**General Information-Important- Please read!**

**Recommended Texts/Resources:**

“Essentials of Obstetrics and Gynecology” Obstetrics and Gynecology  
Fourth Edition Fifth Edition  
Editors: Neville Hacker/George Moore Editors: Charles Beckman, et. al.

ACOG Educational Bulletins  
www.acog.org

The Obstetric and Gynecology Clerkship is an eight week clinical rotation, during which students will be assigned to rotations at three hospitals - Johns Hopkins Hospital/GBMC, Johns Hopkins Bayview Medical Center/GBMC, or Sinai Hospital/GBMC. Information on when to report to your site will be given at the orientation on the first day of the clerkship.

Any questions regarding the rotation should be addressed to:

Dr. Nancy Hueppchen 410-232-9943 (Pager)  
Clerkship Director 410-502-6682 (Office) nhueppc1@jhmi.edu

Rebecca Slattery 410-614-0088 (Office) rslatte1@jhmi.edu  
Phipps 278

**PRECEDE**

Your clerkship seminars will be primarily offered during the first week of the program (3 days) covering basic knowledge and clinical skills, prerequisites to a successful clinical experience in obstetrics and gynecology. During Week 5, PRECEDE will cover subspecialty topics and skills. You will receive a PRECEDE schedule in your packet.

You will report to your primary rotation site for orientation and scheduling on Week 1, Day 3 in the afternoon, of the clerkship.

Various other conferences are given weekly at each clinical location and schedules of these will be supplied to the appropriate student rotation groups. Attendance is required for all PRECEDE activities.
**Clinical Responsibilities**

While on the Obstetrics and Gynecology Service, the student is considered an integral part of the clinical team with certain responsibilities, as well as the opportunity for a broad range of clinical experiences. It is hoped that each student will come away from this clerkship with an understanding and appreciation of the role of the obstetrician/gynecologist as a primary health care provider for women; the importance of the gynecologic history and physical examination in the overall assessment of the health of women; and the major significance of competent obstetrical care in public health and preventive medicine.

**Gynecology**

**All students participating in an obstetric or gynecological operative procedure, must meet the patient pre-operatively and must be included on the patient’s consent form.**

**Inpatient Service**

Students will be assigned patients by the Chief Resident and/or Attending on the service. Assignment will vary according to the number and diagnoses of patients admitted. Students are expected to perform a complete history and physical examination on their assigned patients admitted directly from the clinic or ER to the floor; patients admitted via the operating room should have brief history and physical examinations performed prior to surgery in the pre-operative evaluation area. The breast and pelvic exam should always be performed concurrently with a resident or attending; at times the pelvic exam will be deferred to the OR, at which time an exam under anesthesia (EUA) should be performed. Students should follow their assigned patients throughout their hospital course and scrub on any surgical procedures performed. Students should assist the resident in evaluation and management of the patients, which includes seeing the patient pre-rounds, presentation of the patient at morning and evening rounds, and writing progress notes. Students may also be asked to assist with consults from other services or the emergency department.

**Operating Room**

The student is expected to scrub on surgical procedures performed on his/her assigned patients. In addition, the Chief Resident or Attending may assign the student to other inpatient or outpatient operative cases. The student should remind the Chief Resident of the need for some variety in cases. Feel free to share your OASIS Clinical Experience guidelines with your chief so that he/she can help you meet your case mix objectives. Please make clear your willingness to participate in elective abortions - participation is not required.

**Obstetrics**

**All students participating in an obstetric or gynecological operative procedure, must meet the patient pre-operatively and must be included on the patient’s consent form.**

**Inpatient Service/Labor and Delivery**

Students will be assigned to patients in L&D or on the antepartum floor by the Chief Resident and/or Attending on the service. Students are expected to perform a history and physical examination on their assigned patients and follow them throughout labor,
delivery and the post-partum period where possible. The breast and pelvic exam should always be performed concurrently with a resident or attending.

Responsibilities include following assigned patients as outlined above, assisting in deliveries and operations, and assisting the residents in evaluation of patients in L&D, triage and on the floor.

On a daily basis, responsibilities include seeing assigned patients on work rounds, presentation of patients at formal rounds, and writing progress notes.

**Short Topic Presentation**

Typically, students should expect to prepare two short presentations during the clerkship, required by all selectives. On selectives, topics may be assigned/ negotiated with preceptors.

1. 10-15 minutes long, informal.
2. Topic – obstetric or gynecologic, may be related to a specific patient or tailored to the student’s area of interest in medicine, and tied to your selective.
3. Presented to your clinical team (medical students, residents, faculty, nursing as available).
4. Handouts/PowerPoint optional.
5. Evaluation to be completed by faculty member or chief resident present.

**Ambulatory Care Longitudinal Preceptorship**

Ambulatory clinical experience is extremely important in developing a broad clinical base in obstetrics and gynecology. Students will be assigned to a preceptor at an ambulatory care site. Depending on the preceptor and student’s schedule, expect to spend 4 – 6 half days with your preceptor during an eight week clerkship. Please email your preceptor during week 1 to confirm dates and times. All breast and pelvic exams must be performed under supervision, and all student notes should be reviewed and countersigned. Each site has its own ambulatory requirements delineated and should be discussed with the preceptor at the first session. Be sure to introduce yourself to clinic personnel.

**General Considerations**

1. All orders written by students must be co-signed by a resident or attending prior to execution. It is the responsibility of the student, not the nurse or unit clerk to obtain the signature.

2. The student should not perform any independent procedures (excluding drawing blood or starting IV’s) without the presence of a resident or attending. Blood draws or IV starts may be supervised by nursing personnel.

3. The breast and pelvic exam should always be performed concurrently and in the presence of a resident or attending.

4. Call Rooms:
   a. JHH:
      ❖ Located 1st floor off Lobby in Doctor’s Lounge.
   b. JHBMC:
      ❖ Room 01-1358 (located next to medical records on the first floor). Badge swipe gets you in.