

## Kathy Reid



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Written by Karen Klak

Kathy Reid has made enormous, ground-breaking strides in the area of pediatric chronic pain management – ironically an area she once had little interest in pursuing. Kathy has been a nurse for 32 years, but it wasn't until the second year of her Masters degree program in 2003 that the gentle suggestion of a colleague encouraged her to move from her comfort zone of acute pain management to the more daunting field of chronic pain, where, she was told, she could really effect change. Kathy recognized there was a gap in that area, and felt for those who were suffering with little support, let alone understanding of the reality of their pain. It was that recognition, along with meeting psychologist Dr. Bruce Dick, a force in the pediatric world of chronic pain management in Edmonton, that propelled Kathy to switch gears. She was able to find two mentors in Canada who specialized in pediatric chronic pain, and years later, the three continue to do research together. When the pediatric pain clinic opened at the Stollery in 2008, with Kathy as the Nurse Practitioner on a team of like-minded and supportive professionals, they agreed to work together for a three month trial period. Nearly eight years later, what they have accomplished is nothing short of amazing.

Kathy is the recent recipient of an award for Exemplary Nursing from

*Hospital News*, a Canada-wide publication which is primarily written for hospital administrators. Stollery Patient Care Manager Sarah Kane-Poitras was so impressed by Kathy's accomplishments that she made the nomination. Not surprisingly, Kathy landed in the top three out of over 100 nominations in Canada, and even less surprisingly, she has since connected with one of the other two top nurses about the work they are doing.



As Kathy talks about her work, her passion for helping families is not only evident, it is infectious, and sheds light on the undeniable reason for her recent honour. What she has done to make a difference in the lives of kids and teens living with chronic pain and their families is obviously life-changing for them. As she explains, chronic pain is an invisible affliction – not just to peers, family, and society in general, but even to medical professionals, who most often rely on concrete diagnostic measures to determine the existence





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of a problem, but not yet possible for chronic pain. Therefore, a large part of what Kathy does involves making sure that others, from all facets of a child's life, understand.

Patients from the Stollery's catchment area are referred to the Pediatric Pain Clinic either through clinics or their primary care physician, and therefore come from as far away as the Yukon and Northwest Territories, Manitoba, and Northern Alberta and BC. At the first meeting, which Kathy personally explains to the patient in great detail beforehand, the whole team gathers to talk with the patient and whoever he or she chooses to bring with them – most often parents. Prior to the meeting, Kathy goes through their records so that she and the team have a complete background – there are few things more frustrating to patients and their families than having to repeat their story for the umpteenth time.

The two hour meeting begins with a simple yet profoundly comforting statement by the team, "We believe you have pain." This sets the tone for sharing, and the meeting proceeds as the patient reveals

whatever they are comfortable sharing, with questions asked by the team in a way that encourages discussion. Following the meeting, the patient is given a written copy of their own personalized plan so that they have something to refer to rather than having to remember everything they've been told.

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Suggestions are made that cover the three P's: pharmacology, physical therapies, and psychological support. The third P is for both patients and parents – with the understanding that caregivers need that support as well. After this first meeting, pain is rarely asked about – instead, the focus is on function.

With the help of her team, including two physicians, a psychologist, and two job-sharing physiotherapists, Dr. Bruce Dick and Kathy have created an eleven week program for Pain Clinic patients, usually in the age range of 13 to 18, meeting weekly with four course offerings each year. Each session is an hour and a half, and "students" are given homework to complete for the next week. The program, called Pain 101, begins with a lesson in biology, creating an understanding of chronic pain (ongoing pain) versus acute pain (temporary pain, like touching a hot stove). They talk about

damage to the nervous system, giving students a better understanding of what is actually going on in their bodies. The sessions that follow revolve around creating helpful strategies for pain management including relaxation techniques, goal-setting with respect to exercise, school and fun, managing stress and anxiety, sleep, depression, diet, communication (including using your medical words to converse effectively with medical professionals), how to get comfortable talking about your illness, and mindfulness practices. Dr. Dick and Kathy lead the sessions and they try to make them fun. Each week, the students are assigned homework, which they must complete. This program is a Canadian first, and other hospitals are now modelling their own pain management courses after this Stollery success story. And in the spirit of true family-centred care, parents have the opportunity to attend a similar program designed just for them, Parent Pain 101, recognizing the importance of parent wellness in supporting a teen with chronic pain.

While the program is both practical and productive, the added bonus is huge – as a result of Kathy's advocacy for the value of the program educationally and then writing the curriculum, the course is now recognized as a three credit high school course



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called Chronic Pain 35 by Alberta Education – an amazing feat and one that is significant for students who so often struggle to get credits because of absence due to pain. This is a world-wide first – students taking direct therapy for high school credit. And another hidden but important benefit is one of socialization – giving teens the opportunity to be with peers who understand, when so often they live somewhat in isolation as they can't always attend school because of pain or medical appointments, can't participate in many physical activities, and therefore miss out on natural opportunities for socialization.

Kathy's approach is exactly what pediatric patients and their parents dream of – she loves establishing relationships with the families, as chronic pain is a continuous journey, and she ensures that they know they can pick up the phone and call or send an email literally anytime. "Families know who their go-to people are," says Kathy, and just knowing they have those people brings a sense of peace. Kathy checks in with patients regularly by email, respecting

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that no confidential information is transferred electronically. Often, calls come to Kathy with questions or concerns, but she is also thrilled when kids call just to leave a positive message about how things are going, or an update down the road once they've transitioned to adult care. And some of those young adults have come back to help others through the journey – presenting on teen specific topics such as dating and entering the world of post-secondary education. All graduates of Pain 101 are invited back regularly for camps – opportunities to have fun with others who have become a support network of peers.

Kathy and her team see themselves as life coaches, with the primary goal of "helping kids reach their potential by getting better at managing and understanding their pain." She and her team offer trans-disciplinary care, as she explains, "We are all on the same page, or work to get on the same page. We rely on team communication

and respect for each other's knowledge, and we can each carve out our expertise within that. It's very rare that teams do that, and we can then do what's best for families."

Family-centred care is innately the goal in all that Kathy does. As an example, she makes a point of co-following patients, doing what she can to coordinate appointments to minimize the disruption of life for both the patient and very likely the parent who needs to take time off work to get them to the Stollery. She

can easily check when a patient is scheduled for other appointments, and then book their appointment at the Pain Clinic on the same day. Better yet, Kathy will often go to wherever they are in the hospital, knowing that much of the time, a patient is waiting, and she can talk to them while they wait to save them time. Like the long-ago practice of house calls, this family-centred approach seems simple and logical to Kathy, but is unexpected yet

greatly appreciated by families.

And for those who live outside of

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Edmonton, about 40% of the clinic's patients, Kathy and her colleagues make use of technology whenever possible. Kathy focuses on "how do we help them where they live so that the parent can still go to work and the teen can still go to school?" Secure video conferencing allows for interaction right from a child's school in most cases, or at a town's health unit or hospital. Kathy and her team seem to be always aware of the needs of the family, and do whatever they can to manage the medical aspect of their lives in the least disruptive and most productive ways possible.

Kathy is enthusiastic about the future of chronic pain management, emphasizing that she is always learning, and is linking internationally to other pain professionals who share ideas and learn from one another. She also modestly mentions the presentations she has done, passing what she has learned and implemented on to others. And here at the Stollery, Kathy is proud of the work that she and her team do, humbly emphasizing that the successes they've had are the result of the hard work of the kids and their families, "We give tools to kids and their families, and we are there for them when they struggle. Some of them simply can't do certain things, so we find smaller paths that they think they can, recognizing that there is always something that we can do differently." Spending time with Kathy Reid is inspiring, and knowing that she is so passionate about what she does is a breath of fresh air for any child with chronic pain.

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