Evaluation of Patient Opinions and Experiences With Electronic Cigarettes at a Family Medicine Residency Clinic

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Journal of Patient-Centered Research and Reviews (JPCRR) is a peer-reviewed scientific journal whose mission is to communicate clinical and bench research findings, with the goal of improving the quality of human health, the care of the individual patient, and the care of populations.
Effect of Code Status Handout on Resident Physician Comfort During the Admission Process

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Background: Discussing code status can be a difficult part of the admission process, especially for residents. There have been various research studies looking at interventions to improve end-of-life discussions. However, these studies have focused on well-acquainted physicians and patients. With increasing use of hospitalists for inpatient care, there is increased need for improving code status discussions at admission.

Purpose: To determine if an easy-to-use handout would improve resident comfort with the code status discussion.

Methods: Following a literature search on how to discuss advance directives and end-of-life care, a code status handout was developed. The handout, written at fifth-grade reading level, was edited by attending physicians who oversaw the Adult Medicine Teaching Service (AMTS) at Aurora St. Luke’s Medical Center, and used for patient admissions to AMTS by PGY1–3 residents from July 2015 to December 2015. A pre- and postintervention survey was emailed to residents before and after the start of their inpatient rotation, respectively. A predetermined script — read to residents on the first day of their rotation — discussed the handout, goals of the study and surveys. Paired t-tests were used to compare pre- and postintervention survey responses.

Results: Across respondents (N=39), the majority were PGY1 (63.2%) with prior personal experience explaining code status to patients (73.7%). Pre- and postintervention surveys did not identify a difference in physician comfort level when explaining code status, even when compared to year in residency. On the postintervention survey, residents identified that the code status handout better informed patients (73.0%), was easy to use (75.0%) and that they would continue to use the handout to explain code status (78.4%). Regarding “What would you change?” residents identified that the handout should be shorter (34.2%).

Conclusion: Use of the handout did not show significant improvements to resident comfort in this small pilot. While residents identified that they would use the handout again, several remarked that the handout was too long for them or patients to read. Given that the handout was one page and in patient-friendly language, it is concerning that residents have such limited time for code status discussions. Future quality improvement studies should be conducted to standardize the code status discussion. Doing so will ensure that every patient is being properly educated on this important topic.