

## Parkland Center for Internal Medicine (PCIM)

The Parkland Center for Internal Medicine (PCIM) is one of The University of Texas Southwestern Medical Center's two Internal Medicine resident continuity clinics. It is a multidisciplinary resident continuity clinic designed to provide primary care to the underserved and uninsured populations of Dallas County.

The PCIM practice provides the opportunity for residents to manage a panel of primary care internal medicine patients throughout their three years of training. In addition they often will assume the care of post-discharge hospital patients and urgent care patients.

Residents attend clinic one half day per week and 2-3 times during their ambulatory care rotation.

To facilitate the residents' learning about ambulatory medicine, we have an evidence-based 18-month ambulatory curriculum which includes ambulatory morning report led by residents using teaching materials prepared to emphasize board review. Preclinical conferences, held daily before patient care begins, stress ambulatory care issues.

Our PCIM attendings and mid-level providers encompass a wide range of interests and expertise including interests and backgrounds in research, performance improvement, geriatrics, dermatology, psychiatry, palliative care, adolescent diseases, pain, HIV, musculoskeletal complaints, female problems, exercise counseling, nutrition, and obesity/bariatrics.

- Faculty are responsible for staffing interns and resident ambulatory continuity patients and urgent care patients
- Faculty also help with our PCIM Pain Management program
- All faculty have a strong desire to teach and enjoy working in this clinic in addition to their other duties.

### **Medical Knowledge**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of subspecialty medicine to patient care. By graduation residents will know how to manage a primary care patient panel, how to utilize referrals and subspecialty assets. They will have perfected and refined their skills regarding management, differential diagnoses, pathophysiology, and treatment of complex medical conditions. There will have been a definite focus on management of common primary care problems.

### **Evaluations**

Residents will be evaluated by the attending physicians on their skill in taking a patient's history and physical examination as well as their ability to assimilate this information to render a diagnosis and a plan. Resident Review Committee clinical competencies guide the content of these evaluations, which will be online in the New Innovations System and available to the resident for review.

### **Interpersonal and Communication Skills**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and professional associates. This will be assessed by showing effective communication in the following circumstances:

- Demonstrating effective information exchange with patients and their families
- Communicating the treatment plan to supervising and consulting physicians
- Answering questions and providing information in a clear and respectful manner
- Conveying respect for others and displaying an appropriate degree of confidence

The resident will be evaluated by the attending physician at the end of the rotation in the New Innovations System specifically regarding their interpersonal and communication skills.

### **Practice-Based Learning and Improvement**

Residents must demonstrate the ability to (a) investigate and evaluate the care of their patients, (b) appraise and assimilate scientific evidence, and (c) continuously improve patient care based on constant self-evaluation and life-long learning. This will be established by the following:

- Demonstrating evidence-based decision making
- Showing appropriate use of education resources
- Reviewing and discussing current literature as appropriate to patient care.

The resident will be evaluated by the attending physician at the end of the rotation in the New Innovations System specifically regarding their practice-based learning skills.

### **Systems-Based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to effectively call upon other resources in the system to provide optimal care. The resident will demonstrate these skills by:

- Utilizing consultation process appropriately
- Practicing cost-effective health care delivery and resource allocation that does not compromise quality of care.
- Working effectively with other members of the health care delivery team to improve health care delivery systems.
- Exploring the appropriateness of guidelines set forth by the American College of Radiology, especially with regards to patient care rendered in the ambulatory care setting.

Educational resources include the ACR Appropriateness Criteria, which can be found at [http://www.acr.org/SecondaryMainMenuCategories/quality\\_safety/app\\_criteria.aspx](http://www.acr.org/SecondaryMainMenuCategories/quality_safety/app_criteria.aspx).

The resident will be evaluated by the attending physician at the end of the rotation in the New Innovations System specifically regarding systems-based practice.

### **Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- Appropriate ethical practice regarding patient care
- Maintain patient privacy and confidentiality
- Demonstrate sensitivity and responsiveness to the culture, age, gender and disabilities of patients and their caregivers/family.
- Arrive on time and complete assigned duties
- Maintain an appearance appropriate for a physician

The resident will be evaluated by the attending physician at the end of the rotation in the New Innovations System specifically regarding their professionalism.

### Ambulatory Morning Reports

- Sessions are designed to supplement ambulatory education using small group interactive sessions.
- Responsible faculty will supervise/mentor resident groups for case-based primary care/ambulatory sessions.
- Resident leaders are co-facilitators of discussions; faculty are subject matter experts.
- Subspecialties and surgical specialties may participate.
- Areas such as obesity management, exercise prescriptions, pre-operative evaluations, anticoagulation management, pulmonary pre-operative evaluation, primary care dermatology, management of peripheral vascular disease, and primary care management of musculoskeletal complaints (back pain, knee pain, shoulder pain) are included.