

0:00:04.1 Katie Berlin: Hi, welcome back to central line. I'm your host, Katie Berlin. It's great to have you with us again, and my guest today is fabulous veterinary technician, Liza Rudolph. Welcome to Central Line.

0:00:15.4 Liza Rudolph: Thanks for having me, Katie. This is a blast. I can't wait to talk about these new guidelines. [chuckle]

0:00:20.1 Katie Berlin: Yeah, I'm really excited because this is gems from the guidelines episode, which means that we are talking about... We're talking to one of the task force members from our selected endocrinopathies of dogs and cats guidelines, and that is a mouthful, but I understand the reasoning behind needing to name it that. They're definitely... We're not trying to cover all of endocrine disease in these guidelines. We are ambitious but not that ambitious. Right?

0:00:49.7 Liza Rudolph: Exactly, exactly, yeah.

0:00:51.2 Katie Berlin: So as a task force member, I'm gonna be asking you a lot about that, but first things first, would you mind just introducing yourself? And a little bit about you and how you came to be here?

0:01:00.0 Liza Rudolph: Sure. As you said in your introduction, my name is Liza Rudolph, and I am a veterinary technologist and a veterinary technician specialist in clinical practice in the canine feline subspecialty and also in small animal Internal Medicine. Currently, I'm the new program director for Rowing College of South Jersey, so we're working cooperatively with Rowing University that's developing a vet school, so that's very exciting to have a vet school in New Jersey and be part of the process.

0:01:29.2 Liza Rudolph: As far as experience before I moved into the educational realm, I did have about 20 years clinical experience in small animal medicine, between general practice and also specialty, and that encompassed some emergency, but I did find my love in Internal Medicine, so that definitely became where my heart and soul went in veterinary medicine.

0:01:54.1 Katie Berlin: And which fits because it's hard to love endocrine diseases if you don't love Internal Medicine.

0:02:01.5 Liza Rudolph: I have realized this in being part of this task force and talking to other people about it that not everyone feels about endocrinology the way that I do.

0:02:11.2 Katie Berlin: Yeah, I think that's accurate. I think that's accurate, and I think I've done podcasts with Patty Lathan and Renee Rozinski, and they were wonderful. And we said the same thing, either love it, or you're like, Please, somebody, take this Cushing's nightmare off my hands. And I'm glad that you being on the task force, that you are one of the ones who can't get enough of it.

0:02:33.6 Liza Rudolph: It's true. Guilty as charged. Yeah.

0:02:37.1 Katie Berlin: Well, I will say, I always pick medicine over surgery for sure. I was much more comfortable in the realm of mystery than immediate decision making, like with blood. That was not my... Not my thing. So I feel that. Okay, so personal question. In the guidelines, we now

have mascots for all of our guidelines in our endocrine. I don't know if you've seen her yet, but she's super cute, so by the time this episode comes out, she will have made her appearance, but her name is Ninnie, and she's a little white dog, and she's very thirsty, so she definitely fits the mood of the guidelines, but these mascots come with a little hashtag, and it says, you know, hashtag whatguidesyoun underneath them, because we all have something that guides us, that brings us to the profession, and that keeps us going in the profession. And I was wondering, in Vet Med or in life, what guides you?

0:03:33.7 Liza Rudolph: That's a great kind of big question when you think about it, especially when you're thinking personal life and professional life. I think for a lot of veterinary technicians and the whole health care team that I think that at our core, a lot of times we take on the identity of our position, right, our career, but if we distill that down, we're caregivers, and we're often always caregivers. We're not just caregivers when we're on the floor. We go home and we interact with our humans, our friends, our family, and we're still caregivers.

0:04:11.3 Liza Rudolph: So I think at the end of the day, anything that's associated with that is kind of our driving force, which is why I think we're also very, generally speaking, pretty empathetic as a profession, because we have to be, especially because our patients don't have their own voices, so I think that when I think of it through that lens as a caretaker and speaking for those that have no voice, I think that in order to be a good patient advocate, that we really need to be the best technicians, assistants, veterinarians that we can be, because otherwise, we're not providing that care that we want to do.

0:04:58.5 Liza Rudolph: So I really do think that that's part of it, is how do we provide that care and make sure we're providing it well, but also we have to have the education in order to do that and also be open to realizing that maybe sometimes things change and that the way we've always done it maybe isn't the way anymore, or maybe that validates the things we've been doing this whole time.

0:05:26.0 Liza Rudolph: I know a lot of people in veterinary medicine that some of the terrible phrases that we don't wanna hear are, we've always done it that this way, or we've never had a problem, but when we think about it, those are only half of the statement. Right, because it's we've never had a problem until we do. [laughter] We've always done it this way. Right, exactly. Just thinking just purely of statistics, and also thinking of, We've always done it this way, but is it the right way? And I like to make this analogy in that some people might say that I have a pretty firm lead foot when I'm driving.

0:06:13.0 Katie Berlin: Some people they might say that.

0:06:15.2 Liza Rudolph: Some people... Some might say that. However, I think it's a great example because if that were true, How many times was it never a problem? And I've always done it this way, and I haven't gotten pulled over, it doesn't mean my behavior is right, but it absolutely. Reinforces that behavior over and over again. Yeah, [laughter]

0:06:42.4 Katie Berlin: I mean, hypothetically.

0:06:44.3 Liza Rudolph: Hypothetically, if I was someone that drove fast.

0:06:47.0 Katie Berlin: Right?

0:06:48.3 Liza Rudolph: Maybe. [laughter]

0:06:50.9 Katie Berlin: Yeah, I like the way you put that too, because it was making me think of times where maybe the way that we've always done things is the best way, and it stuck around for a long time because it's a good way. So maybe there are cases where progress isn't necessarily needed in terms of how we do something, but that doesn't mean we shouldn't investigate and constantly keep casting and trying that, and so...

0:07:16.2 Liza Rudolph: Exactly.

0:07:17.5 Katie Berlin: Maybe...

0:07:18.4 Liza Rudolph: And that's for that... Sorry, go ahead.

0:07:19.7 Katie Berlin: Maybe you driving with a lighter foot just to see if it makes a difference in your day, and if it doesn't, and you can do it fine, then maybe you've averted disaster down the road.

0:07:31.1 Liza Rudolph: Right, exactly, exactly. So I think that that all ties together, since we went off on a bit of a tangent about my possible driving habits, as caregivers, we have to be open to make sure that we're learning or validating what we're doing, and part of that is education and having an open mind and being open to interacting with other humans and having other Open communication. So I think all of those things tie together, and that education and trying to be the best humans and veterinary health care team members that we can be. That's that driving force.

0:08:10.2 Katie Berlin: I love that, I love that so much. And it's very relevant to this because the guidelines are in an ongoing way for vet teams to keep themselves educated and keep checking the practices that they're doing and see if they measure up to what subject matter experts actually feel is the most current recommendation. And that's one of the things I love about them. And you were on the task force for the Select endocrine of dogs and cats guidelines, which will be just out right about the time of this episode airs, so, Very exciting. It's coming up now, and I was just wondering, being on the task force, you're a VTS, obviously very educated and experienced and comfortable with the subject matter, but if I'm not mistaken, everybody else on the task force was a veterinarian, is that right?

0:09:03.0 Liza Rudolph: That is correct, yes.

0:09:04.7 Katie Berlin: And What was that like for you? The experience.

0:09:07.5 Liza Rudolph: I have to say for my experience was overwhelmingly positive.

0:09:11.1 Katie Berlin: That's great.

0:09:13.4 Liza Rudolph: It was, it was a really great experience to. And of course, the subject matter experts to kind of be in the room where it happens, so to speak, is just fantastic in general. Right, and that's one of the things that I kind of like about Vet Med is that even some of these subject matter experts that we might potentially put on pedestals or think that there are heroes, most of them are, at the end of the day, incredibly approachable, which I think is unique in our

profession.

0:09:43.9 Katie Berlin: Yeah that's great.

0:09:46.1 Liza Rudolph: So I think that that general mood does kind of come over into the task force, and I think that our goals were all aligned, we're here to put out these guidelines to evaluate the data, and also bringing a technician in to have that slightly different perspective in how do we get the vet team all on the same page and look at things more cohesively and more holistically?

0:10:12.1 Katie Berlin: That makes so much sense, and I'm really glad you had a positive experience. You know, it should be that way, and I know that veterinarians, especially veterinarians that are being selected for the task forces, which is... For anybody that doesn't know, the task force is not like, Oh, I just goes out and plucks people out of the ether to be on the task force, it's like there's a whole process, and we are looking for a really balanced table of perspectives so that we're not leaving out large sections of the people that we're trying to help, and so in this case, it seems like everybody got along really well, and even though this is a huge difficult topic, you all were able to get your thoughts in a way that could be digested by general practitioners and their teams, and that's sometimes really hard for people with an academic background and research background to get things into a digestible clinical settings. So that's really great to hear. And do you feel like your voice was heard in these discussions, like You were among your peers versus people who kind of felt like, oh, there's a technician in the room, 'cause I've been in rooms like that.

[laughter]

0:11:27.4 Liza Rudolph: I have to say that I did feel like I was part of the group in that bringing that slightly different point of view sometimes meant that if we were talking about a certain topic, and here I am in the room with the subject matter experts and all these people in these panels, I didn't have much to contribute because they were doing the vet things right, they were checking the job boxes and looking at it from their point of view, but then when it shifted to me, when we started talking about diagnostics and what these patients look like when they come in or when they just even call the front desk to come in, that these patients are interacting with multiple people before they even get to see the veterinarian, but the veterinarian isn't privy to that 'cause they are not there, so I think it was a really good balance that we reached in terms of everybody basically speaking to their own experience and expertise.

0:12:24.4 Katie Berlin: That's great, that's awesome. Do you have a pearl of wisdom that you took with you after this task force, meaning that you wanna share, that's something that people will find in the guidelines?

0:12:36.7 Liza Rudolph: Yes, there was actually a couple of pearls and some of them I either knew or knew that it was up for discussion, right. So it was nice to, Like we were talking about earlier. Have that validation right. So a good example would be like a dexamethasone suppression test it, and if we're using something like Dex SP or dex sodium phosphate, that if we look at that front of the vile, it says 4 milligrams per milliliter, if we turn the bottle over, it actually says 3 milligrams per milliliter of active ingredients, and that's something that as time went on, I knew at some point, I learned that certain doctors preferred to calculate based on the active gradient versus what it actually says in the front of the label, but to hear that as an actual recommendation from the task course, validates that, Oh yes, we should be calculating based on that, and making sure that with

protocols like this, especially with testing and endocrine diseases, that everybody's really and truly on the same page in terms of consistency, results and interpretation. So that we're comparing apples to apples when these patients come in over and over and over again for their follow-up, so I think that's a really good example of something that was validated during this conversation.

0:14:03.4 Katie Berlin: I'm just having flashbacks to all of the times that I had this conversation in the clinic. I'm assuming that you mean, and I'm assuming based on my own bias, but I'm assuming that you mean that it's the three milligrams per milliliter, that is the correct one to use for calculations, it's the active ingredient and not the [0:14:20.9] ____.

0:14:22.7 Liza Rudolph: Correct. Exactly, but I mean and if...

0:14:24.9 Katie Berlin: Validatrd.

0:14:25.2 Liza Rudolph: Exactly, exactly, and I'm sure you've been part of those conversations, like you say, that kind of end up being debates and to have a reference that says, we should all do it this way is just so validating in terms of those consistency for results. One of the other things that I was happy to be part of disseminating was for ACTH test the Cortisone on that we use and how that is stored, if you're going to freeze it because.

0:14:56.6 Katie Berlin: The [0:14:56.7] ____.

0:15:00.2 Liza Rudolph: Exactly, because in the past 10 years, I started doing a lot of relief work, and that's when I really became aware that every single clinic was kind of doing something slightly different, and maybe some of those things made a difference and maybe some of them didn't, but at the end of the day, a lot of these clinics didn't know that you can't freeze Cortisone or store Cortisone in the glass because it binds to glass, a lot of them didn't know that you can't re-freeze Cortisone on once you put it in the freezer, so again, to have that reference that says, This is okay and this is the way that we can do things, I think is just fantastic. [chuckle]

0:15:35.7 Katie Berlin: Yes, yeah. And I am a person who likes, I don't mind looking things up, but I like it to be simple, so I love a chart or a table, and I feel like we're gonna have a lot of resources in conjunction with these guidelines as we usually do, there's always a resource page with the guidelines where we pull out tables and things like that, and so I think it will be very useful for people to be able to just flip to those and look up things like that and just be like, See, taskforce says, and then I could use that in some of those debates about the dex SP. So.

0:16:15.6 Liza Rudolph: Exactly.

0:16:16.0 Katie Berlin: Thank you for validating me. Now, I'm not in the clinic right now. Okay. Use that information. But if anybody's listening who has had that debate with me, but there's so much in these guidelines because there's so much to cover, and I know one of the biggest things that I've run into with endocrine disease and clients and team is just a number of times that the people have to come back with the pets for the blood draws and the test, and there's always another test and people don't know what they don't know.

0:16:50.4 Katie Berlin: So if, like you said, if one doctor is prescribing something one way and says, Come back in three weeks, and another doctor says Come back in two weeks, then does the

front desk person make the appointment for two weeks, three weeks, or two and a half weeks, and does it matter? And this is something that I think is so important, and I wanted to go back to that when you said it, just because that consistency means everything. Right.

0:17:19.5 Liza Rudolph: Absolutely, and I do think... I do truly think there's a balance between being overly protocol-driven and being consistent. Right, but what you brought up is a great example for that because when we... Again, when we think about how many people that that pet owner interacts with, they interact on every single level, and if we don't have that consistency in messaging that calls into question the trust, and especially when you're talking about a long-term disease process, these owners need to know that we actually do what we're talking about, and that they're not gonna get six different answers from six different people, and I think that holds true for any consistency, even if we're talking about vaccine guidelines, making sure that we're doing that same messaging, because once we build that trust, I think that's really what bonds the owners to that practice, and it enables us to give that consistent care, so I think it's one of those situations where everybody wins.

0:18:27.1 Katie Berlin: And I absolutely agree. And I, having worked only in multi-doctor practices where there were a whole lot of us in these doctor meetings and we were all going to different CE and we all were reading different things. We all had areas that we cared about in some practices. You know, in one practice that I worked at, we had protocols for everything and we all had to follow that protocol. And then in other practices I was in, we kind of just did our thing. And I think that that had to be very confusing for the clients. But also we don't like to be told what to do. So everybody wants that autonomy. But also the consistency is what really helps drive that compliance and the trust, which is making everybody's jobs easier. So would you think that based on these guidelines that say you work at a six doctor practice, that when new guidelines like this come out, it's a good idea for the doctors to sort of sit together and say, okay, let's take a look at our old protocols and see if there's anything that should be tweaked and then kind of agree on like kind of a baseline skeleton for how we're gonna do things?

0:19:33.1 Liza Rudolph: Yes. And I think the way that you explained it is actually perfect. I do think that having, like you said, some sort of baseline, some sort of default of if we run an ACTH, if we run a dexamethasone suppression test, this is the way that we do it. Now, that doesn't mean necessarily that we're handcuffed to it either because, and I'm not a veterinarian, but I know that cases are different. Not every patient's the same. There may be a completely valid reason why we may go off protocol, but establishing that consistent message is really important. The other thing that I've found too, when we have multi-doctor practices where everyone has their own protocol, which is fine, we all prefer the things that we prefer. However when you get into that, a lot of times these clients aren't actually seeing the same doctor. So what happens when you have Doctor A that runs an ACTH one way and then they see Dr. B and then it's run another way and et cetera, et cetera. Are we really able to look at all of those lab results and compare them apples to apples?

0:20:44.6 Katie Berlin: Yeah.

0:20:45.8 Liza Rudolph: Because we need that consistency, especially and with the diagnostic tests in order to interpret them. Yeah.

0:20:52.5 Katie Berlin: That makes a lot of sense. Yeah. That the numbers themselves could change based on how you're running the test. I mean, if you're using a different dose of decks, for

instance, I'm just gonna keep coming back to that till I die.

0:21:05.3 Liza Rudolph: Absolutely. That's fine. It has shifted the attention off of my bad driving habits. So that works for me.

0:21:13.8 Katie Berlin: Bad driving and Dexamethasone, that's gonna be the title of this episode.

0:21:16.3 Liza Rudolph: That sounds good.

0:21:20.0 Katie Berlin: So, when we're talking about the numbers mattering, like that's one thing. And then I'm also thinking of times where like, these aren't the diabetic guidelines because the diabetes guidelines are separate. They have their own, they're very, diabetes is big 'cause it has its own. But just thinking of that as an example, like I got in a huge bowl of hot water when I... One of my bosses was gone and he'd been at the practice forever and had clients that only saw him and he diagnosed a patient with diabetes and then was gone. And they came in and had some diet questions and I just answered them completely differently than he would have, like completely differently. And it did not go well, like at all. And I was doing what I knew to be the most current thing that I knew of.

0:22:07.0 Katie Berlin: Did I know what my boss had told them? Absolutely not. And it made it much more difficult for him and me in the long run. And that client probably thought that we had no idea what we were talking about. We were just making stuff up 'cause it was completely different. So yeah, it's really important on so many levels to have that consistency. And it doesn't mean like your CSRs can learn this stuff too, you know? So that leads into my next question because you had mentioned that you were talking about like how in the task force you discussed how to get the team on board and how to get the team all sort of unified and working towards helping these patients with these really sometimes difficult to manage chronic illnesses. And I wonder if you could talk a little bit about that. Like what was that discussion like and what big takeaways do you think you could share?

0:23:00.4 Liza Rudolph: I think that, and I do think like, like my entire experience with the task force and developing the guidelines that the general feedback and interaction was good once we brought in the team members. 'Cause I think that everyone on the task force, especially with topics like technician utilization being very, very hot right now in terms of increasing your efficiency of practice, that really going back to that consistency that if you have CSRs assistance technicians that can answer those basic questions, right? Because they know, because we have a consistent message, there's no need that this necessarily needs to escalate all the way up to the veterinarian. Now yes, we should make sure the veterinarian's aware that this client called, but at the same point, if it's a very simple question and it's part of our messaging, there's no reason for a client to wait hours or even days later for a very simple question.

0:24:00.0 Liza Rudolph: And I think that that also in addition to the trust that it's that level of competency that is really important as well. And even in the most basic sense like I mentioned briefly earlier, that from the second that that owner either walks in the door or makes that phone call, they're talking to the CSR. And then after that, they may have an, for example, maybe an assistant that loads that room. Maybe after that, there's a technician that walks in. And so there's so many levels of this that it's really important that we look at it through all of those points of view. Because what a client is gonna tell the CSR, the assistant, the technician and the veterinarian is not

going to be the same thing.

0:24:48.0 Katie Berlin: No. That's the truth. No matter how hard you try, it's not going to.

0:24:57.5 Liza Rudolph: Exactly. And I think we've all had that experience, right? Where one person gets sort of a partial history and somebody else gets the other one and you know, they look at each other like, wait, wait, they didn't tell me that. And...

0:25:05.9 Katie Berlin: Yes, I swear I did not withhold that information from you.

0:25:10.2 Liza Rudolph: Exactly. Exactly. And you know, we just have to understand that. And also part of that communication with our pet owners also making sure that we know how to get those patient histories and that we're asking the right questions. Because I think there's an art to that I think, making sure that we're asking those open-ended questions that we know why the actual owners here, what prompted that visit, and making sure that we give them that space to talk. And in addition to it giving us in the information, because that's going to guide where we go from there. It also, again builds that trust to the client. They know that they've been heard, they know that you know what the concerns are. And being able to repeat that back to the owner and then maybe onto the veterinarian is absolutely paramount. Because even though we did harp about consistency in diagnostics and laboratory testing, at the end of the day, we all know that we don't treat laboratory numbers, we treat patients and we have to look at them through that entire lens. And that's why I really think that the role of the whole veterinary healthcare team is so, so important to these long-term patients.

0:26:27.8 Katie Berlin: Yeah. I just made a note because that made me think that like the art of taking a great history should be a podcast episode because it is definitely an art. And weeding through the things that clients tell you, it's kind of like mystery solving. It's like treasure hunting and putting together pieces of a puzzle. And there are people that really gravitate towards that. And there are people that just like wanna get out of the room. And I would love if teams could sort of gently nudge the people that love the treasure hunt and love to make sense out of the stories that clients tell and to helping solve these tough cases. I would love that if they, if those people could be the ones to take histories on these endocrine cases. 'cause you don't want somebody to take like a two-sentence history on the Cushing's dog who has new skin lesions and also isn't sleeping at night and all the things.

0:27:27.8 Liza Rudolph: Yes. Absolutely. I couldn't agree more on how important that is. And it's a learning curve too. Let's be honest, when we first get out of school or we first walk into a vet clinic, we're not gonna be good at it. And that's okay. Having the learning curve is okay, but being open to experience that learning curve is very important, I think. And I lost my train of thought, but that's okay.

0:28:00.8 Katie Berlin: That's a theme for today.

0:28:00.9 Liza Rudolph: That's okay. We could just put a pin in that. That's fine.

0:28:05.6 Katie Berlin: So let's say that you have, we've all met the patient, right? So it's like a little white dog, little white fluffy dog, used to have a lot of hair. Now, not so much. And she comes in for her 25th blood draw of 2023 and it's March. And how do you make this experience not so

painful? Like physically, emotionally, what roles does the team have in making that experience just a... It's never gonna be fun, but how do you make it a little bit less not fun for that patient and that client?

0:28:43.3 Liza Rudolph: I think that we do, most of the time, I think that we do try to do this, just as I mentioned earlier, kind of naturally being caregivers and in empathy on the whole, that we try, but at the same point, I also am well aware of how busy we all are. And sometimes we forget that us being busy or being short with clients, that that sends a very particular message. Now whether that's dismissive of that client or that you know, your pet's just a number or what have you, but it sends all sorts of signals. So even little things that prioritize that patient care. And it may sound silly, but putting that towel down on that exam room table, if you are able having the owner present so that we're not running back and forth, back and forth between "the back" and the front.

0:29:39.2 Katie Berlin: The flash box, that is the back.

0:29:44.3 Liza Rudolph: Correct. Exactly. Because then they see, and also you get to spend more time with them so that you have that interaction, so that they don't just feel like they were churned into some massive veterinary laboratory diagnostic machine. And Oh yeah. The vet, I'll call you later, right?

0:30:00.5 Katie Berlin: Yes. That's such a great point. And now that I'm not working in a clinic right now, I have become a client and I don't want you to take my pet away from me. I want to see everything you're doing. And it's not 'cause I don't trust you, it's 'cause I like to be with my pet. You know, I like to be with my cat. My cat is super chill and he's like a golden retriever in a cat's body. And I get really nervous because he was not always like that. You know, he was a stray and I get really worried that he's gonna have an experience through no one's direct fault, but just because I'm not there to sort of help guide that experience and make sure that he knows that I'm there, there's a familiar person there who loves him. Like I worry that he's gonna go backwards. And I think we've been doing this for a long time where we just take pets away for blood draws and CTOs and stuff like that. And in some cases you have to, but in many cases, you do not have to. And that's something I'm really glad you brought up. 'Cause I'm a big fan of the blood draw in the room whenever possible. Even if there's no vet that's gonna come in during that appointment, tech appointments too, I think, if there's a space.

0:31:09.9 Liza Rudolph: Absolutely. Exactly. And as you said, we kind of have a, once again, that default, that protocol. Now let's just say the protocol is in the room and that the owner is present, let's say when we're getting a blood pressure, right? Because we want these patients to be as calm as possible. That being said, every patient's going to be slightly different. Working through an internal medicine service, I have had patients that have been one way or the other, right? There's those patients that come in the door and the longer they are there, they're shaking and you just know their blood pressure's rising. So those are the ones that you're gonna go right in the exam room and in a very calm way, do it as quickly as possible, right?

0:31:54.9 Liza Rudolph: But then there's other patients that are more excited when they come in the door. I'm thinking of our, let's say our super happy Labradors or golden retrievers. And they're super excited and yay, everybody's in the waiting room and then they go in the exam room and maybe those are better to leave in there and chill for 10 to 15 minutes because that's what's gonna work for them. So I think having that flexibility to really provide the patient care that that patient

needs as an individual is just so paramount to these cases, particularly the ones that come back over and over again because we all know about white coat syndrome and how problematic blood pressures can be in the vet office, and we take them with a grain of salt. And we should. But being able to do what's best, buy that pet for that pet and working with our patient, I think we can really maximize the care that we can provide for these patients. Particularly as I mentioned, the long-term ones.

0:32:54.0 Katie Berlin: That is music to my ears. And also hearing you say that as a technician in at least one hospital I was in, it was always the veterinarians who were kind of like, Hey, I think that dog looks stressed, let's slow down or hey, I don't really like to throw the blanket over the boxer and lie on top of her to get her nails done, kind of thing. And then I moved to a fear free hospital, and the whole team was empowered to make those calls and it was night and day difference. Not just in how the pets were treated and how they acted and how the clients perceived what we were doing, but also we just felt better about our lives because we didn't have to like manhandle anything in order to try to get them better.

0:33:38.4 Katie Berlin: And it didn't feel like we were doing harm in order to do good. And I think that's where a team can really make such a big difference is like, some doctors are gonna be more attuned to that behavior than others. And to have a technician or an assistant like pipe up and say, Hey, I don't think this is going... Like, do you mind if we take a break? Or like could we try something different? Is it would mean the world to me as a doctor to have somebody say that, and I hope that people are feeling like they have the ability to do that on the teams they're on.

0:34:10.2 Liza Rudolph: I hope so too, because I really do think that that's a big component on how we move forward, right? In a profession looking at team-based care, how we're doing no harm to these patients and being able to work with them. I think that that's the key because nobody, let's be honest, nobody wants to throw a blanket on that boxer. Nobody wants four people on it. Nobody. So...

0:34:38.0 Katie Berlin: If you want that, this might not be a good fit for you.

0:34:42.2 Liza Rudolph: Correct. And that's the thing. And a lot of times in those situations, whether we're talking about anybody on the team, no one's a hundred percent comfortable with that. No one is. So that that kind of stuff slowly does kind of eat away at that caregiver that we have at our hearts because that's not who we are yet we're doing it. So I think that we need to kind of take a step back and just evaluate what we're doing. And if we're doing, if what are we are doing is actually the right and best thing by that patient.

0:35:20.8 Katie Berlin: Yeah, totally, totally agree. If you're not, if you feel like something's off, you're not comfortable doing it, it's okay to say, Hey, can we just hold up a second? And think about whether there's another way. And sometimes, that other way is coming back another day. Because clients are astonishingly willing to do that if you kind of explain to them what the alternative is, which is basically torture for a lot of these pets. The pets don't know it's gonna be over in 30 seconds, you know. That level of fear that they have is not only harmful, but for these types of diseases, right, where you're measuring stress responses and things like that. Like it can actually affect the test results to have a really, really stressed out pet. So overall, I think that's a great answer, which is that the team can really work together to try to make this, like, somebody's coming to a friend's house for a few minutes to get this procedure done, rather than we're going to

that big scary place. They hold me down and stick me with things. Nobody wants that.

0:36:19.2 Liza Rudolph: Right. Absolutely. And you mentioned having that conversation with the owner. And that, to me, is very key, being open and forthright with the owners. Because I had an example where there was a patient that came in and I don't recall why it came in. I think the patient came in was vaguely ill, not terrible. So we elected to do blood work and send it off to the reference lab. That patient decompensated and was back that night through the emergency facility. So we had that patient, we grabbed that one of those front limbs and shaved that hair off where the blood draw was, which of course we didn't know, which was fine, but apparently, for whatever reason, it was very clearly a traumatic draw because that patient's, I mean, their limb was incredibly bruised and I, instantly felt badly for this patient because in my mind, even though owners don't want to hear this, coming to them and saying if they're not in the room, hey, I'm... Hey, I'm really not comfortable with how this is going.

0:37:28.8 Liza Rudolph: And you don't have to say, I don't know what I'm doing. You just say, in my experience, a lot of times, it's easier to visualize the vein. If, and I just clip a little bit. I don't wanna keep fishing and poking in there. And every once in a while, some owners will say, oh, heavens to Betsy, don't shave my dog. But.

0:37:42.8 Katie Berlin: The show dog or something.

0:37:44.4 Liza Rudolph: Right. Exactly. But by and large, most owners are willing to sacrifice a patch of fur so that you can provide good care and that we're not torturing them by poking them and fishing around when really, all we actually need is a little bit of visualization. So that, having those conversations and also it makes that owner feel like they're part of the team because they are.

0:38:09.4 Katie Berlin: Yes. So also a really good point that I'm glad you brought up, which is, the owner, that Vets Health, the pets healthcare team is, we're talking about a team-based approach. And we've talked about like CSRs and vet assistants and technicians and veterinarians, and that's all great. And then there's another very important person on that healthcare team, especially when it comes to these pets with really chronic, generally incurable diseases that they're gonna have medications for and repeat testing and monitoring and all the things, the owners have to be very alert at home, and their life basically changes overnight when they figure out that there's this diagnosis. And people that are coming back like this are people who have decided they're gonna try to treat this thing, you know? And and we sometimes, I think take that a little bit for granted.

0:38:58.8 Liza Rudolph: I absolutely agree. And framing the owner as part of the team and thinking of them that way, I think really does kind of reframe the entire way that we think of these long-term diseases. Because as I mentioned before, we have this protocol again, right? But we treat patients. So if you have that Addisonian, maybe a injection versus an oral is going to be better or worse for that particular patient. And so we tailor it for them. And how are we going to determine what's best? By talking to the owner. And the same thing with diet recommendations and things like that. Whether a drug is given orally or transdermally, we need that feedback from the owner on what's going to make it work. Because the last thing we wanna do is dismiss an owner's concerns on how a medication is being delivered because it's not going to end well and we're not setting them up for success. And then that leads to the frustration of, I can't do this. What was I doing? I'm a terrible pet owner, and it can just go from there. So I think it is really, really exceptionally important to make sure that the pet owner is part of it. And honestly, pet owners wanna be part of the team. They

wanna be part of it. They wanna know that they're part of the team and that their voice is being heard.

0:40:27.8 Katie Berlin: Yeah. And I can hear a lot of veterinarians saying like, I do not have the time to have these conversations over and over. Like, you make them part of the team and they call all the time. And sometimes they do, like sometimes they do, and you know, send you their little journal entries from like how the dog slept last night and how much water the dog drank yesterday. And it's a lot. But this is another place where the whole team can get involved because the veterinarian doesn't have to field all of that alone. And it's not like the rest of the team isn't busy, but it also is something where that, I was gonna say burden, but it's not really a burden. It's more like a gift if they're giving you information that will help you treat this pet, that can be spread out a little bit over multiple team members.

0:41:11.5 Liza Rudolph: Absolutely. And hey, I worked in internal medicine specialty for a number of years. I've gotten...

0:41:17.8 Katie Berlin: You've got all the journal.

0:41:20.5 Liza Rudolph: Awesome. Excel documents and journal entries. And particularly, some of the Excel documents you can, I mean, they have it set up so you can filter and sort everything. So I mean...

0:41:29.5 Katie Berlin: I don't even know how to do that.

0:41:33.6 Liza Rudolph: I know how to do it now. But you know, sometimes that's... But that's what makes the owner feel like they're competent. Like they can do it. So we do have to have a little bit of grace when we get all of that information. But like you said, not all of that has to be fielded by the veterinarian. It can, even if we're not sure, sure. Maybe that file, that record gets flagged to the owner, and they take a quick look and say, oh, okay, so-and-so can handle this call back and tell them that. And that's all that needs to happen because if we use our technicians and our assistants and our CSRs all to their maximum ability, everybody wins.

0:42:15.1 Katie Berlin: Love it. Mic drop.

0:42:20.6 Liza Rudolph: Bye.

0:42:21.2 Katie Berlin: No, I can't think of a better way to wrap up than that because that's exactly it. And if I could put that on a t-shirt, well, here I am, like I'm walking away with one of the questions, but if I could put a post-it on everyone's bathroom mirror, that's what it would say is if everybody's used the top of their potential, everybody wins. Do you have another something that you would put on every, let's narrow it down and say veterinary technicians, because I think that's a group that we're thankfully focusing more on now and thinking about like what technicians need to be happy and sustainable. What would you want every veterinary technician in the field to see in the morning when they get up, go in the bathroom and look on the mirror?

0:43:02.3 Liza Rudolph: Just the one post-it. And that's hard. Especially after you just said, called me out and said it was a mic. How do I follow that up?

0:43:09.8 Katie Berlin: It could be like brush your hair or like, put on the cream scrubs.

0:43:15.6 Liza Rudolph: Yes to all of those things. But, also I think that maybe since we have a good theme going here with team building and being part of the team, maybe just a post-it note that in all caps says, you are part of the team, keep your brain... And that just means keep your brain engaged. You know, it's not just the doctor said X, y, z. Well, if something in you says maybe that's not right, you need to be able to be comfortable to bring your concerns to that veterinarian. So I think remembering that we're part of the team, that we are that patient advocate is gonna be, make a huge difference in how we perceive our roles and how we treat our patients and in interact with our fellow VetMed family.

0:44:05.7 Katie Berlin: Love it. And that also gave me another podcast idea, which is, you're a technician and you think the doctor made a mistake or you're wondering if that's really the right way to do things. How do you bring that up? So that's gonna be a future episode for sure.

0:44:16.7 Liza Rudolph: And I will definitely look forward to that one. That sounds great.

0:44:21.6 Katie Berlin: I'm writing that down. Liza, thank you so much for coming by and spending all of this time with us. I can't wait for these guidelines. They're definitely gonna be like a one of our more clinical guidelines. There's a lot of meaty material in here about how to take care of patients, but this part is just as important, the team part. So I'm really glad that you were there and that we had this conversation.

0:44:48.0 Liza Rudolph: I am still honored to have been asked to be part of it, and I'm thrilled to be able to come on here and talk about it. And from a complete team point of view. So this has been great. Thank you so much for having me.

0:45:03.3 Katie Berlin: Absolutely. It's been a pleasure. And thank you to everyone for listening. The 2023 AAHA Selected Endocrinopathies of Dogs and Cats guidelines are going to be out at the time this is aired. So stay tuned for those. You can check 'em out free on our website and we'll be posting a lot more stuff about them in the coming weeks. So don't worry about that. You won't miss 'em. Thanks a lot and we'll catch you next time on Central Line.