

A 6-week old infant is admitted with a week's history of poor feeding. Whereas previously the infant had been growing along the 25th centile, he has now fallen below the 10th centile. In the past week, his parents also think he is breathing quite quickly. He has a cough and is vomiting most feeds.

On examination, he is tachypnoeic, has moderate respiratory distress, and a cough. A grade 3 murmur is heard all over his precordium. He also has a 3 cm liver palpable.

Initial lab results show Haemoglobin 9 g/dL, White cell count $12.4 \times 10^6/\mu\text{L}$, Platelets $180 \times 10^6/\mu\text{L}$.

*This case was assigned to Cardiology and case level 2 by both investigators

User A	failure to thrive, growth below 10th centile, previous growth on 25th centile, tachypnoeic, moderate respiratory distress, cough, precordial grade 3 murmur, palpable liver 3cm, neutrophilia, thrombocytophilia
User B	poor feeding for 1/52, FTT, DIB + COUGH + vomiting, HEART MURMUR, liver palpable
User C	Weight loss, cough, vomiting, respiratory distress, heart murmur, hepatomegaly
User D	poor feeding, failure to thrive, tachypnoeic, cough, vomiting, respiratory distress, heart murmur, large liver, anaemia
User E	poor feeding, wt loss, tafchypneic, cardiac murmur

'Most likely diagnosis'	'Clinically important' diagnoses (panel)
Ventricular septal defect	Ventricular septal defect (or other congenital heart disease with left to right shunt)
	Nasopharyngitis (or Bronchiolitis)