# Ethnographic Observation Methods

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Usability Workshop at the NIST May 22, 2012 Gaithersburg, MD

## Acknowledgements

AMIA Usability Task Force
 HIMSS Usability Task Force
 Janey Barnes, Jiajie Zhang
 original learning module creators

## Purpose

Observations describe behavior, communication patterns, workflows and tasks of clinicians in specific work environments. UCD process relies on systematic understanding of clinician behavior and environment constraints.

### Methods

- Observation
- Ethnography
- Interviews
- Log analysis
- Cognitive analyses
- Task analysis
- Expert walkthrough

#### emergent characteristics

- Interaction strategy
- Collaborative relationships
- Contextual knowledge
- Workflow routines
- Unintended consequences *characteristics* Medical expertise
  - Clinical role
  - Experience
  - Preferences
    - Clinician

### Informaticist Designer

*expertise* Usability, HCI, methods Interface design

### Methods

- Surveys
- Questionnaires
- Focus groups
- Pilot studies
- Guidelines
- Regulations

*attributes* Clinical objectives Constraints Collaboration Workflow Environment

## Goals

Determine workflows > Help to ensure that IT fits with or improves existing workflows Identify inefficiencies > Where are the breaks, gaps, disconnects, and opportunities for error? Identify opportunities > What can be done better?

# Goals

Describe clinicians > Hospitalists, specialists, surgeons, nurses, EMS personnel, support. Describe clinical environments > Ambulatory, hospital floor (service), surgical, critical care, emergency care Describe opportunities for error > Interruptions, handoffs, missing info > Workarounds, safety concerns

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## Goals

Describe interactions > Among clinicians and with patients Face-to-face, phone (real-time) Clinicians with information systems > Search and retrieval of data > Documentation > Clinicians and physical environment Rooms, clean environment, transfers, location of workstations, nursing stations

Preparing for Observations Identify key stakeholders Gain access Set primary focus > Workflow model (present and future), communication pattern, deviation from protocol, situational awareness, tracking flow of care and time to treatment. Identify participants and conditions > Physicians, nurses, coordinators > High/low patient volume, handoff

Preparing for Observations Develop an approach > Observations of work? Interviews? Develop supporting materials > Observation sheet Use de-familiarization > Don't assume you know how work is conducted Triangulate > Compare data from different methods

## **Observation Techniques**

## Shadowing

- Follow one clinician over the course of a shift (or less, 2–3 hrs) and create field notes.
- > Record activities, interactions, events, their duration, time and location.
- Do not ask questions or interrupt, clinicians may volunteer explanations

**Observation Techniques** Observe group behavior > Take notes on activities at specific locations - description, goal, frequency, duration, clinical role. Observe from patient perspective > Follow one patient through an episode of care - describe interactions, kind and source of information, waiting.

Ethnographic Descriptions Observation and shadowing > Evaluating authentic behavior > Time consuming, may not understand reasons for actions Interpretation may be difficult Interviews (open, semi-structured) > Excellent to fill observation gaps

**Structured Observations** Define activities, tasks, artifacts > Prepare from literature, prior studies, informants, experts, interviews. Develop field notes collection tool > Timestamp, pre-defined categories, descriptive notes > Paper or electronic format

Date: Wednesday, March 25, 2009		BWH	BRIGHAM AND WOMEN'S HOSPITAL
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	Wednesday, M	Wednesday, March 25, 2009 Session:	Wednesday, March 25, 2009 Session:

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R click in EDT to review and take off orders. R click in EDT to look at BICs-info he was looking for not entered their yet. " that's frustrating"



# Sample Observation Notes

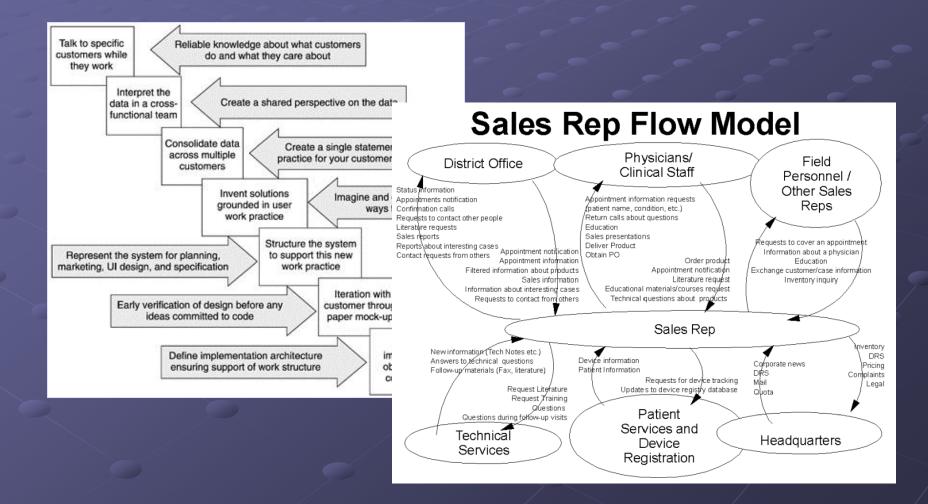
9:47:40	Orders come up on EDT, prints them.
9:49:46	Opens BICS to look up container types for lab tests- not all the info is there. Writes down on orders page the info he can get.
9:51:41	Calls lab control to get the info missing from BICS, about what tubes to use for different blood draws.
9:54:45	Calls tissue typing (got number from lab control) to ask about how to draw sample for test – gets the info he needed.
9:59:24	Enters pt room to give discharge instructions on paper and verbally, prescriptions, etc.
10:01:2	<sup>4</sup> Looks through pt binder, writes in ED progress note. Then stacks papers in order, paperclips them and puts them back in binder
10:05:0	<sup>1</sup> Enters pt room to give discharge instructions
10:13:2	<sup>1</sup> Logs back into computer, r-click to BICS to view pt registration info to make sure of proper billing.
10:15:2	<sup>5</sup> Back to writing in ED progress note, clips together puts on business specialist's desk.
10:23:4	<sup>8</sup> EDT right click to view pt disposition order then rclick to assign nurse to pts

Summarize your collected data according to primary focus > Workflow - Chronology, task structure > Performance – Duration, duplication Interactions – Information flow model Patient Safety – Workarounds, errors Identify best available electronic interventions to observed behavior

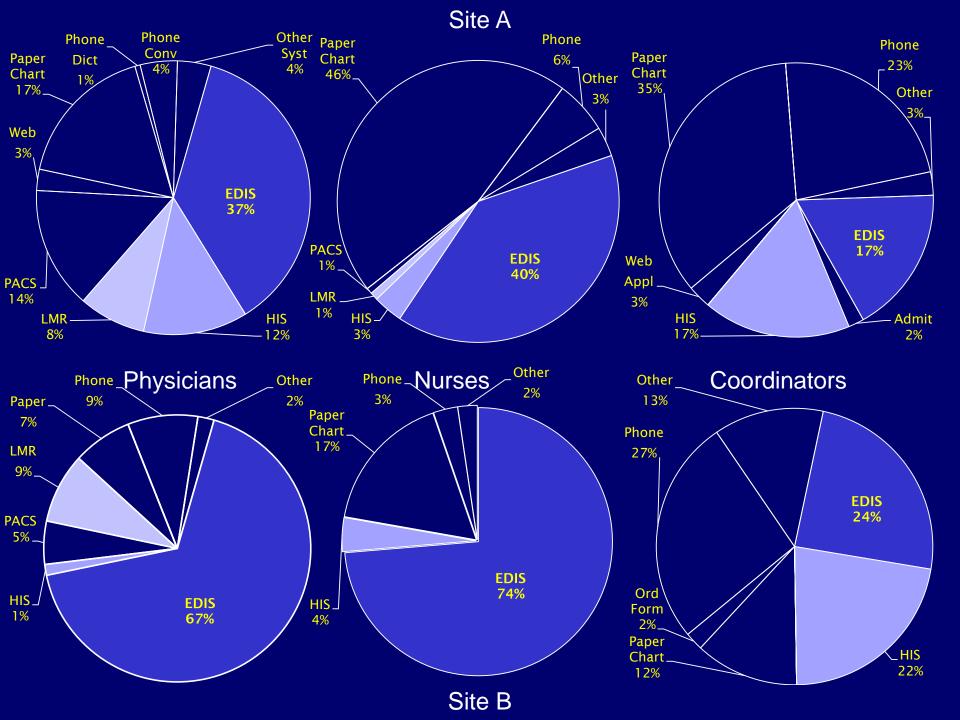
### Identifying work and information flows



## Identifying work and information flows



Identify best available electronic interventions to observed behavior Develop low-fidelity prototypes > Paper sketches, Power Point Use prototypes to validate findings and conclusions

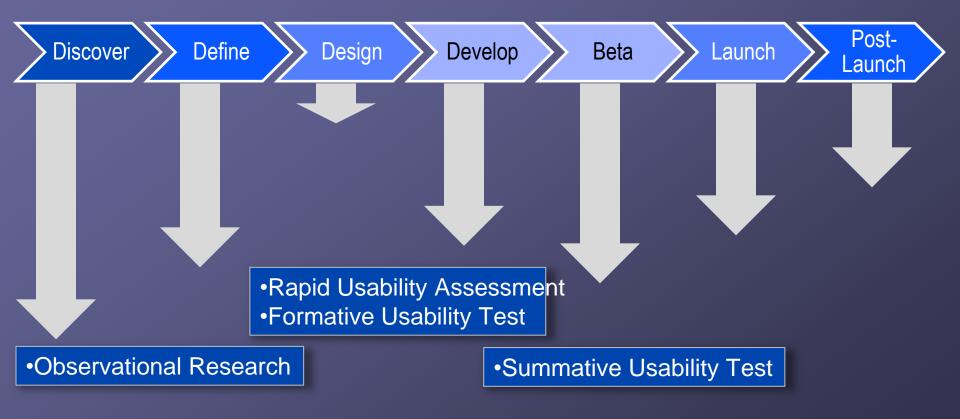


## **Development Lifecycle**

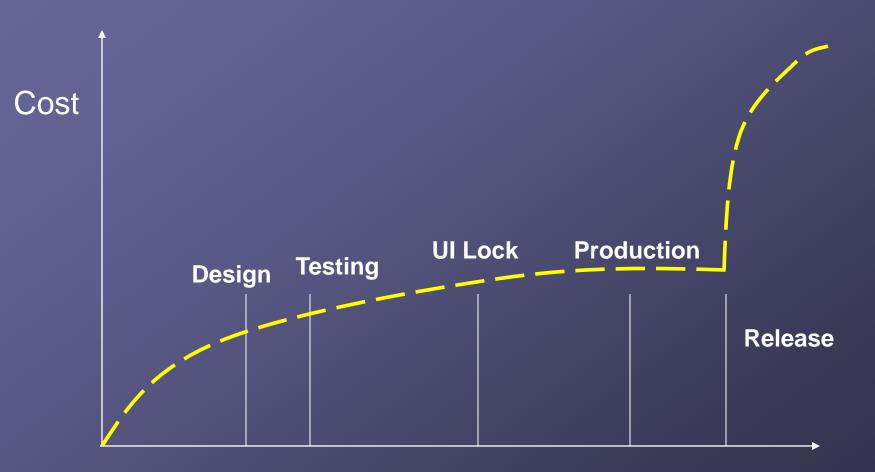
 Observe early in the process long before any screens are built and likely before features and functions are identified.

During implementation focus on workarounds, workflow fit, errors

# **Design and Test Process**



## **Cost Distribution**



**Production Cycle** 



Identify an issue to address in an ambulatory visit > Patient, Nurse, Physician, EHR Watch video of a simulated visit Take notes on observations. Discuss problems, improvement > Documentation, organization