

## Appendix 1. Field note form.

### Field notes – participant observation

<b>observer:</b>	<b>date:</b>
	<b>time of observation:</b>
<b>place:</b>	
<b>situation</b> (short description):	
<b>Persons involved</b> (tick appropriate and specify if applicable)	<b>number:</b>
<input type="checkbox"/> physicians position (e.g. senior physician, junior physician): specialization (e.g. oncologist, radiologist):	
<input type="checkbox"/> nursing staff:	
<input type="checkbox"/> other clinical staff, please specify:	
<input type="checkbox"/> non-clinical staff, please specify:	
<input type="checkbox"/> patient:	
<input type="checkbox"/> other persons, please specify:	
<b>observation memo:</b>	