

Observation Framework:

Fieldnotes will be completed using a combination of:

1. **'In the field': jot notes** (hand-written during or immediately after observations / conversations / interviews) +/- short excerpts of video/audio data collected during time in study sites / with study participants
2. **Researcher descriptions, reflections and tentative interpretations created at the end of each period of contact with study sites/participants**

Activity Theory (figures 1&2) will be used as a framework to focus on:

- Hot spots (areas most talked about / considered by participants to be problematic) and cold spots (areas which participants do not pay obvious attention to but have potential to be problematic)
- Production, consumption, exchange, distribution
- Outcome(s) of different interactions between people, artefacts and institutions in the system
- Signs and tools used

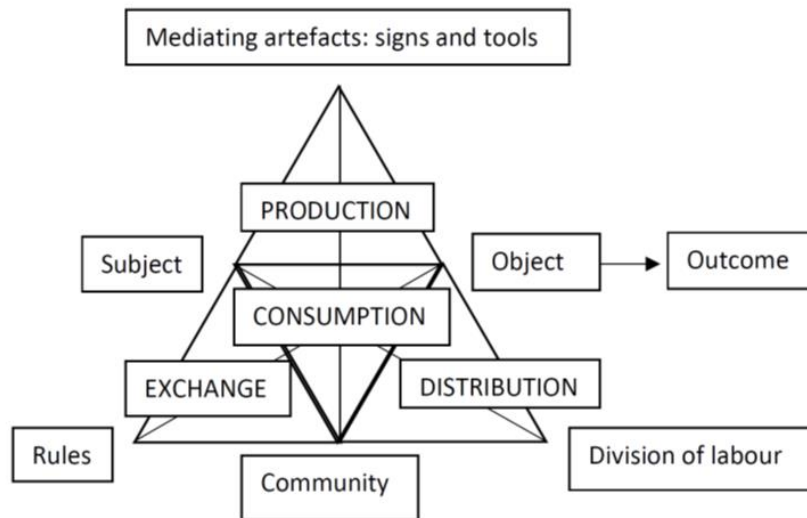


Figure 1

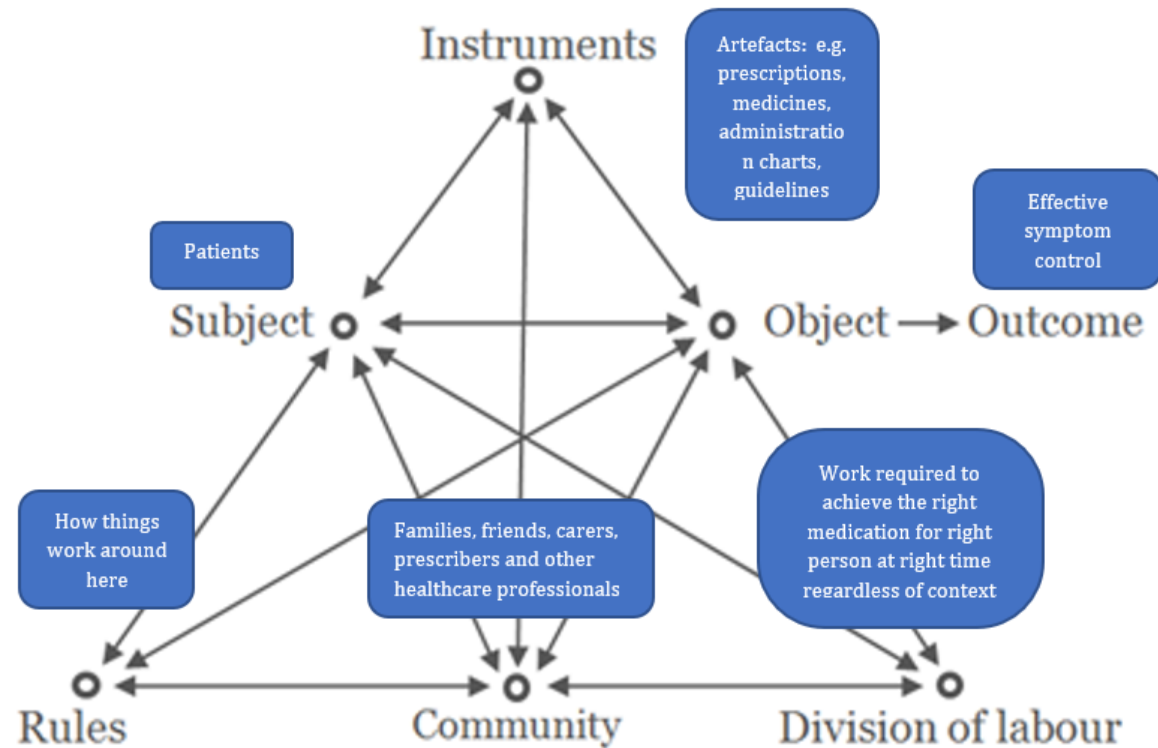


Figure 2

Template for summarising jot notes with other observational data:

Date		<p>Reflections on:</p> <p><i>Participants: How do they know what they know? What has shaped their perspective? How do they perceive others including research team?</i></p> <p><i>Researcher: What do I now know? How? What is shaping my perspective?</i></p> <p><i>Others: How do people make sense of what is being explored?</i></p> <p><i>All: What sociocultural influences might be at play? (e.g. trust, power, values), How is language used?</i></p>
Place		
People observed (roles/pseudo-names)		
<p>Key words and phrases related to process points of medication management:</p> <ul style="list-style-type: none"> ○ Decision-making ○ Prescribing ○ Monitoring and supply ○ Use (Administration) ○ Stopping/disposal of medications ○ Moving across healthcare contexts 		
Details of observation (context)		Notes on division of labour and practice etiquette
Timed log of events: time	Timed log of events: event/activities/interactions	Notes on comparison between intended and experienced processes including when, how, why processes disturbances impact on quality and safety
<p>'Thick' description of activity, social interactions and behaviours including:</p> <ul style="list-style-type: none"> - different perspectives by role/identity - changes in transition and between different settings of home, hospice, hospital 		Methodological notes
		Emerging questions / analyses – explanations and possible interpretations
		Future action / focus for research

Interviews will be conducted using a semi-structured approach with:

- **Patients and informal carers** (if carer interviewed separately tailor questions to ask about their perspective on the person they care for)
- **Professionals**

Framework for interviews:

1. Experiences of medications for symptom control in palliative care

- Ask participant to describe their experiences as a patient/carers/professional
- Prompt for specific examples and explanations
 - What was happening?
 - Who was involved?
 - What needed to be done before/during/after each event or activity?
 - What was good / worked well?
 - What wasn't good / didn't work?
 - What could have made a difference?
- Probe for detail on each step of the process (i.e each unit of analysis in the process) and the links/breakdowns between steps
 - Decision-making/Starting a medication
 - Discussion of risks and benefits
 - Prescribing /Taking/Adding a medication
 - Monitoring and supply / Reviewing a medication
 - Administration
 - Repurposing medications
 - Addressing new concerns
 - Stopping medications
 - Moving across healthcare contexts
- Ask about objects/tools mentioned and how these are used e.g. lists, prescriptions, medication boxes, reminders etc.
- Ask who is responsible for what in each part of the process?
- Ask how decisions are made?

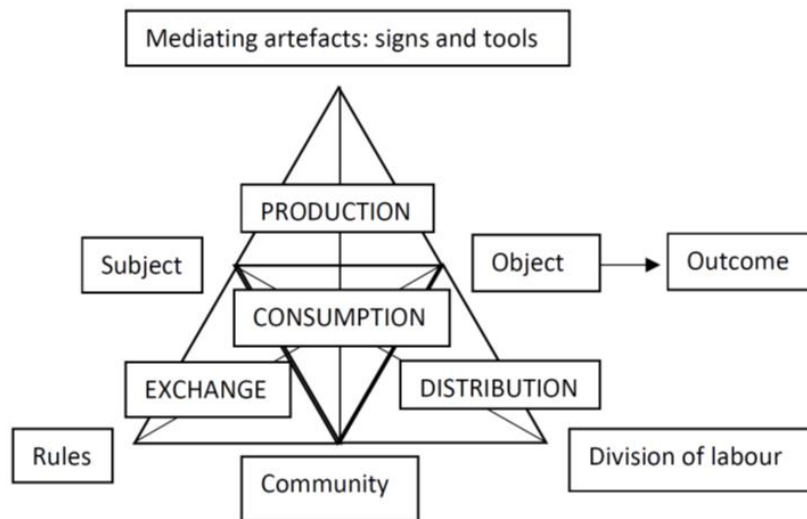
- g. Ask about 'how things work around here?' – what are the informal ways of working / getting things done? Are there 'rules' or understandings of things that 'are just how it is done'

2. Differences between settings

- a. How do things work at home v hospice v hospital (as applicable to each participants experience)?
- b. What happens when people move between settings
 - i. Admissions and discharges

3. Discussion of AT framework:

- a. explain framework (as shown in figure 1) to participant and seek their feedback on how use of medication for symptom control in palliative care plays out within the system
 - i. thinking about the system from different perspectives – ask participants how they think others see the system: patients/carers/professionals and how the system is viewed from hospice/hospital to home and vice versa?
 - ii. Where are there contradictions or breakdowns in the system?



4. Anything else the participant would like to add?