For the Office-based Teacher of Family Medicine

Paul M. Paulman, MD
Feature Editor

Editor's Note: In this column, Jamie Weinstein, MSIV, of Oregon Health Sciences University, and William Ventres, MD, of Providence Southeast Family Medicine in Portland, Ore, present an interesting perspective on student community health projects.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to Paul Paulman, MD, University of Nebraska Medical Center, Department of Family Medicine, 983075 Nebraska Medical Center, Omaha, NE 68198-3075. 402-559-6818. Fax: 402-559-6501. E-mail: ppaulman@unmc.edu. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Mini-ethnography: Meaningful Exploration Made Easy

Jamie Weinstein, MD; William Ventres, MD

Students in their third year of medical school spend the majority of their time on hospital services mired in the minutiae of problem lists, differential diagnoses, and inpatient management. They are often completely out of touch not only with ambulatory practice but also with community life outside the hospital. Family medicine clerkships can remediate this situation by offering both exposure to outpatient medicine and a unique opportunity for broader educational experiences.

Many authors have suggested population-based projects, chart reviews, or independent learning modules as possibilities for enhancing a family medicine rotation.[1] In this article, we present an alternative for actively engaging students in learning about the intersection of community and individual health: the mini-ethnography. Ethnography is a process of learning from people about various aspects of their lives. As such, it fits nicely with the view of family medicine as a "human science." The core principles of ethnography involve defining a question, interviewing informants, becoming a participant observer in a community, analyzing one's observations, and presenting results.[2] The term *mini* suggests that it is doable in 6 weeks, allowing 1 day per week for the project.

To demonstrate the use of mini-ethnography, we present the following example in which a student investigated attitudes and communication about breast-feeding during a family medicine clerkship at a busy urban clinic (Table 1). After conducting a brief literature review—including three articles that illustrate the use of ethnography within medical contexts[2-4]—the student developed a general question and then identified and interviewed key informants. The audiotaped interviews followed a specific format. They began with a general statement about the project and an open-ended question to prompt the informant's story. For approximately 30 minutes, the student actively listened to the narrative, using appropriate open-ended prompts (ie, "Tell me more about that"). Themes that emerged were identified. In the next half hour, the student asked increasingly specific questions about three or four of the most interesting themes. Immediately afterward, the student spent

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From the Department of Family Medicine, Oregon Health Sciences University (Dr Weinstein); and Providence Southeast Family Medicine, Portland, Ore (Dr Ventres).

Table 1

Example of Mini-Ethnography

Project question	How do health care practitioners affect women's decision-making process about breast-feeding?
Literature review	On the methodology of ethnography: three articles (references 2–4). On breast-feeding practices: four to five articles from the medical literature
Identified informants	Family physician, family nurse practitioner, community health nurse, lactation consultant, prenatal patient, nursing mothers
Initial interview question	For practitioners: "Tell me about breast-feeding in this community and how you play a part in women's choices to breast-feed." For mothers: "Tell me about your decision about how to feed your infant."
Participant observation	Student observed mothers and infants in a lactation class, noted actual feeding behaviors, and asked about breast-feeding. Student participated in prenatal visits with family physician.
Themes generated/rank listed by importance	Difficulties/barriers to breast-feeding, lactation services as preventive care, practitioner's education and personal experience with breast-feeding, practitioners' views on cultural differences regarding breast-feeding, use of support services, duration of breast-feeding and frequency
Examples of follow-up questions	Regarding theme of "difficulties/barriers to breast-feeding:" 1) "Why do you think women stop breast-feeding?" 2) "Tell me more about the early difficulties you experienced." 3) "What exactly were problems your baby had with latching on?"
Weekly discussions between student and preceptor	Data reviewed Questions explored: Do the data make intuitive sense? Are the generated themes consistent with the data observed? Progress of the project evaluated
Major themes/ illustrative quotes	1) Difficulties/barriers to breast-feeding "Early supplementation can be a real problem." (family physician) 2) Use of lactation services as preventive care "All women should have well breast-feeding checks." (community nurse) 3) Practitioner's education and personal experience with breast-feeding "My personal experience is helpful" (family nurse practitioner)
Topics raised for further discussion	1) How can we support women more effectively immediately postpartum to establish nursing? 2) What can we learn from cultural differences in rates of breast-feeding? 3) Should women receive well breast-feeding checks?

1 hour reviewing the audiotape to recall information and quotations supporting the themes. The most interesting themes were listed and compared, and areas for further discussion were developed.

Limited participant observation occurred during a hospital-based lactation clinic. Weekly meetings provided a venue for the student to discuss data and progress with the preceptor; at the end, the student gave a lunchtime presentation to interested clinic personnel. The project fit comfortably into a 6-week rotation, with preceptor time commitment no more than 1 hour per week (Table 2). There are potential limitations to the use of mini-ethnography as a viable investigative methodology for medical students. Some students may be inherently uncomfortable with its qualitative nature. Others may have yet to gain confidence in their active listening skills. As well, the project's success relies to a degree on the availability of interested and talkative informants.

Doing mini-ethnography has many benefits. Because ethnography is not hypothesis driven but, rather, observational and interactive, it is an engaging format for a student to explore the process of learning about a community. It allows students to develop their communication skills and introduces them to process-oriented, reflective medical practice. Because ethnography is qualitative and not based on surveys or statistical analyses, a fulfilling project can be completed in a reasonable time frame. For clinicians, it can foster their own reflective practice and further their insight into their communities. Having a student participate in activities outside the office frees up the preceptor's schedule and helps balance the impact of having a student in a busy clinic.

Mini-ethnography can be used to explore a variety of topics. Projects can be tailored to student interests (as our example was) or be more generic in scope. Possibilities include studying people's knowledge, attitudes, and practices regarding preventive services, phone triage, or

Table 2

Weekly Schedule

Week	*Preceptor Tasks*	*Student Tasks*	*Student Time*
1	Present mini-ethnography idea	Understand mini-ethnography	8 hours reading/reflection
	Share articles: ethnography,[2] case example,[3] and narrative[4]	Formulate initial research question	1 hour (lunch with preceptor)
2	Discuss literature review	Literature review	8 hours
	Identify key community resources/activities	Schedule interviews/activities for participant observation	1 hour (lunch with preceptor)
3–4	Continue to identify community resources	Schedule appointments Interview informants	12 hours/6 interviews (1 hour interview/1 hour review)
	Review progress with interviews, participant observation, data analysis	Participant observation Data collection	4–8 hours for participant observation 1 hour (lunch with preceptor)
5	Review progress with data analysis	Analyze data	8 hours 1 hour (lunch with preceptor)
6	Discuss project and process	Prepare results Present results	8 hours 1 hour (lunch with preceptor)

nursing home care. Projects can be focused, such as examining how a certain ethnic group understands a specific disease state or how the local emergency services work (incorporating Saturday night ambulance rides for participant observation). They can be general, as in simply having a student use the process to get a sense about the community.

Regardless of the specific project, mini-ethnography can be tremendously worthwhile and enriching for both medical student and community-based teacher. We invite you to explore its use.

Corresponding Author: Address correspondence to Dr Ventres, Providence-Southeast Family Medicine, 4104 SE 82nd Avenue, Suite 250, Portland, OR 97266. 503-215-9850. Fax: 503-215-9855. E-mail: bventres@providence.org.

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