

Gems from the Guidelines: A Team Approach to Proactive Pain Management **A conversation with Alison Gottlieb, CVT, VTS (ECC), on *Central Line: The AAHA Podcast***

On the first-ever episode of Central Line, host Katie Berlin, DVM, AAHA's Veterinary Content Strategist, sat down with Alison Gottlieb, CVT, VTS (ECC), to talk about how veterinary teams approach pain in pets and what she hopes team members in all roles will take away from the 2022 AAHA Pain Management Guidelines for Dogs and Cats.

Katie Berlin: It's wonderful to have you, Ali. I was wondering if you could start by telling us about yourself and what you do.

Alison Gottlieb: I'm a vet nurse. I started in the '90s at a cat hospital, where my love for all things cat started. My heart meows, I always say.

I had the fortune to meet some great people who fostered my passion and education, and I got my VTS in the year 2000. For 15 years, I and another VTS in emergency and critical care had a consulting business called Four Paws Consulting, where we went into different clinics and taught, and we did everything from trap/neuter/return to critical care. We became education coordinators together – she did more of the management side, I did more of the education side.

Recently I just started a new job at a hybrid general and emergency practice in my area, and it's really exciting doing education for them. I'm learning a lot too.

KB: That's one fantastic thing about this profession - you can just keep learning.

AG: Every day. It's amazing.

KB: What is one thing that you love most about what you're doing right now?

AG: There are two things. Number one is patient care - I love it. Some people don't want to be on the floor; I *need* to be on the floor. I need to feed cats and give them catnip! And the other is education: being able to pass on 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.

KB: Two different things, but obviously you can't have one without the other.

AG: Exactly.

KB: The updated 2022 AAHA Pain Management Guidelines just came out. I'm super excited about that because pain management is a favorite topic of mine. I know you're very passionate about it, too – in fact, you were a member of the task force for these Guidelines. Could you tell us a little bit about what it 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 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 awe inspiring for me.

What was also great was that the technician standpoint was so honored and respected. It was amazing. I kept hearing, "Ali, what do you think?" And as a tech from the '90s, not a lot of people ask me that question. It was really collaborative, and it was an honor to be a part of it. As an

educator, I love AAHA guidelines for everything. So to be a part of this one in particular was really just almost a dream come true.

KB: I love to hear that. It's kind of ridiculous, isn't it? That as a tech from the '90s, people don't ask your opinion a lot?! Of all the people whose opinions matter, it's somebody who's been a technician since the '90s! You have seen some stuff! 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 ran the place. Without them, I still wouldn't know how to express anal glands properly! You all are really the backbone of what we do, and it's so backwards that your opinions sometimes aren't heard or valued. So I love to hear that about the task force.

From your experienced 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?

AG: The big thing is to be proactive, not reactive. 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 education from the time they're puppies and kittens, and not react once there is a problem.

KB: That is a big message that I took from these guidelines - 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, the veterinary client, or both?

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

KB: We can get frustrated with clients who don't seem to know what's going on, and yet we're their best source of information. Sometimes I think we're caught in our own bubble and don't realize this is an opportunity, rather than a barrier to providing care.

These guidelines have so much content, and I'm really excited for everybody to read them and get familiar with them too. What are some pearls from these guidelines that you want people to take away from these above all else?

AG: As a cat person, I must say, feline pain is neglected for so many reasons. Even as a veterinary community, I don't think we're really aware of how much osteoarthritis [OA] pain there is in cats. Recognizing feline pain can be more difficult than in their canine counterparts. We have to be more creative and rely on owners as well. Just like everything in vet med, it's a team sport. This is not a veterinarian problem; it's not a technician problem; and this is not an owner problem or a CSR problem. If we work together as a team, this is doable. And these guidelines really help organize that and make it doable. But it's all about the cats for me!

KB: Cats don't make it easy for you, do they?

AG: No, they don't!

I think about a cat I had years ago; his name was George. George was inter-cat aggressive with one

particular cat in my house whose name was Waffles, who was kind of feral so he was nervous on a good day. It was weird because George got along with everyone else except Waffles - he wanted to kill Waffles. Waffles was twice his size and just terrified. And I did all the things - the pheromones, the meds, separating and introducing and all that, and nothing was helping. I actually considered rehoming Waffles because I felt so bad that I didn't know how to make this better for him.

George wound up having a full urinary obstruction, and I brought him in, and at that time I did a perineal urethrostomy [PU]. He had not obstructed previously, but I was traveling a lot and I was worried, so I did a PU. And the minute I brought George home from the hospital after surgery, he immediately bonded with Waffles and the two of them were inseparable until the day George died.

This is one of the most profound lessons I've ever learned. 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. Those kinds of things, I think, are really life-changing for us and them.

KB: We've all seen those cats that come in with severe stomatitis, and then they're a different cat when we pull those teeth – and the owners can't believe it either! We've been letting cats down, but we also know how to help them, and we just need to learn to listen a little bit better.

There definitely is sometimes 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. The front office team doesn't always get the same level of education in pain management and patient comfort. How do you think we could do a better job of involving the entire team in pain education and being aware of what pain looks like?

AG: Finding the right way to communicate in each practice definitely helps. I think having what I like to call a “pain team” is incredibly helpful. Putting people like us, who are passionate about relieving and recognizing pain, together as a team, means they can either disseminate information or they can be in charge of dealing with painful animals. Especially long-term chronic pain patients - these are frequent flyers, and they need a lot of care.

Picking out these people who are our pain heroes and having them foster this communication is incredibly helpful for the pet owners - to keep communicating with the same people who understand their frustrations.

KB: The idea of a team of champions who are really well-versed in and passionate about pain management is so interesting, because we can feel like we each have to do it all in this profession. Having a pain-focused team, including client care representatives, makes so much sense - they 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.

AG: Communicating with them and even just watching them in the waiting room - there's a lot of information to be gathered there, so it's important to include CSRs in the education.

KB: What do you think is one actionable step practices could take to start involving interested members of the client care team in pain management?

AG: Great question. I'm a checklist person. There are some really great checklists out there for OA pain, and I think that's a really great way to dip your foot in the water. They're easy, a lot of them have pictures and videos, and they can be emailed or filled out in the waiting room. They're a great

way to start getting people involved, and you'll see that animals will score differently before and after treatment has started.

KB: We don't have to reinvent the wheel in order to get people more involved in pain awareness and pain management.

AG: Exactly.

KB: We have linked to some of those resources on the website for these Pain Management Guidelines. I highly encourage people to look at those and see what might be right for their practice; there's so much good stuff out there.

Ali, I really wanted to ask you about the tiered approach in the Pain Management Guidelines. This approach really breaks down how to think about pain and what steps we should be taking first in each patient, then moving through the tiers to add on treatments and therapies as necessary. Do you feel like that tiered approach is making sense of how we've been handling pain so far, or do you think it's a new paradigm that's going to require us to have a mindset shift?

AG: That's a great question. I think it's a little bit of both. I think it's primarily new though. Unfortunately, we think of how we're going to deal with the pain when patients present with the problem. In the tiered approach, 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 approach for chronic vs acute pain, which is really important as well.

And then the other part I think it helps with is the follow-through. Just because we sent the dog home on pain medication does not mean that we've alleviated the pain.

KB: And sometimes with acute pain, we still could use a little help, such as tools like the Feline Grimace Scale. You'll find a link to the Feline Grimace Scale and the app on the Pain Management web page.

AG: I use the app every day.

KB: You've been doing this a long time, and you still find that that app helps you! That's a good lesson right there - that sometimes we need a little bit of help to figure out what's going on with our patients.

AG: I do pull it out every single day and I'll write in my treatment notes what score they got on the app.

KB: We know chronic pain in particular doesn't just miraculously melt away. That seems like a really good place for other team members to get involved in the follow-up, would you agree?

AG: Absolutely. People who are dedicated to PT and weight loss are incredibly helpful, because that is all follow-up.

KB: That brings up a good point, that pain management isn't all about drugs. There are non-drug 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.

AG: It is not a job for one person. It's too much. There are animals who can't take medication for whatever reason, or their owners can't get medication in them. There are a lot of creative solutions and a lot of people that need to be hands-on.

KB: The biggest takeaway that I would want people to take away from reading these Guidelines is that getting ahead of pain in pets involves the entire team. I love that we've been talking about that and that you're so passionate about that. I hope people feel as inspired as I do.

AG: And once you see that your hard work is paying off, it just keeps that fostering that passion and keeps you going.

KB: Ali - 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?

AG: There are two people in my life that I really credit with this. The first is Nancy Shaffran, who was one of the original VTSs in ECC. I was fortunate enough to be able to spend five years in a little room with her, in an ICU that was not overly busy. She really encouraged me and fostered my passion. The other person is Jessica Carr; she was my business partner, also a VTS in ECC. Nancy took us young-uns 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. When one of us is having a bad day, we rely on the other. And a passion for vet med, learning new stuff, watching cats come in that have a urinary obstruction or are half-dead and watching them eat the next day - nothing makes me happier, really. So - cats, Nancy, and Jess, I would say.

KB: It means so much to have people who can follow along on our journey and be supportive - we all go through periods where our energy starts to flag a little bit, and that support is so necessary, especially in this profession.

And I think it's so important to see people like you who have kept that passion alive for this long and been able to continue learning and working in the field and found new ways to be involved while still doing the things that keep that fire lit. Thank you so much for sharing.

AG: It's a great profession. And it's changing all the time.

Catch a new episode of Central Line: The AAHA Podcast every Tuesday on all major podcast platforms, [YouTube](#), and at aaha.org/podcast.

Send us feedback or questions anytime at podcast@aaha.org.

Find all of AAHA's most up-to-date Guidelines, including resources for your clients and team, at aaha.org/guidelines.