

## Reporting guidelines for a qualitative study

The EQUATOR network <http://www.equator-network.org/> offers seven reporting guidelines for qualitative studies and the check list most appropriate for our study is found in:

Malterud K. Qualitative research: standards, challenges, guidelines. Lancet. 2011 Aug 11;358(9280): 483-8.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(01\)05627-6/fulltext#box3](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(01)05627-6/fulltext#box3)

Guidelines for authors and reviewers of qualitative studies (*our answers in italics*)

### **Aim**

Is the research question a relevant issue? *We are convinced about the research questions relevancy – clinical decision-making and in particular patient involvement in the process is a in important topic in today's medicine.*

Is the aim sufficiently focused, and stated clearly? *The aim (to identify and characterize all clinically relevant decisions that emerge when physicians interact with patients in different hospital settings) is focused and stated clearly.*

Does the title of the article give a clear account of the aim? *The title reflects our aim to study the nature of clinical decisions in hospital encounters and our development of a descriptive framework for classification of decisions.*

### **Reflexivity**

Are the researcher's motives, background, perspectives, and preliminary hypotheses presented, and is the effect of these issues sufficiently dealt with? *The researchers' backgrounds are presented in the method section and our motives, perspectives and preconceptions were a continuous focus of attention and reflexive discussion during the project period.*

### **Method and design**

Are qualitative research methods suitable for exploration of the research question? *We argue that qualitative research is the only way to address our research question.*

Has the best method been chosen with respect to the research question? *There are numerous methods to choose between and we describe in the method section of the article why we argue that the method we have chosen for our study is the best.*

### **Data collection and sampling**

Is the strategy for data collection clearly stated (usually purposive or theoretical, usually not random or representative)? *The selection of videotapes from the large material was random for the first 30 videos, followed by a purposeful sample of the 20 videos and in the end analysis of the full material of 380 videos.*

Are the reasons for this choice stated? *Yes. We did this to ensure that variation in physician and patient age and sex, different subspecialties and different clinical settings were represented.*

Has the best approach been chosen, in view of the research question? *We argue that the best approach has been chosen. Observation of real life video-taped encounters offers a rich insight into patient-physician encounters and clinical decision making that abstracted data from scoring schemes or surveys might miss.*

Are the consequences of the chosen strategy discussed and compared with other options? *Yes. See the previous question.*

Are the characteristics of the sample presented in enough depth to understand the study site and context? *We argue that 50 videos is a large basis for a qualitative study and our presentation of four encounters in our result section gives a broad and realistic account of everyday hospital medicine.*

### **Theoretical framework**

Are the perspectives and ideas used for data interpretation presented? *Yes, in the method section.*

Is the framework adequate, in view of the aim of the study? *The two fundamental questions describing the first of our chosen methods' core process coincides with our research questions (in brackets);*

- *What are the content and constituent elements (of clinically relevant decisions)?*
- *When does it (a clinically relevant decision) begin?*

Does the author account for the role given to the theoretical framework during analysis? *In the method section we describe how the methods we applied were central in the iterative process.*

### **Analysis**

Are the principles and procedures for data organization and analysis fully described, allowing the reader to understand what happened to the raw material to arrive at the results? *We have described the principles and procedures for data organization and analysis as detailed as we have managed while trying to avoid exceeding 4000 words.*

Were the various categories identified from theory or preconceptions in advance, or were they developed from the data? *Categories were informed from previous theory (Braddock et al) and developed further from the data.*

Which principles were followed to organize the presentation of the findings? *We organized the results chronologically presenting our topical categories one by one.*

Are strategies used to validate results presented, such as cross-checks for rivaling explanations, member checks, or triangulation? If such strategies are not described in this section, they should appear as validity discussions later in the report. *We discuss how we defined a decision in the method section and this process of course consisted of a constant discussion of rivaling explanations, member checks and consensus processes. We mention our inclusion of a social psychologist as a strength in the discussion and the fact that patients were not brought into the discussion/analysis as a potential weakness.*

### **Findings**

Are the findings relevant with respect to the aim of the study? *We think that the findings are highly relevant to the aim of the study.*

Do they provide new insight? *This study offers a broad definition of what a clinical decision is and adds precision to how decisions are communicated in patient-physician encounters in a hospital.*

Is the presentation of the findings well organized and best suited to ensure that findings are drawn from systematic analysis of material, rather than from preconceptions? *There could be alternative ways of presenting our findings and we have aimed at a balance between number of examples and variation in clinical setting.*

Are quotes used adequately to support and enrich the researcher's synopsis of the patterns identified by systematic analysis? *We have used a large collection of quotes to support and enrich our findings.*

### **Discussion**

Are questions about internal validity (what the study is actually about), external validity (to what other settings the findings or notions can be applied), and reflexivity (the effects of the researcher on processes, interpretations, findings, and conclusions) addressed? *We have addressed validity in the Discussion section and Reflexivity both in the Method and Discussions sections.*

Has the design been scrutinized? *We had iterative discussions about design and choice of theoretical framework in the early stages of our study and describe this in the method section and discussion.*

Are the shortcomings accounted for and discussed, without denying the responsibility of choices taken? *We try to identify shortcomings in the strengths and limits paragraph in the Discussion section and don't deny responsibility of choices taken.*

Have the findings been compared with appropriate theoretical and empirical references? *The list of references reflecting previous work in the field is extensive, and we compare ourselves with relevant previous studies.*

Are a few clear consequences of the study proposed? *We have tried to outline clear consequences of our study in the final paragraphs of the discussion.*

### **Presentation**

Is the report easy to understand and clearly contextualized? *We given it all we have to make the report understandable and clearly contextualized.*

Is it possible to distinguish between the voices of the informants and those of the researcher? *Informants/statements from videotaped encounters are presented as table 3. After each quote we describe what the context of the encounter and have not made interpretations on behalf of participants when speaking/writing with our voices.*

### **References**

Are important and specific sources in the field covered, and have they been appropriately presented and applied in the text? *We believe that within the 56 references we have included, presented and applied the most important and relevant publications for this manuscript.*