

SWEDISH GERIATRIC MEDICINE FELLOWSHIP

Newsletter

Spring 2024

Plymouth Housing: Blake House and Swedish Family Medicine – FH/Swedish Geriatrics Partnership

by Carrie Rubenstein MD, Geriatrics Fellowship Director

After years of anticipation, we are thrilled to announce we have formally begun our partnership with Plymouth Housing – Blake House. Blake House is a building for formerly homeless individuals, 55 and older, across the street from Swedish First Hill-Family Medicine Clinic. [Blake House: Seattle's 1st affordable high-rise in over 50 years - Plymouth Housing](#) The geriatrics fellowship faculty, geriatrics fellows, and family medicine residents lead community education sessions once a month for the residents of Blake House. Last month we talked about overdose recognition and prevention and this month we are talking about advance care planning. We are also close to finalizing a plan for a Swedish RN to be located inside of Blake House to help us with care coordination and optimizing the health and well-being of the people who live there.

It's the start of a beautiful partnership, with the hope of many years of good work together!



Our fellows providing information to the residents who live in Blake House

In This Issue

- Plymouth Housing: Blake House and Swedish Family Medicine – FH/Swedish Geriatrics Partnership
- Less is More, but More Hands Make a Lighter Load
- Welcome to the New Year: Introducing Our Newest Fellows!
- Patients who Fall
- “Care for Me” Companion Cart

Pictured left, our faculty and clinic staff meeting staff at Blake House

Less is More, but More Hands Make a Lighter Load

by Kristina Orbe, M.D, Geriatrics Fellow

This fall, I worked with Dr. Rubenstein and our pharmacy colleagues on a project to demonstrate the value of the deprescribing work we do during our interdisciplinary geriatric assessment clinic. Our study focused on anticholinergic burden, as these medicines can contribute to delirium, dizziness, and falls. The results showed that patients had a statistically significant reduction in anticholinergic burden scores 6 months after geriatric assessment visit. These were highly encouraging results, as shows the impact and harm reduction an interdisciplinary team can have in just one, albeit long, clinic visit!

It has become apparent through my fellowship just how valuable working with an interdisciplinary team can be. Patients can face so many barriers to care - lack of social support, financial burden, personal traumas that make Western medicine feel unsafe. Sometimes I tell my patients "I'm just a humble doctor", and the tools I have can't take away all the suffering. But in those times where I can lean upon colleagues with different skillset than my own, the moral injury wanes. I am so grateful to work with our incredible team, and I know that through community we heal our patients and ourselves.



"It has become apparent through my fellowship just how valuable working with an interdisciplinary team can be."

Introducing Next Year's Fellowship Class of 2025!



Lucia Amore, M.D., is presently a Family Medicine Resident at our sister residency located at Cherry Hill who will be joining us in July of 2024. She is set to join our team in late July, and her keen interest lies in exploring the intricacies of social determinants of health. Lucia's commitment to her work and her evident enthusiasm for understanding the broader factors impacting health outcomes make her an invaluable addition to our team.

Frédérique Messier, M.D., was formerly a Family Medicine Resident at UM who graduated in 2023 will be joining us in March of 2024.

After completing her residency, she dedicated six months to sharpening her skills and expertise at HealthPoint. Now, as she transitions to our team, she brings a well-rounded perspective and a wealth of experience gained from her time at HealthPoint.



“Care for Me” Companion Cart

by Carrie Rubenstein, M.D., Geriatrics Fellowship Director



Helen Kelley
Patient Safety
Attendant

The “Care for Me” Companion Cart is an exciting new pilot program at Swedish Medical Center. The goal of the cart is to decrease anxiety or discomfort of patients with delirium and/or dementia by engaging them in activities during their stay. From coloring to fidget items, playing cards to computer tablets with soothing content courtesy of ZinniaTV, activities have been chosen and vetted with engagement and relaxation in mind. Longer-term goals include a reduction in workplace violence and length of stay.

The inspiration for this program is Helen Kelley, a Patient Safety Attendant (PSA) at Providence Swedish. When rounding in early 2023, I met Helen and was immediately impressed with the extraordinary care Helen provided that day to keep her patient engaged. Helen is authentic and genuine in her care and actions, engages her patients in a respectful and kind manner, and was the perfect person to help us with this project.

This project is a winner of a 2023 grant from Providence Institute of Human Caring and is an ongoing, collaborative project led by our geriatrics fellowship team, Health Scholars, core leaders for PSAs and nursing units, the Neurodiversity Workgroup, Clinical Practice & Pathways and Process Improvement. We hope to bring this program to more units in 2024!



“Patient was getting agitated while in bed and started trying to climb out of bed, so I gave pt the silk handkerchief and he instantly calmed down and started rubbing his hands on the handkerchief. He expressed how good the change of texture felt and how soft it was compared to his blankets and gown. He then continued to rub the handkerchief on his hands and started relaxing.”

Can you imagine us years from today Sharing a park bench quietly? How terribly strange to be seventy

by Yazmin Mehdi

We all hope to age gracefully into our senior years as Simon & Garfunkel sing. My parents' experiences were not like that: I watched prostate cancer claim my father too soon at 67 and dementia swallow the beautiful, gracious woman that was my mother and transform her into someone unrecognizable. My husband's mother now, too, struggles with the dementia's effacement. His father finds himself in the throes of honoring her dignity, while also trying to enjoy his own later years.

Back in 2007, Atul Gawande wrote about the unique perspective of geriatricians, their particular focus on a patient's feet, for example, as a fall can be catastrophic. He noted that the relatively poor pay meant that few doctors were choosing this specialty despite our aging population. I was happily surprised to find that my PCP, Sarah Babineau, was bucking the trend to do just that. Years later, I asked Dr. Rubenstein to take on Mom's care. Her approach to Mom was the day to the night of Mom's former doctor. I no longer felt alone in helping my Mom through this vicious disease. Not long afterward, Liam's parents moved to Seattle and began seeing Dr. Babineau.

Being a patient in the geriatrics practice is not typical. Instead, you find yourself in a partnership. You find doctors and nurses with the patience you wish everyone had for your loved one, yourself included at times. You look forward to taking your parent to the doctor because you know you'll find someone who cares if not always the perfect solution. One of the hardest things about supporting older parents is knowing what the right level of intervention is: you strive to ensure they have agency without being overwhelmed by their needs and choices. When I first walked into the clinic with Mom, Dr. Rubenstein addressed her first, and with true caring. It gave me a moment to pause from the stress and reminded me that she was not just a bundle of needs.

For that reason, Liam and I have directed a big part of our charitable giving toward the Geriatrics Fellowship. We believe in Drs. Babineau's and Rubenstein's encouragement of more doctors into this specialty and education of the larger medical field in how to honor aging patients. For, after all, if we're lucky, we'll all age.



“You find doctors and nurses with the patience you wish everyone had for your loved one, yourself included at times.”

Patients who Fall

by Jessica Coulter, M.D.,
Geriatrics Fellow

Primary care has come a long way in the evaluation of falls in older adults. The Medicare wellness visit includes a falls risk assessment that cues the primary care clinician to pursue a further workup or treatment plan for patients at risk. Screening is a great step however recent research reveals that patients are often not forthcoming about their fall history. There is likely a great fear of institutionalization and loss of autonomy which leads to underreporting.

Engaging with patients to establish mutually shared goals can help abate that fear. Working with interdisciplinary teams of physical therapy, occupational therapy, and social work can show your intent to help patients stay at home. We may find patients are willing to accept more risk than we are comfortable with and the balance between autonomy and safety can be very challenging.

This past year, I had the opportunity to write an AFP review article on prevention and assessment of falls in older adults and

did so with another FM colleague, an occupational therapist, and physical therapist. Five geriatricians reviewed our initial submission and gave us an impressive number of requested changes. The article was nearly a complete re-write, but the insight from these geriatricians was invaluable.

Primarily, I learned that evaluating falls in isolation is never enough. The 5Ms of geriatrics are always at play (Mind, Mobility, Medications, (what) Matters Most, and Multimorbidity) and an assessment of falls without an assessment of these pillars in geriatrics leads to an incomplete picture. Currently I am working on an app-based geriatric curriculum with 20-30 minutes of easily accessible content for each of these five pillars. My hope is to roll this out at Madigan and potentially at Swedish as part of my goal to equip family medicine residency with a tool kit for comprehensive care of our older patients.

“Engaging with patients to establish mutually shared goals can help abate that fear.”





We are recruiting for Academic Year 2024-2025 Fellows!

Our Program Offers:

Clinically-focused, one-year, ACGME-accredited fellowship program, with longitudinal training in outpatient, inpatient, post-acute, home care, and long-term care settings.

Academic training in geriatrics and family medicine at Swedish Family Medicine – First Hill, an outstanding residency program in downtown Seattle.

Program director and faculty who are board-certified in geriatrics and palliative medicine.

Emphasis on maintaining full-spectrum family medicine or internal medicine skills.

Compensation above the fellowship average, with a generous 15 days/ \$5000 CME package.

New Fellow-led Home-based Primary Care Service

\$5,000 Housing Stipend (over 26 regularly scheduled payroll rates)

FAQs:

Our fellows have a 100% pass rate on the ABFM/ABIM Geriatrics CAQ exam (the geriatrics equivalent of board certification).

We accept two fellows per year. We accept both Internal Medicine and Family Medicine residency graduates. Applications are taken through the NRMP Fellowship Match Program through the summer and fall; we interview in September and October.

Fellows develop clinical expertise in geriatrics, and graduate much better prepared to manage multiple chronic diseases, cognitive impairment, polypharmacy, end-of-life planning, and palliative care.

Fellows participate as “junior faculty” at Swedish Family Medicine, and are involved in precepting, didactics, faculty development sessions, and teaching residents and medical students. 50% of our graduates have gone on to careers in academic medicine, 70% involved in medical director or leadership positions.

For further information, please contact:

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Or for further information visit our website: <https://gme.providence.org/washington/puget-sound/sponsored-fellowship-programs/geriatric-medicine/>