

Box S-1. Examples of clinical scenarios used in the study

Diagnosis: Addison's disease	
Difficult patient's behaviour version	Neutral patient's behaviour version
<p>The patient is a 45-year-old man who has moved a few months ago from Turkey to the Netherlands. He does not speak Dutch but came with his father who lives here for a few years. Nevertheless, his father has also difficulties with the language and becomes irritated when the doctor does not understand him and asks things again. He starts to speak louder and accuses the physician of discrimination. The patient complains of nausea, vomiting and diarrhoea of one-week duration. He has had fatigue, malaise, anorexia, and episodes of abdominal cramps over the past six months. He also complains of dizziness and fainting sensation when rising from bed in the morning, and refers decreased sexual interest. He lost 9 kg of weight in the last 4 months.</p> <p>Physical examination: The patient is dehydrated and emaciated. His skin is dark in the face,</p>	<p>The patient is a 45-year-old man who has moved a few months ago from Turkey to the Netherlands. This is his second time in the Netherlands and his father, who accompanies him in the consultation, explains that they have set a small fruit shop and his son now wants to look more closely after their business in these times of financial difficulties and has therefore moved back to the country. The patient complains of nausea, vomiting and diarrhoea of one-week duration. He has had fatigue, malaise, anorexia, and episodes of abdominal cramps over the past six months. He also complains of dizziness and fainting sensation when rising from bed in the morning, and refers decreased sexual interest. He lost 9 kg of weight in the last 4 months.</p> <p>Physical examination: The patient is dehydrated and emaciated. His skin is dark in the face,</p>

<p>on his hands, the extremities, chest and back. Reduction of axillary hair. BP and pulse lying down: 105/80 mm Hg, 90/min. BP and pulse standing upright: 80/50 mm Hg, 104/min. Heart and lungs: no abnormalities. Abdomen: diffusely painful on palpation, with no signs of peritoneal irritation. Fundoscopic examination: grey-white patches surrounded by areas of dark choroidal pigment.</p> <p>Lab tests: Hb 10.6 g/dl; Ht 38%; white cell count $6.6 \times 10^3/\text{mm}^3$ with 20% eosinophils; sodium 128 mmol/L; potassium 5.9 mmol/L; creatinine 1.2 mg/dl; 2.0; urea 39 mg/dl; chloride 96 mmol/L; calcium 11.1 mg/dl; bicarbonate 20 mmol/L. Faeces examination Strongyloides stercoralis</p>	<p>on his hands, the extremities, chest and back. Reduction of axillary hair. BP and pulse lying down: 105/80 mm Hg, 90/min. BP and pulse standing upright: 80/50 mm Hg, 104/min. Heart and lungs: no abnormalities. Abdomen: diffusely painful on palpation, with no signs of peritoneal irritation. Fundoscopic examination: grey-white patches surrounded by areas of dark choroidal pigment.</p> <p>Lab tests: Hb 10.6 g/dl; Ht 38%; white cell count $6.6 \times 10^3/\text{mm}^3$ with 20% eosinophils; sodium 128 mmol/L; potassium 5.9 mmol/L; creatinine 1.2 mg/dl; 2.0; urea 39 mg/dl; chloride 96 mmol/L; calcium 11.1 mg/dl; bicarbonate 20 mmol/L. Faeces examination Strongyloides stercoralis.</p>
<p>Diagnosis: Hyperthyroidism</p>	
<p>Difficult patient's behaviour version</p>	<p>Neutral patient's behaviour version</p>
<p>The last patient of the day is Mrs MvdG, a 32-year-old woman who works part-time as a librarian in the central library. She is married with a high-school teacher and has two young sons. She is registered as a patient of the youngest colleague in the GP clinic, but he asked you to</p>	<p>The last patient of the day is Mrs MvdG, a 32-year-old woman who works part-time as a librarian in the central library. She is married with a high-school teacher and has two young sons. She is registered as a patient of the youngest colleague in the GP clinic, but he had asked</p>

see the patient today because she insists, against the colleague's opinion, that she should be referred to a specialist. The patient says her problem is too complex to be solved by a GP, "who only prescribes paracetamol". Your colleague thinks the referral is unnecessary but had difficulties dealing with the patient's distrust and thought a more experienced doctor could help. The patient's medical history includes treatment for toxoplasmosis-chorioretinitis 3 years ago. She has used Pravastatin (40 mg) because of a family history of dyslipidemia. Her family history shows that her brother had a diagnosis of ankylosing spondylitis. There is no history of coronary diseases, diabetes, or diseases associated with muscle weakness in the family.

Today the patient came to see the doctor due to complaints of muscle weakness in arms and legs. She says that she had two similar, though less severe, episodes over the last 6 months. During this period, she reports to have been anxious and sometimes oversensitive to heat. She lost 4 kg of her weight despite maintaining her appetite. She has been constantly feeling hot and sweating. Last night she began to notice a slight weakening of the muscles. On waking up, she could get up only with severe difficulty and was unable to walk. She had no vomiting or diarrhoea.

you to see the patient today because he has been attending a continuous education program since last month and has to leave earlier. The patient had not been previously informed that she would not be seen by her own doctor today but does not see problems in you replacing him, after the colleague introduces you to her. The patient's medical history includes treatment for toxoplasmosis-chorioretinitis 3 years ago. She has used Pravastatin (40 mg) because of a family history of dyslipidemia. Her family history shows that her brother had a diagnosis of ankylosing spondylitis. There is no history of coronary diseases, diabetes, or diseases associated with muscle weakness in the family. Today the patient came to see the doctor due to complaints of muscle weakness in arms and legs. She says that she had two similar, though less severe, episodes over the last 6 months. During this period, she reports to have been anxious and sometimes oversensitive to heat. She lost 4 kg of her weight despite maintaining her appetite. She has been constantly feeling hot and sweating. Last night she began to notice a slight weakening of the muscles. On waking up, she could get up only with severe difficulty and was unable to walk. She had no vomiting or diarrhoea.

Physical examination:

<p>Physical examination: BP: 140/70 mmHg; pulse: 100 / min; respiratory rate: 20/min; temperature: 36.6°C</p> <p>The skin is warm and moist. Slight hand trembling. Severe proximal muscle weakness; symmetric shortened tendon reflexes. The rest of the physical examination showed no abnormalities.</p>	<p>BP: 140/70 mmHg; pulse: 100 / min; respiratory rate: 20/min; temperature: 36.6°C</p> <p>The skin is warm and moist. Slight hand trembling. Severe proximal muscle weakness; symmetric shortened tendon reflexes. The rest of the physical examination showed no abnormalities.</p>
<p>Diagnosis: Liver cirrhosis</p>	
<p>Difficult patient's behaviour version</p>	<p>Neutral patient's behaviour version</p>
<p>The next patient you see in the outpatient clinic is a 45-year-old lawyer, divorced, with two kids. He is angry about the long waiting time and starts speaking harshly about one of your colleagues, a resident in orthopaedics, who managed wrongly a problem he had in his knee sometime ago and ended up being sued and paying a high price for his 'incompetence'. The patient complains of persistent upper abdominal pain that started some months ago. He believes the pain is stress-related due to falling number of clients and his divorce two years ago. He has visited prostitutes occasionally, but proved to suffer from an erectile dysfunction on the last occasion. There are no</p>	<p>The next patient you see in the outpatient clinic is a 45-year-old lawyer, divorced, with two kids. He comments on the long waiting time but says he is glad to first see a resident because he had a good experience with one of your colleagues, a resident in orthopaedics, who took care of him when he had a problem in his knee sometime ago. He believes the pain is stress-related due to falling number of clients and his divorce two years ago. He has visited prostitutes occasionally, but proved to suffer from an erectile dysfunction on the last occasion. There are no indications of food intolerance. He has smoked around 40 cigarettes a day for many years and has consumed</p>

indications of food intolerance. He has smoked around 40 cigarettes a day for many years and has consumed considerable amounts of alcohol. Medical history: he underwent a surgery 5 years ago for prostate cancer; persistent cough which the patient attributes to heavy smoking.

Physical examination:

Spider angiomas on the thorax. Abdomen: slightly distended, without shifting dullness; liver is palpable with an irregular surface; spleen not enlarged. Ankles with 1+ oedema. Testes: greatly reduced in size.

Lab tests:

Hb 5.0 mmol/L; BSE 44 mm/h; Na 138 mEq/L; K 3.6 mEq/L; ALAT 120 U/L; ASAT 84 U/L; LDH 800 U/L; γ -GT 250 U/L; Alk. Fosf. 200 U/L; Bilirubine 42.7 μ mol/L.

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