Appendix 1:
Example case: showing the consistent and inconsistent version

History of Present Illness:
A 43-year old woman was brought to the Emergency Department by her husband at 0200 in the morning because of shortness of breath. The dyspnea occurred suddenly at 1100 pm and awoke the patient from sleep. This dyspnea was accompanied by retrosternal chest pain, which was worse on deep breathing. She also reports that she had awoken with chest tightness the prior night, but this resolved after a short while. The patient reports that she has been feeling unwell for about 4 days, with throat and sinus congestion, fever and chills, and vomited a small amount of bile. She has also had a cough for several days, and had coughed up small amounts of blood. The patient complained of nausea and vomited a small amount of bile during the triage interview. She has had no recent surgery.

Past Medical History
tubal ligation, 8 years ago
Pneumonia, 2 years ago
No recent surgery

Social History
Prior smoking, stopped 2 years previously.

Medications
None.

Physical examination
Her temp was 37.4, pulse 96, BP 110/96, RR 30.
The chest was clear to auscultation.
The heart sounds were normal as was the abdominal exam.
There was some left calf tenderness without swelling.

Further Testing and Imaging
Her WBC count was elevated (13,0 x 10^9 /L).
Her hemoglobin level was normal.
The ECG demonstrates non-specific ST depression in V3-V6.

A Chest X-ray was ordered to diagnose pneumonia.

Consistent case version:
This demonstrated an infiltrate in the lingula of her left lung field consistent with pneumonia.

Inconsistent case version:
This demonstrated a wedge shaped, pleural-based consolidation in the patient's left lower lobe (Hampton's hump), suggestive of a pulmonary embolism.