This survey is designed to assess how we are conducting routine code status discussions with patients outside of the ICU. This DOES NOT INCLUDE code discussions during formal family meetings nor code status discussions in the ICU.

Just to clarify, resuscitative measures implies steps we would take during a code blue in an attempt to achieve spontaneous return of circulation.

1. For what percentage of patients that you admit to the hospital do you discuss code status with patient or health care proxy (HCP) (discussion can take place anytime prior to discharge)?

○ 0%   ○ 1-20%   ○ 21-40%   ○ 41-60%   ○ 61-80%   ○ 81-99%   ○ 100%

2. During a code status discussion, how often do you:

	Almost never	Occasionally	Half of the time	Most of the time	Nearly always
Identify the patient's HCP or surrogate?	○	○	○	○	○
Describe the step by step events that occur during resuscitative measures?	○	○	○	○	○
Describe the complications associated with resuscitative measures?	○	○	○	○	○
Describe the likelihood the patient will be discharged from the hospital if resuscitated?	○	○	○	○	○
Factor in the patient's co-morbidities when discussing the likelihood of discharge from the hospital if rescucitated?	○	○	○	○	○
Tell the patient that decisions regarding code status can be changed at any time?	○	○	○	○	○

3. When discussing a patient's wishes about resuscitative measures, do you ROUTINELY address the following? (check all that apply)

☐ Chest Compression

☐ Defibrillation

☐ Intubation/mechanical ventilation

☐ Vasopressors

☐ Patient's HCP/desired surrogate decision maker

☐ Likelihood of successful recuscitation

☐ Likelihood of discharge from the hospital

☐ Quality of life as the patient thinks is valuable

☐ Whether patient feels there are physical states that are worse than death

☐ Patient's religious beliefs as they relate to this issue

☐ Possible role of depression (other mood disorders) on their decision

Other (please specify)

[   ]

4. Which of the following patient characteristics makes you think it is more important to have a code status discussion with a patient? (Check all that apply.)

☐ Older age

☐ Admitting Diagnosis

☐ Multiple co-morbidities

☐ Patient's race/ethnicity

Other (please specify)

[   ]

5. After you have a code status discussion with a patient, how often do you feel confident are you that you have provided the patient with adequate information to make a fully informed decision about resuscitative measures?

○ Almost never　　　○ Occasionally　　　○ Sometimes　　　○ Often　　　○ Nearly always

6. To what extent do you find each of the following barriers to code status discussions?

	Almost never	Occasionally	Sometimes	Often	Nearly always
Lack of time	○	○	○	○	○
Lack of rapport	○	○	○	○	○
Lack of information about the patient's clinical condition	○	○	○	○	○
Lack of knowledge about resuscitative measure outcomes in patient's	○	○	○	○	○
Lack of experience with these conversations	○	○	○	○	○

Other (please specify)

[   ]

Clinical Vignettes

Please read each of the following vignettes and provide your estimate of the patient's survival. Answer should be a whole percentage number, not a range.

7. A 66 year-old man with prior STEMI resulting in a PCI and drug-eluting stent to the mid-circumflex 5 years prior presents with chest pain. He is admitted to the cardiology service. Soon after admission, while the nurse is in the room, he alarms on the telemetry for sustained VT. He becomes unresponsive, pulseless and the monitor shows sustained VT. The pads are placed and the patient is shocked. What is the percent likelihood that this patient will survive the arrest?

[   ]

8. A 66 year-old man with newly diagnosed T-cell lymphoma presents with hypercalcemia, acute kidney injury, fevers, and bacteremia. Soon after admission he is found non-responsive on the BMT floor. He was seen talking to the nurse 5 minutes prior. A code is called and CPR is started. The pads are placed and shows a non-shockable rhythm. What is the percent likelihood that this patient will survive the arrest?

[   ]

9. How often do you offer the patient a recommendation about what you think their code status 'should' be in the course of a discussion about resuscitative measures?

○ Never

○ Rarely

○ Sometimes

○ Often

○ Nearly always

10. Why or why not? Please explain your rationale behind offering or not offering patients a recommendation

[   ]

You are almost done with this survey!

11. What type of teaching have you had regarding code status discussions? (check all that apply)

☐ No teaching

☐ Lectures

☐ Small group teaching sessions

☐ Observation and feedback on a discussion with a patient

☐ Exposure to palliative care consultation while rotating on the wards

☐ Other (please specify)

[   ]

12. How much has your previous teaching about resuscitative measures influenced your behavior?

○ Not at all   ○ Not very much   ○ A little bit   ○ A lot

13. How much exposure have you had to the palliative care service during your residency training?

○ Almost none/very little

○ Occasional caring for patient whom palliative care is following

○ Frequent (and/or intense) caring for patient with palliative care involvement

○ Completed palliative care elective

14. PGY level:

○ PGY-1

○ PGY-2

○ PGY-3

15. Sex

○ Male

○ Female

16. What firm are you in?

○ Robinson

○ Kurland

○ Tullis

○ Blumgart

You have completed this survey. THANK YOU very much for your participation.