

Teach Block Log

Resident Name:

Resident Objectives:

Teaching Activity Checklist:

| | Date(s) | Evaluation Collected (Y/N) |
|----------------------------------|---------|----------------------------|
| Bedside Newborn Exam | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| CPS Topic Review (Wed AM) | 1 | |
| | 2 | |
| | 3 | |
| Morning Report (Fri AM) | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| SPR Teaching | | MedSIS |
| CPS Statement Teaching | | MedSIS |

