

Supplemental materials for

Fetters MD, Rubinstein EB. The 3 Cs of content, context, and concepts: a practical approach to recording unstructured field observations. *Ann Fam Med.* 2019;17(6):554-560.

Supplemental Appendix 1. The 3 Cs Observation Template

Project Title:

Document Type: Unstructured field observations

Observer:

Date/Time:

Location:

Main Research Question:

Participants:

Context:

Researcher observations about any factors or circumstances that might influence the data collection process or affect the researcher and/or participants.

Content:

Who are the participants? What actions/events are occurring? What is timing/sequence of events? What are great quotes?

Concepts:

Preliminary ideas, observations, “light bulbs” - What have you learned that you did not know before? What are some potential implications of what you have observed? What new questions (research or otherwise) arise from this observation?

Supplemental Appendix 2. Example of Field Observations Using the 3 Cs

Approach*

Project: Providing Culturally Appropriate Health Care Services in Qatar: Development of a Multilingual “Patient Cultural Assessment of Quality” Instrument.

Document Type: Unstructured field observations

Date: 07/21/2010

Location: QQ Hospital

Research Questions: Primary: What are the perspectives of patients of four language groups regarding the influence of cultural and linguistic differences on the quality of their health care. Secondary: How individuals approached to participate in the research study respond to participation in research, informed consent and compensation.

Expected Outcome: Identify cultural influences on perceptions of health care quality

Research Assistant: JB

Participant: P39_E_53_F

Language: English

Context:

- While waiting for my Urdu Participant P41_U_60_F to come back from her appointment to complete the interview, I saw a European lady sitting in a corner reading a book in the female outpatient department.
- I approached her. She was Scandanavian. When I introduced myself, she looked at the university badge on my sleeve and agreed to give an interview. But when I told

her about recording it, she was a bit hesitant. She said she understands that I can't write fast enough to record everything, but she would think about it and let me know.

I agreed and we continued talking generally about QQ Hospital.

- When the Urdu interviewee came back from her appointment, I completed the Urdu interview and approached again this lady. This time she readily agreed, saying she would like to help.
- Waiver of consent form was given to her to read but she had difficulty reading it without her glasses. So it was read to her and she agreed to go ahead with the interview.
- The lady was very cautious in answering questions and also said she was sorry after the recording was switched off. She apologized for giving generalized answers as she was apprehensive about where her answers might end up. She said she felt there was something special about the interviewer, and that's why she agreed to give an interview. Though the participant was assured of total confidentiality before the interview, she still was not very open and she was afraid of creating problems for herself.
- Interviewee sometimes used gestures only, especially to convey negative feelings, e.g. she did not say "pushing" and "shoving," but rather gestured her meaning with her elbows. Similarly, when she described herself feeling down, she gestured with her hand going down. The interviewer had to say these words so that her expressions also got recorded.

- Interviewee refused to give her name in the beginning but at the end when the interviewer asked her if she wanted the results of this study, she wrote her name and address on the given envelop.

Content:

- She told me she has been living in Qatar for the last 13 years (she gave me a rounded figure). QQ Hospital has changed a lot in a good sense during this time. In the beginning, patients used to pay for their visit on the ground floor. It always used to be very crowded. There was no queue system. There was a lot of (She made a gesture with her elbows as if pushing and shoving but didn't say it). How could a sick person pay in such conditions? It was the same case for getting a number ticket. Language was also a problem in government clinics, or at least it was in the past. She stopped coming to QQ Hospital and consulted private clinics. Now she chose to come to QQ Hospital again as the doctor she was seeing left Qatar for good and she was not satisfied by the other doctors she consulted in the same health facility.
- She didn't want to talk about her illness for which she came to see the doctor. She came directly to QQ Hospital.
- She feels emergency care in QQ Hospital is very good. If it's a real emergency, she comes to QQ Hospital and if not then goes to private clinics.
- She mentioned in the past there were problems of over-crowding in QQ Hospital and also communication barriers in the health centers.
- **Role of the family:** It was her own decision to see a doctor when she felt she was not well, and family plays no role in what to do and where to go for healthcare.

- **Choosing the doctor:** She thinks that you cannot choose a doctor. You just take an appointment for the specialty you need and see the doctor who is available there.
- **Gender of the doctor:** Gender of the doctor doesn't matter to her, but she prefers to see male doctors as they are gentler than female doctors.
- **Payment for healthcare:** She uses a health card and pays for medicine out of pocket.
- She also uses supplemental health insurance to go to private clinics but was a bit hesitant to talk about it in the beginning. She goes to private clinics if she wants a quick consultation.
- **CAM [complementary and alternative medicine]:** She uses Evening Primrose Oil but thinks it is not important for her doctor to know about it.
- She did acupuncture in the past but had a bad experience with it. She thinks that acupuncture was not effective mainly because the acupuncturist was not well trained. She may try it again one day.
- She has never tried other CAM therapies.
- **Religion:** Religion has no influence on her regarding what to do or what to eat for her healthcare.
- **Supplements:** She uses vitamins off and on without a prescription when she feels she needs them, especially during summer and while working in her garden. Usually the doctor does not know about it, but if he prescribes a new medicine, then she asks him if it's okay to take it together with her supplements.
- **Diet:** She follows a special diet according to her blood group to stay healthy. She strongly believes in its effectiveness, but her doctor doesn't know about it. She thinks he will not understand but she consulted a doctor in England about it in the past.

- **Body Language:** The interviewee used body language, especially when conveying bad experiences.
- **Terms used:** The doctor she sees for the first time is a “general practitioner,” and the place where she sees a general practitioner is the “clinic.”

Concepts

- Like many other individuals recruited thus far, she had concerns about confidentiality, and it does not seem to be based on language groups or cultural background.
- At times she left sentences incomplete, and sometimes she used gestures to avoid saying negative things. The interviewer had to say the words into the recorder so that her meaning also got recorded. But this might give an impression that the interviewer is asking leading questions. What should the team do to handle this?
- How should the RAs handle the situation when participants speak more openly when the conversation is not being recorded? People don't want to put themselves in hot water by giving recorded interviews.
- The participant was also reluctant to reveal that she goes to private clinics for healthcare. I wonder if there is a perception of stigma about going to a private clinic?
- Communication problems faced by patients is a recurrent issue.

*While based on an actual study of public record and a field observation, the demographic features, research record information and other document details been deidentified.