

Appendix 1; Tracer Feedback List

| Quality Indicators | | Score | | | | | | Feedback and suggestions for improvement |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---|---|---|---|------|------------------------------------------|
| | | 1 | 2 | 3 | 4 | 5 | n.a. | |
| 1 | Has the question for help been clarified, provided the patient is aware of it? If not: has the physiotherapist formulated the question for help from the referral to the patient in an understandable way, taking the patient's condition into account? | o | o | o | o | o | o | |
| 2 | Are the findings from the research and the physiotherapeutic diagnosis formulated understandably for the patient, taking his condition into account? | o | o | o | o | o | o | |
| 3 | Have the patient-reported outcomes (PROMs) been used to draw up the treatment plan in consultation with the client, taking the client's condition into account? | o | o | o | o | o | o | |
| 4 | Are mutual expectations in line with the patient's condition? If not: has coordination on this matter taken place on a multidisciplinary basis? | o | o | o | o | o | o | |
| 5 | Have the expected results (objectives) of the treatment been formulated SMART and in consultation with the patient, taking the patient's condition into account? | o | o | o | o | o | o | |
| 6 | Are the planned actions formulated in consultation with the patient, taking the patient's condition into account? | o | o | o | o | o | o | |
| 7 | Are possible disruptive environmental stimuli sufficiently considered when communicating with the patient? | o | o | o | o | o | o | |
| 8 | Space for additional comments | | | | | | | |

Evaluation criteria: n.a. = not present, 1 - 5: shifting scale from 1 = much improvement needed to 5 = no improvement needed. If improvement is needed, concrete suggestions for improvement will be given.

Appendix 2; Topic List Interviews

Patient Communication

1. How did you experience the feasibility of the program (tracer plus feedback list)?
2. How is this method of quality improvement experienced?
3. Which suggestions do exist to improve this method of quality improvement?

Tracer Days

1. How were both days of peer observation and feedback experienced in general?
2. In general, what could be improved about the way peer observation and feedback was applied?

Appendix 3; Self-Assessment Checklist

During the tracer communication with the patient, several qualities have been specifically mentioned which may be further improved as a point of attention. To follow up how these qualities develop in your perception after the first tracer, you are requested to fill in the list below once a month.

Below you will find the qualities that have been observed during the tracer. You may tick the qualities that have been marked as a point of attention for you and have become part of your improvement plan. After doing this, you may fill in a grade for each quality you ticked concerning the development of that quality you experienced in the past month. This is done by filling in an integer from 1 (no development) to 10 (maximal development)

| Nr | Quality | Grade |
|----|--------------------------------------------------------------------------------|-------|
| 1 | 0 Clarifying the patient's request for help | |
| 2 | 0 Formulating the findings in plain language | |
| 3 | 0 Using results to draw up the treatment plan in consultation with the patient | |
| 4 | 0 Aligning the mutual expectations | |
| 5 | 0 SMART formulating of the expected results in consultation with the patient | |
| 6 | 0 Clearly formulating the planned actions in consultation with the patient | |