

# Palliative Care in the Southeast

The Southeast Institute of Innovation in Palliative and Supportive Care (SIIPSC)  
Quarterly Newsletter



CENTER FOR PALLIATIVE  
& SUPPORTIVE CARE

The University of Alabama at Birmingham



EMORY  
UNIVERSITY

Emory Palliative  
Care Center

## FORGING THE FUTURE OF PALLIATIVE CARE SUMMIT 2022 "Culture, Communication, and Care in the American South"

**SAVE THE DATE - November 17-19, 2022**



### **University of Alabama at Birmingham and Emory University to co-host Summit 2022!**

We are so excited to announce that University of Alabama at Birmingham and Emory University have partnered to co-host the "Forging the Future of Palliative Care Summit 2022: Culture, Communication, and Care in the American South!" that will take place **November 17-19, 2022** in Birmingham, AL at the UAB Hilton. As one of the strategic intents of the Southeast Institute for Innovation in Palliative and Supportive Care, this partnership allows us to foster collaborations in the Southeast in the field of palliative care. A committee has been formed with leaders from both institutions to design the content of the conference that will have a regional focus, with national and regional experts delivering content.

The Summit will allow you to connect with a diverse group of physicians, nurses and other interdisciplinary team members from across the Southeast.

The purpose of this three-day conference is three-fold:

- Connecting - Connecting clinicians, educators, researchers, and administrators dedicated to the field of palliative medicine in the Southeast.
- Learning - Learning about evidence-based practice, strategies to reduce health disparities, and effective cultural communication.
- Sharing - Sharing of palliative care expertise and evidence, which can address gaps and challenges to providing palliative care everywhere for everyone.

**Mark your calendars to join us in Birmingham!**

For more information, please visit [www.uab.edu/pcsummit](http://www.uab.edu/pcsummit) or email Stacey Miller at [staceymiller@uabmc.edu](mailto:staceymiller@uabmc.edu).

## Palliative Care Provider Highlight: Tim Mayhall, MDiv, BCC By Chaplain Tim Mayhall

Tim Mayhall, MDiv, BCC, is a Chaplain and Director of Spiritual Care at Southeast Health in Dothan, Alabama. A graduate of Beeson Divinity School of Samford University, Chaplain Mayhall completed his Clinical Pastoral Education with the Ingalls Center for Pastoral Ministry of Princeton Baptist Medical Center in Birmingham, Alabama and previously served as staff chaplain to the patients and staff of Ascension St. Vincent's Hospital in Birmingham.

Chaplain Mayhall has specialized spiritual care supportive services to emergency/trauma, intensive care and palliative care chaplaincy. In his current position, Chaplain Mayhall serves as chair of the Southeast Health Clinical Ethics Committee, is a member of the facility's Organ Donation Committee, provides spiritual care to the census of Palliative Care and Supportive Services, coordinates Spiritual Care students and volunteers and greatly enjoys participating in local interfaith engagements. At the state level, Chaplain Mayhall is thrilled to be serving his third term as an appointed member of the State Advisory Council on Palliative Care and Quality of Life. The Cooperative Baptist Fellowship endorses Chaplain Mayhall to these works.



Tim Mayhall, MDiv, BCC  
Chaplain and Director of  
Spiritual Care

### My experience of Covid:

It would be difficult to imagine or design a challenge to coping and resilience more destabilizing to the community of care than the novel Coronavirus. At every level, Covid 19 repeatedly disrupted the rhythms of daily life and vocation. Nurses, for example, draw important coping resources from relationships with other nurses and caregivers, relationships that generally take shape and acquire significance over the course of many brief and occasional encounters. In the midst of a surge, working urgently under layers upon layers of isolating equipment, even those momentary connections were often unavailable over long periods. Throughout the clinic, Covid 19 injured our ability, as well as the ability of patients and their families, to access familiar strategies and traditional rituals for processing and resolving grief and trauma in precisely those times when those strategies and rituals were most vital, most necessary. It confronted our ability to make shared meaning of lived experience.

In our facility, and in others across the nation and world, the interdisciplinary caregiving team worked creatively to imagine and develop common expressions of grief, loss, and hope. Some of these expressions involved local religious and spiritual communities. For example, we invited pastors, priests, rabbis, imams and others to provide encouragement and blessing as part of our daily Covid huddles via Zoom. Spiritual communities met in our parking lots or walked the area of our facility in prayer and in singing. Children painted words of inspiration on small stones, created chalk drawings on the sidewalk from the employee parking lot, and wrote letters of support for display.

Some of these expressions grew from within our community of care. We established an oasis room so that caregivers might have dedicated space to seek a moment's hesitation and uninterrupted peace. We

consecrated a garden memorial space where ribbons gave remembrance to those who had passed way and those who had recovered from Covid 19 in our hospital. We began providing an overhead interfaith blessing in the mornings and evenings. We began to design and implement a new chapel, a place for meditation and prayer, and to set aside new sacred spaces for patients and their families. We held Zoom talent shows celebrating one another's gifts and abilities. When I remember these years, as difficult as they have been, I will also remember the many manifestations of our mutual calling to our community and to one another in the sacred labors of helping and healing. I will always be proud of our healthcare system and our surrounding community for their creativity, diversity, and generosity.



An impromptu zoom prayer session on the ICU hallway.



A favorite picture of Mr. Mayhall's: a chaplain greeting a patient who had recovered and returned to the hospital to check in

**Spiritual Care as an element of Palliative Care and Supportive Services:**

The central philosophy of palliative care concerns maximizing a person's quality life by providing effective symptom control, psychological and spiritual support, while honoring the person's beliefs, values and relationships. Although every caregiving discipline is interested in the palliative patient's spiritual and emotional well-being, Chaplains are included on the interdisciplinary team as subject matter experts dedicated to these important needs.

Sacred stories, beliefs and behaviors, either formalized into shared religious traditions or highly contextualized to the individual, help human beings to develop shared interpretations of reality, to navigate significant transitions, and to manage the emotional resonances of our lived experiences. They help us to resolve conflicts within our communities, to formulate coping strategies and summon resilience and normalize or adjust to changes in our circumstances. In or near the end of life, Chaplains journey alongside individuals as they negotiate their final burdens and tell the best versions of their own stories. Where it is possible, Chaplains continue in conversation with surviving families and communities as they encounter, express and integrate grief.

Working as a palliative care chaplain in the hospital also involves a great deal of decision-making support. As persons and peoples navigate transitions from

curative interventions to therapies meant to increase comfort and quality of life, Chaplains serve as communications specialists. They help medical caregivers and Patients hear and understand one another across the borders of cultures and competencies, insuring that necessary voices find room for expression, and work to insure that plans and goals of care are honoring to the person's preferences, beliefs and relationships. Good palliative care always includes careful and consistent concern for the emotional and spiritual support of the person. In this effort, every member of the interdisciplinary team is invaluable.

These same values are represented at the state level through the State Advisory Council on Palliative Care and Quality of Life. I am always inspired to see Doctors, Social Workers, Regulators, Civil Servants, Chaplains, Lawyers, representatives of the community, and others of all walks and vocations, working together to further education and innovation in the field of palliative care, helping folks from Alabama to have more time and better time with their families and loved ones.

**Personally:**

Like so many others, I experienced the loss of a beloved parent and friend in the midst of the pandemic. My mother, Lynda Joy Mayhall, passed beyond our sight just before Christmas in 2020. Unlike so many others, and due to the extraordinary efforts of my mother's palliative caregivers and hospice team, she was able to die in her own home, surrounded by her children and grandchildren, in peace.

It pains me to think that Covid 19 deprived so many families of their desperate need to congregate together and to be physically present to one another in so many of life's most sacred moments. I am humbled to think of the doctors, nurses, chaplains, social workers and others who donned protective equipment and held tablets and telephones, substituting their own bodies to bear the risk of illness, so that families could have, at the very least, some limited view and voice, some window into their loved ones' lives and deaths.

Personally, I remain resilient and resolved in my work as a Chaplain, but I am also wounded and, sometimes, shaken by the solemn weight of these years. I feel that this must be true of many of us, perhaps even all of us, and that it will be important that we bear this in mind as we go forward to finish our own work and to tell the best versions of our own stories. I feel that we must be gentle with one another now, tender hearted, willing to listen and eager to forgive. As someone once said, it is important to believe that there is a future in which we are all together, laughing.



A sacred and beautiful photo taken at the time of mother's passing. Lynda Joy Mayhall was surrounded by loved ones as she took her last breath.

## Program Highlight: Integration of Palliative Care with Undergraduate Education By Dr. Jesse Soodalter

**UP Ed** Undergraduate  
Palliative Education

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### Building an Undergraduate Curriculum in Palliative Care

A multidisciplinary collaboration to help undergraduates engage with profound human issues, such as grief, loss, suffering, and dying.

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GUIDE TO GETTING STARTED →

Funded by the Arthur Vining Davis Foundation, “Integration of Palliative Care with Undergraduate Education” project began at Emory University in 2019 and now encompasses 10 partner universities across the country. The project brings together palliative clinicians and researchers with undergraduate educators in a broad range of disciplines – sociology, ethics, classics, history, philosophy, and beyond. Through guest lectures, seminar courses, campus events and other activities, faculty and students work together to broaden undergraduates’ exposure and perspectives on complex issues such as grief, loss, suffering, and dying.

Our vision is to influence the next generation to build a humanistic approach to their professions with an early understanding of palliative care from a number of perspectives, including those of people living with a serious illness and their families. While palliative care education typically occurs at the postgraduate, professional school, or post-professional school level with little focus on undergraduates, we seek to advance the field of palliative care by exposing undergraduate students who plan to enter a variety of professions to the core concepts of this area of study and service.

The project had three initial goals, which have all been met:

1. Build a Palliative Care Undergraduate Toolkit developed by undergraduate faculty, palliative care clinicians, and undergraduate students which will include steps to integrate palliative care into the undergraduate curriculum.
2. Create a consortium of at least 10 Undergraduate Partners for Palliative Care. These are academic medical institutions that 1) have strong palliative care programs and 2) are also affiliated with undergraduate institutions where they can adapt the model for their undergraduates.
3. Convene the consortium to share educational strategies, interventions, and assessments around palliative care that can be implemented at undergraduate institutions across the country.



Faculty members, Drs. Tammie Quest and Ellen Idler - both from Emory University.

We anticipate that students that are touched by learning about palliative care early in their education will gain the skills to be able to have a more open conversation around palliative and end of life care in all walks of life, business and society within and outside of their own family units.

Consortium members report multiple positive benefits for students and faculty alike: "Students are very interested in talking about death and these courses, activities, allow them a place to start. Many of them then talk to friends and family. So, it opens a door for difficult and meaningful conversations to happen." Similarly, "Two things stood out the most: 1. Undergraduate students were really receptive to this content and were clearly experiencing this for the first time. 2. Working with undergraduates was really rejuvenating for us as palliative care providers." The enthusiasm expressed by consortium members for continuing the project beyond the initial grant period is testament to both the benefits faculty and students experience from it, and the potential for long-term sustainability and educational impact.



Undergraduates participate in class.

*"...it opens a door for difficult and meaningful conversations to happen."*

To learn more about this wonderful project, please visit:  
<https://www.palliativeundergrad.org/>

**Consortium Partners: Dartmouth College, Northwestern University, Ohio State University, University of Alabama at Birmingham, University of California San Diego, University of Chicago, University of Florida, University of North Carolina at Chapel Hill, University of Pittsburgh, University of Texas at Austin**

### The Core Emory Team



Tammie Quest, MD



Lynn O'Neill, MD



Jesse Soodalter, MD



Jane Lowers, PhD



David Kulp



Ellen Idler, PhD



Arri Eisen, PhD

## Educational Programs and Resources

Building Community Capacity to

**MEET THE PSYCHOSOCIAL CARE NEEDS**

of Breast Cancer Patients & Families

**UAB** THE UNIVERSITY OF ALABAMA AT BIRMINGHAM.

### Participant Feedback

- “I learned a great deal about cancer treatment and issues that face cancer patients.”
- “I found all sessions to be extremely informative, relevant, and well designed.”
- “There was so many jewels from legacy and support to survivors to their family members and also the importance of the caregiver. I also enjoyed learning from the survivors regarding intimacy.”

**Psychosocial Oncology Training Academy (POTA)** is an interprofessional training program that aims to build the community’s capacity to improve access and quality of psychosocial cancer care. This project will address specific needs of breast cancer survivors and co-survivors, while also creating a network of clinicians for follow up consultations post training.

**Why is POTA such an IMPORTANT training to attend?** Breast cancer is the most prevalent female cancer and the many trajectories of breast cancer survivorship pose distinct psychosocial challenges for patients and caregivers. Research has shown that more than one third of breast cancer survivors experience depression, anxiety, body image issues, and cognitive changes that may persist long after treatment. These psychosocial care needs, when under assessed and not addressed, are linked to poor survivorship outcomes including worsening symptoms and poor quality of life, early drop-out from treatment, and substance misuse.

There is limited access to psycho-oncology care for breast cancer survivors beyond active treatments. Largely due to the lack of training opportunities available to practicing clinicians in local communities where patients prefer to seek care. To address this gap, POTA was launched through the generous support of Women’s Breast Health Fund of the Community Foundation of Greater Birmingham.

All licensed mental health and primary care professionals serving patients in the Greater Birmingham 5-county area including Jefferson, Shelby, St. Clair, Blount, and Walker counties will be eligible to register for POTA training for FREE CME/CE courses through bite-size videos and live webinars. (Others wishing to participate in the training will have a small fee to participate.)

**Workshops are scheduled for May 13 and 14th, 2022 and October 21 and 22nd, 2022. Register today so you do not miss out on this excellent training opportunity.**

### POTA Mental Health Track Curriculum(16.0 CME/CE): Live Webinars

**Breast Cancer Survivor Informed Psychosocial Oncology Framework**  
*Dr. Diane Tucker*



**Psychosocial Distress Screening & Management**  
*Dr. Sylvia Huang & Judith Igbinakenzua*

**Evidence-based Psychosocial Interventions Series I: Depression, Anxiety, & PTSD in Breast Cancer**  
*Dr. Sylvia Huang & C. Lindsey Murphy*



**Evidence-based Psychosocial Interventions Series II: Insomnia, Fatigue, Pain in Breast Cancer**  
*Dr. Richard Taylor & Sylvia Huang*

**Sexuality, Body Image, & Intimacy**  
*Dr. Kay Knowlton & Sylvia Huang*



**Culturally Sensitive Patient-provider Communication**  
*Rev. Moneka Thompson*

**Legacy Building, Grief, & Bereavement**  
*Dr. Sylvia Huang*



**Spirituality and Faith-based Coping**  
*Rev. Moneka Thompson*



Center for Palliative and Supportive Care | O’Neal Comprehensive Cancer Center



SCAN TO LEARN MORE ABOUT POTA!

[www.potaproject.org](http://www.potaproject.org)  
[pota@uabmc.edu](mailto:pota@uabmc.edu)

## Educational Programs and Resources

### COMMUNITY BASED PARTICIPATORY RESEARCH IMMERSION TRAINING: Key Factors in Partnering with Communities to Develop Healthcare Programs (via Zoom)

July 11-15, 2022

#### WHO IS THIS INTENSIVE TRAINING FOR?

- Faculty with any terminal degree
- Graduate students (PhD or post-docs)

#### WHAT WILL APPLICANTS GAIN INSIGHT INTO?

- Privilege and disadvantage
- Egalitarian versus hierarchical relationships
- Essential differences between CBPR and other research approaches
- Social justice aspects of CBPR
- How to partner with communities equally and respectfully
- How to establish and maintain trust
- How to develop and partner with Community Advisory Groups
- The principles and practice of focus groups
- Future funding and mentoring options

#### APPLICATION PROCESS

- Forty people will be admitted to the course.
- Applications must be received by **May 13, 2022**
- Applicants will hear back by **May 27, 2022**

#### COST - \$850 per person

- Full participation at all sessions (via Zoom) is required.

CME/CEU CREDITS will be offered.



For an application and more information, contact Jared Ball, MPH, Program Manager for Education, at [jaredball@uabmc.edu](mailto:jaredball@uabmc.edu).

### SAVE THE DATE

The **Louisiana - Mississippi Hospice and Palliative Care Organization's** Annual Meeting will bring together decision makers and influencers in palliative care and hospice who will take over the entire Higgins Hotel in New Orleans to network in search of new ideas, services and products.

This year's theme, "Transcending Chaos & Healthcare: Recovery, Restoration and Renewal" has become their rallying cry in 2022 as providers figure out new ways to reintroduce quality care; our theme will also help us address critical core competencies in "this brave new world" of ours.

**Conference Dates are July 27-29, 2022, in New Orleans, LA.**

For more information please go to: <https://www.lmhpc.org/>



• UAB Center for Palliative and Supportive Care  
CH19, Suite 219, 1720 2nd Avenue South  
Birmingham, AL 35294-2041

• To join our mailing list please email  
Stacey Miller at [staceymiller@uabmc.edu](mailto:staceymiller@uabmc.edu).

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 <https://www.uab.edu/medicine/palliativecare/>