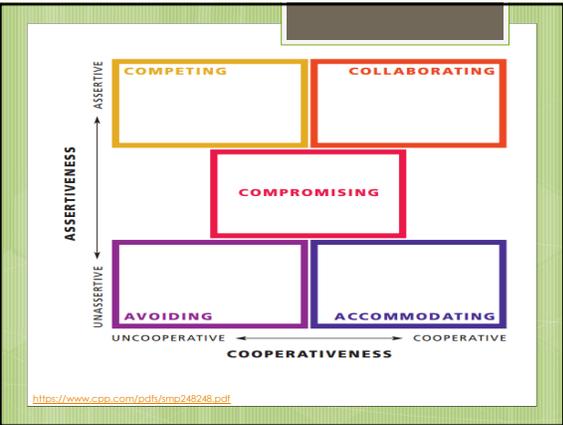
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**COMPETING**  
Competing is assertive and uncooperative, a power-oriented mode. When competing, an individual pursues his or her own concerns at the other person's expense, using whatever power seems appropriate to win his or her position. Competing might mean standing up for your rights, defending a position you believe is correct, or simply trying to win.

**COLLABORATING**  
Collaborating is both assertive and cooperative. When collaborating, an individual attempts to work with the other person to find a solution that fully satisfies the concerns of both. It involves digging into an issue to identify the underlying concerns of the two individuals and to find an alternative that meets both sets of concerns. Collaborating between two persons might take the form of exploring a disagreement to learn from each other's insights, resolving some condition that would otherwise have them competing for resources, or confronting and trying to find a creative solution to an interpersonal problem.

**COMPROMISING**  
Compromising is intermediate in both assertiveness and cooperativeness. When compromising, an individual has the objective of finding an expedient, mutually acceptable solution that partially satisfies both parties. Compromising falls on a middle ground between competing and accommodating, giving up more than competing but less than accommodating. Likewise, it addresses an issue more directly than avoiding but doesn't explore it in as much depth as collaborating. Compromising might mean splitting the difference, exchanging concessions, or seeking a quick, middle-ground position.

**AVOIDING**  
Avoiding is unassertive and uncooperative. When avoiding, an individual does not immediately pursue his or her own concerns or those of the other person. He or she does not address the conflict. Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation.

**ACCOMMODATING**  
Accommodating is unassertive and cooperative—the opposite of competing. When accommodating, an individual neglects his or her own concerns to satisfy the concerns of the other person; there is an element of self-sacrifice in this mode. Accommodating might take the form of selfless generosity or charity, obeying another person's order when you would prefer not to, or yielding to another's point of view.

<https://www.ccp.com/pdfs/amp248248.pdf>

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## Strategies For Keeping Your Foot Out Of Your Mouth:




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## Decide What You Want Before Opening Your Mouth:

- o Four components to keep in mind:
  1. **Whom am I talking to?** (patients, caregivers, colleagues, etc.)
  2. **What don't I know?** (Is my reality different than them?)
  3. **What outcomes do I want?** (What is the goal of my communication?)
    - o Jack Canfield's "The Success Principles" introduces the formula, "E+R=O." The "E" stands for an event, "R" stands for the response, and the "O" stands for the outcome. Events happen, and it's our response to them that determines the resulting outcome.
    - o Jack wants to burn his bridge and tell his boss off. That is one outcome.
    - o Jack wants to keep his job, thank his boss for recognizing the problem, and perhaps see what he can do to help solve misunderstandings at work. Second Outcome.
  4. **What's the right thing to say?** (Define the "PC" way to handle the situation)

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## Don't Listen To The Voices In Your Head:

- o **We self-sabotage ourselves:**
  - o We have a choice: we can let defeat get to us and imagine the worst, or send our brains a clear, positive thought, signaling the path to success.
  - o Be careful of the Dementor!
    - o Do you remember the Dementors in "Harry Potter"?
    - o Dementors feed upon human happiness. The Dementors fuel the fire of conflict. The Dementors put false assumptions and situations in your head. (Ex. I bet they are talking about me right now.)



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### Press The Delete Button:

- Remember self-sabotage: are you allowing these thoughts to seep into your conversation and speech patterns? Get rid of any "dementor language" seeping into your head!
- Take a break, clear your head, and visualize the outcome.
- Taking a breather is an obvious alternative to speaking too soon, especially in emotional situations.



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### Thoughts Create Feelings & Feelings Create The Behavior

- Have you ever misinterpreted an email or text message?**
  - Our mood or tone can impact how we interpret written communication.
  - Ex. Text message:
    - Therapist: "I am so sorry, but I will be 5 minutes late"
    - Patient's reply: "fine"
- Positivity wins out!**
  - Affirmations
  - Create visualizations
  - Act the part (I am changing the world)
  - See it, believe it, and make it go right. (Ex. Jerry Maguire)



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### Understanding The Role That "Listening" Plays In Communication:

- Reasons for a "listener" getting lost in communication with you:**
  - They have a misunderstanding (You might have utilized terminology that they are not familiar with. I.E. neuroblastoma, dysphasia, etc.)
  - They are not engaged. (read your public – are their eyes glassy, are they looking at their phone, etc.)
  - They interrupt you before you complete your communication.
  - The communication is too long. (Ex. Johnny the Plumber story)



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### Creating Messages That Grab The Listener's Attention:

1. Keep it simple
2. Include the unexpected
3. Use concrete words and images
4. Make it credible
5. Incorporate emotion
6. Use little miniature stories



Creating memorable messages means turning our thoughts and feelings into spoken words that listeners can understand and appreciate. This is so essential when communicating with patients, caregivers, colleagues, etc.

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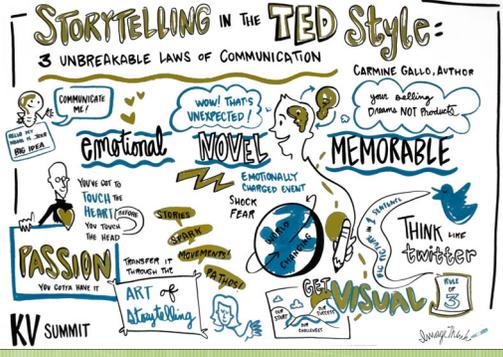
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### STORYTELLING IN THE TED Style:

3 UNBREAKABLE LAWS OF COMMUNICATION

CARMINE GALLO, AUTHOR




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### “Engaging The Listener” Example

- o A gentleman gets asked on a plane what he does. Let's say he is a geophysicist.
- o Here could be an engaging communication:
  - o “I help communities find healthy drinking water so they can survive in a world where healthy drinking water is scarce. In fact, we may run out of water in our lifetime.”




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### Discourage Vs. Empower

- Definitions According To Merriam-Webster:
  - **Discourage:** "to make (something) less likely to happen."
  - **Empower:** "to give power to" (a person.)
- One of the most common mistakes we (as a society) make is we correct others subconsciously in a "discouraging" way vs. "empowering" way.
- Example: Patient shows up 30 minutes late to our therapy visit. (Let's role play)




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### Real Life Scenario:

- I have an Occupational Therapist who has 10 years of pediatric experience and is overly confident in her skill set. One of her weaknesses is she takes no responsibility when there is a complaint from a patient. She averages about a complaint a month, which is the highest average within a workforce of 100 therapists.
  - Every month when I receive a complaint, my "demonator" voice in my head brings up the following questions to myself:
    - Is this therapist incompetent?
    - How is she averaging an upset patient every month?
    - She takes no responsibility; therefore, she must not care about her job or her patients.
  - Here is a sample of what my conversation would be with this therapist if I reacted to the emotion / "voices in my head."

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### Real Life Scenario Continued:

- If I ignore the "demonator" voice in my head, and pay attention to the "empowerment superhero" then this is how I would handle the situation:
  1. Take a breath and calm down.
  2. Gather facts related to all of the incidents in the past year.
  3. Try to put myself in the shoes of the therapist / understand the perspective and personality.
  4. Identify the outcome that I am seeking. I want her to grow, learn, and reduce number of upset families.
- In my communication with her, my approach will be as follows:
  1. Acknowledge her. (show that I recognize the positive actions that she is doing.)
  2. Address the situation and gathered facts
  3. Express the desired outcome and how it will benefit both the therapist and the company.
  4. Solicit her feedback and strategies in order to create "buy in."
  5. Offer support and ask for follow up meeting (accountability).

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### Strategies For Handling Challenging Personalities:

- o **Un-hook.** (activities like going to the gym, watching a movie, playing with your dog, etc.)
- o **Find out their story first.** (Perhaps, there is more to the story than you know.)
- o **Acknowledge their perspective by embracing the resistance.** (I can understand your concern and frustration...)
- o **Acknowledge viewpoint, but also bring up objections.** (Can I share another way to look at this?)
- o **Use alpha breathing.** (Breathe in through the mouth, out through the nose.)
- o **Choose appropriate time.** (Ensure that you can to speak clearly)
- o **Select your words wisely.**
- o **Speak in very specific, non-punishing terms while you share your story.**
- o **Detach. Don't take it personally. Refer to or set boundaries that are clear and specific.**



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### First Impressions Are Everything:

- o Maybe you didn't say a word, but your **body language** gave you away!
- o Examples of body language communication:
  - o You are telling me about your day, and I am focused on my phone. (I might say that I am listening, but I am not engaged.)
  - o I show up to work, and my hair is not brushed, and my outfit does not match (This communicates as though I am not prepared. Dress to Impress)
  - o You come to the waiting room and greet me and say hello, but I just give you a "nod."
  - o My elbows are crossed over my chest
  - o My leg bounces the entire time while we speak
  - o Show up to first appointment late (sign of disrespect)

**Solution: Be present and aware. (know your tendencies, know your perceptions, prepare.)**

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### Sensitivity To Diversity Is Essential In Today's Clinical Environment:

- o Here are some important steps to keep in mind:
  - o **Your words are important.** Keep track of every one of them
  - o **If you are a joke teller, do it on stage with your friends.** Don't tell them at work. After all, the jokes you tell are a reflection of who you are
  - o **Avoid letting the stupid switch take over.** Never assume. Look into material first before it is presented at work. Develop a healthy sense of doubt.
  - o **Become a person of class. Be a good role model.** Great professionalism that we see in great leaders often leads to financial, emotional, and professional success.
  - o **No jokes are truly private at work.** Refrain from sharing any kind of humor that could be heard, seen, re-counted, or re-sorted by someone at work. You don't want your humor to haunt you.
  - o **Be a change agent.** says Shoshana Brower, diversity expert. "Speak up if someone makes offensive jokes or comments. Remember what you permit, you promote. If you don't step up to the plate publicly or privately and let others know their humor is offside, then, in essence, you become part of the problem."



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### Road Rage On The Computer: How To Create Engaging Emails:

- Tips to be aware of:
  - Be aware of the company "electronic communication policy."
  - Plan and organize your thoughts before you type the email.
  - Create an easy-to-find core message. (Don't put your readers on a hunt.)
    - MADE Formula (Diana Booher's book E-Writing)
      - Message Up-front (make it easy for your reader)
      - Action Statement (tells the reader what you want)
      - Details (include any details you feel are important)
      - Evidence (refers typically to attachments that you include in an email)
  - Proofread
  - Utilize an effective software (Grammarly App)
  - If you deliver bad news, send it quickly (try not to email bad news but if you have to then present it right away in your email)
  - QTIP – Quit Taking It Personal (take responsibility but don't take it personal)



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### How To Recover After You Put Your Foot In Your Mouth:

- Action Steps for Making The Apology:
  - Take responsibility for your action and delineate the issues
  - Choose the right time to make your apology
  - Repair the situations by offering to change your behavior or seek a solution
  - Listen to the other person's explanation
  - Speak clearly and concisely, using "I" statements
  - Allow your body language to match the sincerity of your words
  - Believe in the power of the thought behind the apology and the impact will be greater



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### How To Recover After You Put Your Foot In Your Mouth:

- Action Steps for Receiving An Apology:
  - When receiving an apology, don't placate the person with "forget about it" or "it's no big deal." Deal directly with it. Be honest.
  - Once the apology has been offered, don't keep reminding the person of the mistake he or she made. Don't be a guilt-maker
  - Stay on topic. Don't veer onto other issues that weren't resolved.
  - Embrace forgiveness.
  - Say "Thank you," and show genuine appreciation.



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### Brandon's Conclusion:

- Our communication impacts our patient's outcomes, our relationships and collaboration with colleagues, and our effectiveness in establishing ourselves as a professional.
- It is essential to utilize a "measure twice and cut once" mentality when crafting your communication strategies.
- Reminder: Although your communication may be forgiven, it never goes away! Don't let your communication come back to haunt you! Protect yourself from common "MOUTH TRAPS."



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