

0:00:17.5 Amanda Shelby: Hi, welcome back to another special edition of Central Line here at AAHA Con 2023 in San Diego. We are recording a number of sessions here just because it's so much fun to be in the same place as so many amazing people, and we have some really dynamic speakers here at AAHA Con this year, and who also have a ton of clinical knowledge to share. And one of them is here with me now, I'm very excited about that, Amanda Shelby, welcome to Central Line.

0:00:44.5 S3: Thank you, thank you for having me.

0:00:46.4 AS: Amanda, you are a Unicorn/VTS. [laughter] VTSs are like to me the unicorns of the veterinary world because there are not all that many of you, but when you're around, magical things happen, [laughter] so it's always nice to have VTS sighting and I'm very excited that we've captured one for a few minutes here on Central Line. So would you mind giving people a little introduction to you and who you are, like why you're so passionate about what you're passionate about?

0:01:18.4 S3: Yeah, for sure, thank you. Unicorns make me think of Amy Newfield. Of course, yes.

0:01:25.6 AS: That's true, yes.

0:01:25.7 S3: Yeah. And she's definitely, I would say, ranked higher on the unicorn magic list than I would classify...

0:01:32.5 AS: Unicorns don't have a hierarchy.

0:01:33.5 S3: Oh, okay. [laughter] Yeah, unfortunately, I do think we are a little harder to find in the world and I think it depends on what VTS you're looking for and what a practice might be looking for. Anesthesia less common than perhaps ECC, a lot more members of the ECC community, but we're definitely rapidly growing, and then of course, some academies are even younger. So VTSs are emerging, I think it's the direction that veterinary medicine is going, or I hope to see it go and modeling itself after human medicine in many ways where people become more specialized and more in their niche, which I think will help alleviate what our profession is really seeing a lot of, so burnout, poor work life balances, poor wellbeing of our peers. And so I really think that allowing people an avenue for growth in their professional career, whether that's through becoming a VTS, if you're a credentialed veterinary technician and you'd like to pursue a specialized field. Or even like the practice management end of things, having those certifications and allowing people to really excel in areas that they're passionate about I think is gonna help our profession.

0:02:45.4 S3: And so I pursued anesthesia and analgesia. I knew I was either gonna do clinical pathology, which is like completely on the other spectrum, or anesthesia. And I joke that it's because I don't like moving things, like moving creatures, I'm not... Of course, I have pets and I love my pets, but I'm not the overly affectionate, warm, fuzzy, "give me the squishies" of the pet community. And so for me, I am really fascinated by the interactions between anesthesia, pharmacology, and the body, so physiology and pharmacology. And to me, it's like a petri dish of excitement and experiments, which everyone ever having me anesthetize their patients is like, "Oh, she's..."

0:03:34.5 AS: She's great.

0:03:34.6 S3: It's just really fascinating to see cause and effect. I like the science of it, so that drew me to that specific field, so, yeah.

0:03:43.7 AS: I agree with you. Like I also love like warm, fuzzy like wiggling puppies and stuff. Like there's a reason puppy yoga is like the highlight of my day today, but also I get it. And anesthesia was one of my favorite rotations, I did two anesthesia rotations in vet school and did my senior seminar on anesthesia, which is like unheard of. Like the anesthesia department was so excited because like no one ever wants to do an anesthesia case in their senior seminar, it was a [0:04:14.3] ____ I think, who had an MRI, like she's hypotensive in all the things. Anyway, but I loved that part of it too, of the like... I don't know, it might be the little bit of a control freak in me, which is like, "Okay, I'm gonna twiddle this knob a little bit and I'm gonna give a little bit of this drug." And that was super cool.

0:04:33.8 AS: And then when I got into practice, it didn't feel that way, I couldn't capture the same magic as in the university setting because there weren't as many drugs available and the machines weren't as sophisticated and the other team members didn't necessarily feel as comfortable with it. And so it wasn't as much of like a team like, "Let's learn all we can about anesthesia," as it was like nerding out in the academic setting. Do you find that like now as a VTS, in your practice experience, has it been more of a collegial thing or have you been like the one who knew about anesthesia and analgesia?

0:05:11.6 S3: Well, so I had great mentorship and my background clinically was straight out of undergrad with very limited clinical experience. I worked at an animal shelter, performing medical exams and euthanasia. So that was really my clinical background until I became a credentialed veterinary technician out of undergrad. And I started immediately at the University of Florida in the anesthesia department. So I say like, "People talk about their careers," I really in veterinary medicine call it our pedigree. I have a really strong pedigree. I come from some world-renowned anesthesiologists that helped mold and train and inspire what I would say is my craft but the craft that I've been able to give to so many others, so pass that forward. From the University of Florida, I went to Louisiana State University and worked with some more inspiring anesthesiologists there and surgeons and a lot of specialists.

0:06:05.4 S3: So I've been very spoiled in the world that my atmosphere, even in the emergency referral hospital that I moonlight at 'cause I do work in industry right now full-time building educational modules. Even in the nonacademic institutions in emergency referral, I am "the go-to." But they have an anesthesia department of individuals now, they don't have any other VTSs right now and they do not have a boarded anesthesiologist, but the passion and the inspiration to do better and to do best practices is definitely there. So I've been very fortunate that I've been surrounded by an environment that wants to learn, wants to explore, let's not say be experimental, but explore the best potential to do better, to say, "I don't understand that," or, "that didn't go like I wanted, what could we do better?" So not not being fearful to fail, but ask questions and learn from mistakes. So I've been really fortunate.

0:07:06.8 S3: I would say that's not probably the common experience people have in clinical practice, regardless of necessarily where you're from. And I've worked with a lot of people from a variety of institutions providing continued education and hands-on skills-based training. And so I just really try to get people to think about what they're doing, why they're doing and what their

goals are for what they're doing. And sometimes it's just challenging yourself to not say, "well, I can't get a catheter in that." You can, let's work towards how we can. Well really pushing them to do their best. And so I think making people comfortable with the idea of failure in many ways empowers them to know they can succeed. Maybe not the first time, but that's not the measure of success, we'll get you there. So that really, I think, helps those individuals who get stuck in that, "This is where I'm comfortable and this is the only place I'll go." That's absolutely fine. There are gonna be situations that force you outside of that comfort zone, a patient doesn't respond the way you expected. And I'm here to support you in that moment, which gains the trust and accountability to then potentially consider something different on the front end. You just get creative about how to mold that situation when time allows. So that's my hope. I hope that answers your question. It's a long roundabout way.

0:08:28.3 AS: It does, yeah, and I'm having flashbacks listening to you talk like to the anesthesia technicians at Cornell when I was in school on rotations, thank goodness for them is all I'm saying [laughter] because like they did give me the freedom to fail. And they might've like snorted a little bit at how long it took us to do things, like get a catheter in, but they absolutely were supportive and came and checked on us every few minutes while we're like chicken off little circles in the graph. And just making sure that we didn't feel alone in it and that we knew that we had support. And that's why I loved those rotations and why I chose that for a senior case, because I felt like I had the support to decide things that I wouldn't have been able to decide on my own.

0:09:14.6 AS: So I love that, and I wish more people had that experience and maybe that's something we'll see more of if we have more VTSs available to help because an anesthesiologist isn't gonna go work in a general practice...

0:09:29.6 S3: Every practice. Yeah.

0:09:30.7 AS: Or a surgery practice. There are so few of those. And a VTS who's really experienced anesthesia and analgesia can teach a whole team so much, including the veterinarian. [laughter] I would've killed for one of you in practice. I wished me an Amanda, I just didn't know it was you that I was wishing for. [laughter] So the theme of... I don't know if this is related to that answer or not, but theme of this year's AAHA Con is Level Up. And it can mean so many different things to so many people on a personal and professional level, but I'm curious to know what leveling up looks like to Amanda Shelby.

0:10:13.5 S3: Yeah. I think it's really important that we challenge ourselves to try to work outside our comfort zone. One area that I have found myself professionally gravitating towards or into is building educational modules for a global audience. My opportunity with Think Anesthesia has allowed me to do that. And while that's now changing with new ownership, I don't have any formal training on how to educate someone, and so I've done the trial and error and stumble and listen to others and self-search and try to find ways that capture people's attention graphically, verbally, different cues. And so I really wanted to formalize that and do better in how I build modules and the different assets that I've built. And so I applied to grad school in a completely different field. I am a scientist surrounded by scholars. There is so much subjectivity that it's driving me crazy, but it really forces you to work outside your comfort zone to get better at what you don't know how to do. And so it's a Master's of education in instructional systems technology, and I'm hoping that that... I just started, like this is... I'm five weeks in. My hope is that it makes me level up, it allows me to build a skillset where I have not been able to build formally to improve what I have been fortunate

enough to stumble into and have done well. But maybe I'm still doing a disservice to my community because I'm not formally trained to do it.

0:11:48.4 S3: The same thing with anesthesia. In a simple context, if you don't understand pharmacology, that is absolutely okay, it doesn't mean you're incapable of performing anesthesia, but I would challenge you to try to level that up so that you can recognize side effects of medications or unexpected side effects or a patient not responding the way you would hope it would respond so that you can do that patient more justice in providing optimal care.

0:12:15.4 S3: So leveling up to me is just really biting off more than you chew, it's been more than 20 years since undergrad, and here I am in a graduate level course, completely in a different field, it is intimidating. Again, terminology, there's terminology that we're expected to know in these graduate-level courses that is not terminology that you know unless you have an undergraduate degree in that field. So just whatever it is, stretch your comfort zone, chase your dreams, and try to do better. And that doesn't have to be a huge jump into a subsequent degree, it could be just as simple as making sure you take care of yourself after you go home. Like it can be whatever you need to define, but I think that's really on a personal level, what we all should be achieving.

0:13:00.2 S3: Professionally, I would love to see our profession model itself maybe a little bit after some human. There's positive negatives to the human medical world, but I would really like to see coast-to-coast credentialing. There's all these things. Coast-to-coast credentialing, standardization, support of all members of the veterinary care team, receptionists front door to back door. Give receptionists medical-based training so that they can explain bills to clients, they understand the difference between a radiograph and a CAT scan and why those bills might be different, why there was three views for that chest versus one right lateral radiograph for an abdomen and why you're searching for that, and maybe what context would give... Empower every member of the veterinary care team to do the best they can, including the pet parent, including the pet parent.

0:13:49.5 AS: Yes.

0:13:51.0 S3: And the pet, empower them to be a cooperative member of the team.

0:13:55.4 AS: This AAHA podcast is brought to you by CareCredit. CareCredit understands that all veterinary teams are busier than ever, to help patients get the care they need, the CareCredit Health and Pet Care credit card allows clients to access a budget-friendly financing experience anytime from anywhere on their own smart device. They can learn, see if they prequalify, apply, and even pay if approved, all on that smart device. With just a tap, they have a friendly, contactless way to pay over time for the services and treatments their pet needs, whether it be a general, referring, or specialty hospital, as long as they accept the CareCredit credit card.

0:14:35.4 AS: That's an area I'm super passionate about too, is really making things... Setting people and pets up for success. And that's something that I think a lot of veterinarians feel intimidated by doing because it takes time. Like talking about that stuff takes time, making sure pets feel comfortable before we start messing with them takes time, but over the long... In the long run, it saves time. And also, you're not alone in this, veterinarians are not alone in it. And this is where the veterinary team can really come in handy because, man, the veterinary teams that I've worked with, like they understand animals and their body language. And that's an area that I feel like a lot of veterinary team members are willing to try to level up in if it's brought to their attention

that it's something they can do. And learning how to read patients and how to communicate that to their people is as essential a skill as knowing how to safely anesthetize them or treat their diabetes or what vaccines they need. We're learning that now, and I just think that's fantastic, to me, that's leveling up. [chuckle] You didn't ask me, but...

0:15:48.3 AS: No, I love it.

0:15:48.4 AS: But if you had a wish. Because Veterinary Technician Week is coming up, I think this is gonna come out after Veterinary Technician Week, but we're recording it in September and so it's around the corner, we have the first AAHA technician utilization guidelines, they're gonna be released on October 1st. Very exciting!

0:16:07.0 S3: Yes.

0:16:09.4 AS: And so technicians are in the headlines a lot right now. Various issues up for debate, I'm making air quotes here 'cause I do that a lot, even though I...

0:16:20.4 S3: I know what you're gonna say.

0:16:21.5 AS: Yeah, the mid level practitioner or title protection. You had talked about Coast-to-coast credentialing. If you could make one wish like it was your birthday for Veterinary Technician Week, blow out a candle and have it come true, what would it be?

0:16:36.4 S3: Just one? Only one?

0:16:38.2 AS: One, it can be encompassing, but yeah, one.

0:16:40.4 S3: Okay. It's really hard. In an ideal world, we all are striving to provide the best care to pets regardless of what side of any argument we're, and there's not just two sides, right? Like the multitude, the tangents...

0:17:00.4 AS: Two sides and the truth, right?

0:17:00.5 S3: All of the angles, yes, I wish the people involved in all aspects of the organizations that could make this happen could sit down collectively and work towards a common goal, the common goal is already established, that's to optimize care to pets and people, whether it be food production, the human animal bond, animal welfare, the goal is the same, we just need to be a little tolerant of everyone's different opinion on how to get there on all sides and find out the common denominators that we share that are actionable items to move us towards the goal.

0:17:47.3 S3: My wish is that that could happen respectfully, to everyone, and we can agree to disagree, absolutely, and through those disagreements, we can learn where our common grounds are, that's my wish, and right now I think there's lot of loud voices. Maybe I'm getting louder too. [laughter]

0:18:09.3 AS: Same.

0:18:10.2 S3: Yeah, there's a lot of loud voices and yes, I have a personal opinion, but I don't feel,

when I represent an organization and I serve on a variety of boards, that it's, I'm there to express my personal opinion, I'm there as an expression of the community that I'm representing, and I really want people to focus on the end goal and represent all the constituents that have put them in the role of leadership that they're in, get buy-in and work towards a tangible goal, we're gonna spend so much time squabbling over definitions and...

0:18:43.5 AS: Yes.

0:18:44.5 S3: That it prevents us from accomplishing the goal, we're capable of accomplishing the goal, we need to work together, we can do it from a different viewpoints, we just need to be tolerant of our differences and try to get to that goal, and it's optimizing patient care, the lives of pets, safe food production, and building that human animal bond and improving people's lives, so let's focus on the end goal. [laughter]

0:19:11.5 AS: Well, that sounds easy.

0:19:12.3 S3: Yeah.

0:19:14.5 AS: Now you've said it. Now we make it come true.

0:19:15.4 S3: I know. How many people did I alienate there in anger, but that's my hope, if there was one wish, it's a big wish you said all encompassing.

0:19:23.5 AS: It is, it's a great wish, and I totally agree with you. Like I do feel like we are so busy. Did you see the Barbie movie?

0:19:31.5 S3: I did.

0:19:32.6 AS: And you know the scene where all the Kens are fighting on the beach, the Nerf swords and stuff, like suction cup arrows, I saw that and I'm like, oh, it's that mad.

0:19:40.4 S3: Yet here we're, yeah.

0:19:41.5 AS: Yeah, and I totally agree with you, I think if we can stop like hitting each other over the head with the Nerf swords, then we could actually start coming together and facing what we actually want to accomplish, yes, and coming up with solutions, and there are, that's happening piecemeal and pooling resources, pooling brain power, pulling support.

0:20:01.5 S3: Representation from every aspect.

0:20:04.5 AS: Exactly. Like co-professionals working together rather than one person, person meaning organization or body deciding for everyone, I think that would be so wonderful, and I like to dream big, so I'm there with you, I like that wish, yeah.

0:20:22.4 S3: And it starts small, like get involved, get involved whatever level you're at, be part of the body and help the movement, I am a fighter. I am, but as I get older, I've learned it's easier to work with and within than it is to fight from outside.

0:20:43.5 AS: Yeah. That makes sense, so last question.

0:20:47.5 S3: Oh.

0:20:48.3 AS: But because of that, if there's a technician or like team member listening who wants to work towards that dream, that big goal and they're not currently involved, they're like on the sidelines, but they're like feeling that itch to get involved and like do something, what is a good first step?

0:21:08.4 S3: Yeah, your local VMA groups is your first step. Get involved locally, and I'll be honest, I jumped all the way to the top, I did not get involved locally in my state organization. Maybe like I should, but that's usually the easiest way to get involved initially inspire that group, whether it be veterinary technician association or your state VMA veterinary medical association. Usually there's opportunities even as a technician to be involved on both sides, there's liaison opportunities, any professional credentialing body, AVMA has opportunities for involvement, AAHA has opportunities for involvement, you guys just filled a technician director role.

0:21:52.5 AS: That's right.

0:21:53.4 S3: Yeah, so there's opportunities everywhere and you don't have to go all the way to the top at that level, but there are opportunities to serve on committees, get exposure, learn about organizations, what their goals are, where you align first, make sure you have time, reflect on what time and energy you have to dedicate, 'cause a lot of times these things can become quite encompassing from a time standpoint, but it sometimes the smallest involvement allows you to find an area where you can be most impactful, and then moving from there, and that's where I would start is be involved, sometimes it's just being on forums and Facebook groups. Facebook, we are the Facebook generation. Being an active forum, the kids nowadays they do other things.

0:22:36.4 AS: The kids, yeah, they're on TikTok.

0:22:36.5 S3: Twitter, yeah, I'm not on Twitter or TikTok I don't know, but getting involved in those organizations sometimes just as a member, observing the conversations, listening to recognizing names and voices in those areas, asking questions, it can be as simple as that level of involvement to actual service I would encourage you to serve, but sometimes it's just being aware, heightening your awareness as initial involvement, at least from a starting point I would say.

0:23:03.5 AS: I love that, and once you're involved, you can sort of shout out to other people who might want to get involved and help open the door for them too, which has definitely happened with me, and I actually knew I wanted to talk to you because when I had posted something about AAHA Con on my social media on Facebook, 'cause hashtag old, Tasha McNerney, who's a mutual friend had said, oh, the wonderful Amanda Shelby would be there. And I was like, oh, I gotta talk to her. And that's what I love, so many people I love will reach out of hand and say like, Hey, I think you need to meet this person, and I love that, they've never been wrong.

0:23:41.5 S3: Yeah, Tasha's outstanding at advocating for others.

0:23:45.6 AS: She she is.

0:23:45.7 S3: And I think that's really important, yeah, and when you join those groups, you start to recognize who is really there serving your common goal, and if your goal is to empower others you'll find others that are showing you ways to do that and she's one of those individuals, so yeah, I look up to her a lot as well. Yeah.

0:24:03.4 AS: Well, Amanda Shelby, thank you so much for coming by this really, mundane studio that we have set up here on the 32nd floor of the Manchester Grand Hyatt, it's really nice.

0:24:15.4 S3: Beautiful view, though, beautiful view.

0:24:16.5 AS: Yeah. It's a really beautiful view and like I'm pretty used to it now, like looking past you at the water, here in San Diego, and I'm really gonna miss it when I have to go back to my own little office, but for the moment it's perfect, and I really appreciate you taking the time after an afternoon of speaking, so.

0:24:31.4 S3: Thank you.

0:24:32.3 AS: It's been great to meet you.

0:24:33.4 S3: It was a lot of fun, thank you for having me.

0:24:35.4 AS: I wish you luck with your degree and with leveling up.

0:24:37.2 S3: We'll see how it goes.

0:24:39.3 AS: And thanks to all of you for watching and listening, we'll catch you next time on Central Line.