Central Line: The AAHA Podcast Transcript

Episode Title: Gems from the Guidelines: A Team Approach to Proactive Pain Management
Guest: Alison Gottlieb, CVT, VTS (ECC)

0:00:00.6 Speaker 1: Welcome to Central Line, the AAHA podcast. This is the official Podcast of the American Animal Hospital Association, dedicated to simplifying the journey towards excellence in veterinarian medicine, for every member of the veterinary team. Here's your host, Dr. Katie Berlin.

0:00:22.7 Dr. Katie Berlin: Hi, thanks for joining us on the Central Line. I'm Katie Berlin, I'm your host, and I am here today with Allison Gottlieb, certified veterinary technician and veterinary technician specialist in Emergency Critical Care. Welcome to Central Line.

0:00:38.0 Allison Gottlieb: Thank you, thank you so much for having me, it's an honor to be here.

0:00:42.0 KB: It's wonderful to have you. And Ali, I was wondering if maybe you could just start off by telling us a little bit about yourself and what it is that you do.

0:00:48.4 AG: Absolutely, I am vet nurse, I started in the '90s at a cat hospital, and where my love for all things cat started, and...

0:01:00.1 KB: Couldn't tell that. [chuckle]

0:01:01.2 AG: And continued. Yeah, and definitely, my heart meows is what I always say.

0:01:09.0 KB: Love it, love it.

0:01:10.9 AG: And I had the fortune to meet some really great people who fostered my passion and education, and I got my VTS in the year 2000, so it's been a little while. I've worked in several emergency hospitals and referral centers, and for 15 years, myself and another VTS in emergency and critical care had a consulting business called Fur Paws Consulting, where we kind of went into different clinics and taught, and we did everything from trap neuter return to critical care for a long time, and met a lot of great people. And then we went to several clinics and became education coordinators together, she did more of the management side, I did more the education side. And recently I just started a new job at a hybrid practice, so it's general practice and emergency referral in my area, which is really exciting doing education for them. So I'm learning a lot too. Which is great.

0:02:13.0 KB: That's such a fantastic thing about this profession, 'cause you can just keep learning even after... You got your VTS in 2000, and I love hearing that you're still learning.

0:02:13.0 AG: Oh my God, every day. It's amazing, amazing.

0:02:42.0 KB: Yeah, I always think... You and I have had a lot of different jobs. [chuckle] I feel like that's starting to become a common theme that people have taken on different roles within the profession, which I also love so much. There's so many ways to be involved in Vet Med. But what is one thing that you love most about what you're doing right now?
AG: There are two things I would have to say. Number one is patient care, I love it. Some people don't wanna be on the floor, I need to be on the floor. I need to feed cats and give them catnip, and then the other's education and being able to pass what I was fortunate enough to learn and watching people get it. There's something about watching somebody really get it, that helps me sleep at night. So those are my, I think, two favorite things.

KB: I love that two different things, but obviously, can't have one without the other.

AG: Exactly.

KB: One of the reasons that you're joining us today is because the pain management guidelines, the AAHA pain management guidelines just came out, the updated ones for 2022. And super excited about that because pain management is a favorite topic of mine too. I've always been really interested in it. I was an anesthesia nerd in vet school, and I was the only one ever who did my senior seminar talk on anesthesia and pain management, so it's a favorite topic of mine. But I know you're very passionate about it too, and you are actually a member of the task force for this... For these guidelines. And I was wondering if you could tell us just a little bit about what that means to be on a task force for an AAHA guidelines.

AG: Well, first of all, it was one of the greatest honors of my life. I literally spent three days on Zoom with my heroes of veterinary medicine. People who literally wrote the book and who I quoted my whole life, it was kind of awe inspiring for me. But it was also... Really what was so great for me was that technician standpoint was so honored and respected...

KB: Oh, I love that.

AG: It was amazing. I kept getting like, "Ally, what do you think?" And as a tech from the '90s, not a lot of people ask that question, so it was really collaborative, and just an honor to be a part of it. And I love AAHA guidelines for everything. I'm a big... As an educator, I use them for everything. And so to be a part of this one in particular was really just almost a dream come true.

KB: I love to hear that, and it's kind of ridiculous, isn't it? That you say as a tech from the '90s, people don't ask your opinion a lot, I feel like of all the people whose opinions matter, it's somebody who's been a technician since the '90s. [laughter] You have seen some stuff, and you... I know in my first practice out of school, the technicians carried me. And this was in New York, all of the technicians were licensed techs, and they could run that place, they did run the place. [laughter] And without them, I still wouldn't know how to express anal glands properly. [laughter] They taught me... They had everything all set up for me for my first procedures, they knew so much, you all just are really the backbone of what we do, and I feel like it's so backwards that your opinions sometimes aren't heard and aren't valued. So I love to hear that about the task force.

AG: So valued, amazing valued.

KB: Yeah. That's wonderful. So you're probably super familiar with these guidelines, 'cause I'm sure there was a ton of discussion back and forth as they were getting finalized. From your experience point of view as a credentialed technician, what is one thing that we could be doing differently as a profession in the area of pain management? And I'm sure that's a tough question, but one big thing that comes to mind.
The big thing is to be proactive, not reactive. You, I'm sure agree. We've... We're getting somewhere, we've definitely made huge leaps and bounds, but I think we're still kind of in that reactive phase, the lame dog or the aggressive cat, and I think we really need to look at this as a life-long from the time their puppies and kittens, education kind of thing, and not react once there is a problem.

Yeah, it's... Unfortunately, pain is kind of a fact of life, so we should be able to see it coming, so that makes so much sense. And that is a big message that I took from these guidelines for sure, is the idea of being proactive about pain, do you feel like this is something that requires more work on the part of the veterinary team or on the veterinary client or both?

Both, absolutely both. I think it starts with the team and client education. And I think that's one area we could work on and... 'Cause we all know if we don't educate them, they get education elsewhere, and some of the elsewhere may not be as reliable, so really important. I also think it's important for us as a team for our morale to help with client education. It's frustrating for us when clients aren't educated, and I think it's a win, win, win, win, win for everybody, and the patients end up getting the benefit.

Absolutely, yeah, I think a lot of times we get frustrated with clients who don't seem to know what's going on, and yet we're their best source of information, and sometimes I think we're just sort of caught in our own bubble and don't realize that, that is an opportunity, versus a barrier to providing the care. So definitely agree with that. These guidelines have so much content, they're so meaty, they have so much in them, and I'm really excited for everybody to read them and get familiar with them too. But as somebody who's super familiar with them, what are some pearls from these guidelines? I just wanna give you sort of open floor to say what you feel like you want people to take away from these above all else.

As a cat person, I must say, feline pain is just neglected for so many reasons. Even as a veterinary community, I don't think we're really aware of how much specifically OA osteoarthritis pain there is in cats. I think as a community, we need to really recognize that. Also feline... Recognizing feline pain is... Can be more difficult than their canine counterparts. So we have to be more creative and really rely on owners for that as well. I also think... Just like everything in Vet Med, I think of CPR, I think of everything. It's a team sport. This is not a veterinarian problem, this is not a technician problem, and this is not an owner problem or a CSR or front desk problem, this is a team sport, and if we work together as a team, this is doable. And these guidelines really help kind of organize that and make it doable. But it's all about the cats for me. [laughter]

Yeah, cats are... They don't make it easy for you, do they?

No, they don't.

But I guess if you ask them, they might say, "Well, I'm screaming at you what I need and you're just not understanding."

Exactly, exactly.
And so really, [chuckle] it's a two-way street there. And I agree, so much, I've had so much education in the last few years in practice. I was working at a fear-free practice and we were really focused on making cats comfortable and it was really eye-opening for me how much I had been missing, I think earlier in my career. They just keep it close to the vest compared to humans, but once you know what they're saying, it's right all out there.

AG: It really is. And taking all of their emotional... I think about a cat I had years ago, his name was George, and he was a bottle baby, but he was a good patient. And he had some urinary issues, I also tend to... Not prefer, but take on the urinary cats.

I feel like we all have a urinary cat. [laughter] We've been here long enough.

Exactly. And once you're feeding the diet, what's one more is always my theory. But George, he didn't start out as a urinary cat, but wound up as one and a diabetic as well, and George was inter-cat aggressive with one particular cat in my house, his name was Waffles, and he was kind of a feral. So he was nervous on a good day, and it was weird because George got along with everyone else except Waffles, he wanted to kill Waffles. And I... [chuckle] I know, I know he was already... And he was twice his size and just terrified. And I did all of the things that... With the pheromones, and meds and separating and introducing and all that, and nothing was helping. And I actually considered re-homing Waffles because I felt so bad, I didn't know how to make this better for him. And George wound up having a full urinary obstruction, and I brought him in, and at that time I did a PU, he had not obstructed previously, but I was traveling a lot and I was worried, and so I did a PU. And the minute I brought George home from the hospital after a surgery, incision, bleeding the whole nine yards, he immediately bonded with Waffles and the two of them were inseparable until the day George died.

Oh my gosh.

This is one of the most profound lessons I've ever learned. And what I learned was that George was uncomfortable and he was taking it out on Waffles, and once his discomfort was alleviated, he was able to bond with Waffles. So what that taught me really was that any behavior in a cat think of it as pain, even before you think of a behavior. I was thinking of it as a behavioral aspect, and it was a pain aspect, and once the pain was alleviated... So that's what I think of when I think of cats and pain is that if they're doing a weird behavior, think about pain, and those kind of things, I think are really life-changing for us and them.

Yeah, yeah. I love that. You should... It's like a legend. You could do like, the ballad of George and Waffles.

Yeah, yeah.

I love that and it's... We've all seen those cats that come in with severe stomatitis or cystitis or something, and then they're a different cat when we pull those teeth and the owners can't believe it either, and I feel like accumulating that... Those stories over years and a career really adds up to... We've been letting cats down, but we also know how to help them, and so we just need to learn to listen a little bit, better. [chuckle]

Exactly.
So that's a fantastic story. I'm gonna remember that, especially 'cause I love the names, George and Waffles.

Yeah, they were good cats.

Yeah, and that also highlights what you were talking about before, which is one of the other big messages that is right front and center in these guidelines, which is the importance of the entire veterinary team and the pet owner being involved in managing pain. Because we can't manage it on our own, and we can't expect pet owners to manage it without us or without knowing that that's what's going on, and there definitely is sometimes, I think, a breakdown in communication, even within the veterinary team about what is going on in terms of pain, and how we can best get ahead of it. One thing that I wanted to ask you about as a technician, you probably are even more dialed into the dynamic, say, between the front office and the back staff than I was as an associate. You probably have seen a lot of different practices and a lot of different dynamics between a front and back.

And I'm doing quotation marks with my fingers because really, we're all there for the same reason, our jobs are a little bit different, but our mission should be the same. But, in so many practices, I've seen that relationship is fractured and there's a big barrier there, and I feel like the front office team doesn't get the same level of exposure and education in terms of pain management and patient comfort. Would you say that you've seen that to be the case as well?

Absolutely, I couldn't agree more. Absolutely, and I can tell you personally, I can't do anything without the front office, so...

Right? God forbid, we should have to do that job as well as the jobs that we were doing. That is the hardest job I...

Absolutely.

Cannot give them enough props for being on those front lines, especially right now, it's very, very difficult right now. But, they're doing this hard job and they're not getting the benefits of being able to interact with the patients, being able to get the education that they need to help better inform clients who are often beating their door down 'cause they're angry or upset or stressed. So how do you think we could do a better job of involving the entire team in pain education and just being aware of what pain looks like?

That's a great question, and it's not easy, but it is doable. There are a couple things that I have seen work. I think finding the right way to communicate in each practice definitely helps. I also think having a pain... What I like to call a pain team is incredibly helpful. People like us who are passionate about pain and relieving pain and recognizing pain and putting them together as a team, and then they can either disseminate information to their counterparts, or they can be kind of in charge of dealing with these painful animals, especially when we're talking about long-term chronic pain patients, these are frequent flyers and they need a lot of care. And I can't do it without the front... Those great people upfront. So having them involved and kind of just picking out these people who are kind of our pain heroes and having them really foster this communication and I found that incredibly helpful. And it's really helpful for the pet owners too, to keep...
communicating with the same people and people that understand their frustrations as well.

0:17:55.0 KB: That makes so much sense. And the idea of a pain team, sort of a team of champions who are really well-versed in pain management and passionate about it, I think that's so interesting because we feel like we have to do it all in this profession, and we all feel that way, I think. And as veterinarians, as technicians, I know that that's the case. We just feel like whatever someone asks us to do, we have to know how to do it, we have to have... Find the time to do it right then, and we have to figure out how to get the appropriate message across to the pet owner, but having a focus team who is really the go-to for that just makes so much sense, and that includes client care representatives, who are really the ones who can get in front of that pain first by asking the right questions and listening to the owners who are upset...

0:18:46.0 AG: And communicating with them and even just watching them in the waiting room, there's a lot of information to be gathered there and...

0:18:53.2 KB: So true.

0:18:54.0 AG: And they're there, they're watching, so, so important to really include them in the education, and if they're passionate about it, even more beneficial to everybody.

0:19:07.3 KB: Yeah. So in practices where there is a pretty significant barrier between the fun office team and the technicians and veterinarians, 'cause we know this is the case and no judgment, a lot of times, geographically, it's just real easy for that to happen, but it can seem like a big leap to suddenly say, Okay, client care team, we're gonna start educating you about pain management, you know? And they're like, Wait, what? We're overwhelmed. What do you think is maybe one actionable step that those practices could take to start involving interested members of the Client Care Team in pain management?

0:19:43.1 AG: Great question. I'm a checklist person. I like a checklist.

0:19:46.3 KB: Oh, yeah. Same.

[laughter]

0:19:48.0 AG: I don't know...

0:19:49.4 KB: So satisfying.

0:19:49.5 AG: Yeah. I don't know if it's my ADD or one, like a checklist, and there are some really great checklists out there for particularly OA pain, and I think that's a really great way to kind of dip your foot in the water and maybe not jump all in, because they're easy, a lot of them have pictures and videos, they can be emailed, they can be filled out in the waiting room. So, I think that's a great way to kind of start getting people involved. And you will see if you use these lists that people... These animals will score differently pre and after treatment has started, and I think anybody is gonna be turned on by that.

0:20:36.4 KB: Yeah, that's a really great point too, is that there are resources out there that exists. We don't have to reinvent the wheel in order to get people more involved in pain awareness and
pain management.

0:20:48.5 AG: Exactly.

0:20:49.7 KB: And what you're talking about, checklists and resources that we can give to clients or direct clients to really is such a key point, because it's one thing to start educating the rest of the team who maybe haven't had the benefit of that education so far, but it seems like quite another thing to have clients become more aware of pain before it's severe, maybe when they weren't even coming in to talk about pain. And the checklists and the resources that exist actually kind of marry the two.

0:21:20.3 AG: Exactly, and it starts the conversation, you know? Even if owners aren't there for pain, they're there for a different reason, they don't even wanna think about other things, it just plants a seed, it gets that conversation started and they'll go home and think about it, and come back and ask about it, which is really nice too.

0:21:40.2 KB: That is great, yes. And some of those resources, I'll just mention now, we have linked to in the guidelines website for this pain management guidelines. So the web address is aaha.org/guidelines, and then if you click on the pain management guidelines, you can get to a page that has a bunch of resources including some of those checklists. So, I definitely highly encourage people to look at those and see what might be right for their practice, 'cause there's so much good stuff out there and we just aren't always aware of it all, so.

0:22:13.0 AG: Yeah.

0:22:15.6 KB: Yeah, fantastic. So, I wanted to ask you to... I'm going out the outline here for a minute, Alli, because, I really wanted to ask you a little bit about the tiered approach that they have in the... That you guys sort of put together in the guidelines. The tiered approach in the pain management guidelines really breaks down how to think about pain and what steps should we be taking first in every patient, if we can, and then moving through the tiers to add on treatments and therapies as necessary. And I think that's a really interesting way to think about pain. Do you feel like that tiered approach is sort of making sense of how we've been handling pain so far, or do you think it's a new paradigm for us that's gonna require us to sort of have the mindset shift?

0:23:05.4 AG: That's a great question. I think it's a little bit of both. I think it's primarily new though, I think we... Unfortunately, we think of pain as when they present with the problem, we're gonna deal with the pain. And the tiered approach really, again, is that overall, every patient needs to be thought of as a potential pain case, and every patient really should be evaluated for pain. It also breaks down the chronic versus the acute approach, which is really important as well. I do think...

0:23:38.7 KB: Yes.

0:23:39.3 AG: We're better with acute than chronic, which makes sense. It's easier. Not easy, but easier. So, I think it does really help with that kind of chronic... And then there's the other part that I think it helps with, which is the follow-through and the follow-up, just because we sent the dog home on Rimadyl does not mean that we've alleviated the pain.
Yeah.

And the tiered approach really helps us kind of regroup and follow up in three months or six weeks and see where they are and what modalities we may need to add in on top of maybe an NSAID, if we're talking about a dog or a cat, and really kind of keeping on top of that, not just thinking, Oh, we treated it, it's all gone.

Yeah. Such a great point. And sometimes with acute pain, we still could use a little help like, tools like the Feline Grimace Scale, which is...

Oh my God, I love it.

Yeah. Such a great point. And sometimes with acute pain, we still could use a little help like, tools like the Feline Grimace Scale, which is...

And the app.

Yes, there's a Feline Grimace Scale app, which is amazing.

I use it every day, every day.

Yeah. And you've been doing this a long time, and you are a cat person, and you still find that that app helps you and...

That is a good lesson right there, is that sometimes we just need a little bit of help to figure out what's going on with our patients.

That is a good lesson right there, is that sometimes we just need a little bit of help to figure out what's going on with our patients.

Yeah. Yeah. And it takes practice. I mean, it does take practice, but I do pull it out every single day and I'll write in my treatment notes what score they got on the app, because it's... Before we really knew that much, it was touch it. That was always my answer...

Right.

Well, touch it.

Yeah.

[chuckle]

So this is a little more of an all encompassing way before touching.

Yeah, for sure. And sometimes a touching ain't happening, even if they're not in pain, so.
AG: Yeah, exactly.

[chuckle]

KB: Yeah, I have a cat who prefers minimal touching, regardless.

AG: Yeah. Yeah.

KB: But I think you had said something before too, about the tiered approach really encourages a follow-up, so the acute pain we can still need help with and there are tools available now to help with that, but chronic pain is so difficult, because then we sort of release them into the wild with their owner and who knows what happens.

AG: Yup.

KB: And we know that pain doesn't just miraculously melt away, and that seems like a really good place for other team members to get involved too in the follow-up, would you agree?

AG: Absolutely, absolutely. Having people who are dedicated to PT and having people who are dedicated to weight loss, those people, like, that's their passion are incredibly helpful because that is follow-up.

KB: Absolutely, that brings up a good point too, which, pain management isn't all about drugs and acute and chronic pain, obviously both can benefit from medications, but there are non-medical therapies that are really important in the management of chronic pain, especially, and that seems like a place where we can get very easily overwhelmed. Yeah, I know as an associate, I'm like, Oh my gosh, I don't have time to call all these people and talk about weight loss and is their dog losing weight, and do they have any questions about the diet I put them on. And one person does not have to do all of that.

AG: Yeah.

KB: And this is a very important lesson.

AG: It is not a job for one, it's just too much. It's too much.

KB: No. Yeah.

AG: Yeah, it's definitely a team sport. And...

KB: Yes.

AG: There are animals that can't take medication for whatever reason, or owners can't get medication in them, which is a whole other ball of wax. So, there are a lot of creative solutions and a lot of people that need to be kind of hands-on in this task.

KB: Absolutely. And I think that's a great... That's just a overall... The biggest takeaway that I would want just from reading these guidelines and from my own experience, I would people
to take away from reading them is that it involves the entire team if we wanna really get ahead of pain in pets. So I love that we've been talking about that, and you're so passionate about that. I hope people feel as inspired as I do to sort of go forth and manage pain [chuckle] after they listen to this and after they read those guidelines, 'cause it's so important.

0:28:17.2 AG: And once you see that your hard work is paying off, and once you see that, you know, dog come in walking more like a dog, you get it, and it just keeps that fostering that passion and keeps you going.

0:28:32.6 KB: Yeah. What could be more inspiring than that really? Yeah.

0:28:35.1 AG: Exactly.

0:28:36.9 KB: Yeah, I wanna be mindful of your time, Alli, there was one question that I was dying to ask you, because having known a number of really amazing dedicated technicians who just... The VTS is something that... They just... It's just beyond the capabilities of so many people to conceive of going for this really major qualification, it is such a big deal to do that. And so many people are capable of doing it, but logistically or time-wise or commitment-wise, it just... It's just... It seems like a lot. What... And you've been doing this for so long and are still so passionate about it, what motivated you to get that VTS in the first place in Emergency Critical Care, and what keeps that passion going?

0:29:24.9 AG: There are two people in my life that I really credit with this. The first is Nancy Chaferon, who was one of the original VTSes and ECC. And I was fortunate enough to be able to spend five years in a little room with her, an ICU that was not overly busy. And she really encouraged me and fostered my passion. And the other person is... Her name is Jessica Curr, and she was my business partner, also a VTS and ECC. And Nancy took us youngins who really didn't know what we were doing and mentored us, and Jess is still to this day, my cheerleader, and I'm her cheerleader. And when one of us is having a bad day, we rely on the other, and that's how we got through it, that's how we got through the cases, and all of it is together. So, I would say those two, and just a passion for Vet Med, learning new stuff, watching cats come in that are... Have urinary obstruction or kinda half-dead and watching them eat the next day, that nothing makes me happier, really. So cats, Nancy and Jess, I would say.

[laughter]

0:30:56.2 KB: That's a good answer, good answer.

[chuckle]

0:30:57.9 AG: Yeah. They really... It was a magical time, and I just feel so lucky to have met them when I did, and I really attribute everything to them.

0:31:11.4 KB: It means so much to have people who can follow along on your journey and be supportive when things maybe... 'Cause we all go through periods where our energy starts to flag a little bit, and...

0:31:21.7 AG: Oh, yeah.
That support is so necessary, especially in this profession, but I love that answer. And I think it's so important for people to see people like you who have achieved that big accomplishment and kept that passion alive for this long and been able to continue learning and continue working in the field and find new ways to be involved while still doing the things that really keep that fire lit, because we... That we can't keep losing technicians, most amazing technicians are leaving the field and there's so much more that they should and could do, and it really helps, I think, to see people like you who are vocal about it and doing such amazing thing. So, thank you so much for sharing.

Thank you, thank you. It's a great profession. It really is. And it's changing all the time. I mean, it's a different profession than it was in the '90s, and techs are... It's a different job now. And it is sustainable, and I still have 10 fingers and [laughter] I'm still vertical, so it is possible. It is possible.

Yeah. I love that. [chuckle] Alli, thank you so much for joining us. I've had so much fun in this conversation, and I just really can't wait for people to read the guidelines and to listen to this and really sort of start feeling a new enthusiasm for a new way to approach pain.

Thank you. An honor to a part of them, an honor to be here, and an honor to be talking about pain.

Just a reminder to people who are listening, the pain management guidelines for 2022 are on the AAHA website. You can go to aaha.org/guidelines, and all of our guidelines are there. Look for more to be released later this year, but if you click on that pain management link, you'll find also a whole bunch of resources that will help you sort of redefine how you're approaching pain in your practice and with your clients and all that is just super exciting. So, thank you so much for joining us.

Thanks for listening to today's episode with Central Line, the AAHA podcast. If you love what you hear, please take a moment to leave us a rating and review. For more resources to help you simplify your journey towards excellence in veterinary medicine, we invite you to visit aaha.org. That's A-A-H-A.org.