Memorial Hermann
Internal Medicine
Orientation
Objectives

• First things first
  • Welcome
  • Jeopardy
  • Conferences
  • Admission policies
• All the other stuff: Service policies, call rooms, conference policies, etc etc …
Welcome!
Jeopardy Backup

- **PAGE** THE CHIEF PAGER 22001
  - Also, notify your clinical team and attending
  - Must provide documentation for why you’re not at work if gone for > 1 days - e.g. doctor’s note
  - PLEASE MAKE SURE THE PAGER WORKS!!!!!
Jeopardy Backup

• Keep your pager with you the day before your jeopardy call starts!
Hermann Wards
MHH Wards

- Shift-Work Structure
- Four Ward Teams (A,B,C,D)
  - Teams: Resident + 2 Interns
  - Nights: Float Resident
  - Separate Geriatrics/ACE Unit Team
Wards - Caps

- Total Team Cap of 20 per team
- **Long call**: Total of 5 admissions. If you have not capped (total of 5 patients) by 5 pm, you can only get 1 admission between 5-6 pm. There will be protected time between 6-7 pm, where no admissions will be taken by the medicine teams.
- **Short call**: 2 admissions during weekdays until 2 PM. There will be no short call for weekends (therefore no admissions for short call teams on the weekend).
- **5 overnight** admissions – with time cap at 3 AM
Cap

• Team caps at twenty patients.
• The number of patients counted toward the cap is based on number of patients your are actively caring for. (write notes on)
• Eg. Day starts with 12- Day can admit 5 and (if 2 discharges) night (new resident) can admit 5.
**Wards - FLOAT**

- Float will cross cover **ALL** Medicine Teams (A,B,C,D) AND Geriatrics/ACE Unit patients
  - If a rapid response, code blue, death or acute VS change occurs for Team C/D patient (hospitalist team), the resident is to call **42742** immediately and **notify the hospitalist overnight.**

****DOCUMENTATION**

- Admit 5 patients with Night intern
  - Supervise admission orders and assessment/plan
  - Write **brief** resident addendum (basically an assessment and plan)
Hermann Wards: Workrooms

- Team A C.324
- Team B C.319
- Team C C.369
- Team D C.3002
Handwashing

- Hospital Wide resident handwashing compliance 70%/76% and medical students 70%/50% - well below the goal

- Importance of handwashing should be reiterated and made a priority in our “patient safety culture”
Hermann Wards: Rounding

- Multidisciplinary Rounds (MDRs):
  - One member of team must be present
  - Different for every unit
  - Update the interdisciplinary team about
    - CURRENT diagnosis
    - BARRIERS to discharge
MHH- Bounce Backs

- If patient returns from MICU on Day 1, and they are staffed on Day 2, they will bounce-back on Day 3.
- This applies even if patient was staffed overnight
Hermann Wards: Checkout...Checkout...Checkout

- Keep lists current – **PAPER CHECK-OUT**
- Why patient is here
- What happened today
- What to do overnight
- CODE STATUS
- Weekdays checkout is at 6 pm.
- Weekends checkout is at 2pm. (includes ACE Resident).
UPDATE: Geri Team / ACE Unit

- Caps are unchanged: Hard cap of 14. FIVE new patients daily up to 4pm on weekdays and noon on weekends.
- **There will be NO MORE TRANSFERS to GERI from Medicine teams** *
- Overnight admits: checkout will be given to fellow or Geri attending by the night hospitalist.
  
  - Hospitalists will update the Geri list daily with overnight admissions. Resident/Fellow calls Hospitalist for check-out at 630am **#42742**
- **Service transfer from Hospitalist to Geri**: The Sunday before the transfer at 5pm. Info (phone no. to buzz in) in email from Dr. Rianon.

* Unless the Geri attending says otherwise.
Overnight Crosscover

- Utilize the **IM Wards Night Float crosscover list** in care4
- Functions as an active list to include patients who are unstable/require follow up, etc
- Please add any active patients to this list prior to check out and update the yellow sticky note with written hand off information
- This should be verbally communicated to the float during check out
- Night float resident will clear this list in AM
Herman Wards: Acting Interns

As an upper level with an AI you are expected to:

- See every patient assigned to the AI on the day of admission and **write a full H&P**.
- Write a **full progress note daily** on each of the AI’s patients. This includes vitals, physical exam, labs, assessment and plan. *Do not wait for the AI’s note to be in the chart.* You are expected to write your note independently.
- Review diagnostic and treatment plans with the AI **every day prior to rounds**.
- Review the AI progress notes, giving feedback to the AI. Co-sign all progress notes.
- Assume complete responsibility of the AI’s patients on their day off.
- AI may not checkout patients or update the checkout list (resident or interns only)
- You are responsible for all dictations- including Admission H&P’s and Discharge Summaries. *Do not ask the AI to do any dictations for you.*
- Teach the AI how to do basic procedures. They can only do a procedure if they have seen one first and are under the direct supervision of an upper level.
- Do not assign this role to interns, **AI works directly with the upper level resident**.
Medical Students

• On-call days:
  • Day-students 6:30am-6:30pm
  • Night-students 6pm-after postcall rounds
Medication Reconciliation

• Please Do it!!!
  • That includes MICU/CCU
Call Rooms

There is a card system for entry into the call rooms - one card opens all the doors. These cards are available to the residents in the Physician Staff Services Office, which is located on the 1st floor of the Cullen Pavilion. Please refer any questions or problems with these cards to this office. Please, DO NOT use any call room that is not assigned to you.

- Cullen 240: MICU Fellows Room 1
- Cullen 242: MICU Resident Room 2
- Cullen 244: MICU Intern Room 3
- Cullen 246: FLOAT RESIDENT
- Robertson 539: Ward Resident/Intern
- Robertson 631: Ward Resident/Intern
- Robertson 652: *
- Robertson 675: Ward Resident/Intern extra
- Robertson 676: Ward Resident/Intern extra
- HVI 2nd floor 2312.1 - CCU Resident
- HVI 2nd floor 2312.2 - CCU Intern
MICU
- DL = 6AM-7PM
- DS = 6AM-5PM and all work is done on your patients.
- T = Transition day after night shifts.
- N = 7PM-9AM, round with the MICU attending on overnight admission.
- O = Day off, pre-assigned.

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MICU

- Each team consists of 1 resident and 1 (or 2) interns. This pair will have the same schedule.
- Day team:
  - Write notes on their old patients
  - Pick up 1-2 new patients from the night team after they were presented in rounds.
  - Admit new patients during the day. **DS team takes admissions < 1 pm**
  - Day Long resident is responsible for sending an email everyday with patients’ assignments to all residents on a day shift the next day. **DL residents must leave the hospital by 8PM.**
- Night team:
  - Admit new patients during the night and present them first thing in the morning at 7am
  - Cross cover all MICU patients and update the day teams on any events overnight.

Patients of residents/interns who are off (O) will be split among day team (to write notes, and present them during rounds)
MICU

- In-House Fellow for Backup 24/7  x49759
- **Conferences:**
  - Combined MICU/CCU/CIMU conference - see chief’s corner
  - Otherwise required to come to regular conference
- Documentation
  - Transfer notes + verbal check out on all transferred patients
  - **Update on day of transfer if written earlier**
  - Include code status!!!
  - Ensure updated information on the Transfer Orders
- Procedures:
  - **Fellow or attending oversee all procedures**
  - Log procedures on New Innovations!
  - **Page chief and report ALL finger sticks/exposure**
CCU
CCU

- Conferences: NEW curriculum combined with MICU
- PLEASE ATTEND CCU ORIENTATION
- Noon Conference mandatory for day teams
- Resident Duties:
  - RESIDENTS ATTEND ALL ADULT CODE BLUE (ALL OF THEM)
  - Carry the Code pager and Chest Pain/STEMI pager
  - Work with your Fellow
CCU Teams

| Team |  1  |  2  |  3  |  4  |  5  |  6  |  7  |  8  |  9  | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
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- Each team consists of 1 resident and 1 (or 2) interns.
- Intern hours:
  - Day short (DS) 6am-5pm
  - Day Long (DL) 6am-6pm
  - Night (N) 6pm-6am (max at 7am). Intern checkout at 6pm
- Residents hours:
  - Day short 6am-5pm
  - Day long 6am-7pm
  - Night 7pm-8am (max at 9am).
  - Residents checkout at 7pm to night team.
CCU Teams

- **Night team:**
  - Admit new patients during the night and checking them out in the morning 6am to day teams
  - Cross cover CCU/CIMU
  - Checkout to day teams

- **Day team:**
  - Write notes on their old patients
  - Pick up 1-2 new patients from the night team and present them in rounds
  - Admit new patients during the day
  - Rounds starts at 8:30am (or 7am if attending has other duties that day)
  - If rounds start at 8:30am, then day teams will present all patients (new +old). Night resident and interns leave after checkout.
  - If attending shows up at 7 am, the rounds will be split.
    - The first round will be from 7-9am where all the CCU patients are covered (day teams will present their old CCU patients, and the night team will present the new CCU patients). After the 1st round is done, the night team leaves.
CVICU Consult Resident

- PGY2 or PGY3 who has had CCU in the past
- Rounds with CCU Team
- Any consults between 6:30am (resident may arrive at 8am) and 5:00pm would go to the consult resident, who will discuss the patients with the CCU fellow and round with the CCU attending (whenever rounds on CCU patients are finished)
- The resident would check out to the CCU resident on long call at 5:00pm and any consults overnight on the consult patients would be handled by the CCU team
- At 8 am, the consult resident can get checkout from the CCU fellow on any new overnight consults.
- The resident will get one weekend day off
CIMU

- 1 Resident, 1 Interns, 1 cardiology fellow, separate attending than CCU
- Admissions and Transfers:
  - 6:30AM CIMU team receives checkout
  - **4 new per day** (transfers from CCU count) until **3 PM**
  - **4 new admissions** per weekend day (includes transfers) until **noon**
- No overnight call.
- One **WEEKDAY** off per week.
- Weekends:
  - CIMU team rounds with CCU attending
HVI - Other Services

• CVICU
  • Patients transferred to CVICU will continue to be seen by CCU team as consults.
  • Patient seen in clinic by UT interventional Cards admitted to CVICU will also be followed by CCU team.
HVI-Other services

- **Advanced Heart Failure (5-HVI):**
  - Housestaff will *not* write notes on admits to Primary AHF service
  - Housestaff will see patients admitted to the CCU teaching service with a AHF consult

- **Private admissions by UT Interventional Cardiologists** (Smalling, Sdringola, Anderson, Iliescu):
  - These patients will be seen by the CCU resident/interns
  - Individual attendings MUST make rounds with the CCU residents EVERY day in person to provide teaching.

- CCU fellow cross-covers and admits for:
  - EP, Heart failure, White service (Private Non-UT Cardiologists), CCU, Cards Consults
  - Be considerate of their time
Troponins are positive. Please see patient.
Consultation Etiquette

- Consults should be called by the resident for the first few months
- Identify yourself by **NAME/SERVICE**
- Have a clearly defined “Consult Question”
- Be prepared to give pertinent clinical history
- Have you attending name for all services. For neurology consults (general and stroke) please provide them with your attending’s cell phone number.
Consult Services

- Total cap: no more than 10 patients at a time
- Last consult of the day by 5:00 pm at the latest
- Consults received after 5:00 pm to be seen by Fellow/Attending
- Must have a 10-hour duty free period between shifts
- Weekends: last consult by noon, and out of hospital by 2pm. Must be rounding with the attending.
- **DO NOT** carry a fellow’s pager at any time!
- **DO NOT** obtain consent for things you are not trained to do!
Hyperbaric Medicine & Wound Care Service
Approved Indications for HBOT
**Highlighted DX may benefit from timely inpatient treatment**

- Clostridial Myositis and Myonecrosis (Gas Gangrene)
- Necrotizing Soft Tissue Infections
- Osteomyelitis (Refractory); especially skull, sternum or spine
- Intracranial Abscess
- Arterial insufficiencies; Central Retinal Artery Occlusion
- Diabetic Foot Ulcers at risk for limb loss
- Acute Ischemia’s; Crush injury, Compartment Syndrome, Severed/reattached limbs, acute arterial thrombosis awaiting revascularization
- Compromised Grafts and Flaps
- Air or Gas Embolism
- Decompression Sickness
- Carbon Monoxide Poisoning
- Delayed radiation injury
  - Soft Tissue and Bony necrosis
- Idiopathic Sensorineural Hearing Loss
- Severe Anemia
- Acute Thermal Burns
  - Inpatient Consult Line; 42986
  - Consult Care4; Joseph Nevarez, MD
Wound Care Consultation

- Consider consult for Acute or Chronic Wounds;
  - undetermined or multifactorial etiology, dehiscence, infection, necrosis, fistulas, edema, h/o radiation, burns, difficult location, large drainage

- Wound Consultant service;
  - Recommend diagnostic & specialty evaluations to expedite Dx & Tx plan, perform deep tissue cultures, biopsies, debridement, eval for Wound VAC & compression therapy, order advanced wound dressings to promote healing

- Inpatient Consult Line; 42986

- Assume Routine Wound Care;
  - Promote wound healing & effective utilization of nursing & support staff w/ advanced dressings.
  - (wet-to-dry often NOT standard of care)

- Preparation for Discharge;
  - Enter Home Health/SNF/LTAC wound specific orders; Inpatient wound orders often not appropriate for discharge orders
  - Expedite outpatient HBOT/Wound center follow-up; may prevent ED return visits

- Consult Care4; Joseph Nevarez, MD
  - Shared census for service
The Value of Autopsy

- **For Families, Patients, and Society:**
  - Answers questions
  - Assists in resolving grief and guilt
  - Helps in settling insurance claims and in assigning death benefits
  - Helps identify familial disorders
  - Helps to ensure that the quality of medical diagnostics and care is high
  - Helps to identify environmental/occupational health risks
  - Helps to identify trends in infectious diseases
  - Improves the accuracy of vital statistics

- **For Physicians and Hospitals:**
  - Answers questions
  - Allows self-evaluation of treatment practices and efficacy of therapy
  - Helps monitor quality of care
  - Helps to evaluate new diagnostic and therapeutic methods
  - Helps to provide medicolegal information
Clinical Physician Responsibilities

- Notify the next-of-kin and the attending physician.
- Complete all documentation in the EMR.
- Evaluate whether case needs to be referred to the ME (713)796-9292.
  - See attached criteria for reporting.
  - If ME office releases the body (probable natural disease), an IO number is obtained and recorded.
  - Then discuss circumstances of death with next of kin and ask for permission for autopsy.
- Postmortem Examination or Autopsy Consent form.

RN
- Notify coordinators for death, chaplain, assist physician with next of kin, complete release of body /organ tissue donor form, notify ME if appropriate in 55 minutes of death,
Autopsy Service

Criteria for reporting deaths to the ME

As specified in Texas state law (Texas Code of Criminal Procedure 49.25, section 6) within Harris County certain categories of death must be reported to the Medical Examiner Office. The types of deaths that must be reported include the following:

1. Deaths within 24 hours of admission to a hospital, jail or prison
2. Deaths from any unnatural cause (except legal execution)
3. When a body is found and the circumstances of death are unknown
4. When circumstances raise the suspicion that a death was from unlawful means
5. Suicides, or suspicion thereof
6. Deaths unattended by a physician; deaths in which the physician is unsure of cause of death

** See monthly welcome email for attachment on detailed procedures for Autopsy **
Consult Services

• FOLLOW-UP PLEASE! 😊

• Please call the primary team via the team pager once you have staffed patient
Consult Weekends Off?

- General days-off rules apply – 1 day per week, average
- Work the details out with your team
- Please let Chiefs know if there are problems
Days Off

• You **must** have 4 days off per 4 week block!
• Fill google sheet ASAP

• Residents, don’t take your day off on the last 2 days of a block! You are there for continuity!
• No one can be off on call/post call days
Conferences
Conference Calendar

https://med.uth.edu/im/education/residency/conferences
Conferences

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<td>Journal club</td>
<td>MHH orientation</td>
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PLEASE BE ON TIME!
- 7 minutes grace period
- early clinical image challenge – prizes!
Case Based Conferences

NEW FORMAT
You will prepare a powerpoint according to the following:

- Slides on relevant clinical images (eg. EKG/CXR/CT/Cartoon images)
- [One slide] on hospital course and outcome
- [One slide] on diagnosis and clinical presentation (relating it to findings of your patient)
- [Two slides] Pick one topic on your patient with regards to diagnostic modalities used or comparing treatment options that were given and provide evidence-based data to back-up what you did for your patient (this does not need to be complex & extensive)
- [One slide] on “Take Home Points”
Case Based Conferences

• CMRs will send an courtesy email couple days prior
• Conference schedule posted weeks in advance
  • Know when you are presenting!
• Send in your topic/summary/patient MRN on time or early!
• Interns have to practice with the CMRs the Friday before presentations
Conferences

• We Set the Culture

• Please Be On TIME.
Noon Report with Dr. Arias

- **Monday 12:00** to 1:00pm
- Check calendar to confirm location
- *Short-call Resident* presents
- Card should include ONLY:
  - Patient name
  - Chief complaint (“patient’s words”)
  - Initial vital signs in the ED
- **Each patient should have a chest x-ray**
- Another resident reviews the CXR and gives the differential diagnosis
Excused from Conference

• If you are attending to an unstable patient, email the admin chief after the patient is stable, CC your attending on the email and we will give you credit

• If you attend a subspecialty conference, email the admin chief and CC the subspecialty fellow on service and we will give you credit

• Schedule procedures, rounding times, new consults **around** conference schedule
Rapid/Codes List

Patient list: “Rapid Responses & Codes”
- Everyone has access
- Please consider adding patients
- Anonymous tool to refer cases for potential conferences
EKG ORDERS

There must be **an order for EVERY EKG performed** (even if the EKG is thrown out due to artifact)

- **After a code or rapid response**: please put in a separate order for all EKGs that are done/read

- **Serial EKGs for ACS rule out**: choose q6h x 3 frequency; DO NOT write it in the comments
Outside Rotators

• Residents from other services (Family Practice, Emergency, Psychiatry) should be coming to medicine conferences while on our services.
Feedback Matters

• QI Project: Astrid Grouls (PGY-3), Dr. Aisenberg, Dr. Krucke
• Take a feedback notecard and fill it out throughout the month based on the feedback you get from your attending (be it on rounds or sit-down feedback)
• Please complete the survey in your inbox at the end of the rotation

We all need feedback to improve!

During your next month – check off when you get feedback from your attending on the following items. Based on your goals for growth, add a few areas you may want feedback on this month too.

- Feedback on written notes
- Feedback on an oral patient presentation
- Feedback on an overnight admission (medical decision-making)
- Feedback on a complex patient admission (medical decision-making)
- Feedback on your rapport with patients
- Feedback on your teamwork and communication

At the end of the month (during end-of-rotation feedback), touch on any of the topics you haven’t checked off yet.

This project is part of a QI project to improve resident satisfaction with feedback. If you have any questions, email Astrid Grouls at astrid.grouls@uth.tmc.edu.

Have feedback for this project? Email Astrid or write it on the back of this slip when you turn it in.
Needle Stick
Needle Stick

1. Call needle stick hotline to let them know
2. PAGE THE CHIEF (doesn’t matter if it's 3am)
3. Go to the MHH ER (ideally within 2 hours) to get labs and prophylaxis. Chief will send resident coverage.
4. Paperwork needed to be filled out is on Canvas
Laundry Service

- Please WASH YOUR COAT!
- Free Laundry Services available TO INTERNAL MEDICINE RESIDENTS ONLY at MSB 1.154....
- If too soiled they will not wash, so wash first then place there to be washed and pressed.
- Remember to Wash your Hands! 😊
SAFETY

Please utilize the security available at both MHH & LBJ for a vehicle escort if desired.

MHH Security: 713-704-4000  (ask for Security, then for escort)

UTHMS Security: 713-792-2890  (direct number to dispatch escort)

LBJ Security: 713-566-5302  (direct number to dispatch escort)
Alternate #: 713-566-5305
EAP- Employee Assistance Program
UT Counseling & Work life Services

• Confidential Services Free of Charge
• Contact: 713-500-3327
• Services Include:
  • Solutions for childcare
  • Eldercare
  • Stress management
  • Wellness and more
  • Professional Development- skills for productive employees
  • Legal and Financial Advice
Welcome to UT Counseling and WorkLife Services

For nearly 30 years, we have been offering extraordinary quality and personalized customer service to our faculty, staff, residents, fellows and now our UT Students.

Our hallmark is personalized customer service—we believe in direct communication with a personal touch. That's why you will talk to a "live" person and have direct and immediate solutions to any concerns and/or issues.

Our staff will respond quickly and effectively because we value your time and concerns as much as you do.

Please call and experience what real service can be ... for you.

Click here to view the quarterly WorkLife Newsletter.
Final Word

• “Not my patient”
• Carry your pagers if on Jeopardy
• Return pages promptly
• Replace pager batteries promptly
To Contact Us:

- Chiefs’office
  - MSB 1.124
  - 713-500-6524
- CMR Pager after hours
  - 713-704-PAGE ext. 22001
  - www.amion.com

Have A Great Block 😊