American Geriatrics Society
2017 Annual Scientific Meeting
May 18 – 20, 2017

Association of Directors of Geriatric Academic Programs
Fellowship Directors Pre-Conference Course

Wednesday, May 17, 2017
7:00 am – 1:00 pm

Henry B. Gonzalez Convention Center
San Antonio, TX

Room: CC - 303
Fellowship Directors Pre-Conference Course

Wednesday, May 17, 2017
7:00 am – 1:00 pm

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Developed by: ADGAP Fellowship Program Directors Group

Planning Committee:
Eric Widera, MD, Chair
Steve Barczi, MD
Katherine Bennett, MD
Helen Fernandez, MD
Kevin Foley, MD
Matt McNabney, MD

LEARNING OBJECTIVES:

At the end of the session, participants will be able to:

(1) Identify updates on the ACGME Fellowship Program Requirements and the Next Accreditation System (NAS)
(2) Discuss QI/Patient Safety requirements and initiatives
(3) Describe approaches to a fellow/faculty wellness and self-care

CONTINUING EDUCATION:

Accreditation

The American Geriatrics Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Continuing Medical Education

The American Geriatrics Society designates this live educational activity for a maximum of 4.0 AMA PRA Category 1 Credit(s)™ Physicians should claim only credit commensurate with the extent of their participation in the activity.
Fellowship Director’s Preconference Day Agenda
Wednesday, May 17, 2017
7:00 am – 1:00 pm

Room CC - 303, Henry B. Gonzalez Convention Center
San Antonio, TX

7:00 am  Breakfast and Peer Networking

8:00 am  Update on the ACGME Fellowship Program Requirements and the Next Accreditation System (NAS)
Andrew Dentino, MD, RRC-IM, Representative

8:30 am  QI/Patient Safety Session
Helen Fernandez, MD, MPH, and Kate Callahan, MD

9:20 am  Alternate Pathways for Practicing Physicians AP3: A Step by Step Guide
Carrie Rubenstein, MD

10:05 am  Break

10:20 am  New “Faculty Pathway” to ABIM Certification for International Graduates
Maura Brennan, MD

10:40 am  Wellness Review and Round Table Discussion – Tips to Avoid Burnout and Finding a Good Work/Life Balance
Eric Widera, MD, Katherine Bennett, MD and Helen Fernandez, MD, MPH

11:40 am  Quick Hits Session
- Uniform Fellowship Start Dates
  Matt McNabney, MD
- Detail vs Core Requirements in the RRC
  Eric Widera MD, Chair
- MOC Credit for Fellowship QI Activities
  Eric Widera, MD, Chair

12:00 pm  Break

12:15 pm  Fellow Performance Practice Audit
Steve Barczi, MD

12:35 pm  AMDA – Physician Competency Committee
Paul Katz, MD, CMD

12:45 pm  webGEMS
Rosanne Leipzig, MD, Kate Callahan, MD, Amit Shah, MD

12:55 pm  Wrap-Up
ALTERNATIVE PATHWAYS FOR PRACTICING PHYSICIANS: A STEP BY STEP GUIDE

AP3

Carrie Rubenstein, MD - Program Director Swedish Medical Center, Seattle WA
Amy Wilkerson, MD – AP3 Fellow, starting July 2017
#AGS17
Disclosures

• I do not have any relevant financial relationships
Objectives

• Outline the problem
• Explain the steps necessary to create an alternative pathway for Geriatric Medicine fellowship training for practicing physicians
• Listen to one practicing physician’s story
• Discuss!
The Problem

- Aging population
- Plenty of fellowship spots to fill
- Low interest among new grads
- Interest among practicing physicians
- Current model makes it almost impossible to return to training after practicing
Aging Population

Specialty trends: Board Certified Geriatricians

Source: ABIM (Lou Grosso), ABFM (Gary Jackson), and ABMS. Data used with permission and compiled by Libbie Bragg and Gregg Warshaw, University of Cincinnati, and Kevin Foley, Michigan State University. Updated 2017
## Specialty Trends: We are producing fewer Geriatricians

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Programs</th>
<th>Fellows (All Years)</th>
<th>Fellows ≥ 2nd Year (% of all fellows)</th>
<th>First Year Positions Available</th>
<th>Fellows in 1st Year Positions (% Filled)</th>
<th>Fellows Completing Program</th>
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</thead>
<tbody>
<tr>
<td>1991-92</td>
<td>92</td>
<td>198</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1993-94</td>
<td>98</td>
<td>225</td>
<td>---</td>
<td>163</td>
<td>---</td>
<td>118</td>
</tr>
<tr>
<td>2000-01</td>
<td>119</td>
<td>321</td>
<td>74 (23%)</td>
<td>337</td>
<td>247 (73%)</td>
<td>276</td>
</tr>
<tr>
<td>2010-11</td>
<td>149</td>
<td>301</td>
<td>22 (7%)</td>
<td>488</td>
<td>279 (57%)</td>
<td>355</td>
</tr>
<tr>
<td>2011-12</td>
<td>149</td>
<td>275</td>
<td>24 (9%)</td>
<td>490</td>
<td>251 (51%)</td>
<td>342</td>
</tr>
<tr>
<td>2012-13</td>
<td>147</td>
<td>311</td>
<td>15 (5%)</td>
<td>486</td>
<td>296 (60%)</td>
<td>337</td>
</tr>
<tr>
<td>2013-14</td>
<td>146</td>
<td>319</td>
<td>13 (5%)</td>
<td>477</td>
<td>306 (64%)</td>
<td>340</td>
</tr>
<tr>
<td>2014-15</td>
<td>145</td>
<td>294</td>
<td>16 (5%)</td>
<td>494</td>
<td>278 (56%)</td>
<td>337</td>
</tr>
<tr>
<td>2015-16</td>
<td>146</td>
<td>247</td>
<td>10 (4%)</td>
<td>485</td>
<td>237 (49%)</td>
<td>284</td>
</tr>
</tbody>
</table>

**Specialty Trends: Less Geriatricians are remaining board certified**

<table>
<thead>
<tr>
<th>Year</th>
<th>Family Medicine</th>
<th>Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Certified</td>
<td>First Re-Cert</td>
</tr>
<tr>
<td>1996</td>
<td>254</td>
<td>123 (48%)</td>
</tr>
<tr>
<td>1998</td>
<td>103</td>
<td>52 (50%)</td>
</tr>
<tr>
<td>1999</td>
<td>28</td>
<td>19 (68%)</td>
</tr>
<tr>
<td>2000</td>
<td>27</td>
<td>22 (81%)</td>
</tr>
<tr>
<td>2001</td>
<td>21</td>
<td>18 (86%)</td>
</tr>
<tr>
<td>2002</td>
<td>30</td>
<td>24 (80%)</td>
</tr>
<tr>
<td>2003</td>
<td>53</td>
<td>41 (77%)</td>
</tr>
<tr>
<td>2004</td>
<td>72</td>
<td>54 (75%)</td>
</tr>
<tr>
<td>2005</td>
<td>51</td>
<td>38 (75%)</td>
</tr>
<tr>
<td>2006</td>
<td>59</td>
<td>31 (53%)</td>
</tr>
</tbody>
</table>

Certification and Re-certification by Year of Certification. Source: Lou Grosso, ABIM & Gary Jackson, ABFM. Data used with permission and compiled by Libbie Bragg and Gregg Warshaw, University of Cincinnati and Kevin Foley, Michigan State University. Updated 2017.
Match Trends • 222 positions unfilled this year!
One Solution: AP3

• Create a pathway to complete Geriatric Medicine fellowship training while still practicing
The Steps: AP3

1. Identify your program’s motivation
2. Identify interested candidate
3. Determine stakeholders
4. Create the fellowship calendar
5. Make changes to your curriculum based on fellowship calendar
6. Prepare a proposal to send to the ABFM/ACGME
7. Work with HR regarding contracting
Motivation

• Unfilled spot(s)
• Interested candidate(s)
• Increased visibility of Geriatrics
Candidate

• Amy’s story!
Stakeholders

• Program Director/ Department or Division Lead
• DIO/Institution GME
• Candidate’s employer
• ABFM
• ACGME
• Institution HR
## AP3 Calendar

- Alternate months, weeks, or split each week?
- Length of training
- Our solution: 60% FTE x 20 months

<table>
<thead>
<tr>
<th>Aug 2017</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan 2018</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Visit A</strong></td>
<td><strong>Home visit B</strong></td>
<td><strong>Elective 1</strong></td>
<td>Hospice A</td>
<td>Hospice B</td>
<td><strong>Academic Project</strong></td>
<td>Geropsych A</td>
<td>Geropsych B</td>
<td><strong>Neuro A</strong></td>
<td><strong>Neuro B</strong></td>
</tr>
<tr>
<td>June 2018</td>
<td>July</td>
<td>August</td>
<td>September</td>
<td>October</td>
<td>November</td>
<td>December</td>
<td>Jan 2019</td>
<td>Feb</td>
<td>March</td>
</tr>
<tr>
<td><strong>Acute Rehab A</strong></td>
<td><strong>Acute Rehab B</strong></td>
<td><strong>Elective 2</strong></td>
<td>Wound Clinic A</td>
<td>Wound Clinic B</td>
<td>Pall Care A</td>
<td>Pall Care B</td>
<td><strong>RCT</strong></td>
<td>Innovative</td>
<td>Innovative</td>
</tr>
</tbody>
</table>
### AP3 Curriculum

- Adjustments to curriculum based on calendar
- Example rotation: Geropsychiatry

<table>
<thead>
<tr>
<th>Month A</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Geropsych</td>
<td>OFF</td>
<td>Geropsych</td>
<td>Geropsych</td>
<td>OFF</td>
</tr>
<tr>
<td>PM</td>
<td>Geri Cont clinic</td>
<td>OFF</td>
<td>KG NH</td>
<td>OFF</td>
<td>OFF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month B</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Geropsych</td>
<td>OFF</td>
<td>Geropsych</td>
<td>Geropsych</td>
<td>OFF</td>
</tr>
<tr>
<td>PM</td>
<td>Geri Cont clinic</td>
<td>OFF</td>
<td>KG NH</td>
<td>OFF</td>
<td>OFF</td>
</tr>
</tbody>
</table>
ABFM proposal

- Cover letter
- Block schedule calendar
- Detailed rotation calendar – what does the week look like?
- Curriculum summary
- Send similar to ACGME
**Human Resources**

- Contract issues, especially important if employed in another organization
Reviewing The Steps: AP3

1. Identify your program’s motivation
2. Identify an interested candidate
3. Determine the stakeholders
4. Create the fellowship calendar
5. Make changes to your curriculum based on fellowship calendar
6. Prepare a proposal to send to the ABFM/ACGME
7. Work with HR regarding contracting
Discussion

• Partnering with Employers
• Potential drawbacks/negatives to consider
• Length of training questions
• Department FTE
• Institution GME slots
• “Rolling” AP3 slot?
Thank you!

- Carrie.Rubenstein@Swedish.org
- #AGS17
• Identify your program’s motivation
• Identify interested candidate
• Engage stakeholders
  o Program Director/Department or Division Lead
  o DIO/Institution GME
  o Candidate’s employer
  o ABFM
  o ACGME
  o Institution HR
• Create the fellowship calendar
• Make changes to your curriculum based on fellowship calendar
• Prepare a proposal to send to the ABFM/ACGME
• Work with HR regarding contracting
ABFP Contact Information:

Jodi Johns, Records Coordinator - She is out of the office – returning on 5/13/2015
Phone: 1-888-995-5700 X1235
Fax: 1-859-335-7501
Email address: jjohns@theabfm.org

ABIM Contact Information:

Anamika Gavhane, Subspecialty Admin.
Phone: 1-800-441-2246
Fax: 1-215-446-3590
Email address:
May 14, 2013

Dear Anamika Gavhane,

I currently serve as the Program Director for the MetroHealth Medical Centers Geriatric Fellowship Program. As a fellowship program we have had multiple fellows from both Internal Medicine and Family Medicine complete our one year fellowship on a part time basis over a 24 month period. 50% percent of their time is devoted to the fellowship and 50% is devoted to faculty duties. All regulations in regards to curriculum, duty hours and summative and formative evaluations are ensured to be in compliance.

I wanted to inform the ABIM that we have a candidate by the name of Hardeep Gill MD that is similarly going to follow in that path. She will be starting the fellowship in July, 2013 with a completion of the program July, 2015.

The specific request is for a non-standard interrupted full-time training plan. Over the course of 24 months, the fellow will have completed 12 months of geriatric training. 2 of those months will be in 4 week time blocks. These rotations are inpatient/consultative in nature.

The remaining (10) four weeklong rotations will occur over 2 months each. These rotations are ambulatory in nature and allow for an alternating/every other week schedule.

The continuity clinics will occur continuously throughout the 24 month period as will the nursing home continuity panel.

Sample rotation:

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>WEEK 2</th>
<th>WEEK 3</th>
<th>WEEK 4</th>
<th>WEEK 5</th>
<th>WEEK 6</th>
<th>WEEK 7</th>
<th>WEEK 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACULTY</td>
<td>FELLOWSHIP</td>
<td>FACULTY</td>
<td>FELLOWSHIP</td>
<td>FACULTY</td>
<td>FELLOWSHIP</td>
<td>FACULTY</td>
<td>FELLOWSHIP</td>
</tr>
<tr>
<td>HOSPICE</td>
<td>HOSPICE</td>
<td>HOSPICE</td>
<td>HOSPICE</td>
<td>HOSPICE</td>
<td>HOSPICE</td>
<td>HOSPICE</td>
<td>HOSPICE</td>
</tr>
</tbody>
</table>

N.b. Continuity nursing home and continuity clinic throughout the weeks.
Please see below references from the ABIM website in reference to Geriatric Subspeciality requirements.

http://www.abim.org/certification/policies/imss/geri.aspx

Candidates for certification in the subspecialties must meet ABIM's requirements for duration of training as well as minimum duration of full-time clinical training. Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period; clinical training need not be completed in successive months. Time spent in continuity outpatient clinic, during non-clinical training, is in addition to the requirement for full-time clinical training.

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

<table>
<thead>
<tr>
<th>Minimum Months of Training</th>
<th>Clinical Months Required</th>
</tr>
</thead>
</table>

* For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director and promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

Interrupted Full-Time Training

ABIM approval must be obtained before initiating an interrupted training plan. Interrupted full-time training is acceptable, provided that no period of full-time training is less than one month. In any 12-month period, at least six months should be spent in training. Patient care responsibilities should be maintained in a continuity clinic during the non-training component of the year at a minimum of one-half day per week. Part-time training, whether or not continuous, is not acceptable.

I appreciate your consideration in this matter. If there is any additional information that I can provide please contact me.

Sincerely,

Mary V. Corrigan
<table>
<thead>
<tr>
<th>Year</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>SHOP Faculty</td>
<td>SHOP Faculty</td>
<td>Hospice Faculty</td>
<td>Hospice Faculty</td>
<td>Palliative Care Faculty</td>
<td>Palliative Care Faculty</td>
<td>PMR Faculty</td>
<td>PMR Faculty</td>
<td>Geropsych Faculty</td>
<td>Geropsych Faculty</td>
<td>Subacute Faculty</td>
<td>Subacute Faculty</td>
</tr>
<tr>
<td>2014</td>
<td>Neuro Faculty</td>
<td>Neuro Faculty</td>
<td>Wound</td>
<td>GEM</td>
<td>LTC Faculty</td>
<td>Faculty</td>
<td>Faculty</td>
<td>Consults Faculty</td>
<td>Consults Faculty</td>
<td>SSR Faculty</td>
<td>SSR Faculty</td>
<td>LTC Faculty</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
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</table>

Part Time Fellow MD

*Alternating weeks of fellowship and faculty time*
<table>
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<tr>
<th>Year</th>
<th>Fellow</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
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<tbody>
<tr>
<td>2012</td>
<td>Geriatric Fellow (Off cycle – Start 9/17/2012)</td>
<td>SHOP</td>
<td>SHOP</td>
<td>Subacute</td>
<td>Subacute</td>
<td>PMR</td>
<td>PMR</td>
<td>Subacute</td>
<td>Subacute</td>
<td>Neuro</td>
<td>Neuro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Geriatric Fellow (Off cycle – Start 9/17/2012)</td>
<td>Geropsych</td>
<td>Geropsych</td>
<td>Hospice</td>
<td>Hospice</td>
<td>Palliative Care</td>
<td>Palliative Care</td>
<td>Consults</td>
<td>Faculty</td>
<td>GEM</td>
<td>Faculty</td>
<td>LTC</td>
<td>LTC</td>
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<tr>
<td>2014</td>
<td>Geriatric Fellow (Off cycle – Start 9/17/2012)</td>
<td>SSR</td>
<td>SSR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>
Dear Jodi Johns,

Attached you will find documents regarding a proposed interrupted Geriatric Medicine Fellowship model. This is a different proposal from the one that was reviewed and approved in December. Thank you for directing this to the right team of people for review. Your time is very much appreciated.

Sincerely,

Carrie Rubenstein, MD
Swedish Family Medicine – First Hill
Program Director, Geriatric Medicine Fellowship
Phone (206)386-6124
Fax (206)215-6027
This proposal is to follow up prior correspondence in December 2016 regarding a potential interrupted Geriatric Medicine fellowship position at our Swedish Geriatric Medicine program. We have a unique candidate who is currently working full time in Long Term and Post-Acute Care settings. Her main goal is to achieve the competencies of the Geriatric Medicine fellowship while maintaining her current employment.

This updated proposal addresses her request to maintain a weekly part-time employment at her current job. It extends the fellowship 20 months (from 12) during which this candidate will be able to fulfill all of the ACGME requirements. We would ensure compliance with duty hours, details of the ACGME curriculum, and regular evaluations.

This proposal averages 60% FTE over 20 months, which essentially extends the fellowship without shortening overall number of hours worked. I believe that we will still capture the longitudinal, rotational, and scholarly experiences that are the essence of our fellowship. Please see the attached templates and let me know if you have further questions.

As I mentioned in my prior correspondence, we clearly have a mismatch between Geriatric Fellowship slots available and those that fill in the match. At the same time, we have a growing geriatric population that will have complex needs and we need leaders in geriatrics who will help on the population and individual level to provide care to this population. An “interrupted” fellowship model is an innovative approach to training physicians in the community who desire extra training in geriatrics, while recognizing the limitations of our current standard fellowship opportunities.

Thank you for your consideration.

Carrie Rubenstein, MD
Swedish Family Medicine – Geriatric Medicine Fellowship Program Director
Block schedule for Swedish Geriatric Medicine Fellows in an interrupted fellowship program
Academic years 2017-18 and 2018-2019
Rotations (total = 20 months, average 0.6FTE)

“Service” blocks – rounding each morning on the family medicine service (BOLD)
1. Home visits (HV)
2. Elective 2
3. Residential Care Team (RCT)
4. Academic project
5. Elective 1
6. Neurology - Movement Disorders Clinic

“Non-service” blocks
1. Geropsych
2. Wound Clinic
3. Acute Rehab at Cherry Hill
4. Providence Hospice
5. Palliative Care Inpatient team and Ambulatory Clinic
6. Innovative Geriatrics – ElderPlace PACE program and Iora Health (Geri Inno)

<table>
<thead>
<tr>
<th>Aug 2017</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan 2018</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home</strong></td>
<td><strong>Visit A</strong></td>
<td><strong>Home visit B</strong></td>
<td><strong>Elective 1</strong></td>
<td><strong>Hospice A</strong></td>
<td><strong>Hospice B</strong></td>
<td><strong>Academic Project</strong></td>
<td><strong>Geropsych A</strong></td>
<td><strong>Geropsych B</strong></td>
<td><strong>Neuro A</strong></td>
</tr>
<tr>
<td>June 2018</td>
<td>July</td>
<td>August</td>
<td>September</td>
<td>October</td>
<td>December</td>
<td>January 2019</td>
<td>February</td>
<td>March</td>
<td>April</td>
</tr>
<tr>
<td><strong>Acute</strong></td>
<td><strong>Rehab A</strong></td>
<td><strong>Acute Rehab B</strong></td>
<td><strong>Elective 2</strong></td>
<td><strong>Wound Clinic A</strong></td>
<td><strong>Wound Clinic B</strong></td>
<td><strong>Pall Care A</strong></td>
<td><strong>Pall Care B</strong></td>
<td><strong>RCT</strong></td>
<td><strong>Innovative</strong></td>
</tr>
</tbody>
</table>
Block schedule for Swedish Geriatric Medicine Fellows in an interrupted fellowship program

Academic years 2017-18 and 2018-2019

Rotations (total = 20 months, average 0.6FTE)

**Home Visit (2 months)**

<table>
<thead>
<tr>
<th>Month A</th>
<th>Monday</th>
<th>Tuesday</th>
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### Residential Care Team (1 month)

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The Fellowship Year Curriculum
Swedish Family Medicine – Advanced Training in Geriatrics

Summary of Clinical Rotations

A. Outpatient care – fellows have geriatric continuity clinic, family medicine continuity clinic, and geriatric consultation clinic at Swedish Family Medicine. This is a longitudinal experience, and happens concurrently with other rotations.

B. Acute Inpatient Care – fellows spend 6 months per year on the inpatient service, caring for our panel of geriatric patients and the patients of Providence ElderPlace. They provide geriatric teaching and supervision to the First Hill family medicine residents (Green Team), and are in turn supervised by our geriatric faculty. They also provide inpatient geriatric consultations. This is a longitudinal experience, and happens concurrently with other rotations.

C. Long term and post-acute care – fellows see patients at one of our local nursing homes, Kline Galland. We have a panel of long-term and sub-acute patients. This is a longitudinal experience, and happens concurrently with other rotations.

D. Acute Rehabilitation – fellows spend one month on the Acute Rehabilitation Unit at Swedish-Cherry Hill, under the supervision of the Swedish physiatrists. This rotation includes both inpatient and outpatient experiences.

E. Geropsychiatry – fellows work with Dr Hisam Goueli at Northwest Geropsychiatry Inpatient Unit

F. Providence Hospice – fellows rotate with the home care RNs and therapists, as well as the director of Providence Hospice, Dr Lee Burnside

G. Neurology – fellows work at the Movement Disorders Clinic at the Swedish Neuroscience Institute, under the direction of Dr Susie Ro and Dr Jennie Witt.

H. Palliative Medicine – fellows spend a month as a member of the Swedish inpatient Palliative Care Consult team. They will also spend ½ per week at Ambulatory Palliative Care Clinic with ARNP Kashina Groves and Medical Director Ellyn Lee.

I. Home visits – fellows conduct home visits on their patients in patient homes, adult family homes, and assisted living facilities. These visits occur under the supervision of our faculty as well as local geriatrician, Dr Kristin Anderson.

J. Residential Care Team – Fellows spend one month learning post-acute care on the Swedish RCT, under the direction of Dr James Lin.

Innovative Geriatrics Care – Fellows will spend time at Providence ElderPlace participating in PACE model of care and Iora Health where emphasis is placed on patient-centric care.
with team approach, health coach for each patient, collaborative technology platform, and focus on population health.

K. Wound care– Fellows spend time working with wound care team at Swedish Wound Healing Center. The center’s multidisciplinary team of experts includes specialty physicians, nurses, physical therapists and support personnel. They work together to provide individualized, cost-effective wound care using a variety of therapies to achieve the best outcome.

**Summary of Faculty Development/ Leadership Training**

A. Fellows act as Preceptor in the family medicine clinic once per week. They are paired with a faculty supervisor.

B. Fellows teach and supervise family medicine residents on the inpatient service throughout the year.

C. Fellow deliver didactics presentations every three months to the residents of Swedish Family Medicine – First Hill and SFM – Cherry Hill.

D. Fellows attend weekly Faculty Meetings at the residency, and are invited to all faculty-development sessions.

E. Fellows produce an academic project during their fellowship: either a formal CME presentation, or a piece of academic writing, or both.

F. Fellows attend monthly sessions at the VA with UW geriatrics and palliative medicine fellows, as part of the Professional Development Series conducted by Dr Elizabeth Vig.
Acute Inpatient Care
Rotation length: 6 months (longitudinal)
Location: Swedish Medical Center (First Hill)
Supervising Faculty: Rubenstein, Ainsworth, Babineau, Kazemi
Evaluation: direct observation and written competency-based evaluation.

- Each month, one fellow is assigned to the Inpatient Geriatrics Service, a sub-set of the Family Medicine Service.
- The fellow is responsible for rounding on the patients of the Geriatrics team who have been admitted (either from clinic or the nursing home) and the hospitalized patients of Providence-Elder Place.
- The fellow provides geriatric teaching and supervision to the First Hill family medicine residents. The fellow also provides inpatient geriatric consultations, under the supervision of our geriatrics faculty.

Rotation Goals and Objectives:

Patient Care
- Provide care to geriatric patients with common, acute conditions requiring hospitalization.
- Manage transitions in care, from the inpatient setting to the outpatient and sub-acute setting.
- Gain expertise in providing compassionate end-of-life care.

Medical knowledge
- Improve knowledge of common geriatric conditions requiring hospitalization, such as infections, fractures, strokes, heart disease, and cancer.
- Gain experience in the palliation of pain, dyspnea, nausea, constipation, and anxiety.

Practice-based learning and improvement
- Improve skills in recognizing acuity as well as in prognostication.

Interpersonal and communication skills
- Provide leadership on the resident team in the care of geriatric patients.
- Become adept at collaborative decision making with patients and families, particularly as patients reach the end of life.

Professionalism
- Interact professionally with members of the interdisciplinary care team, with residents, and with attending physicians.

Systems-based practice
- Understand the role of hospital medicine, as well as its limitations, in the care of frail elderly patients.
Geriatrics Outpatient Clinic
Rotation length: 12 months (longitudinal)
Location: Swedish Medical Center (First Hill)
Supervising Faculty: Ainsworth and Rubenstein
Evaluation: direct observation, chart review, and written competency-based evaluation.

Practical details:

- Fellows have geriatric continuity clinic on Monday afternoons at Swedish Family Medicine.
- There is a dedicated faculty preceptor for this clinic, who discusses all fellows’ patients, sees and examines patients as necessary, and reviews and co-signs all chart notes.

Rotation Goals and Objectives:

Patient Care
- Improve diagnostic and therapeutic skills in a range of common geriatric medical conditions: heart disease, lung disease, neurologic disease, rheumatologic disease, cancer, infections, and dementia.
- Recognize acuity in frail elders: determine appropriate follow-up, determine need for hospital admission.
- Determine the appropriateness of labs and studies in the investigation of disease.

Medical knowledge
- Gain expertise in the geriatric syndromes: falls, dizziness, cognitive impairment, polypharmacy, urinary incontinence, vision loss, and hearing loss.
- Learn to recognize caregiver strain, evaluate patient safety, and determine the need for a higher level of care.

Practice-based learning and improvement
- Become proficient at using evidence to inform treatment decisions. Recognize the limits of evidence in the care of frail elderly.
- Learn to use preventive care principles (such as screening) in a manner appropriate to life expectancy and disability.
- Develop knowledge of community resources available to support this population.

Interpersonal and communication skills
- Communicate sensitively with patients and families, both face-to-face, and by telephone.
- Become expert in discussions of goals of care, including end of life care.

Professionalism
- Establish the central role of the primary care physician/geriatrician in the care of the elderly.
- Communicate and coordinate with other specialists in the development of appropriate care plans; that account for patient preference, life expectancy, and disability.

Systems-based practice
- Participate in the work of the multidisciplinary team (including nursing, therapy, and social work) to provide comprehensive care.
- Recognize the importance of care transitions, and the role for assisted living, adult family homes, skilled nursing facilities, home care, and long term care.
Geriatric Assessment and Consultation Clinic
Rotation length: 12 months (longitudinal)
Location: Swedish Medical Center (First Hill)
Supervising Faculty: Rubenstein
Evaluation: direct observation, chart review, written competency-based evaluation.

- Geriatric Assessment and Consultation clinic is held on Thursday mornings at Swedish Family Medicine.
- The fellows’ own patients as well as patients of the residency clinic are seen for complete Geriatric Assessment.
- The fellows also perform specialty Geriatric consultations for community physicians.
- The clinic is precepted by the geriatrics faculty.

Rotation Goals and Objectives:

Patient Care
- Learn to perform complete Geriatric Assessments, to include evaluation of nutrition, hearing loss, vision loss, fall risk, urinary incontinence, polypharmacy, depression, cognitive impairment, functional status, caregiver strain, and advanced care planning.
- Become adept at providing specialist geriatric consultation to community physicians for a wide range of geriatric clinical questions.
- Recognize when safety concerns require recommending that patients transition to a higher level of care, and know how to access available options.

Medical knowledge
- Develop expertise in functional and cognitive assessment, particularly in the diagnosis and management of dementia.
- Identify common geriatric problems that are often missed in primary care, and develop specific treatment recommendations.

Practice-based learning and improvement
- Understand the appropriate use of screening tools, and the evidence behind them, in the assessment of geriatric patients.

Interpersonal and communication skills
- Communicate sensitively and accurately with patients, caregivers, and families regarding the diagnosis of, natural history of, and treatment options for dementia.
- Become expert in discussions of goals of care, including end of life care.
- Provide succinct and expert written communication to referring physicians; provide appropriate follow-up plans.

Professionalism
- Interact professionally with referring physicians, acting as a community resource.
- Establish the role of the consultative geriatrician in the care of the elderly.
- Work closely and collaboratively with the multidisciplinary team, including nursing, behavioral health, pharmacy, social work, and rehabilitation therapy.

Systems-based practice
- Understand the available community resources for patients with cognitive impairment.
- Develop knowledge of medico-legal issues relevant to geriatric medical care, including Durable Power of Attorney, Health Care Directives, and Guardianship.
Family Medicine Outpatient Clinic
Rotation length: 12 months (longitudinal)
Location: Swedish Medical Center (First Hill)
Supervising Faculty: Swedish Family Medicine faculty
Evaluation: direct observation, chart review.

- Fellows have family medicine clinic on Friday mornings at Swedish Family Medicine.
- Precepting is done by the regular faculty preceptor of the morning, who discusses and examines patients as necessary, and reviews and co-signs all chart notes. Fellows are supervised at the same level as senior residents.

Rotation Goals and Objectives:
Patient Care:
- Fellows maintain and develop skills in general outpatient family medicine, including pediatrics and obstetrics.
Long-Term Care
Rotation length: 12 months (longitudinal)
Location: Caroline Kline Galland Home; Washington Care Center for Comprehensive Rehab
Supervising Faculty: Rubenstein, Ainsworth, Babineau
Evaluation: direct observation, chart review, written competency-based evaluation.

- Attending supervision is provided by our geriatrics faculty.

Rotation Goals and Objectives:

Patient Care
- Provide longitudinal care to a panel of frail, institutionalized elderly with a wide range of medical and social issues.

Medical knowledge
- Develop expertise in the common medical conditions of the long term care setting, including infections, dementia and behavioral disturbances, pressure ulcers, falls, polypharmacy, and pain management.
- Recognize acuity in the LTC patient; know when and how to recommend hospitalization.
- Become expert in palliation and in providing comfort care, including care at the end of life.

Practice based learning and improvement
- Provide supervision and teaching to resident physicians in the care of nursing home patients.

Interpersonal and communication skills
- Communicate sensitively and accurately with patients and families regarding prognosis and appropriateness of aggressive medical care.
- Gain expertise in running family meetings
- Respond appropriately to the concerns of nursing staff.

Professionalism
- Interact closely and professionally with nursing home staff to provide excellent multi-disciplinary care.

Systems-based practice
- Understand available practice models for the provision of long-term care.
- Supervise mid-level providers, and educate them in the practice of long term care.
**Post-Acute Care/Residential Care Team**
Rotation length: One month  
Location: Bethany @ Silver Lake and Klein Galland Home  
Supervising Faculty: James Lin, MD  
Evaluation: direct observation, chart review, written competency-based evaluation.

- Fellows participate in post-acute care as members of the Swedish Residential Care Team. They are supervised by Dr James Lin.

**Rotation Goals and Objectives – RCT**

**Patient Care**
- Admit patients recently discharged from the hospital to the rehab center for post-acute care.
- Develop care plans for the management of patients throughout their rehab stay.

**Medical knowledge**
- Gain knowledge in rehabilitation therapies (especially physical and occupational therapies) and learn their appropriate use in the post-acute-care patient.
- Understand discharge options from the skilled nursing facility, and the criteria used to determine a safe discharge.

**Practice-based learning and improvement**
- Learn which medical treatments can be appropriately provided in the sub-acute setting.

**Interpersonal and communication skills**
- Communicate sensitively and accurately with patients and families regarding prognosis and treatment options.
- Respond appropriately to the concerns of nursing staff.
- Communicate effectively with mid-level providers for the provision of daily care.

**Professionalism**
- Interact closely and professionally with the residential care team to provide excellent multi-disciplinary care.

**Systems-based practice**
- Understand the growing role of post-acute care in the health care system, and new models of care.
- Develop appropriate systems for safe patient hand-offs between the hospital, the SNF, and the community.
Geropsychiatry Inpatient
Rotation length: 1 month
Location: Northwest Hospital
Supervising Faculty: Hisam Goueli, MD
Evaluation: written competency-based evaluation.

Rotation Goals and Objectives:

Patient Care
• Become proficient in the inpatient and outpatient management of common psychiatric problems of the elderly, including dementia, depression, bipolar disorder and delirium.
• Perform initial assessments of decompensated elderly patients, including evaluation of neuropsychiatric symptoms, cognitive and functional abilities, and medical comorbidity.
• Diagnose and understand special aspects of anxiety and depression presenting in elderly patients with complex medical or situational problems.
• Observe electroconvulsive therapy and understand indications, risks, and benefits
• Generate initial treatment plans, including appropriate first-line treatment modalities and management strategies.

Medical knowledge
• Develop expertise in the diagnostic criteria for dementia; understand the most common types, and how to differentiate them.
• Understand the available nonpharmacologic and pharmacologic treatments for dementia and depression, and the evidence behind them.
• Become facile with the use of pharmacologic and nonpharmacologic treatments for the Behavioral and Psychiatric Symptoms of dementia (BPSD).

Practice-based learning and improvement
• Recognize the criteria for referral to a geropsychiatry inpatient unit.
• Recognize the criteria for referral to a geropsychiatry outpatient consult.
• Locate and critically appraise scientific literature relevant to patient care and use evidence from the literature in clinical decision making, as appropriate.

Interpersonal and Communication Skills
• Create and sustain effective therapeutic relationships with patients, families, and caregivers.
• Display empathic listening skills.
• Work effectively with health care professionals (including those from other disciplines), colleagues, and staff to provide patient-focused care.

Professionalism
• Demonstrate respect for others, compassion.
• Demonstrate reliable attendance and appropriate professional attire.
• Demonstrate integrity, accountability, responsible and ethical behavior.
• Demonstrate "ownership", i.e. attitudes and behaviors consistent with being the patient's physician and taking responsibility to ensure that each patient receives excellent clinical care.
• Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.
• Demonstrate concise, pertinent, and timely record keeping.

**Systems-based practice**

• Understand the role of the attending geropsychiatrist in the health care system, and how to use him/her appropriately as a consultant.
• Gain knowledge of appropriate long-term placement for patients with dementia and chronic mental illness within our community.
• Adequately assess the nature and quality of the patient's caregiving network, including primary care physicians, subspecialty physicians, family members, social network, nursing home staff.

**Educational Attitudes**

• Display openness to supervision; accept constructive criticism.
• Seek direction when appropriate; demonstrate eagerness to learn.
**Acute Rehabilitation**
Rotation length: 1 month  
Location: Swedish Medical Center – Cherry Hill  
Supervising Faculty: Chuwn Paul Lim, MD  
Evaluation: written competency-based evaluation.

- Fellows participate in the care of patients on the Acute Rehabilitation Unit at Swedish, under the direction of the medical director of the ARU.  
- Fellows also attend clinic with the staff physiatrists.

**Rotation Goals and Objectives:**

**Patient Care**
- Admit and follow patients admitted to the Acute Rehabilitation service, under the supervision of the attending physiatrist.  
- Participate in outpatient clinic with attending physiatrists.  
- Observe the assessments performed by physical, occupational, and speech therapists.

**Medical knowledge**
- Increase knowledge of common conditions requiring rehabilitation: cerebrovascular disease, neuromuscular disorders, multiple sclerosis, and spinal cord injury.  
- Recognize the natural history and treatment course of patients requiring rehab after stroke.

**Practice-based learning and improvement**
- Learn the criteria for referral to acute rehabilitation.  
- Recognize the important role of physical, occupational, and speech therapists in rehabilitation.

**Interpersonal and communication skills**
- Communicate sensitively and professionally with patients, families, and staff.

**Professionalism**
- Interact professionally with the multidisciplinary care team.

**Systems-based practice**
- Understand the principles of discharge planning and determining an appropriate level of care.  
- Recognize the distinction between Acute and Sub-Acute Rehabilitation.
**Providence Hospice**  
Rotation length: 1 month  
Location: Providence Hospice  
Supervising Faculty: Lee Burnside, MD  
Evaluation: written competency-based evaluation.

**Rotation Goals and Objectives:**

**Patient Care**
- Improve skills in providing home-based palliative and end-of-life care, by working directly with hospice physicians, nurses and other providers.

**Professionalism**
- Interact professionally with the leadership of the hospice, with a view to building ongoing relationships between the Swedish Geriatrics team and Prov hospice.

**Systems-based practice**
- Learn the basics of funding, certification, and documentation requirements for home health and hospice services, with a view to bringing expertise to the fellow’s own practice.  
- Observe the function of the multidisciplinary hospice and home-health care team.
**Academic Project**
Rotation length: 1 month + longitudinal
Location: Swedish Medical Center – First Hill
Supervising Faculty: Carrie Rubenstein, MD
Evaluation: review of final project by faculty, approval for publication or presentation.

**Rotation Goals and Objectives:**
Goal: Produce a piece of academic writing, or an academic presentation, or both.

*Medical knowledge*
- Obtain expertise in an arena of geriatric medicine.

*Professionalism*
- Develop skills in critical review of the medical literature.
- Improve presentation skills, including use of audio-visual aids.
- Work with faculty and editors to produce a paper for publication or sharing locally or nationally.
Neurology – Movement Disorders
Rotation length: 1 month
Location: Swedish Neuroscience Institute – Cherry Hill
Supervising Faculty: Jennifer Witt, MD
Evaluation: written competency-based evaluation

Rotation Goals and Objectives:

Patient Care
• Become proficient at the diagnosis of common movement disorders
• Learn about available treatment options for movement disorders

Medical knowledge
• Understand the signs and symptoms of Parkinson’s disease
• Master a directed neurologic exam for movement disorders.
• Develop expertise in the initial prescribing of dopaminergic medications.

Practice-based learning and improvement
• Learn the prevalence of common movement disorders in the geriatric population.
• Recognize the criteria for referral to a movement disorders clinic.

Systems-based practice
• Understand the role of a specialized movement disorders clinic within the medical community.
Palliative Care
Rotation length: 1 month
Location: Swedish Medical Center – First Hill
Supervising Faculty: Janice Connolly, M.D. and Ellyn Lee, MD
Evaluation: written competency-based evaluation.

Rotation Goals and Objectives:

Patient Care
- Participate in consultations and care conferences with the Swedish Palliative Care team.
- Participate in ambulatory palliative care consultations.

Medical knowledge
- Acquire knowledge and tools for end of life prognostication.
- Develop skills in symptom management for palliation.

Practice-based learning and improvement
- Learn how an inpatient palliative care team can contribute to the care of a hospitalized patient.
- Recognize patients appropriate for referral to Palliative Care.

Interpersonal and communication skills
- Communicate sensitively and professionally with patients, families, and the interdisciplinary care team.

Systems-based practice
- Recognize the essential role of spiritual care, behavioral health, and social work in the care of the dying patient.
**Home Visits**
Rotation length: 1 month + longitudinal
Location: various adult family homes, assisted living facilities, and patient homes
Supervising Faculty: Carrie Rubenstein, M.D. and Kristin Anderson, M.D.
Evaluation: written competency-based evaluation.

**Adult Family Home Experience**
**Who:** Geriatric medicine fellows precepted by Dr. Kristin working with a small panel (approx. 3 patients per fellow) of adult family home residents. The First Hill geriatrics fellows have been caring for this patient panel continuously since 2010.

**What:** Experience of caring for geriatric patients in an alternative care setting, at one of a handful of Adult Family Home under one management organization.

**Where:** Magnolia neighborhood of Seattle

**Why:** To expose geriatric medicine fellows to another care setting for geriatric patients. Patients at the adult family home are generally frail, elderly adults, whom are primarily home bound. There is much to be learned in the care of these patients which involves coordinating closely with the AFH caregivers, AFH nurse manager and family members.

**When:** Home visits are scheduled with Kristin approximately every 90 days, on a Monday afternoon.

**Rotation Goals and Objectives:**

**Patient Care**
- Provide continuity care to a panel of frail, home-bound elderly.
- Manage acute and chronic conditions in private homes, assisted living facilities, and adult family homes.

**Medical knowledge**
- Improve history and physical exam skills in a setting where diagnostic testing is not readily available.
- Recognize when patient condition should prompt transport to a higher-acuity setting.

**Practice-based learning and improvement**
- Learn appropriate documentation and billing practices for home-based care.

**Interpersonal and communication skills**
- Develop effective communication systems with caregivers, nurses, and family members for home-bound patients.
- Communicate sensitively with patients and family members regarding advanced directives and goals of care.

**Systems-based practice**
- Recognize the potential for home-based practice within the larger health-care system.
Innovative Geriatrics
Rotation Length: 1 month
Locations: Providence ElderPlace and Iora Health
Supervising Faculty: Sarah Babineau, MD and Carroll Haymon, MD
Evaluation: written competency-based evaluation

- Fellows will participate in morning team meetings at both Providence ElderPlace and Iora Primary Care.
- Fellows will have an opportunity to watch how patient care is delivered in these settings.
- Fellows will have Wednesday morning free to explore other innovative models of care in the community.

Rotation Goals and Objectives:

Patient Care
- Observe delivery of patient care in these environments modeled around team-based care.
- Participate in multidisciplinary teams focused on patient-centered care and population health.

Medical knowledge
- Recognize the importance of developing individualized care plans.

Practice-based learning and improvement
- Recognize the criteria for patients to be eligible for PACE program.

Interpersonal and communication skills
- Develop skills in working with diverse members of interdisciplinary teams.

Systems-based practice
- Recognize the impact of the PACE model of care nationally.
- Learn about how these innovative care models are financed.
- Understand how quality is measured within these organizations.
**Wound Care**
Rotation length: 1 month  
Location: Swedish Wound Healing Center at Cherry Hill  
Supervising Faculty: Sally Munn, RN  
Evaluation: written competency-based evaluation.

**Rotation Goals and Objectives:**

**Patient Care**
- Assist the multidisciplinary team in outpatient management of complex non-healing wounds.

**Medical knowledge**
- Learn basic principles of wound care.  
- Develop familiarity with common dressings and wound care materials.  
- Understand the utility of and indication for negative pressure wound therapy (“wound vac”).

**Practice-based learning and improvement**
- Develop knowledge and skills to allow the practice of wound care in the fellow’s own long term and subacute patient panel.

**Professionalism**
- Interact professionally with the multidisciplinary wound care team.

**Systems-based practice**
- Understand the role of the outpatient wound clinic in the health care system.
Background: People age 65 and older represented 14.5% of the population in the year 2014 but are expected to grow to be 21.7% of the population by 2040\textsuperscript{1}. The geriatric imperative of the twenty-first century requires major, rapid changes in the U.S. health care system, including programs for educating general internists, family physicians, and other primary care professionals\textsuperscript{2}.

The 2016 NRMP Medical Specialties Match took place on December 7, 2016. Out of the 37 programs in the Family Medicine – Geriatric Medicine Fellowship match, only 3 programs filled. A staggering 77.5% of spots went unfilled.

Swedish Family Medicine Geriatrics Fellowship was established in 2000. Over the course of the past 15 years, we have had a consistently strong program which has graduated 26 fellows who have gone on to be leaders locally and nationally, and many of whom have gone into academic medicine teaching geriatrics at medical schools, residencies, and fellowship programs.

Proposal: This is the first year of the Medical Specialties Match that we have not filled both slots. We currently have two physicians in community practice interested in pursuing a Geriatric Medicine fellowship. They would like to complete the fellowship while maintaining their current practices part-time for a variety of reasons, including continuing with their current employment and mitigating income lost during fellowship training.

This “interrupted” model has been implemented successfully at MetroHealth in Cleveland.

Please see the attached block schedules and curriculum. The “interrupted” fellows will rotate each month between fellowship training and their current employment. The fellowship program would be completed in 2 years. All regulations with regards to ACGME curriculum, duty hours, and summative and formative evaluations are ensured to be in compliance.

Conclusion: We clearly have a mismatch between Geriatric Fellowship slots available and those that fill in the match. At the same time, we have a growing geriatric population that will have complex needs and we need leaders in geriatrics who will help to provide care to this population on the population and individual level. An “interrupted” fellowship model is an innovative approach to training physicians in the community who desire extra training in geriatrics, while recognizing the barriers of our current full-time fellowship opportunities.

Thank you for your consideration.

Carrie Rubenstein, MD
Program Director, Swedish Family Medicine – Geriatric Medicine Fellowship

References:
https://aoa.acl.gov/Aging_Statistics/Index.aspx
Health Aff May 2010 vol. 29 no. 5 811–818
New ABIM Faculty Pathway to Certification

AGS 2017 Fellowship Director Preconference

Maura Brennan, MD
PD, Geriatric Med. Fellowship
Chief, Geriatrics, Palliative Care and Post-acute Medicine
Baystate Health
Unmatched geriatrics programs
- Only 24% of programs filled (34/141, NRMP ‘17)

Unfilled positions
- 55% listed positions unfilled (222/401)

Insufficient number of applicants
- 87% of applicants matched (179/206)

20.4% of filled positions were US Med School grads (residency data not provided)
- Stronger interest by international grads
Many international grads wish to train in the US and are drawn to the field
Unless an ACGME approved residency is completed specialty certification usually is impossible
This presents a major barrier for fellowship training (although they need and want the positions and we need and want the applicants!)
Quiet “unofficial” faculty pathway began in 2008:

- Roughly 50 physicians have successfully applied
- About 90% have been core IM.
- Several in cards, etc.
Candidates for Special Consideration

ABIM has four special consideration pathways to enable osteopathic or international trained physicians to obtain ABIM Board Certification.

Learn more about specific eligibility requirements below, or check out pathway requirements at a glance (pdf).

Pathway A: International Medical Graduates who are Full-time US or Canadian Faculty

A full-time faculty member at an LCME- or Canadian-accredited medical school, or at an ACGME- or Canadian-accredited residency or fellowship program, who has successfully completed training in internal medicine and/or a subspecialty abroad, may become eligible to achieve ABIM Board Certification in Internal Medicine and/or a subspecialty as a candidate for special consideration.

The candidate may not propose himself for consideration in this pathway, but must be proposed by the Chair of the Department of Medicine, or the internal medicine and/or the subspecialty program director at the institution where the candidate holds a current full-time faculty appointment.

Who is Eligible?

Eligible faculty will have:

- Completed three or more years of verified graduate medical education training in internal medicine and/or a subspecialty abroad.
- Certification in Internal Medicine from ABIM for certification in a subspecialty.
- An academic rank of Assistant Professor or higher.
- A full-time faculty appointment for a minimum of three (3) immediately prior and consecutive years at the same institution.
- Full-time faculty members are those who supervise and teach trainees (students, residents or fellows) in clinical settings that include direct patient care.
- The appointment must be at an LCME- or Canadian-accredited medical school or an ACGME- or Canadian-accredited internal medicine residency or subspecialty fellowship training program.

Pathway A Application (pdf)
The New Official “Paved” Faculty Pathway

official, clearly defined route to ABIM certification.

Requirements:

- Home program attests satisfactory completion of ≥3 yrs. postgrad. training in core IM (NOT FAMILY)
- 3 consecutive yrs. full-time faculty appointment ending at ass’t prof level
- After passing ABIM core exam, the intnat’l grad can sit geri if fellowship done
Still Some Rocks in the Road...

- Your institution’s regs and appointment procedures
- State licensing board standards:
  - MA: will give temp. license for 1 yr for visiting faculty (renewable for 3 years)
  - Med School Dean and Clin. Chair must support request
  - Applicant must spend ≥ 50% time teaching
- Visa types-J’s, H’s have implications for securing academic appointments
Making the Choice

Factors to Consider:

- Relative certainty about nature of clinical training
- English language skill
- Likelihood of exam success
- Visa status
- Ability/desire to hire as faculty yourself
- State licensing, hospital credentialing and academic appointment rules
Paved and Open BUT Tough to See Around Curves in the Road
ABIM Credentials Specialist

Michael Melfe

mmelife@abim.org

215-399-4087
Quick Hits

Matt McNabney, MD – mmcnabney@jhmi.edu

Eric Widera MD - @ewidera
1. Uniformed Fellowship
Start Dates
It happens this year

• July 1, 2017

• Impacts your plans for clinical assignments and orientation

• Non-negotiable
Even Better Together.
The quality and quantity of tools such as workshops, presentations and curriculum support is magnified when we work together.

In This Section
UME/GME Program Resources
- Application Inflation
- CCC Faculty Development Toolkit

Uniform Start Date for Fellowships
The Alliance worked with subspecialty societies and other specialty organizations (including pediatrics and surgery) to develop a recommendation on a uniform start date for fellowship.

Read the recommendations
AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs: clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

Adoption of a Uniform Start Date for Internal Medicine Fellowships and Other Advanced Training: An AAIM White Paper

J. Christian Barrett, MD,2 Richard Alwes, MD,2 Michael Frank, MD,2 Alec O’Connor, MD,2 John F. McConville, MD,2
Nancy Day Adams, MD,2 Lisa Arfons, MD,2 Sheilah Bernard, MD,2 Thomas Bradley, MD,2 John D. Buckley, MD,2 Ellen Cohen, MD,2 Patricia Cornett, MD,2 Stephanie Elkins, MD,2 Richard Kopelman, MD,2 Vera P. Luther, MD,2 Jiselle Petrusky,1 Diana B. McNellis, MD,2 Bassam Omar, MD, PhD,2 Nancy Palapalo, BA,2 Teresa Roth, BA,2
Scott Satko, MD,2 Ethan D. Fried, MD,1 Elaine A. Muchmore, MD,2

1Virginia Commonwealth University, Richmond; 2Reading Health System, West Reading, Pa; 3Medical College of Wisconsin, Milwaukee; 4University of Rochester School of Medicine and Dentistry, Rochester, NY; 5University of Chicago, Chicago, Ill; 6University of Connecticut Health Center, Farmington; 7Case Western Reserve University, Louis Stokes VAMC, Cleveland, Ohio; 8Boston Medical Center, Boston, Mass; 9Hofstra North Shore-LIJ School of Medicine, Lake Success, NY; 10Indiana University School of Medicine, Indianapolis; 11New York Presbyterian Healthcare System, Flushing; 12UCSF Medical Center, San Francisco, Calif; 13University of Mississippi, Jackson; 14Tufts University Medical Center, Boston, Mass; 15Wake Forest Baptist Medical Center, Winston-Salem, NC; 16Duke School of Medicine, Durham, NC; 17University of S. Alabama Health System, Mobile; 18Northwestern University Feinberg School of Medicine, Chicago, Ill; 19The David Geffen School of Medicine at UCLA, Los Angeles; 20Hofstra North Shore-LIJ School of Medicine at Lenox Hill Hospital, New York, NY; 21UCSD School of Medicine, San Diego.
What are the consequences?

• It is a universal move, so all must synchronize

• There are repercussions (more public now)
Position Statement

• Adoption of July 1 as the earliest start date* inclusive of all required onsite program and institutional orientation activities for subspecialty fellowship in internal medicine and advanced training....

• Provision of adequate time for completion of internet based orientation modules after the start of the subsequent training program. Internet based orientation modules must not be required to be completed by the day of orientation. Institutions should be mindful of the time necessary to complete training modules and the impact on the other educational needs of residents as they complete their internal medicine training.

*effective 2016

Why

• 20% of IM PDs report conflicts for >50% of their residents

• 94% of IM PDs support a delayed start

• Stress on residents/new fellows

• Violation of ACGME/ABIM internal medicine requirements

• Potential Medicare billing fraud

• Peds fellowship uniform start date of July 7, effective 2017
Really Affects Orientations (and really this year and next)

July 2017 (USA)

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What happens if you don’t follow the policy...

Dear Fellowship Program Director:

One of our Internal Medicine residents, NAME, has matched to your fellowship program beginning July 1, 2016. I am certain that Dr. NAME will be an asset to your program.

Dr. NAME informed me that your program/institution/hospital has requested that HE/SHE begin fellowship orientation prior to July 1, 2016. I am writing to remind you that residents are under contract here at INSTITUTION/PROGRAM through June 30, 2016. While a trainee may request to take unpaid terminal leave or use remaining vacation to leave early and relocate, he or she is not eligible to be employed by your institution until July 1, 2016, since overlap of training dates would violate Medicare regulations. Furthermore, while a resident may request terminal leave, we may not be able to grant that request because the balance of educational assignments of Dr. NAME and the other residents in the program must be maintained.

Please let Dr. NAME know what adjustment will be made to your orientation schedule since HE/SHE is a contractual trainee at INSTITUTION/PROGRAM through June 30, 2016.

Thank you for your consideration.

Sincerely,

Internal Medicine Residency Program Director
INSTITUTION/PROGRAM
Issues with a date later than July 1
Loss of Seamless transition if past July 1 start
date (a GAP in training)
- Affects those with VISA
- Affects health insurance (need cobra)
2. Detail vs Core Requirements in the RRC

• Example Question
  – Can someone with less than 5 years of experience be a program director?
II.A.3. Qualifications of the program director must include:

- II.A.3.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; (Core)

- II.A.3.a).(1) The program director must have at least five years of participation as an active faculty member in an ACGME accredited family medicine or internal medicine residency or geriatric medicine fellowship. (Detail)
• Programs in *good standing* can “innovate” with this requirement
  – Programs with an accreditation status of “Continued Accreditation”

  – What might “innovation” look like?
  – How might it be defined differently by ACGME and individual programs?
3. MOC Credit for Fellowship QI activities

• “ABIM will grant ongoing MOC credit in the practice assessment category to program directors and faculty of ACGME-accredited internal medicine residencies and fellowships for the quality improvement (QI) activities inherent to their roles which contribute to patient care.”
Your Role

• The program director authority to attest to faculty participation in program related QI activities (e.g. supervision of resident and fellow QI projects directly related to improving patient care) via ABIM FasTrack system

• Program director will receive automatic credit
Working on Wellness in Fellowship Training

Helen Fernandez, MD, MPH
Professor
Fellowship Director, Geriatrics
Brookdale Department of Geriatrics and Palliative Medicine
Objectives

- Raise awareness that the work we do is challenging
- Provide a safe environment to discuss your personal experiences in your clinical work
- Provide a framework for reflection
Recapturing the Joy
“The nurses and technicians did all they could—I just wasn’t into it.”
Four Areas Influencing Interaction with Patients

• Personal beliefs and attitudes

• Personal feelings and emotional responses

• Challenging clinical situation

• Physician self-care
Physician's Beliefs & Attitudes

• Core beliefs/personal philosophy
  – May not be self-aware or ever articulated
  – Affect how physicians listen, interpret, and judge patients’ history

• Family of Origin Influences
  – One learns from family about nature, benefits, and pitfalls of caring
  – Unrecognized identification with patients can elicit feelings (counter-transference)
"Whoa—way too much information!"
Beliefs and Attitudes

• Gender Issues
  – Gender, Gender Identity, and Sexuality

• Sociocultural Influences / Culture
  – Integrated pattern of learned beliefs and behaviors that can be shared among groups
  – Includes race, class, religion, occupation, disability
Physicians Feelings and Emotional Responses

• Love, Caring, Attraction and Boundary Setting
  – Only beneficial if framed within clear, mutually understood boundaries
  – If not respected creates conflict for patients and internally for physicians

• Anger / Conflict
  – Importance of recognizing how physician associates it with other situations in (personal or professional) life
Challenging Situations

• “Difficult” or “Hateful” Patient
• Caring for dying patients
  – Brings up own fears re: vulnerability / death
  – Especially for younger clinicians
• Medical Mistakes
  – Either own or those of others
  – Real or perceived
The doctor will see you now, Mrs. Perkins. Please try not to upset him.
Physician Self Care

• Importance of balancing personal and professional lives
  – Avoids physician “victim” mentality

• Preventing and Managing Stress / Burnout / Impairment
  – Some studies show that up to 25% of physicians experience some sort of burnout
Self-Awareness and Effective Patient Care

• Facilitate healing relationship
• Cope with stress
• Can lead to adaptive attitudes and behavioral changes
• Can lead to deeper understanding of patient’s behavior
• Increased patient satisfaction
Narrative Medicine

- A **medical** approach that utilizes people's **narratives** in **clinical practice**, research, and education as a way to promote healing.
- Aims to address the relational and psychological dimensions that occur in tandem with physical illness, with the attempt to treat patients as humans with individual stories, rather than purely based on symptoms.
- Aims not only to validate the experience of the patient, but also to encourage creativity and self-reflection in the physician.
Incorporating Narrative Medicine into the Fellowship

- Faculty member attended Columbia University Narrative Medicine workshop
- Obtained mentorship from the Columbia program to start fellowship workshop
- Conduct a yearly introduction 3 hour workshop on introduction to narrative medicine
  - Mandatory for fellows, invite faculty and staff
Incorporating Narrative Medicine into the Fellowship

- Schedule monthly one hour narrative medicine meetings
- Can be taught by the faculty trained and have invited Columbia faculty to participate
Framework of the Workshops

- Ice breaking exercise—first workshop
- Share with your group what you wrote without editing
- Read a piece of poetry or literature excerpt
- Write to a prompt
  - Write about the last time you were in the presence of suffering
SHE DOES NOT REMEMBER

- She was an evil stepmother. In her old age she is slowly dying in an empty hovel.
- She shudders like a clutch of burnt paper. She does not remember that she was evil.
- But she knows that feels cold.
Other Wellness Activities

• Integrated and PC fellows monthly session with chaplain
• All fellows have 2 sessions with the Art therapist
• Dr. Patricia Bloom—leads a mindfulness classes with housestaff and fellows (voluntary)
Lessons Learned

- Anyone can reflect when allowed the space and time.
- We all carry a lot of experiences they have never discussed.
- Everyone can write.
- Some fellows have used these reflections and published reflection pieces or blogs.
“Busy attending physicians rarely move beyond the cognitive aspects of cases – differential diagnoses, pathology, and “fascinomas” – to a biopsychosocial analysis of patient's illnesses, or share with students how they have coped with feelings of anger, anguish, or shame in caring for certain patients.”

“Like soldiers on a battlefield, students must often deal with their emotions alone, or in chance discussion with colleagues and friends.”

Promoting Wellness

University of Washington

Katherine Bennett MD
Program Director
UW Geriatric Medicine Fellowship
UW Professional Development Series

• Developed by Lisa Vig MD MPH (adapted from Medina-Walpole et al)
• Monthly Sessions (1.5 hrs) for Geri Med and Palli Med Fellows
• Covers topics needed to succeed in academia
  – Examples: CV preparation and job negotiation, career panel, teaching techniques
• Customized – fellows choose some session topics

Vig, E. (2011), Medical Education 45: 527.
Professional Development Series

• Wellness topics include:
  – Maintaining Professional Boundaries
  • Video based cases*
  – Maintaining Work Life Balance

*http://www.umassmed.edu/macy/harvard/triggervideos/
Professional Development - Work Life Balance

- Scenarios of Work-Life Balance
- “Paper Plate Exercise”
- Tai Chi demonstration
UW GME Wellness Service

- Free counseling for trainees and couples
- Referral to free psychiatry consultation
- Learning consultation
- “Wellness Corner” – weekly e-mail
- Workshops: Mindfulness-Based Stress Reduction etc.
- Listservs (e.g. GMEParents, LGBTWellness)
Connecting Fellows to GME Wellness

- Highlighted in geriatrics fellowship orientation
  - Normalize use
  - Encourage use during more emotionally challenging rotations (e.g. palliative med)

- Remind fellows when issues arise
  - E.g. health issues, family issues
Table Activity

At your tables (20 minutes):

• Discuss wellness activities at your institutions
• Brainstorm ideas for promoting wellness

• Choose a spokesperson to share with the entire group