

SWEDISH GERIATRIC MEDICINE FELLOWSHIP

Newsletter

Winter 2026

Swedish Geriatrics Fellowship, and Plymouth Blake House Deepens Partnership by Carrie Rubenstein M.D., Fellowship Program Director

by Carrie Rubenstein, M.D.
Geriatrics Fellowship Director

As a family physician and faculty at Swedish Family Medicine – First Hill and director of the Swedish Geriatrics Fellowship, I am so proud to report on the partnership with Blake House. By embedding a fulltime nurse navigator and integrating primary care, geriatrics specialty care, resident education and crisis response, the program advances health equity while training future family medicine and geriatric specialist physicians. In early January, three residents of the building died from fentanyl overdoses. In response, our Swedish team organized a visit to Blake House with a specialized group of crisis responders, along with our own faculty member Corey Walsh, addiction medicine specialist, and family medicine resident Christina Cheung. Together, they led a session for 25 residents and staff focused on recognizing opioid overdose, understanding treatment options, and “Staying Safer Together.” The session was meaningful, well received, and fostered a strong sense of community.



Fellows, faculty, and Residents at It Takes a Village: Aging in Place Town Hall Event

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Advancing Advance Care Planning

By Bennet Gosiker, M.D., Family Medicine Resident



*Bennet Gosiker, M.D.,
Swedish Family
Medicine, R3*

During my intern year I was struck by the number of goals of care discussions I was having on my inpatient rotations while also tracking down family members and DPOA's. This translated directly to my outpatient practice where my norm is to introduce them to advance care planning early and often to encourage reflection on the topic. I saw the deep anguish that ensued when these conversations were never had.

It was these experiences that motivated me to support coordinating an advance care planning discussion at Blake House, the permanent supportive housing community for adults over 55 years old who previously experienced unstable housing located across the street from our First Hill clinic.

We walked through "Values Bingo" to identify which values folks prioritized. This was followed by a review of standard advance care planning documentation. Our aim was to normalize these discussions for folks who may not have reflected on their care previously. When making future healthcare decisions I hope that the activity allows folks to keep their most-cherished values at the forefront of their medical decision-making. We even had the ever-supportive Liz Stahl to serve as a notary at the event for anyone who wanted to fill out ACP documents.

In addition to Advance Care Planning, we are placing an emphasis on understanding drivers of emergency room utilization among Blake House residents. With our star Blake House nurse, Peepong, at the forefront. We found that injury or assault, infection (cellulitis, fever, sepsis), and substance use (withdrawal or acute intoxication) were the most common diagnoses bringing folks in. Most folks were also not connected with Peepong (during business hours) or our after-hours resident-staffed line prior to their ED presentation, presenting an opportunity to increase awareness about these resources



Introducing Next Year's Fellowship Class of 2027!

Jessica Lambert (she/hers) is excited to join Swedish Medical Center as one of the 2026-2027 geriatric fellows. She grew up in Cleveland then went to The University of Alabama to study exercise science and moved back to Ohio to complete medical school in Cincinnati. She then came to Seattle to work for the University of Washington for Internal Medicine residency where she fell in love with the PNW and is thrilled to continue to build a career and home here in the Seattle community. She has loved working with older adults for many years since she worked as a personal trainer and taught senior based group exercise classes prior to her medical training. During residency, she received additional training in sexual and reproductive health, breast health, menopause, osteoporosis, urologic issues and gender affirming care in the program's women's health pathway and is eager to continue focusing on these areas of health in the geriatric setting. She is passionate about preventive health and working together with her patients to maximize their quality of life and achieve whatever their healthcare goals may be. Outside of medicine, Jessica enjoys all season hiking around the PNW, cycling, swimming, triathlons, and cozying up with her cats, husband and a good book.



*Jessica Lambert M.D.,
Geriatric Medicine Fellow
Class of 2027*



Eileen Brady (she/her) is excited to continue her training through the Swedish Geriatrics Fellowship. She grew up in Ohio, completed her undergraduate studies in Biochemistry at Rice University in Houston, and now considers Seattle and the Pacific Northwest home. She earned her MD/PhD at the University of Washington and remained at UW to complete residency training in Internal Medicine. She is passionate about providing compassionate, evidence-based care for older adults that centers what matters most to each patient. As a clinician educator, she is dedicated to developing innovative and effective ways to teach geriatrics principles to other health professionals and trainees. Outside of medicine, she enjoys running, playing guitar, hiking and backpacking, and exploring Seattle's many parks with her dog.

*Eileen Brady M.D.,
Geriatric Medicine Fellow
Class of 2027*

Geriatrics is a Garden

by Jeremy Oulton, M.D., Alumni

Some days, walking into geriatrics feels like stepping into a garden someone else planted — wild, overgrown, and full of surprises — with no map, half a pair of pruning shears, and a vague hope that something extraordinary will appear. You think you know the terrain — charts, labs, medications — but the garden laughs at you. Blooms appear where you least expect, weeds choke the obvious paths, and the lessons you didn't see coming? Often the ones that matter most.

Since graduating from geriatrics fellowship in 2021, I've wandered through tangled plots of care models — first as medical director at an Iora Primary Care clinic, then leading a specialty advisory committee in geriatrics, and now as physician lead for billing and coding for primary care at the University of Washington. Along the way, I've learned that caring for older adults isn't about following a fixed blueprint — it's about drafting new ones, redrawing lines as circumstances shift, and knowing when to set the pencil down altogether. Sometimes you nurture sprouts, sometimes you trim back vines, and sometimes the wisest move is simply standing back and letting the patient's life grow in its own direction.

Take Mrs. N, 87. Her chart was full of the usual suspects — heart failure, diabetes, polypharmacy — but that was just the baseline. The complexity emerged elsewhere: she was recently widowed, adjusting to living alone, and navigating early cognitive changes. What mattered most wasn't labs or medications. It was running her weekly knitting circle at the community center — a small

act that kept her connected, purposeful, and visible. I'll admit, I paused and muttered to myself about fitting this into a care plan, only to realize: of course this mattered. It was exactly the care she needed.

I've stumbled plenty in geriatrics. I've clung too tightly to rigid guidelines, misread patient priorities, and at times felt the weight of systems designed to resist change. But those missteps are instructive: when we pause, observe, and truly listen, the patient's goals become the seeds we tend. Our role is to nurture, adapt, and create conditions where those priorities — however unconventional — can flourish.

Systems, like soil, are stubborn, compacted, resistant to change. But they are not immovable. Tiny interventions — workflow tweaks, culturally respectful adaptations, thoughtful care transitions — may feel minor, yet they accumulate, softening the ground just enough for growth.

For those entering geriatrics: watch closely, listen deeply, and honor the rhythms of each patient's life. For those seasoned in the field: remember the lessons hidden in the weeds, and never stop asking hard questions or challenging the systems around us. Courage matters — the kind that redraws the blueprint when the old one no longer fits.

Geriatrics, like a garden, is messy, unpredictable, and endlessly rewarding. Tend it well, and you'll be amazed at what grows. And if you ever feel like you're wading through weeds, take a breath, pull one stubborn vine, and keep going. The blooms are worth it.

“Caring for older adults isn't about following a fixed blueprint — it's about drafting new ones, redrawing lines as circumstances shift, and knowing when to set the pencil down altogether



Building Better Bone Health: Updates from the Swedish Geriatric Medicine Fellows

by Alissa Kummer, M.D., & Devin Beecher, M.D.

Hello all folks involved with and interested in the Swedish Geriatric Medicine fellowship! Devin and I are the current fellows for the 2025-2026 year and wanted to share some fun updates about bone health projects that we have been working on!



*Alissa Kummer, M.D.,
Swedish Geriatric
Medicine Fellow
Class of 2026*

Last fall, we worked with Dr. Carrie Rubenstein and two family medicine residents, Dr. Tara Ahmadi and Dr. Amanda Maxwell, on a quality improvement project within the First Hill Family Medicine clinic. Our goal was to improve osteoporosis screening rates in postmenopausal female patients of the clinic. We used EMR tools to create a list of patients needing screening, and based on that list we communicated directly with PCPs. We also helped improve the DEXA ordering workflow, and incorporated some bone health education as well. We were able to increase the clinic's osteoporosis screening rate (measured as DEXA scans ordered) from 49% to 60%, which was a significant change and reflected success in our interventions! We hope to present this at the American Geriatric Society and the Society of Teachers of Family Medicine conferences in the spring this year.

We also started an exciting new "bone health clinic" at Swedish First Hill this past fall. Here, we have had the privilege of learning from Dr. Christopher Shuhart, a family medicine trained doctor who ran the Swedish Bone Health specialty clinic for quite some time. We see patients with Dr. Shuhart and one of the family medicine residents, giving more opportunities for Devin and I to get to know the residents better and be involved in their education. In this focused clinic, we aim to serve people who have complex osteoporosis, tough treatment discussions, and DEXA scans that are more challenging to interpret, to name a few. This has been a really excellent addition to the rotations that we already have in fellowship, and we have all been learning so much about osteoporosis treatment and all of the other considerations that go into this work!



*Devin Beecher, M.D.,
Swedish Geriatric
Medicine Fellow
Class of 2026*

We both appreciate your support and interest in the fellowship program so much; the care we are able to provide to our patients and the vast amount of learning and experience in this fellowship would not be possible without all of you!