

Attachment 1: Example of a Checklist for Peer-Feedback, Scenario „Child with Fever“ (authors` translation)

	Not inquired	Partly inquired	Completely inquired
Introduces himself/herself incl. name and position (<i>Example: resident on call, pediatrician, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks for name, age and telephone number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starts with open question (<i>Example: How can I help you?</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explores presenting complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> • Duration of symptoms • Associated symptoms <ul style="list-style-type: none"> ○ Ear or throat pain ○ Headaches ○ Cough ○ Abdominal pain, vomiting, diarrhea ○ Exanthema ○ Pain in joints • Urine (amount, color, smell) • Degree of disturbance (general condition) • Vaccinations • Pre-existing conditions incl. childhood diseases • Sick contacts • Measures taken so far 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
„Red Flags“	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> • Fever > 39,5 °C • Difficulty breathing • Headache (stiff neck) • Level of consciousness • Rashes / exanthema (i.e. purpura, etc.) • Seizures • Recent travels abroad • Easily dazzled, shade loving • Sensitivity to touch 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks for medical history in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks for medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Questions are easy to understand and are asked one by one without overwhelming the patient or parent, respectively)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summarizes the problem and asks for confirmation of correctness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks for expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Correct		Incorrect
Establishes a management plan	<input type="radio"/>		<input type="radio"/>
Checks, if management plan is realistic	<input type="radio"/>		<input type="radio"/>
→ Treatment at home	<input type="radio"/>		<input type="radio"/>

Explains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• What to do, if problem exacerbates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• When to call again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
○ Body temperature continues rising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
○ General condition worsens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
○ Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
○ Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
○ Exanthema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not inquired	Partly inquired	Completely inquired
Asks the caller`s consent to management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks the caller to repeat the management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks for lack of clarity or further questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concludes conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>