Supplementary Table 1. Characteristics of the articles included in the review

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| **Authors** | **Year** | **Location and setting** | **Study aim** | **Term used to describe rapid ethnography** | **Study duration** | **Methods of data collection** | **Sample and specification of single or multi-sited research** | **Quality appraisal** |
| Coreil, J., et al. (33) | 1989 | Haiti | Identification of barriers to immunization use | Rapid ethnographic assessment (REA) | 3 months | Focus groups Natural groups  Interviews  Observations | 60 mothers, 14 staff members  Multi-sited  research | \*\* |
| Agyepong, I. and L. Manderson (34) | 1994 | Ghana | Describe the folk diagnosis, etiology and management of malaria | Rapid ethnographic assessment (REA) | 5 months | Focus groups  In-depth interviews  Observation | 460 households  Multi-sited research | \*\* |
| Needle, R., et al. (40) | 2003 | US | Address the disproportionate ongoing HIV/AIDS crisis in racial/ethnic minority populations | RARE | 3 months | Key informant interviews  Observation  Focus Groups  Mapping and geocoding | 196 interviews (61 key informant interviews, 118 brief interviews, and 17 focus groups)  Multi-sited research | \*\*\* |
| Goepp, J. et al. (41) | 2004 | Bolivia | Obtain social and cultural data about factors affecting the development of emergency medical services for children | Rapid assessment procedure (RAP) | 10 days | In-depth interviews, small group interviews  Participant-observation  Documentary analysis  Analysis of secondary data sources | 49 participants (doctors, nurses, and families)  Numbers per group NS  Single-site research | \*\*\* |
| Hundt, G., et al. (37) | 2004 | South Africa | Explore the growing problem of cardiovascular disease in rural Africa and how best to respond. Explore how Mozambican and South African stroke sufferers understand their somatic afflictions and how they utilize healers, prophets and doctors. | Rapid ethnographic assessment (REA) | NS | Observation  Semi-structured individual and group interviews  Participatory techniques (health walks, ranking and mapping) | 125 community members (including doctors and healers),  35 stroke sufferers  Multi-sited research | \*\*\* |
| McElroy, T. et al. (26) | 2007 | Uganda | Identify barriers to adherence to the Ponseti method of clubfoot treatment in Uganda | Rapid ethnography | 1 month | Semi-structured interviews  Focus Groups  Observation | 42 parents,  2 adult patients, 40 community leaders, 39 traditional healers,  38 HCPs.  24 male and 24 female FG participants.  Multi-sited research | \*\*\* |
| Goepp, J. et al. (38) | 2008 | USA | Identify potential barriers to and facilitators of inpatient palliative care utilization at a large urban hospital | Rapid ethnographic assessment (REA) | NS | In-depth interviews | 23 HCPs  Single-site research | \*\*\* |
| Chesluk, B. and E. Holmboe (24) | 2010 | USA | Analysis of team work dynamics in internal medicine practices | Rapid ethnography | 5-6 days in each practice | Interviews  Observations | 5 doctors, 19 administrators, 9 patients  Multi-sited research | \*\*\* |
| Mullaney, T. et al. (8) | 2012 | Sweden | Patients’ experiences of radiotherapy treatment | Quick ethnography | 2 months | Shadowing of radiotherapy staff  Observation | 24 nurses, 14 patients, 2 doctors, and 4 radiophysicists  Single-site research | \*\*\* |
| Mason, B., et al. (32) | 2013 | UK | Identify how and to what extent end of life care is coordinated in generalist care settings for patients with progressive conditions | Focused ethnography | 22 weeks | Semi-structured interviews  Ethnographic observations | 56 patients, 25 carers,  17 HCPs  Multi-sited research | \*\*\* |
| Scott, K. et al. (36) | 2013 | Sierra Leone | Examine how households navigate the landscape of healthcare options that exist in plural health systems | Rapid ethnographic assessment (REA) | 2 months | Semi-structured interviews  In-depth interviews  Focus group discussions | 36 FG participants (parents and older female caregivers), 68 interviews (49 mothers, 19 older female caregivers)  Multi-sited research | \*\*\*\* |
| Choy, I., et al. (28) | 2013 | West Africa | Analyze barriers to the adoption of laparoscopic surgery at a hospital in a LMIC | Rapid ethnography | 10 weeks | Participant-observation  Semi-structured interviews Documentary analysis | 13 HCPs  Single-site research | \*\* |
| Jayawardena, A., et al. (25) | 2013 | Sri Lanka | Describing the successes and barriers to the Train the Trainer approach using Sri Lanka as a model country | Rapid ethnography | 5 months | Interviews  Focus Groups  Direct observation | 45 parents,  9 doctors,  6 nurses  Multi-sited research | \*\*\* |
| Schwitters, A. et al. (29) | 2015 | Mozambique | Identify community health practices and attitudes, including potential acceptance and use of mobile health clinics | Rapid ethnography | 3 months | Structured and semi-structured interviews  Observation | 117 community members (56 women and 61 men)  Multi-sited research | \*\*\* |
| Saleem, J. et al. (11) | 2015 | US | To evaluate the current use of Clinical Information Systems for intensive care units and Anesthesia Record Keeping for operating rooms and post-anesthesia care recovery settings | Rapid ethnography | 2 months | Ethnographic observations (with participant shadowing)  Opportunistic interviews  Semi-structured interviews | 19 key informant interviews  Multi-sited research | \*\* |
| Chesluk, B., et al. (31) | 2015 | USA | Document everyday practices by which hospitalist physicians negotiate barriers to effective teamwork | Rapid ethnography | 5 months | Observations    Semi-structured interviews | 4 hospitalists (2 male and 2 female)  Multi-sited research | \*\*\* |
| Wright, A., et al.  Ash, J., et al.  Ash, J., et al. (42-44) | 2015, 2012, 2010 | USA | Identify challenges, lessons learned and best practices for service-oriented clinical decision support | Rapid assessment procedure (RAP) | 2 weeks at each site | Interviews  Observations | 91 staff members  Multi-sited research | \*\*\*\* |
| Culhane-Pera, K., et al. (27) | 2015 | Thailand | Identify Hmong families' socio-cultural reasons for using and not using maternity services and suggest ways to improve service use | Rapid ethnography | 6 months | Semi-structured interviews  Focus groups  Informal discussions | 16 women, 12 husbands, 17 family members  Single-site research | \*\*\* |
| Hussain, R., et al. (30) | 2015 | India | Understand the sociopolitical and historical dimensions of the polio disparity between Muslims and Hindus in India | Rapid ethnography | 4 months | Participant-observation  Structured, semi-structured and unstructured interviews | 80 families and 27 stakeholders in the eradication program  Multi-sited research | \*\*\* |
| Harte, D. et al. (46) | 2016 | Australia | Identify the built environment design factors that influence the experiences of childbirth supporters | Short-term focused video ethnographic case study | 2 months | Interviews  Video observation | 1 patient,  4 family members,  3 midwives  Single-site research | \*\*\*\* |
| Murray, J. et al. (48) | 2016 | Thailand | Identify barriers and facilitating factors for ART | Rapid ethnographic assessment (REA) | 2 months | Direct observation  Semi-structured interviews | 16 migrants, 5 nurses, and 2 local care administrator  Single-site research | \*\*\*\* |
| Patmon, F. et al. (45) | 2016 | US | Examine nurses' perceptions of patient engagement technology systems. Identify barriers and promoting factors that affect utilization | Focused Rapid Ethnographic Evaluation (FREE) | NS | Participant -observation  Semi-structured interviews | 38 nurses  Multi-sited research | \*\*\*\* |
| Shaw, B., et al. (47) | 2016 | Ethiopia | Elicit perceptions and experiences of caregivers to better understand reasons for low utilization of services | Rapid ethnographic assessment (REA) | 1 month | Focus groups  Interviews | 40 from interviews, 132 from focus groups  Participants included parents, health extension workers, and community volunteers  Multi-sited research | \*\*\* |
| Ackerman, S., et al. (9) | 2017 | US | Understand efforts to implement portals in safety net health care systems that provide services for low-income populations | Rapid ethnography | 3 months | In-depth interviews  Focus groups  Observations  Survey | 12 clinicians, 35 front-line staff,  45 survey participants  Multi-sited research | \*\*\* |

HCPs: healthcare professionals NS: not specified Quality appraisal: \*\*\*\* highest quality