S3. Supporting information_Results: GP comments on the study design

Overall, 24 GPs (11.5%) who completed the GP decision making study volunteered comments on the 'virtual patient application' study method or design using the free text question in a survey after the study or directly to the study team.

We share the themes emerging from these volunteered comments to provide insight into GPs' experiences on participating in the study and perspectives on the study design as a tool for examining decision making. However, this was not a survey of all participant GPs' views and experiences, therefore we cannot conclude that the views are representative of all participants or that others would not have expressed similar views if they have been asked directly about the study design.

Difficulties extracting information expected to be there

12 GP participants (5.3%) commented it was difficult to use the study tool to extract the information they would have wanted to receive. Most of these GPs commented that they experienced difficulty working out how to phrase questions to the 'patient' in order to play videos answering the question they wanted, which may have required changing their normal open questioning style:

- *'I did not find the online consultations easy to follow. I wanted to ask questions but did not know how to phrase them.' [GP 77]*

- *'I found the study quite frustrating because I was often unable to ask the questions I would normally ask and so did not obtain as good a history as usual and so felt I was making decisions with only half the information I normally have available.' [GP 15]*

- *'The vignettes are out of keeping with my style of open questions, so I found this difficult to explore symptoms.' [GP 65]*

Consultation behaviour diverged from 'real-life' due to application difficulties

Four GPs (1.8%) observed their consultation behaviour in this study diverged from their normal behaviour in ways that might have affected their decision making, perhaps leading them to under or over investigate 'patients':

- *'The frustration surrounding the uncertainty of the answers definitely lowered my threshold to refer and review again.' [GP 170]*

- *'Getting lots of no's or I don't know mean I felt a bit frustrated and gave up on the consultation.' [GP 77]*

- *'Wasting time trying to get the relevant history when the computer could not respond de-motivated me to engage or care if I performed well.' [GP 112]*

- *'I felt I may have over-investigated as unable to obtain answers to [certain] questions.' [GP 107]*

Differences between online simulations to real life

Some GPs also observed that (even if they were able to receive the information they would have sought from a real-life patient), simulated consultations online were different in important ways to real life consultations. In real life, GPs have the opportunity to pick up visual cues from seeing patients walking into the room, they are influenced by other contextual factors and they always have the opportunity to see patients again:

- *'I think a lot of what we learn comes from visual cues or other things within the consultation - e.g. how breathless they are walking into the room.' [GP 77]*

- *'It also makes it different when you actually see someone face to face.' [GP 187]*

- *'Each patient is an individual - your scenarios were difficult to put in a realistic context to make a valid assessment of what I personally would do in real life.' [GP 101]*

- *'There is a lot of contextual material in the decision to refer for tests and further opinions. Much of that could not be captured in these vignettes.' [GP 67]*

- *'History taking in practice is easier than the vignettes and often an option would be seeing [the patient] again.' [GP 139]*