

PALLIATIVE CARE

Welcome Our Newest Team Member!

Before coming to Swedish, **Christopher Flynn D.O.**, completed a Hospice and Palliative Medicine fellowship through Montefiore Medical Center and MJHS Hospice and Palliative Care in New York City. Prior to that, he trained in a Family Medicine residency at NYU Lutheran Medical Center in Brooklyn, NY. During his residency training, Chris discovered that his true calling lay in providing care to patients and families facing life-limiting illness. He completed medical school training at the New York College of Osteopathic Medicine in 2014. His professional interests include pain and symptom management, care for those at end of life, and psychosocial support. Please join us in welcoming Chris!



Team Changes

- **Meghan Green, ARNP**, will be leaving for Providence Hospice of Seattle.
- **Social workers moved to Swedish Medical Group (SMG)**. As a result, **Catherine Ambrose, LICSW**, will be leaving the team to continue in her interim coordinator role in Swedish case management. Also, **Kathleen Preppernau, LICSW**, will be leaving her temporary post with the team, as she pursues other endeavors at Swedish.
- **Brian Hough M.D.**, and **Rob Hansen M.D.**, have both shifted their time to being full time hospitalists and will no longer be splitting their time between palliative care and hospital medicine.

Expansion Plans Will Add Clinicians

- **At First Hill** – One doctor and one advanced practice clinician.
- **At Cherry Hill** – One doctor, one advanced practice clinician, one social worker and one chaplain.
- **At Edmonds** – One doctor, one advanced practice clinician, one social worker and one chaplain.

My Why



When I first learned about the social work role within palliative care and the emphasis placed on psychosocial well being, I thought, "That's it, that's my future." Palliative care encompasses everything that led me to the field of social work in the first place: the opportunity to support individuals and families through some of the most difficult and stressful life experiences imaginable. It is an absolute privilege to be allowed into the lives of our patients: to hear their life stories, their hopes and their worries. These discussions compel me to do everything in my power to help our patients live as they choose for as long they can.

—Diana Jacobson, LICSW

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Learning Opportunities

Local

- **Greg Malone, MDiv, BCC**, served on a Conscious Living and Dying: Demystifying EOL Options discussion panel, sponsored by the WA State Health Advocacy Association Center for Urban Horticulture, Oct 5.
- **Greg Malone, MDiv, BCC**, will present on Self-Care & Grief Rituals for the Clinician, Harborview Palliative Care Grand Rounds, Jan 29, 2019.

National

- **Greg Malone, MA, MDiv, BCC**, will attend the Center to Advance Palliative Care Conference, Nov. 8-10 in Orlando, FL.
- **Ellyn Lee, M.D.**, and **Nancy Muggoch, ARNP**, attended the International Congress on Palliative Care, Oct. 2-5 in Montreal, Canada.
- **Susan Franke, MDiv, BCC**, will attend the National Hospice & Palliative Care Organization Conference, Nov 5-7 in New Orleans, LA.

Resources:

- [Shaping the Quality of Healthcare for Older Adults](#)
- [National Comprehensive Cancer Network](#)

Clinical Pearl: When to Call Spiritual Care



There are times when I've been told that a patient "has no spiritual needs," to later discover after conducting a spiritual assessment that the patient has spiritual needs that may be less obvious to a non-spiritual care provider.

Even if a patient does not talk about "God" or his/her faith, there are some less obvious things people might say that may indicate spiritual need. Here are a few themes to listen for:

- Estranged family relationship
- Blaming language
- Shock and disbelief
- Fear of uncertainty
- Loss of identity
- Tearfulness and/or anger

So how can I introduce spiritual care as a resource if I suspect a need? Answer: Memorize some catch phrases to use. They can serve as tools in your toolbox. My favorite is: *How have you coped with difficulty in the past? Some people rely on a religion or spirituality; is this true for you?*

Announcements

- **Donna Jensen, RNC, MN**, was named new SMG nurse executive. This means **Nigel Ball, M.D.**, will now oversee Palliative Care Services.
- **Vivian Foxx, LICSW**, led a "Speaking of Dying" screening and discussion at the Swedish Cancer Institute, March 30.
- **Mary Halpin, R.N.**, attended City of Hope's Geriatric Oncology Conference.
- **Diana Jacobson, LICSW**, **Kathleen Preppernau, LICSW**, and **Catherine Ambrose, LICSW**, presented Palliative Care 101 for Swedish Case Management, July 5.
- **Meghan Green, ARNP**, **Diana Jacobson, LICSW**, and **Greg Malone, MDiv, BCC**, presented M & M Grand Rounds: The Medicalized Death in the ICU: Success or Failure?
- **Pam Hallmark, MCPC BCC**, received board certification in July.

Where to find us:

Palliative Care & Symptom Management Clinic

1221 Madison, 2nd Floor
Seattle, WA 98104
Phone: 206-386-2126

For inpatient consults, please call 206-320-5000

To view the palliative care inpatient schedule, visit "On-Call Schedules" via the Swedish intranet.

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意: 如果您講中文, 我們可以給您提供免費中文翻譯服務, 請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)