

**JAMES A. HALEY VETERANS'
HOSPITAL (JAHVH)
RESIDENTS/FELLOWS ORIENTATION HANDBOOK
ACADEMIC YEAR 2019-2020**



**13000 BRUCE B. DOWNS BLVD.
TAMPA, FL 33612
813.972.2000**



Since 1972, James A. Haley Veterans' Hospital (JAHVH) has been improving the health of the men and women who have so proudly served our nation. This hospital is the busiest of four polytrauma facilities in the nation. In Fiscal Year (FY) 2018, we provided first-class health care services for about 95,000 Veterans through over 1.4 million outpatient visits and more than 11,000 inpatient admissions, accounting for over 137,000 bed days of care.

Mission Statement

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Vision Statement

To honor those we serve by providing 5-Star Primary to Quaternary Healthcare.

Values

Because **I CARE**, I will...

Integrity

Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment

Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VAs mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy

Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect

Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence

Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.



VA EDUCATION LEADERSHIP TEAM

| | |
|--|---|
| Deputy Chief of Staff/Associate Chief of Staff for Education (ACOS/E) | Dr. David Whitaker, extension 7682 |
| Medical Education Coordinator | Erika Barr, extension 2197 |

VA HOUSE STAFF COORDINATORS

| | |
|---|---|
| Hospice & Palliative Care | Shelly Ingram, extension 3647 |
| Internal Medicine & Sub-specialties | Victoria Anduze, extension 6232 |
| Neurology | Lidia Dordevic, extension 6873 |
| Ophthalmology | Deborah Goode, extension 7513 |
| Physical Medicine and Rehabilitation/ Spinal Cord Injury | Laura Manore, extension 7688 |
| Pathology and Laboratory | Ricardo Moven, extension 2139 |
| Psychiatry | Tina Bianco, 813-631-2548 |
| Radiation Therapy | Peggy Lampasso, extension 3066 |
| Radiology | Anastasia Norman, extension 7514 |
| Surgery | Sonia Rivera, extension 1727 |

HOSPITAL EMERGENCY CODES

(PLEASE DIAL 1-2-3 FOR ALL EMERGENCIES)

Code Adam – Dial 123

Search for missing and/or endangered juveniles

Code Black – Dial 123

Police Response Only: Assailant behavior/weapon, dangerous

Code Blue/STEMI/MRT – Dial 123

Medical Emergency-Cardiac Arrest/Acute MI (ST Segment elevation myocardial infarction)

Code D – Disaster – Dial 123 Disaster: Internal or External

Code Green – All clear

Code Orange – Dial 123

Disruptive Behavior

Silent Code Orange

Disruptive Behavior, No Overhead Page / Dial 123

Special Code Orange

Disruptive Behavior-Infectious Illness Suspected / Dial 123

Code Purple – Dial 123

Bomb Threat

Code Red – Dial 123

FIRE-RACE: **R**escue, **A**larm, **C**ontain, **E**xtinguish/**E**vacuate

Code Yellow – Dial 123

Missing Person-High Risk Patient

Code Z

Computer Malfunction-CPRS/VistA down

NOTES

EMERGENCY QUICK REFERENCE GUIDE

Phone Numbers

Tampa

Fire: 123

Police: 123

Safety Office: 7292

Central Energy Plant: 7080

New Port Richey

Fire: Pull Station

Police: 911

Accidents & Injuries

- Immediately notify supervisor.
- From Monday through Friday, and during regular working hours, the supervisor completes VAF-3831b (Report of Employee's Emergency Treatment) and sends employee to Occupational Health. During holidays, weekends, and non-regular working hours, the supervisor will send the employee to the Emergency Room.
- Employee reports back to supervisor with medical recommendations and completes forms CA-1/CA-2 under the ASIST program in the Desktop James A. Haley folder.
- Supervisor accommodates employee according to physical limitations (if any), or discharges employee home if totally disabled.
- Supervisor conducts an investigation and fact-finding activities, and then completes required documentation in the ASIST program

Patients

- Patient will be immediately referred for medical attention.

- The first employee who learns or witnesses the incident must complete VAF 10-2633 (Report of Special Incidents Involving Beneficiaries).

Visitors/Contractors

- Immediately refer for medical attention.
- From Monday through Friday, during regular working hours, contact the Safety Office at extension 7292. Staff from the Safety Office will conduct the investigation and complete the required documentation.
- During holidays, weekends, and non-regular working hours, contact VA Police at extension 7554. VA Police will investigate and document the incident.

Bomb Threat

- The Bomb Threat Report can be found at http://vaww.tampa.med.va.gov/help/emergency_quick_reference/

When

- If you receive a telephone call and the caller that is threatening to place a bomb or is telling you that he will be placing a bomb in the facility.

Actions

- Be calm and courteous. Do not interrupt the caller needlessly.
- Try to get a copy of the Bomb Threat Report from the link above or the Emergency Management Plan. If not possible, record the time, and as much of the exact language as you can.
- Determine whether it is a male or a female.
- Try to recall if his/her speech is slow, rapid, excited, disguised, or in any way unusual. See if you can detect an accent of any kind.
- Try to determine if you hear any background noises that may give a clue where the person is.
- Immediately notify your supervisor and dial 1-2-3 to report a Code Purple. Give your name, exact location and a telephone extension. Do not hang up the telephone until the operator releases the call.

Disruptive Behavior

When

- A violent or potentially violent situation arises with any person, and the situation could be injurious to persons or property throughout the hospital.

Actions

- Immediately call extension 123.
- Give exact location of the incident.
- Telephone operator will announce a Code Orange throughout the overhead paging system.
- Upon arrival of the team, provide them with facts of the situation.
- Code Orange Team will take control of the situation.

Emergency Codes

For all codes give the name of the code you are calling, give your name, exact location and a telephone extension.

Do not hang up the telephone until the operator releases the call.

Code Adam

Search for Missing and/or Endangered Juvenile /Dial 123

[Code Black](#)

Assailant Behavior/Weapon / Dial 123

Code Blue

Cardiac Arrest / Dial 123

MRT (Medical Response Team)/Dial 123

Medical Condition Requires Urgent Attention

Code STEMI

Special Code Blue (Acute MI) / Dial 123

[Code Purple](#)

Bomb Threat / Dial 123

[Code Red](#)

Fire / Dial 123

[Code Yellow](#)

Missing Patient / Dial 123

[Code Orange](#)

Disruptive Behavior / Dial 123

Silent Code Orange

Disruptive Behavior, No Overhead Page / Dial 123

Special Code Orange

Disruptive Behavior-Infectious Illness Suspected / Dial 123

Fire Reporting/Evacuation

When

- Upon discovery or even strongly suspecting a fire in any area.

Actions

- **RESCUE** persons from smoke / fire.
- **ALARM** by pulling the nearest fire alarm pull station. Have someone call 123.
- **CONTAIN** the spread of smoke and fire by closing all doors.
- **EXTINGUISH** if possible using the nearest fire extinguisher. Evacuate if necessary.
- Know the location and proper use of fire extinguishers. Familiarize yourself with the location of the fire alarm pull stations, and fire exits in your work area. Know your area evacuation plan.

Hazardous Materials/Spills

- Become thoroughly familiar with the hazards associated with the chemicals you use in your work area.
- Ensure that all containers are properly labeled with the name of the chemical, specific hazard warning, and the manufacturer's name and telephone number.
- Wear Personal Protective Equipment (PPE) as required.

Minor chemical spills

- Obtain the MSDS for that product and follow the clean-up procedures. Notify the Safety Office at 7292. The Safety Office will dispose of the hazardous materials.

Major chemical spills

- Immediately evacuate the area and close all doors.

Missing Patient

- Search immediate area including dayrooms, closets, stairwells, restrooms.
- Ask telephone operator to page patient back to unit.
- Notify physician. Validate AT-RISK — MISSING Patient ([refer to HPM 00-16 for "Low Risk — Absent" patients](#))
- Call VA Police at extension **x123** to request a Code Yellow (High Risk Missing Patient).
- VA Police will create an e-mail for all employees and announce Code Yellow over the next hour.
- **All Employees:** View email/Code Yellow Alert for description of missing patient, then search designated work area.
- **Supervisors or designees:** Report area search findings to VA Police via ext. 1440 as soon as possible.
- Follow [additional procedures stipulated under HPM 00-16](#).

Code Adam/Missing Child Alert

- Contact the VA Police at **x123** *immediately* upon report of missing child.
- VA Police will create an e-mail for all employees and announce Code Adam.
- **All Employees:** View email/Code Adam Alert for description of missing patient, then search designated work area.

All Supervisors or designees: Report area search findings to VA Police to VA Police at ext. 1440 as soon as possible.

Utility System Failure

- Be familiar with your service plan to address the loss of utilities system (electrical power, steam, medical air, etc.).
- Be familiar with the location of required back-up equipment and how to operate it.
- Report all utility systems failures to supervisor.
- During weekdays and during regular duty hours, supervisor will call the Work Order Desk at extension 7057 to report the problem. If other than regular duty hours, supervisor will contact the Central Energy Plant at extension 7080.

Code Black/ Assailant Behavior/ Weapon

When

A violent or potentially violent situation arises with any person, and the situation could be injurious to persons or property throughout the hospital.

Actions

- Immediately dial 1-2-3 to report a Code Black. Give your name, exact location and a telephone extension. Describe the type of weapon involved. Do not hang up the telephone until the operator releases the call.
- Give exact location of the incident and describe type of weapon involved.
- VA Police will immediately send an Officer to the scene.
- Upon arrival of the Police Officer, provide them with facts of the situation.
- VA Police will take control of the situation.

MISSION ACT 2018:

WHAT A TRAINEE NEEDS TO KNOW!

The VA MISSION Act of 2018 expanded veterans' access to care outside the VA. New eligibility criteria go into effect on June 6th, 2019. A new non-mandatory tool, called the Decision Support Tool (DST) will be helpful in determining eligibility for outside care and documenting Veterans' choices and options.

Key points about community care eligibility include:

- Veterans must receive approval from VA prior to obtaining care from a community provider in most circumstances.
- Eligibility for community care is dependent upon a Veteran's individual health care needs or circumstances.
- Veterans always have the option to continue care within VA, regardless of their eligibility for community care.
- VA staff members generally make all eligibility determinations, not trainees. If you are in doubt, ask your supervisor!
- Meeting any one of the six eligibility criteria listed below is enough to be considered for referral.

Eligibility Criteria:

1. Veteran requires a healthcare service that is not available at VA.
2. Veteran lives in a State without a full-service VA (applies only to New Hampshire, Alaska and Hawaii).
3. Veteran has already qualified to receive care in the community under the 2014 Choice program ("grandfathered in").
4. Veteran lives too far away to make care at VA convenient:
 - a. Veteran's drive time to VA is over 30 minutes for primary care, mental health, and non-institutional extended care services (including adult day health care).
 - b. Drive time is over 60 minutes for specialty care.
5. VA cannot provide needed care within 28 days for specialty care (or 20 days for primary care) unless the Veteran agrees to a later date in consultation with their VA health care provider.
6. A provider believes that seeking community care is in the Veterans "best interest".

As a VA Health Professions Trainee (HPT), you should not make decisions about referrals outside of the VA. Your clinical supervisor bears responsibility for these eligibility and referral decisions.

Decision Support Tool:

The DST displays, documents and stores a veteran's eligibility criteria for community care at the time of request for care in a standard and reportable

format. However, eligibility for community care does not mandate referral. The patient can always choose to continue with VA care. Continuity of care within VA remains an important consideration for providing quality healthcare.

The DST can be used to:

- Document the referral eligibility at the time of the care, including drive times and waiting times
- Document the urgency of the consultation/next appointment and Clinically Indicated Date (CID)
- With your supervisor's approval, you may select a "Best Medical Interest" justification to refer the patient outside VA
- Document your patient's choices for community care (opt-in, opt out, or to be determined)

Please remember that you can defer use of the DST to your clinical supervisor or the administrative scheduling staff. As a health professions trainee, you should not be making decisions about eligibility and referral.

To seek more information about the MISSION Act standards, see

<https://missionact.va.gov/>

Office of Academic Affiliations Date: May 29, 2019 Version: 1.0

SUICIDE PREVENTION INFORMATION

Engaging a Veteran in Crisis

| | |
|----|---|
| 1. | Remain Calm |
| 2. | Take the caller seriously, reassure the caller, and respect their emotions. |
| 3. | Keep The Caller On The Phone <ul style="list-style-type: none">• If caller seems like they are going to hang up, say "Please stay on the phone. I am getting someone to help you. I am here to listen if you would like to talk". |
| 4. | At All Times: <ul style="list-style-type: none">• Allow veteran to talk about whatever they want to.• Make supportive statements, such as "It sounds like you have been having a difficult time lately."• Be patient and compassionate.• DO NOT give specific advice, make judgments, or give opinions about what he or she is saying. |

Veterans Crisis Line - **1-800-273-8255**

POST FALL PROCEDURES (INPATIENT/OUTPATIENT)

Post Fall – INPATIENT

- Assess for injuries
- Assess vitals
- Notify physician
- Post Fall Huddle
- Complete Post Fall Huddle form
- Complete POST FALL NOTE
- Provide fall prevention education to patient and/or family
- Daily Post Fall assessment for next 72 hours

Post Fall – OUTPATIENT

- Assess for injuries
- Assess vitals
- Notify physician
- Complete NURSING OUTPATIENT POST FALL NOTE
- Consult PT/Falls Clinic
- Provide fall prevention education to patient and/or family
- Follow up phone call 72 hours Post Fall



VA PRIVACY & INFORMATION SECURITY AWARENESS



1. It is your responsibility to keep the computer access codes that you are given secure. Protect your computer codes by not sharing them with anyone. Log off whenever you walk away from the computer, even for a moment. Inactivity on the computer for more than **ninety days** will lock out your account.
2. Copy and pasting documents or cloned documentations in the health record is **forbidden**.
3. You may not use thumb drives or any other personally owned USB device on VA computers.
4. It is important that you always protect patient sensitive confidential information. Do not print out patient information and leave it at the printer for others to read. Do not take photographs of health records or other VA private information.
5. Veteran Personal Identifiable Information and Patient Health information may not be stored or shared using Google Docs or any other similar file sharing site. As a trainee at the VA you must not store Veteran information on any non-VA site from any device, including: from your home; your affiliate institution; your mobile tablet; or cell-phone.

OFFICE OF ACADEMIC AFFILIATIONS (OAA) VA TRAINEE SATISFACTION SURVEY (VA-TSS)

Optimized and shortened for mobile and smart devices.

Dear VA Health Professions Trainees (students, interns, residents, or fellows):

We would like to hear your opinion regarding your recent clinical training experience at the VA facility. We rely on your feedback to improve VA educational programs.

<https://www.research.net/r/VATSSMobile>

Please complete this survey at the end of your rotations at JAHVH so that we can continue to improve future training for all health professions trainees, physician residents, and students.

RESIDENT SUPERVISION

“Supervising Practitioner” (synonymous with “Attending”): Responsible for all care in which interns, residents or fellows are involved. **“Resident” is used to apply to physician, dentist, optometrist, and podiatrist residents and fellows, regardless of training level.**

- **Documentation** of all patient encounters must *identify the supervising practitioner attending and indicate the level of involvement.*

Four types of documentation of resident supervision are allowed:

1. Attending progress note or other entry into the patient health record.
2. Attending addendum to the resident's note or Progress note.
3. Co-signature by the attending implies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry. Use of CPRS function "Additional Signer" is not acceptable for documenting supervision.
4. Resident documentation of attending supervision. [Includes involvement of the attending (e.g., "I have seen and discussed the patient with my supervising practitioner, Dr. 'X', and Dr. 'X' agrees with my assessment and plan"), at a minimum, the responsible attending should be identified (e.g., "The attending of record for this patient encounter is Dr. 'X'")]

Inpatient: New Admission

Attending must see and evaluate the patient within 24 hours.

- **Documentation:** An attending admission note or addendum documenting findings and recommendations regarding the treatment plan within 24 hours of admission. (No exceptions for weekends or holidays). First post-graduate year (PGY-1) residents must have on-site supervision at all times by either an attending or a more advanced resident, with an attending being available on-call (also applies to Night Float and 'Over Cap' Admissions).

Inpatient: Continuing Care

Attending must be personally involved in ongoing care.

- **Documentation:** Any of the 4 types of documentation, at a frequency consistent with the patient's condition and principles of graduated responsibility.

Inpatient: ICU Care (includes SICU, MICU, CCU, etc.)

Because of the unstable nature of patients in ICUs, attending involvement is expected on admission and on a daily or more frequent basis.

Documentation: Admission documentation requirements (see Inpatient: New Admission above) plus any of the 4 types of documentation daily. An admission note or addendum to the resident's admission note is required within 24 hours of admission.

Inpatient: Discharge or Transfer

Attending must be personally involved in decisions to discharge or transfer the patient to another service or level of care (including outpatient care).

- **Documentation:** Co-signature of the discharge summary or discharge/transfer note. If patient is transferred from one service to another, the accepting attending should treat the patient as a New Admission - see above. If the same attending is responsible for the patient across different levels of care, transfer documentation is not required.

Outpatient: New Patient Visit (includes Emergency Dept. visits)

Attending must be physically present in the clinic. Every patient who is new to the facility must be seen by or discussed with an attending.

- **Documentation:** An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by attending alone is not sufficient documentation.

Outpatient: Return Visit

Attending must be physically present in the clinic. Patients should be seen by or discussed with an attending at a frequency to ensure effective and appropriate treatment.

- **Documentation:** Any of the 4 types of documentation. The attending's name must be documented.

Outpatient: Discharge

Attending will ensure that discharge from a clinic is appropriate.

- **Documentation:** Any of the 4 types of documentation.

Surgery / OR Procedures

Except in emergencies, attending surgeon must evaluate each patient pre-operatively.

- **Documentation:** Attending must write a pre-procedural note or an addendum to the resident's pre-procedure note describing findings, diagnosis, plan for treatment, and/or choice of procedure to be performed (may be done up to 30 days pre-op). May be combined with attending admission note or addendum, if within 24 hours of admission and before the OR procedure. Use appropriate note title. Informed Consent must be obtained according to policy. Attending level of involvement is documented in the VistA Surgical Package. Post-op documentation per Joint Commission requirements and local medical center bylaws.

VistA Surgery Package Codes

Level A: Attending Doing the Operation Attending performs the case, but may be assisted by a resident.

Level B: Attending in OR, Scrubbed Attending is physically present in OR or procedural room and directly involved in the procedure. The resident performs major portions of the procedure.

Level C: Attending in OR, Not Scrubbed Attending is physically present in OR or procedural room observes and provides direction to resident.

Level D: Attending in OR Suite, Immediately Available Attending is physically present in OR or procedural suite and immediately available for supervision or consultation as needed.

Level E: Emergency Care Immediate care is necessary to preserve life or prevent serious impairment. Attending has been contacted. Note: Emergency (non-elective) surgery with an attending present should be coded as A-D with respect to the appropriate level of supervision.

Level F: Routine bedside or clinic procedure done in the OR. Attending is identified.

Consultations (Inpatient, Outpatient, Emergency Department)

When residents are involved in consultation services, the consultant attending is responsible for supervision of those residents.

- **Documentation:** Any of the 4 types of documentation; use of consult management package is highly encouraged.

Radiology/Pathology:

- **Documentation:** Radiology or pathology reports must be verified by the radiology or pathology attending.

Emergency Department (ED):

The ED attending must be physically present in the ED, and is the attending of record for all ED patients. The ED attending must be involved in the disposition of all ED patients.

- **Documentation:** An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by the attending alone is not sufficient.

Routine Bedside & Clinic (Non-OR) Procedure (e.g., LPs, central lines, centeses)

Setting-dependent supervision and documentation; principles of graduated responsibility apply.

- **Documentation:** Resident writes procedure note that includes the attending's name. Any of the 4 types of documentation.

Non-routine, Non-bedside, Non-OR Procedure (e.g., cardiac cath, endoscopy, interventional radiology)

The attending must authorize the procedure and be physically present in the procedural area.

- **Documentation:** Any of the 4 types of documentation: attending's name and degree of involvement must be documented. Refer to scenarios on this card to determine the appropriate type of documentation.

Observation Patients

The level of supervision depends upon the unit where the patient is being held (refer to areas above, i.e. ICU, inpatient ward, or emergency department).

Residents will contact the attending on-call for patients being discharged before seeing the attending.

- **Documentation:** A summary of the discussion between the resident and attending must be documented in the resident's note (for those patients not seen by the attending prior to release). An independent note or addendum to a resident note is required when the attending is able to evaluate the patient in person.

Home Visits

Residents must have training in handling emergency situations and home health policies. PGY-1 residents must be accompanied by an attending. For other PGY-level residents, the attending must be readily available via phone.

- **Documentation:** Any of the 4 types of documentation: attending's name and degree of involvement must be documented.

Telemedicine/Telehealth

Real-time Videoconferencing: The attending must be in the general vicinity and available to the resident for direct supervision without delay, as if the patient were being seen in a clinic.

Store and forward telehealth: The resident reviews the material with or without the attending present, and the attending reviews the same material. The interpretations and reports on all images and pathology specimens must be verified by the attending.

Home telehealth: Attendings are expected to exercise general oversight of the care provided by residents. Residents must consult with the supervising practitioner regarding any changes in a home telehealth patient's status or proposed changes in the treatment plan.

Documentation: Any of the 4 types of documentation: supervising practitioner's name and degree of involvement must be documented.

Source: OAA Resident Supervision Pocket Card

ADDITIONAL JAHVH INFORMATION:

Public Affairs: This organization has designated an individual who is the official spokesperson and responsible to speak on behalf of the JAHVH. Before participating in an interview or other activities that could be interpreted as representing JAHVH, be sure to contact the Public Affairs Officer at extension 3645.

Parking: Residents/Students/Trainees must register all privately-owned vehicles with Police Service to park on the hospital premises in designated employee parking areas. Registration can be accomplished with Parking Attendants in Freedom and Liberty lots between 6:00a.m. and 2:30p.m., as well as Levels 4-6 of the Parking Garage between the hours of 6:00am-2:30pm, and the Romeo, Freedom, and Liberty Lots between 6:00a.m. –2:30p.m. Residents will be issued a decal with red numbers. Residents will be allowed to park in the gated/controlled areas (doctors only parking) located on the third floor of the parking garage, or in the Polytrauma underground garage with a card issued by the VA Police-PIV ID Section once their vehicle registration is completed. Failure to adhere to parking and traffic regulations may result in imposed fines and/or towing.

Library Resources: The JAHVH Library Service is currently comprised of a Medical Library and a Patients' Library which are located on the 2nd floor of the Main Hospital, down the hall from the Canteen, in Rooms A237 and A239. A third Library, a Patient Education Resource Center (PERC) Library will be opening up at the Primary Care Annex this summer. The Libraries are staffed with professional librarians, and are open Monday through Friday from 8:00a.m. to 4:00p.m. **After-hours access is available to the Medical Library through a keypad lock** (code is posted on the **Library's intranet homepage**).

<https://dvagov.sharepoint.com/sites/tampa/service/library/SitePages/Home.aspx>

The Medical Library has a comprehensive medical, nursing, and allied health collection including OVID & Up-to-date as well as a management and administrative collection. There is also a large selection of eBooks available through MD Consult, R2 Library, EBSCO, eBrary, Oxford, Stat!Ref. Visual Dx, Stat DX & OVID. The Patient Education Libraries contain consumer health and patient education materials for patients, their family members as well as staff. All libraries have computers with internet access; the Medical Library has nine networked computers that offer intranet access and access to CPRS.

The Library's SharePoint site is located on the Hospital's Intranet Homepage; at the **Tampa VA SharePoint Site** under "Services". Some of the Library's databases

(OVID, PubMed, MDConsult, Up-to-date, Krames on-demand etc.) can be accessed from both the Hospital's homepage under "Patient Care Links". A complete database listing is available from the Library's SharePoint site, from the "eResources/databases" link on the left-hand side. Residents, fellows, and students may use the Medical Library, the Patient's Library and the PERC Library. If you need further assistance on how to use any of the many Library resources, including Athens (personal username and password to access the **many** Library e-Resources/databases offsite), please call extensions 6570/7531/6571/6569 or email tamlibrary@va.gov.