

Yellow Team H&P Observation And Feedback Form

Resident: _____
Observer: _____
Date: _____
Focus of observation (if requested): _____

TASK	OBSERVED	COMMENTS, NOTES OR SUGGESTIONS
1. Introduced self, title, and role.	Yes No ☐ ☐	
2. Open body language and eye contact. Sat down if possible.	Yes Sometimes No ☐ ☐ ☐	
3. Explained purpose, goals and expectations for the encounter.	Yes No ☐ ☐	
4. Used open-ended questions for history taking.	Yes Sometimes No ☐ ☐ ☐	
5. Used clarifying questions and review of systems to refine history/ddx.	Yes Sometimes No ☐ ☐ ☐	
6. Performed appropriate physical exam.	Yes No ☐ ☐	
7. Reviewed clinical impression and plan, elicited and addressed questions, and described next steps in care.	Yes Sometimes No ☐ ☐ ☐	
8. Expressed understanding and empathy.	Yes Sometimes No ☐ ☐ ☐	
9. Avoided jargon when possible, explained terms as needed, and ensured understanding.	Yes Sometimes No ☐ ☐ ☐	
10. Generally did not interrupt caregiver/patient. Only interrupted as necessary to facilitate discussion.	Yes Sometimes No ☐ ☐ ☐	
11. Avoided speculation if unsure of an answer. Provided specific plan for answer and follow-up.	Yes No N/A ☐ ☐ ☐	

12. Included patient in the conversation and gave them agency when appropriate, if age/developmentally appropriate	Yes ☐	No ☐	N/A ☐	
13. Used interpreter appropriately, in applicable.	Yes ☐	No ☐	N/A ☐	
14. Involved staff (RN, RT, SW, etc) or emergency interventions (RRT, code BERT, etc) appropriately, if applicable	Yes ☐	No ☐	N/A ☐	

STRENGTHS	ADDITIONAL RECOMMENDATIONS