

AAFP Tobacco and Nicotine Chapter/Family Medicine Residency Program Mini Grants  
**Final Report**  
**2015-2016**

**Each question in this Final Report should be answered thoroughly and completely.**

Describe your project. Please answer the following questions.

1. Why did you choose this project? In other words, how was it relevant to your chapter/residency?  
As of now, we have not formally been asking patients about their electronic cigarette use as part of their social history use. Given the introduction of this new form of “smoking” and the myriad solution components that can be inhaled through electronic cigarettes/vaporizers we wanted to incorporate this as part of the standard H&P. We additionally wanted to provide a reliable source of information that our patients and physicians could be directed to for additional information on the subject.
2. What did you do and how did you accomplish it?  
After describing our project and survey, we asked our patients at their regular times of appointments whether or not they used electronic cigarettes. If they responded yes we asked:
  - onset of first use
  - cartridges use per day; puffs/day
  - strength of cartridges
  - additional activities/context of e-cigarette use as a free text option
  - selection level for determination of cessation (not interested, at some point but not within the next month, or within the next month or less)and if known, what concentration of nicotine used. We provided information handouts from:  
[-http://www.fda.gov/forconsumers/consumerupdates/ucm225210.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm225210.htm)  
Accessed 9/12/15  
[-http://www.aafp.org/dam/AAFP/documents/patient\\_care/tobacco/e-cig-handout.pdf](http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/e-cig-handout.pdf)  
Accessed 4/4/16

We surveyed the patients and physicians with the following to gather our survey data:

The survey questions for participants would be as follows:

- \*Age:
- \*Sex:
- \*Did you know what electronic cigarettes were before today? YES NO
- \*I use or previously used e-cigarettes: YES NO
- \*Was asking about e-cigarette use natural during your visit? YES NO
- \*Did you find the doctor to be knowledgeable or helpful regarding e-cigarettes? YES NO
- \*Are you satisfied with the discussion about e-cigarettes with the doctor? YES NO

Physician survey:

- \*Did you find including e-cigarette use in the social history to be burdensome? YES NO
- Please expand on your response.
- \*Would you recommend incorporating e-cigarette use into the EHR? YES NO
- Please expand on your response.

\*Any additional comments about the study or electronic cigarettes you would like to make?

3. What were your goals and to what extent did you achieve them?

To incorporate into our EHR e-cigarette questioning as part of the social history, assess the ease of including the e-cigarette questioning during a patient encounter, and provide reliable informational resources to both patient and physicians regarding e-cigarettes.

4. How did you measure your goals?

Our goals measurement are pending completion of our study. We will measure it based from the survey responses, with a favorable outcome determined by majority of respondents indicating questioning as being natural and physicians recommending inclusion into EHR. Survey response from the patients after their encounter, and one time survey response from the physicians participating in the study.

5. How did this project benefit your chapter/residency? Please provide examples.

Our project is pending and still ongoing until July 15, 2016. We will provide our conclusions then.

6. What challenges did you face implementing your project and how did you overcome them?

Our biggest challenge was navigating the IRB approval process. We began with an intention of conducting the study at our two clinic sites which consists of our residency office and another clinic which is a federal qualified health center (FQHC), and to conduct it in English and Spanish. The FQHC had an IRB separate from the one we were submitting to for our residency clinic. Additionally, not all our physician staff involved in the study is fluent in Spanish to provide an explanation to our Spanish speaking patients. It was related by our research committee any staff member involved in the consent process would need to undergo the needed Collaborative Institutional Training Initiative (CITI) or an equivalent. This was considered not likely feasible given costs both monetarily and time investment by staff. Thus, we decided to remain with our residency clinic site and limit it to English speaking encounters.

Describe how other chapters/residencies could learn from your project.

7. Do you think that your project could be easily adapted by other chapters/residency programs? Why or why not?

Yes. The bulk of the changes would be in recording the new form of smoking into the EHR. This can be accomplished with either having the changes made by IT to have an extra field made for recording of e-cigarette use and the additional information. Or similarly to ours, can utilize a field already within our EHR as "smokeless tobacco" and add as comments the additional information we asked regarding puffs/day, cartridge use, and nicotine concentration.

When our IRB approved the research, they declared a consenting process was not necessary as this did not constitute human research. This would let our staff who are fluent in Spanish act to help translate in Spanish without requiring the staff to expend time or monetary costs in CITI training. In retrospect, we could have likely incorporated the study at both clinic sites in Spanish and English without additional difficulty.

8. What recommendations would you have for other chapters/residencies who want to replicate your project?

Our IRB determined our project was not a human research study. This has the implication of not requiring a formal consenting process and ancillary staff would be able to participate without having to undergo additional CITI or equivalent training to include patients other than English speaking.

We suggest submitting to the IRB with distinct details that this is to gather additional history from patients and provide educational materials.

We would urge to include as many additional physicians into the process to maximize the number of survey respondents.

Regarding EHR recording, discuss with your IT or administration what can be done to utilize the current social history documentation fields versus making an additional field for electronic cigarettes/vaporizers.

Contact Information

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**NOTE: AAFP would like to help disseminate your good work by sharing your project with others via the AAFP Mini-grant web page. Please indicate whether you consent to AAFP sharing on its website your project results, final report and contact information.  Yes  No**