# Observation & Feedback Form

Areas Needing Improvement:

1. Concise and systematic H&P presentations
2. Prioritizing differential diagnoses

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Senior Resident Feedback

*Based on your observations of Dr. \_\_\_’s activities, please provide feedback specific to the designated areas. Do not query other residents. Just comment on your own observation’s of Dr. \_\_\_s activities.*

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Senior Resident Signature

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Attending Feedback

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Dr. \_\_\_\_\_\_ Reflection

Based on this feedback, I will focus on the following tomorrow:

1.

2.

3.

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Attending Signature Date