

Data Supplement S1: Ethnography Program Process, Tasks, and Assignment

Process

1. Student arrival in ED
 - a. Inform Charge Attending students are there: (“Charge” Attending is responsible for overall department activity and needs to be aware that you are in ED)
 - b. Introduce self/students to triage nurse: (triage nurse is near ambulance/ambulatory entrance to ED and sees all patients who come in)
 - c. Triage nurse will orient students to other individuals in triage (registration, APC, technicians)
2. Triage nurse will identify appropriate patients
 - a. Goal:
 - i. High likelihood of medical and/or social complexity
 - b. Exclusions:
 - i. ESI triage category 1 (intubated, unstable, etc.)
 - ii. Psychiatric
 - iii. Incarcerated
 - iv. Altered sensorium/intoxicated/demented or otherwise unable to provide verbal consent
3. Script of student introduction to patients
 - a. “Mr/Ms XXX, my name is XXX. I am a first-year medical student here at Hershey trying to see what an emergency department visit is like through the eyes of the patient. Would you mind if I accompanied you (and/or your child) during your stay here?”
4. ED visit - “see the ED through their eyes”
 - a. Accompany patient (including family if relevant) during ED visit and observe the multiple individuals and systems that are involved in that stay. The initial evaluation (done separately by one or more physicians, one or more nurses, and a registration person), subsequent evaluations (re-evaluations by those same care providers or a new evaluation by a consultant) and the discharge process (with education and recommendations provided to the patient, and questions answered) are the key times.
 - b. Be sensitive to issues of privacy. Ask permission to stay during procedures such as pelvic or rectal exams.

Observational Tasks

1. Observe all activities surrounding the patient
 - a. Follow one or two patients through an entire episode of care
 - b. Describe interactions, kind and source of information, waiting, etc.
2. Observe the patient/family, the immediate care environment, and visible characteristics of the system of care. Identify the reason(s) for the patient’s visit.
3. Take field notes in the small lined moleskin book provided
 - a. In the left column (page), record your raw observations, including:
 - i. Chronology of the episode – time, sequence of events, etc.
 - ii. Physical environment
 - iii. Interactions and conversations – identifying people involved and salient words as well as the gist of the conversations
 - iv. Patient perspective
 - b. In the right column (page) record any reactions, opinions, interpretations, and questions you might have based on the raw observations. Reflect on the assumptions you might be bringing to your observations.
 - c. Specifically identify questions you might have for the patient/family you are following and/or any other persons involved in the care episode.
 - d. Identify people you feel might be “key informants” to provide answers to your most pressing questions.

4. Interview patient/family and/or other key individuals to address gaps or issues identified in the raw observations.

Assignments

1. Report to the Office of Medical Education with log after every session. Your log book will be copied.
2. OR e-mail three lessons that you learned during the session to the coordinator. These are due immediately after every assigned session.
3. Ethnography write-up due prior to debriefing session
 - a. Two page, single-spaced document
 - b. Share your observations, reactions, interpretations, assumptions, or questions with specific reference to the source of those observations.
 - c. Identify an issue and develop an intervention