

Pediatric Clerkship

University of Texas Medical Branch, Galveston

Supplemental Manual

Austin Site

UTMB Austin—Pediatrics

Dell Children's Medical Center of Central Texas

Brackenridge Hospital

Capital Area Health Education Center

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Welcome

The UTMB Austin—Pediatrics (APEP) and the Capital Area Health Education Center (AHEC) welcome you to the Pediatric Clerkship. We look forward to providing you with an overview of pediatrics.

UTMB Austin—Pediatrics is the pediatric residency program at the Dell Children’s Medical Center of Central Texas (DCMCCT).

The Capital AHEC assists medical learning institutions with the placement of medical students and residents into outpatient settings. AHEC centers establish, maintain and advocate community-based training for health profession students. We accomplish this by recruiting preceptors, providing housing, providing orientation of the rotation sites, providing maps to housing and rotation sites and providing information about the city where the student is placed during their community-based rotation. If you would like more information about East Texas AHEC, please visit <http://capital.etxahec.org>.

Austin Clerkship Staff

Austin Clerkship Director

Valli Annamalai, M.D.

Assistant Professor, Pediatrics
Dell Children’s Medical Center of
Central Texas
Office (512) 324-0165 ext. 86778
Fax (512) 324-0786
vannamalai@seton.org



Austin Clerkship Coordinator

Candice Tisdale, MS

Student Clerkship Coordinator
ORME
1313 Red River, Se 120
Austin, TX 78701
Phone: 512- 324-7860
Fax: 512- 324- 7988
crtisdale@seton.org



Capital AHEC Senior Program Coordinator

Brian Sullivan

Capital Area Health Education Center
811 E. 13th St.
Austin, TX 78702
Office (512) 472-8921
bsullivan@capitalahec.org



UTMB Office of Regional Medical Education—Austin, Student Services Coordinator

Adriane Thompson

Student Services Coordinator
ORME
1313 Red River, Se 120
Austin, TX 78701
Phone: 512- 324-7860
Fax: 512- 324- 7988
acthompson@seton.org



Galveston Clerkship Staff

Clerkship Director

Judith Rowen, M.D.
Assistant Dean for Educational Affairs

Associate Professor of Pediatrics
Office (409) 772-0051
jrowen@utmb.edu



Clerkship Coordinator

Tiffany Swain
Pediatric Office of Medical Education
3.302A Children's Hospital
Office (409) 772-5286
Fax (409) 747-8130
trswain@utmb.edu

Introduction

This manual serves as a supplement to the UTMB Pediatric Clerkship Manual which can be accessed by the following link: http://www.utmb.edu/pedi/pdfs/student_syllabus.pdf. Please review that manual as you commence the rotation. We have included information specific to the Austin site.

Your pediatric clerkship consists of 4 weeks of inpatient pediatrics, 3 weeks of outpatient general pediatrics and 1 week of newborn nursery as follows:

<u>Inpatient Block</u>	<u>Outpatient Block</u>
<ul style="list-style-type: none"> • Four weeks: Inpatient pediatrics at DCMCCT 	<ul style="list-style-type: none"> • First week - newborn nursery at Brackenridge Hospital • Three weeks of outpatient pediatrics

Half of the group will start with the outpatient block and the other half will begin with the inpatient block. After 4 weeks, you will switch. You should be receiving your assignments via email before the start of the rotation.

Your last day of the rotation will be the Wednesday of the eighth week. You will be excused from duty after 12pm to travel back to Galveston for your examinations.

Please contact the clerkship director if you need to discuss any issues in private, especially absences from the clerkship. Please plan to check in with the clerkship coordinator prior to the rotation conclusion.

General Expectations and Recommendations

You have the privilege of caring for and learning from the children and families of our community. Your exemplary professional conduct is expected at ALL times.

We must be respectful of a patient's confidential medical information in the course of our work. This includes sensitivity to who has access to it and the potential of being overheard as we conduct our discussions in public spaces.

The hospital playrooms and the half-pint library are safe havens for children to relax and play. Do not conduct any medical evaluations or discussions in those areas.

Many families look to you as their children's primary care provider in the hospital and will inquire about their children's clinical progress and care plans. Take time to answer their questions and to explain the care plans. **Consistency in our patient care discussions with families is important for continuity of care.** Do not answer questions of which you are unsure, especially about potential discharge. Refer them to the attending physician or residents.

Be proactive in your endeavors. Search out opportunities to enhance your experience and expand your skills. Be inquisitive—the only wrong questions are the ones not asked. Convey to your teachers your expectations and goals. Be mindful of your goals throughout the rotation.

Seek opportunities for feedback. We welcome your feedback on improving the rotation experience for future students.

You are allowed 3 excused absences during the 8 week rotation. **The absences must be excused by the clerkship director.**

First Day of Rotation***First Day***

You should proceed to Dell Children's Medical Center of Central Texas (DCMCCT) on the Monday of your first week at 9 a.m. for the orientation with the clerkship director. Your punctual attendance is expected. We will provide you with a folder with print materials. If you are Galveston-based, you will first report to Candice Tisdale, clerkship coordinator, at 7:30 a.m. at the Brackenridge Hospital Professional Office Building (POB).

You will also need to have a hospital picture ID badge made that will allow you access to the newborn nursery [*ID badge should have a pink background or picture outline*].

Outpatient Block Students

Please arrive wearing surgical scrub attire if you are assigned to the outpatient block since you will be in the newborn nursery on your first week. During your newborn nursery rotation, you should wear scrubs to work daily. You may leave your personal items in the OB Resident Study room located on the 2nd floor next to the Nursery, code 1-3-5. Each student is assigned to take 1 night of call. Call is not overnight, but until 10 p.m. If you have a schedule conflict, then it is your responsibility to switch your call with another student later in the week. The clerkship director and/or coordinator can help facilitate this.

Inpatient Block Students

During your inpatient pediatric weeks, please dress in professional attire. You may wear scrubs with your white coat on the weekends or when on call, not post call. Please ensure that your hospital ID badge is properly displayed when you are in the hospital.

One of you may be assigned to take call on the first day, so be prepared for this. Weekday call is not overnight, but until 10 p.m. If you are assigned call on the first day and have a schedule conflict, then it is your responsibility to switch this call with another student later in the week. The clerkship director and/or coordinator can help facilitate this. Each of you will be assigned one overnight call on either a Saturday or Sunday.

Newborn Nursery

Faculty and Residents

Dr. Lakshmy Vaidyanathan (Dr. V) is a board-certified pediatrician in the practice of newborn medicine. She is the principal faculty member overseeing your newborn nursery experience. She is assisted by Dr. Violeta Martinez in her group.

The newborn nursery will consist of one to two interns (pediatric and family practice) and one pediatric senior resident. They will provide you with an introduction to the newborn nursery rotation.



Dr. Vaidyanathan

Teaching and Work Rounds

Dr. V will review this aspect of the rotation on your first day. You will also receive an orientation to scrub technique and to handling newborns at deliveries before you are able to attend deliveries. You should arrive by 7 a.m. each day.

Call Schedule and Duties

Your call schedule will be provided to you at orientation. Each of you will be assigned one call night with the resident covering the newborn nursery and deliveries. Additionally, you will be expected to attend morning work rounds with the newborn nursery team on the Saturday or Sunday after your newborn nursery week but will not be taking call over the weekend.

Call duty concludes at approximately 10pm or sooner if you need to ride the last shuttle from the hospital to the off-site parking lot.

Clinical Duties and Evaluation

Please refer to your UTMB Pediatric Clerkship Manual. By the end of the week, you will be evaluated on performing a newborn exam. Please give your evaluation card (in the orientation packet) to the faculty observing you.

Paperwork and Orders

The nursery team will orient you to the paperwork used in their unit.

All of your progress notes and orders must be co-signed by a physician. Date and time your notes and orders at the time of entry. Sign and print your name clearly along with your title, e.g., MS3. Title your progress notes as “MS3 Note.” Use the SOAP note format.

When errors in documentation are made, strike them out with a single horizontal line; initial the errors; time and date them; and write “error.” You may amend your notes or add to them subsequently by writing addenda to your daily progress notes.

DO NOT ALTER OR REMOVE YOUR NOTES OR ANY OTHER ENTRIES INTO PATIENTS’ CHART AFTER THEY HAVE BEEN ENTERED INTO THE CHART.

Outpatient Pediatrics

Schedule

The outpatient block of your pediatric rotation consists of 1 week with the well newborn nursery and 3 weeks with a community preceptor. You will need to call your preceptor's office during your nursery week to know when you are to arrive at your preceptor's office on the following Monday. Addresses and maps will also be distributed at orientation. When you meet your preceptors, please sit with them the first day and go over your schedule so both of you know what days you are expected to be in the office. You have a half day off per week during the outpatient portion which you should arrange with your preceptors. This half day should coincide with your preceptor's administrative time. You have no call or weekend duties during these 3 weeks.

Professionalism

Part of your evaluation is dependent on your professionalism. Please make sure to dress appropriately when arriving at your outpatient setting. Please be punctual. Please remember that the physicians also maintain a very busy office practice. ***Note – you MUST dress professionally and be clean-shaven or you may be sent home from the preceptor's office.

Absences

If you need to be absent, please make sure to contact your preceptor and let them know that you will not arrive that day. Please refer to the UTMB Pediatric Clerkship Manual for guidelines regarding absences. If you are absent, you also need to contact the Clerkship Coordinator and Director to get it excused.

Evaluations

Evaluation cards and envelopes will be handed to you at orientation so that you may deliver them to your preceptor on the first day of your rotation. Please review this evaluation card with your preceptor so both of you know what is expected during your community-based rotation. Midway through the rotation, give your preceptor the midway feedback card to complete and discuss with you. You will need this completed card back to submit to the clerkship coordinator.

Inpatient Pediatrics***Inpatient Units*****Physical Units**

The pediatric units are divided into 4 separate wings: 3North and 3Central, 4North and 4Central based on patient diagnosis and specialized nursing.

Location	Phone	Rooms
3North	40300	301-324
3Central	40350	325-348
4North	40400	401-424
4Central	40450	425-448

For long distance calls, you will be prompted to enter an access code after dialing the phone number. The access codes are available from the unit clerks and nurses and are for business use only.

Isolation Precautions

When patients are admitted with potential infectious risks, the doors to their rooms when have signs attached denote the specific isolation precautions. Please review these precautions and observe the stated measures before entering the rooms. When you are uncertain of the proper isolation precautions for your patient admissions, please refer to the infection control guidelines (in a folder at the nursing station or on the intranet).

Universal precautions are always the rule. That includes diligent hand washing before and after patient contact. Please also wipe your equipment, especially stethoscopes, with antiseptic wipes (may be located on carts or at nursing stations) before and after patient contact.

Conference Schedule

A copy of the morning conference schedule and noon conference schedule will be provided to you with the clerkship material.

Morning conference takes place from 8-9 a.m. every day except Thursday, which is radiology conference, from 9-10 a.m. Except for radiology conference (held in 2nd floor radiology conference room), the morning conference is held at the 4th floor conference room in the hallway between 4North and 4Central. **Your inpatient group of students will be expected to conduct a morning conference at the end of the rotation.** You will decide as a group what your topic will be, but it must be related to inpatient pediatrics. You will be evaluated by the attendees (residents and faculty) in addition to your peers. This will comprise 5% of your grade.

Noon conference takes place in the Pediatric Conference Room 3 on the 3rd floor near the Pediatric Education Offices from approximately 12:15pm to 1:15pm. Every 2nd and 3rd Friday, Pediatric Grand Rounds takes place 7:30 a.m. in the Auditorium. You may bring your lunch or breakfast to the lectures.

POS (Problem Oriented Sessions) takes precedence over the noon conference if they are conducted concurrently. Plan to attend noon conference daily if POS is not scheduled on those days.

Call Schedule and Duties

A copy of your call schedule will be provided to you as part of the inpatient material. You will be assigned to take call with your senior resident, if possible. Call duty concludes at approximately 10pm for weekday calls, but you will stay overnight for your weekend call.

You will be assigned to night call with the residents one weeknight per week (4) while on the inpatient service. If you are on inpatient during the second half of the rotation, then you will have a total of 3 weekday call nights (1 night per week except for the last shortened week).
Each of you will also take an additional call on one Saturday or Sunday, which is OVERNIGHT. If you are on call Saturday, then you stay overnight, round Sunday morning, and are excused after rounds and your patient care duties are complete. If you are on call Sunday, then you must come in to round on Saturday and are excused after rounds and patient care duties are complete, take call Sunday overnight, then round Monday. You will be excused Monday between noon and 1 p.m. The call schedule may be changed at the discretion of the clerkship director or faculty to accommodate special circumstances. With the exception of your assigned weekend call, you will have the remaining weekends off while on the inpatient service.

Ward Team Composition

You will be assigned to one of the four ward teams. The ward teams are unit-based and typically consist of a supervising attending, senior resident, two interns, and sometimes 4th year medical students on acting internships. The ward teams admit patients daily to their respective units.

Teaching and Work Rounds

You are expected to be prepared for morning rounds daily. Allow yourself ample time in the morning before morning conference to evaluate your patients, gather the relevant data, and organize your presentations. You are expected to arrive no later than 7 a.m. but may need to arrive earlier to ensure your work is completed and you are prepared for rounds. Teaching rounds begin after morning conference. Be prepared to present your patients during rounds. If you need your notes as cues, please make a photocopy of them. Leave original notes in the medical charts.

- Please see emailed handout on how to verbally present a pediatric patient.

At the completion of morning teaching rounds, your ward team will continue with work rounds. You should take primary responsibility of your patients' care during work rounds. Maintain continual communication with your residents during the workday. Check in with your residents prior to the end of the workday. You are usually excused at 4 p.m. if you are not on call, but this may change depending on pending clinical duties. Do not "disappear" during the afternoon. This is when new patients are being admitted and new patient care duties arise. If you are not visible, then the residents may not page you, and this will come across as disinterest and be reflected in your evaluation.

Medical Information Retrieval

Chart

Please familiarize yourself with the contents of the chart. Most of the information may be readily available on COMPASS.

COMPASS

This is an electronic medical record program that allows you to securely access patients' medical information. You will have an introduction to this system as part of your general orientation.

You will receive a login designation and password from the Information Systems Department. Remember to log-out of the system when you have finished. The information to which you have access is confidential and must be treated with the same respect as the medical chart. Adriane will coordinate these requests for you.

Additionally, from the computer terminals, you have access to the internet via your Novell login designation and password (separate from ones used for COMPASS).

Synapse/PACS

This is the electronic archiving and retrieval program that allows you to access digitalized radiographic studies for review. There are high-resolution flat-screen monitors located on each unit for review of radiographs. To hear report, dial 43622, then last 4 digits of your SS# or you may use 9999, then #1, then 3, then enter accession number (specific number for this film, which can be found on PACS).

Dictated Reports and Consultations

You have access to dictated reports and consultations via the telephone dictation system. Access the system by dialing 43628. Your identification number is usually the last four digits of your social security number or you may use 9999. When prompted to enter a dictation type, type “#1” to listen to reports, then enter “1” to review by work type, then enter “13” as the work type, then enter patient’s account number to hear report. You will need the patient’s account number to access the files.

Paperwork and Orders

All of your progress notes and orders must be reviewed and co-signed by a physician. Date and time your notes at the time of entry. Sign and print your name clearly along with your title, e.g., MS3.

When errors in documentation are made, line them out with a single line; initial the errors; time and date them; and write “error.” You may amend your notes or add to them subsequently by writing addenda to your daily progress notes, e.g., “MS3 Addendum Note.” **DO NOT ALTER OR REMOVE YOUR NOTES OR ANY OTHER ENTRIES INTO PATIENTS’ CHART AFTER THEY HAVE BEEN ENTERED INTO THE CHART.**

Documentation

The medical records of your patients are legal documents. Be mindful of the phrasing and contents of your written statements. Legibility and proper documentation format are important. If your note exceeds one page, please clearly designate the transitions; time, date, and title all pages; sign each page.

All notes **MUST** be dated and timed at the time of entry. Use the 24-hour time designation format. Post-dated notes are **NOT** acceptable.

Title your progress note entry according to its function, e.g., Progress Note, Addendum, On-Call Note, etc. You must sign all your notes and include your printed name. You may not sign another person’s progress note entries on his behalf.

History and Physical Form

You may use the DCMCCT H/P forms for your initial patient encounters. All new patient admissions require an official H/P to be completed by a physician. **Please do not**

leave your completed H/P in the medical chart. Please turn them into your attending physician for review and critique. **The attendings expect you to submit at least 3 written H&Ps for feedback on written communication skills.**

Progress Notes

Title your progress notes as “MS3 Note.” Use the SOAP note format.

Discharge Summaries

PCRS (Pediatric Consultation and Referral Service) faculty will dictate discharge letters to private pediatricians. You and your resident are responsible for discharge summaries of all clinic patients. Please complete written interim discharge summaries on clinic patients. These documents are provided to families to bring to their clinics. These summaries should be as detailed as possible with important follow-up information.

You will not be responsible for dictating discharge summaries.

Admission Orders

Your admission orders entered in COMPASS should have the following information:

1. “Full Admit or Observation to DCMCCT, Service: PCRS”
 - Full Admission Status denotes patients who will stay beyond 23 hours in the hospital
 - Observation Admission Status denotes patients who will stay less than 24 hours in the hospital.
2. Designate the physician team assignment for the patient including:
 - Attending: daytime PCRS attending’s name regardless of time of admission
 - Senior resident: your on-service senior resident’s name, not the on-call resident’s name
 - Junior resident: your on-service junior resident’s name
 - Medical student: write in your name
3. Admission/Working Diagnosis
4. Drug Allergy
5. Condition
6. Diet Orders
7. Nursing Orders: Frequency of Vital Sign Checks, Growth Parameter Measurements, IV Access, etc.
8. Respiratory Care Orders: Oxygen therapy, etc.
9. Monitoring Equipment Orders: Cardiopulmonary monitor, Oxygen saturation monitor, Telemetry, etc.
10. Medication Orders
11. Laboratory/Diagnostic Study Orders
12. Other interventions and therapy orders

Prescriptions

Prescriptions must include: 1. medication name and strength of tablets/caplets/chewables or liquid 2. sig: instructions on quantity and frequency 3. dispense: quantity to be dispensed 4. refills. When the calculated dose for a pediatric patient exceeds the adult dose, use the adult dose of the medication.

Double check all your medication orders or prescriptions with your resident.

Diagnostic Study Orders

Consult with your resident and/or attending before requesting any diagnostic studies. Often you may need to contact the relevant department to clarify the appropriate study to request. Include the following information for diagnostic orders:

- Specific diagnostic test
- Indication for the test
- Requested approximate time of test (STAT, routine, date)
- For certain studies (i.e., pulmonary function test, apnea monitor downloads, echocardiograms and electroencephalograms), you will need to designate the physician who will be interpreting the results. Consult with your resident before ordering these studies.

If the resident or attending needs a verbal report of the study result, leave contact information with your orders.

Other factors to consider include: (1) procedural sedation and potential anesthesia consultation, (2) NPO status, (3) portability of patient for study, (4) potential allergy to contrast materials and (5) batching of studies/procedures

Laboratory Study Orders

Laboratory orders may be ordered as one-time or standing (recurring) orders. Please be specific in your orders.

Microbiology Study Orders

For microbiology studies, consider the (1) body fluid/tissue type; (2) exact test requested

PRN or As Needed Orders

Medication or therapy orders that are designated as “prn” or “as needed” MUST include specific conditions/circumstances in which those orders are to be implemented.

Discharge Orders

When entering discharge orders, please include the following information:

1. “Discharge home (or to appropriate place) with [legal guardian].” E.g., “Discharge home with parent.”
2. Discharge Diagnoses
3. Discharge Condition
4. Activity or Dietary Restrictions
5. Follow-Up instructions: Appointments to be made. Sometimes, families may require your help and intervention to make appointments.
6. Discharge Medications: Please write them out with explicit patient instructions along with appropriate prescriptions.
7. Discharge instructions: Anticipatory guidance regarding home management of a patient’s condition, including concerns for which a patient should return to the office, ED, or hospital.

Paperwork and Orders that you may NOT write or complete

- Do Not Resuscitate (DNR) orders
- Physical or Chemical Restraint orders
- Consent forms for Procedures
- Blood Product Transfusion Orders
- Insulin and Chemotherapy Orders

Evaluations

Midway through your inpatient rotation, give your attending the midway feedback card to complete and discuss with you. You will need this completed card back to submit to the clerkship coordinator. Your final evaluation will be sent directly to your attending to complete.

Inpatient Clinical Evaluation Exercise

Observed Pediatric History and Physical Examination

This exercise will be conducted in the second, third or fourth week of your inpatient block. Your attending will contact you after securing a patient for the exercise. Do not use the DCMCCT H/P forms for this exercise; however, you may prepare your own written notes for use during this exercise. There is a 45 minute time limit to complete the observed H&P. Immediately after, you will receive feedback from the attending. Then you will have at least 24 hours to prepare your verbal presentation. You do not need to turn into the facilitator any written paperwork.

Problem Oriented Session (POS)

POS is a problem-based learning activity of clinical cases provided. A set of three cases is presented each week during the inpatient block starting with the 1st week. Your active participation determines the pace and tempo of POS and factors significantly into your evaluation. Each of you will be assigned to present a research-based article (not review article) to your POS group on a topic either pertinent to a POS case or different topic at the discretion of your POS facilitator.

Schedule

A copy of the POS schedule will be provided with the inpatient material. Two sessions take place per week, usually for about 1-2 hours scheduled by the POS attending. **Attendance is mandatory and takes precedence over noon conference.**

Library and Computer Access

The Medical Library is located on the main floor (3rd floor) near the pediatric education offices. Darlene Ennis is the medical librarian and is a valuable resource to help find references.

You will need computer IDs and passwords to access the internet from the computer workstations. Do not share your access with others. You will be held accountable for actions conducted with your access codes. Seton Healthcare Network maintains strict guidelines for internet use and monitors internet traffic. Please familiarize yourself with those policies in our Intranet site.

At Brackenridge, there is also a medical library located in the Clinical Education Center (CEC). The librarian is Barbara Mercer.

Additional Requirements

Complete the **Clinical Encounter Card** throughout your 8 week rotation. This completed card will also need to be returned to the clerkship coordinator at the end of the rotation.

Feedback and Evaluations

Avail yourself to continual feedback as means of improving your clinical skills. Ask for feedback from your peers and teachers. Please share with the Clerkship Director your thoughts on improving the rotation and any concerns that may arise from your rotation experience.

The Clerkship Director can be available to meet with you individually during your rotation. You have the opportunity to discuss any concerns in confidence, review your clinical performance and written evaluations, and provide feedback on the rotation experience.

At the completion of your written examination, you will evaluate the rotation, the faculty, and your experience in confidence. Please provide honest feedback in those written evaluations. Please provide written evaluations for the following individuals:

- Dr. Annamalai, Austin clerkship director
- Dr. Vaidyanathan and/or Dr. Martinez, Newborn Nursery
- Your inpatient preceptors
- Your POS facilitator
- Your newborn nursery and ward team residents
- Your outpatient preceptors

Feel free to contact UTMB if you have significant issues that require prompt attention.