

Observations and Field Notes

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IN4MATX 281 User Needs Analysis

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October 16, 2022

Jottings

Date 10/6/22

@ 8:50 am
entered on waiting room

was person already @ reception
stood & waited a min.
then was helped/greeted
then told to sit down
receptionist was wearing
a blue mask
told her my name & appt.
time, asked for insurance
card and id, said I was all
check in and to take a seat
I really had to use the
bathroom, so I asked where it
was at.

Outside the office
handed me key on stick
went to bathroom
came back & handed back
key on stick
said thank you

I feel a bit anxious
this waiting room has bright
white recessed lighting
- 3 other ppl. everybody's
- wearing mask
- relatively small room
- maybe 20 green waiting chairs
- posters on walls w/ allergy graphia/
- 4 women, maybe nurses behind
counter
- person comes out door to my right
- she's wearing light blue scrubs
- calls patients name
- man, older, wearing mask stands up
and follows through door
- door slowly closes, very quietly
- now only 2 other people in
waiting room besides me
- woman comes through front
of office door, carrying
purse, Stanley H₂O bottle
seems in a rush, is now 9:10

Date / /

(- waiting room is very sterile looking
- bright white lighting
- one window on far side
- smells like nothing, but I'm
also wearing K95 mask
- it is relatively quiet
- can hear ppl/nurses chatting
behind front desk
- the most color is bouquet of
orange/yellow flowers on desk
- somehow I find this funny for
allergy/asthma center
- only other color on walls is
deep blue
- their logo is in a silver metal
sign behind front desk
- they also have plaque w/ wifi
info, makes me think I will
be in this waiting room
awhile
- lots of tissue boxes scattered
about

Date / /

- now back in appointment room
- a nurse or I think PA had
come through the door to my
left & called my name
- she was wearing a black mask,
had brownish glasses and
light blue scrubs on w/ Nike
shoes
- asked me how I was doing
- took me right to the scale
to get my weight
- then she just asked how tall
I was
- she wrote my weight & height
down on a black clipboard
she was holding
- this room also had one of
the tools to measure height
so I wonder why she just
asked me
- then she takes me further
down long hall way

- Date / /
- hallway is painted all light gray, gray hardwood looking floors trim on doorway is darker gray
 - there are three pieces of art on the wall
 - not framed but on canvas
 - they are very abstract circles that are brown, over blue ocean sunset background
 - on right side there are some storage cabinets
 - also area with carts of medical looking supplies
 - now in the "patient room" said on plaque outside of door
 - set my hydro flask purse & notebook down on one of two extra chairs
 - I sat on table w/ layer of paper on it

- Date / /
- table also had pillow @ one end wrapped in disposable paper
 - there is one large window looking out to the street + brick building/park
 - the blinds are mainly down except open about a foot
 - the blinds are white like metalish kind and are all broken at the bottom
 - probs why they were rolled up to where not broken
 - maybe broke from people leaning back in the 2 chairs in front
 - or kids messing around
 - next to 2 chairs is white air filter, it fits perfectly between gap of chair & wall
 - nurse had asked me lots of routine questions when first came in

- Date / /
- asked what brings me in today
 - what symptoms I'm having
 - what do I know I'm allergic to
 - any medications I'm allergic to
 - what medications am I taken
 - general health history
 - how long have I had these symptoms
 - she recorded all my answers in a chart on the computer
 - she had a very calm manner
 - the computer is a black Dell monitor with only two wires coming out
 - it has a mounted set up to the wall & the keyboard is on this tray like thing that she types very fast on, the mouse is wired & black, there is also a like rest pad under the mouse & keyboard tray
 - there are two other black boxes mounted to the wall that

- Date / /
- have wires and are plugged into power strip on floor
 - she recorded everything sitting on a blue padded stool with wheels that rolled around
 - there is another piece of artwork on wall above patient table, canvas art, blue, light blue, dark blue streaks almost looks like blue grass blades up close
 - the wall this art is on white
 - rest of room painted light blue
 - patient table is light blue
 - all other chairs in room are dark blue
 - very small room, everything seems to have place
 - no room for any other furniture
 - floor is dark brown wood

Date / /

- this room also smells like nothing
- is kinda cold
- once the nurse left she said the doctor would be right with me
- locked the computer & walked out
- I've been waiting roughly 15 min now
- okay dr. had just come in & left
- came in after waiting for about 15 min
- asked what brings me on an introduced self
- asked what's going on
- gave detailed background of symptoms
- He's wearing blue light dress shirt under white lab coat
- name embroidered in blue above pocket

Date / /

- he talks in calming manner
- took time to listen
- blinks a lot
- speaks slower and clearly
- also wore mask
- spoke with hands when explaining possible solutions
- recommended skin prick test
- blood test
- explained skin prick & skin patch testing are different
- showed signs of concern/empathy with voice tone & eye contact
- explained benefits of skin prick testing, highly recommended
- almost felt pushy/really eager to do test, not sure where coming from
- left room & explained nurse would be back to perform test

Date / /

- roughly 2 min go by and the same nurse as before returns
- she pushes in one cart from earlier that has supplies
- plastic box with lots of little smaller pieces of plastic
- she says hello
- asks if I've "ever had skin prick testing done"
- I say yes as a child & it traumatized me
- I make her laugh
- she says actually I will need to put a smock on because I'm wearing a dress
- she pulls one out of drawer underneath table
- instructs me to put on backwards and have it open in back
- instructs me to remove undergarment

Date / /

- leaves room & says she'll be right back
- I change by rolling down dress
- lay back down somewhat uncomfortably
- back is cold
- comes back in, knocks @ door
- sorts cart, latex gloves
- explains what she'll do
- marker on my back is cold/tickles
- writes for a while
- goes to #78
- tells me not to move/touch it
- plastic prick device
 - white
 - finger holders
 - needle @ end
 - in on
 - hundred
- focuses in after done writing numbers

Date / /

- goes slowly
- then faster
- already feeling like back is on fire
- asks how im doing
- discards in bucket after prick
- tray looks almost empty
- nm. that was just tray #1
- second tray underneath
- asks how im doing
- tells me ppl. compare to acupuncture
- could do it minus allergens
- laughs
- finished rest of samples
- timer for 15 min
- leaves
- need proper reading
- cart navigating doorway cumbersome

Date / /

- 15 min pass
- double knock @ door
- 3 different ppl
- asks how doing?
- room is rilly crowded now
- has initial reaction & says lots to look @
- blue latex gloves
- one nurse in back
- one nurse @ computer
- one looking @ me
- "okay I'm going to read you the wheel # then the flare"
- what does that mean?
- "One, 0, 0" - typing fast
- "Two, 7, 15" - poking back
- "3, 0, 0" - messes up @ 57
- "4, 10, 30" - nodding signal
- "58, 15, 50" - enter/tab keys
- "59, 4, 15"
- "60, 0, 0"

Date / /

- wipe marker off back
- cold, but cooling
- allergy meds + cream
- will shower off rest
- summary notes
- leave to go analyze numbers
- locks computer
- hydrocortisone?
- get dressed, dress is scratchy feeling how on back
- comes back w/ Zyrtec in cup
- 10 min pass
- double knock on door
- all 3 nurses come back
- room fills up again
- one nurse/did readings
- has paper packet folder
- lots of highlighted areas
- 1st col. antigen type
- 2 col. class
- 3 col. wheel size

Date / /

- 4 col. redness flare
- 0 col. - or +
- reads what each one means
- grass/tree/pollen/animal
- asks for questions
- more empathetic
- ask about environmental
- page of Hepa air filters
- showering, dust mite covers
- pet dander remains
- food test 2 weeks
- paperwork for blood labs
- lead me back out of the hallway
- follow up
- 11:05

Field Notes

The time is 8:50 A.M. when I entered the waiting room. I feel anxious. I immediately look for the front reception desk and walk up to it. There is already a woman standing there being helped so I stand back for a minute until she is done. After she went and took a seat the receptionist looked at me and said hello and asked if I had an appointment. I said yes and told her my name and appointment time. She then looked at the computer in front of her and said okay and asked for my ID and insurance card. She took my insurance card and stood up and walked over to a large copy machine that was towards the back of the room. She opened the top, placed my card in, and pressed a button. She then took my card back out and walked back to the computer. She handed both of my cards back to me and said thank you and told me to take a seat and they will call my name shortly. I turn around and assess the room of where to sit. As I sit down, I take out my notebook and can start recording some jottings. The waiting room itself is not too large. There are about 20 light blue padded chairs and three other people that appear to be waiting, they are all wearing masks. The room has bright fluorescent lighting, there is one window on the far side, it does not really smell like anything, but I am also wearing a K95 mask. The walls are white with some medical posters hanging on them about allergies. There is also some abstract art on another far wall. Behind the main desk there about four women in the back office talking and typing on computers wearing scrubs. On the front desk there is a vase of orange and yellow flowers. I find this funny for some reason, flowers in an allergist's office. Also on this desk is a plaque with the Wi-Fi name and password, this gives me the impression that I will be waiting here a while. Behind the desk is a dark blue wall with the logo of the practice in silver metallic lettering. There are also tissue boxes scattered throughout the waiting room on side tables and the front desk. The door to my left opens and a nurse in blue scrubs walks out and calls a patient's name. An elderly man from the other side of the room gets up and follows her back and the door closes. There are now two other people sitting in the waiting room. Two women, one is wearing athletic apparel and a white mask, she seems calm and is scrolling on her phone. The other woman is older and is wearing a cream sweater, jeans, glasses, and a blue mask. She is reading a book that appears she brought herself because there are only magazines in the rest of the room. The front door to the waiting room opens and a woman in light blue scrubs walks in carrying a purse, lunch bag, jacket, and Stanley brand cup. She walks in a rushed manner to the door that the first patient was called into. The time is now 9:15 A.M., I assume she is running late. The waiting room is very quiet aside from the chatter coming from the employees behind the front desk. The door to my left opens again and the same nurse in blue scrubs calls out my name. She is also wearing brown glasses, a black mask, and Nike sneakers.

I quickly close my notebook, grab my bag, and water bottle and walk over towards her. She asks me how I'm doing today; I say good and ask her how she is doing, and she says good. She takes me around the corner to where there is a counter, sink, scale, and ruler. She asks me to step up on the scale to take my weight. I hurriedly set my bag, notebook, and water bottle down and step up on the scale. She records the number by writing it down with a pen on a clipboard she is holding. She then asks for my height, and I say 5'5". She writes it down. I wonder why she doesn't take my height using the measuring tape on the wall.

She turns and says follow me and leads me back to the exam room. The hallway is painted a light gray, with gray hardwood floors, and the trim around the doorways is a darker gray. There are three pieces of art along the left side of the hallway. They appear to be photographs but are somewhat abstract circles with a blue background of the ocean on a canvas. On the right side of the hallway there are some storage cabinets and some carts with medical supplies on them. She leads me to the room at the end of the hallway, it says "Patient Room" on the outside on a wooden plaque. I set my stuff down on one of the two extra chairs. I sit on top of the exam room table covered in paper with a pillow covered in paper on the end. It makes a very loud crunch sound. There is one large window in this tiny exam room. It overlooks the street intersection and a brick building across the way. The blinds were almost all the way down except for the bottom foot. There is a cabinet area across from the exam table with a sink, pamphlets, gloves, hand sanitizer, soap, masks, and cotton balls. The nurse sits down on a rolling stool and types on the computer. She begins to ask me what brings me in today and questions about my medical history. As she is typing, she pauses in between each question to make eye contact with me. She asked me; What symptoms are you having? How long have you had these symptoms? What are you allergic to? What do you suspect you are allergic to? Do you have any allergies to medications? What medications are you currently taking? As she asks me these, she records them down in a medical chart on the computer. She has a very calm and straight to the point manner about recording this information. The computer she is typing on is a Dell that is mounted to the wall with a tray that hold the keyboard and mouse. There is also a rest pad at the end of the keyboard, the entire set up is black and movable to move off and collapse against the wall. She then finishes typing, she submits the chart on a webpage, and locks the computer. She turns to me and says the doctor will be right with you and stands up and leaves. She closes the door softly behind her. At this point I take my notebook back out and write some more jottings.

The entire room is cold. All the walls are a light blue except for the one above the exam table, it's white. There is a piece of art hanging on this wall that is multiple shades of blue and looks like long lines or blades of grass up close. This is also appears to be a painting on a canvas. Next to the two extra chairs there is an air filter, I note this is probably why it feels drafty. Every piece of furniture fits in this room perfectly, it is tight.

Around fifteen minutes goes by, and I hear a quick double knock at the door. A man walks in and introduces himself as the doctor, in a concerning tone he asks me what brings me in today. He is wearing a light blue dress shirt with a white lab coat on top, on the right side above the pocket is his name embroidered in blue thread. He listens as I fully explain what I'm experiencing. He makes direct eye contact with me and slowly nods. He also blinks a lot. He explains possible courses of action by speaking slowly and clearly. He is also using lots of hand gestures as he talks. He showed signs of concern and empathy with his tone of voice and eye contact. He explains that skin prick testing is better than blood labs even though I asked for labs. I agreed to it, but he almost seemed eager or pushy for me to do the skin prick. He emphasized by repeating three different times that it is the most accurate form of allergy testing. And said twice that every allergist recommends it. He said he would notify his nurses that they would do the test on me today and left the room.

Roughly two minutes goes by and the same nurse as before, Nurse A, walks back in the room. She pushes a cart full of medical supplies that I had seen earlier in the hallway. I notice a plastic box with lots of smaller white pieces of plastic inside. She says hello and asks me if I have ever had skin prick testing done. I said yes as a child, and it traumatized me I then laughed and she laughed too. She then realizes I will need to put a paper gown on because I am wearing a dress. She reaches under the exam table and pulls a paper gown shirt out of the drawer. She says she will step out and be right back while I change.

Nurse A enters back into the room, and I am now lying face down utilizing the pillow covered in disposable paper and writing my jottings in my notebook. The paper gown is open in the back with my back exposed. She begins sorting through the cart of medical supplies wheeled in earlier. She first puts on latex gloves and begins to verbally explain what she is doing. First, she will chart off my back to label the allergens that will be pricked. She begins writing with a marker on my back. This feels cold and somewhat tickles as she rights numbers 1 – 78. This takes longer than I originally expected or maybe it is my personal anticipation for the next step. She then explains that she will begin to prick me with each individual sample. She says to try to not move, itch, or touch my back as she is working. She opens the top plastic container of the cart and pulls out a small white plastic device. The device is about one inch long, it has a small notch on each side to have ease of holding, and at the bottom comes to a point with a small needle at the end. In the box on the cart, there looks to be roughly a hundred of these little devices. Nurse A then gets much closer than before and seems that her energy and gaze has changed to be more focused. She begins poking the skin with the device at the upper left area of the back. The first 10 or so were done slowly then after that, she began to prick at a more consistent pace. She asked me how I was feeling and if it was going okay. I said yes and that I could already feel itchy in some areas. After she uses the device, she tosses it in a container like bucket she has on the top of the

cart. She continues administering the rest of the samples, the tray that holds each device and has them numerically labeled and named in the tray, slowly diminishes to none. She then takes the top tray off to reveal another set of maybe 50 samples. This initially makes me feel overwhelmed because I thought she was done, but I realized only halfway done. The pricking itself is uncomfortable. At this point she notices my discomfort and asks me how I'm doing again. I respond with fine and that it's not as bad as I thought it would be there are just a lot of samples. She makes conversation and says that some other patients say it feels like acupuncture and have some meditative effects. I say that it interesting and maybe I will have to try acupuncture then, as long as they aren't poking me with allergens, that part is not as relaxing. She then laughs. At this point there are multiple areas on my back that I can feel swelled up and are hot and itchy. She finishes administering the samples with the lower right half of my back. She removes her gloves and tosses them in the same bin that the samples were disposed in. She lets me know that she will set a timer for 15 minutes and to wait the full time to properly get a reading. She directs me to try to not move and emphasizes again to not touch or scratch my back no matter what, or this will cause the readings to be off. She then opens the door and wheels the cart out, but it is awkward because the door opens inwards into the cart, and she must push it back out of the way and hold the door at the same time. I thank her as she walks out. At this point I am lying face down on the exam table and writing jottings in my notebook. I am feeling alright at this point, I am just starting to feel burning on my back. I check the time on my phone and try to remember what time she left and how long it has been. This time frame feels very long. It is now 10:22 A.M.

After the 15 minutes were up, I hear a quick double knock on the door and 3 different people walk in. For the size of the exam room this suddenly felt like a very small room. Nurse B asks how I'm doing and says there's a good bit to check out here looking at my back. As she asks, she puts blue latex gloves on and walks over to look closer at me. Nurse C stands more towards the back of the room and doesn't say anything. Nurse D takes a seat on the stool in front of the computer and begins typing. Nurse B directs to Nurse D and says, "Okay I am going to read you the wheal number first then flare". She asks Nurse D to let her know when she's ready. Nurse D says that she is and nods to go ahead. Nurse B immediately begins firing off multiple numbers. She goes in the order, "One, zero, zero" pauses "Two, seven, fifteen" pauses, "Three, zero, zero", pauses, "Four, 10, 30". This continues for a while and as she is saying these numbers, Nurse D is rapidly typing and recording this into a spreadsheet. As Nurse B gives each reading, Nurse D is nodding in recognition. Nurse B also places her finger on my back as she goes to keep track and examine the hives closer. Suddenly on number 57 Nurse B says 30, and then corrects herself and says 40. She pauses and apologizes as Nurse D navigates back in the spreadsheet to change the number. Using the tab and arrow keys to get back. Nurse D says alright and nods at

Nurse B to continue. “Fifty-eight, fifteen, fifty”, pause “Fifty-nine, four, fifteen”, pause “Sixty, zero, zero”. Nurse D continues to punch in the numbers using the right-hand numerical part of the keyboard and after entering each set hitting the enter key. Then in between each set the tab key. These actions continue for both nurses until the number 78 is reached. Nurse C is still quietly observing standing behind the other two for the duration of the readings and recordings. Nurse B lets me know that she is all done and tells me they are going to wipe the marker off my back and if I want any allergy medication or hydrocortisone cream. I say yes please. Nurse B takes a very cold wipe and rubs some of the marker off my back, she lets me know that it will fade away after I shower. She then applies the hydrocortisone cream across my entire back emphasizing on the flared areas. Nurse B then lets me know that they will be right back to analyze their findings and for me to get dressed. Nurse D is still rapidly typing on the computer to me what looks like words now rather than numbers. Then Nurse C opens the door, Nurse D locks the computer, and Nurse B removes her gloves and discards them in the trash under the sink area and they all walk out and close the door behind them.

I immediately get up and begin to get dressed. Once I have my clothes back on, I notice the fabric of my dress against my hived skin feels uncomfortable. After about 5 minutes, I hear a double knock at the door and Nurse D comes back in and hands me a Zyrtec pill in a paper cup. She says she will be right back and closes the door behind her. I continue to write down my jottings as I wait another ten minutes. Then I hear another double knock at the door and the same three nurses from before walk back in. Nurse B is holding a folder and sits down on the rollable stool. Nurse C stands towards the back by the cabinets and sink area, and nurse D stands by the computer. Nurse B scoots closer to me on the stool with the folder in her hand and takes out paper with highlighter all over it. She proceeds to point out each highlighted section and explain what each means. She says the first column is the antigen type, the second is the class abbreviation and lets me know there is a key for what these abbreviations mean at the end of the packet. She explains the third column is the wheal size, the size of the hive or welt that formed. The fourth column is the flare amount, so the amount of redness that showed up. Then the fifth column is if it was negative or positive. She proceeds to read to me the antigen samples that resulted positive and explained what some of them were to the extent of the classification. Whether it was a tree, grass, wood, or animal. As she goes along, she is pointing to each section. As she gets to the back of the packet she asks if I have any questions. Her tone has changed from straightforward and formal to more empathetic. I ask about the plant and environmental allergies and any best practices for those besides keeping my windows closed and not going outside. She nods along as I am asking my question and making direct eye contact with me. Even though we are all wearing masks her body language and attentiveness showed that she was actively listening. She then proceeded to pull out a different paper that had multiple air filters on it. She recommended getting a HEPA filter and vacuum and getting

protective bedding for dust mites. She asked again if I had any other questions. I said no not at this time and then she said that I am all set and that she will see me in two weeks for my food prick testing and the paperwork had been sent to the lab to get my blood drawn. I thanked her and the other two nurses in the room by verbally saying thank you, making eye contact, and nodding. Then Nurse D said that she can walk me out because the hallways get kind of confusing back here. I proceeded to follow her out back to the main door I came in from in the waiting room, in the hallway there were a lot more people walking around then before, and the waiting room was much fuller of patients. I thanked her and walked out to the reception desk and asked if I needed to do anything else. She asked if I had a follow up appointment and I said yes and headed out. I looked at my phone to check the time, it was now 11:05 A.M.

Reflection

My current field site is an Allergy and Asthma Center in Pasadena, California. This is a relatively small office that serves children and adults. My main project focus that has formed after this first observation session is the socio-technical relationship between physician assistants or nurses within a medical center when conducting procedures.

Within my first session, there are two main observations that piqued my interest related to my project focus. The first is when the nurse administered the skin prick test. This stood out to me because of the specifics in the nature of the procedure being done. Since this task is performed by one nurse, I was able to focus on the exact physical activities that were conducted within skin prick testing. I focused on observing the method of using these prick devices to administer 78 different antigens. There was a clear organized method in this process. She used a numerical label system on my back which corresponded to the labeling system in the box on the cart of the name of antigen and number. She administered them in order and by category, so the numbers and welts on my back to later be interpreted into clear data.

The second observation is when multiple nurses came in to record data. This was fascinating to me because of the coordination between the two main nurses to interpret, communicate, and note the results. One nurse's main job was to interpret, she looked at the individual pricks to measure the wheal or welt size and the amount of redness that flared the area. By visually inspecting, she assigns a number to both values within seconds. She can recognize which wheal size means which number and the amount of redness deciphered to a numerical value. This process alone stood out to me because it is interpreting something physically and visually by assigning a number to it that will be used as data. The communication between the two nurses at this time was verbal, physical, and efficient. They worked together to record as quickly and accurately as possible. When there was a mistake made in the reading the nurse quickly corrected herself and then the nurse recording quickly went back and fixed it on the computer. The nurse recording used a physical indicator of nodding to notify the other nurse she had completed the recording for that antigen and to move to the next one. The verbal words the nurse interpreting said were all numbers. However, she said each number in the same pattern and paused at appropriate times between each to distinguish when she was moving to the next one.

My position in this observation is a participatory observer. I have an interest in using technology in healthcare, so utilizing this appointment and practice was fascinating to me. I gain approval from the practice to interview staff members regarding the technology and forms of communication they use at work. Applying my observations from this session, although participatory, still gleaned insights. During the two main sessions that I was silent and let the nurses conduct their work, I feel led to the best

observations to draw from. Overall, with my jottings in between when people walked in and out, I was able to record a lot to refer to expand on in my field notes. I feel that my field note writing style is descriptive for main highlights and describing physical locations and interactions. I also included time stamps to reference later thinking this may be helpful. I could work on expanding by starting with more jottings to begin with. I think I also struggled with what tense to write the field notes in. All my jottings were in present tense, and I tried to keep that within my field notes. I also let too much time go between my observation session and expanding my jottings. This will be a key factor for my next session to emphasize on writing field notes immediately after, rather than a day later. I think I do include my own thoughts during the observation a bit too much in my field notes and is something I will work on refining.