



# THE OBSTETRICS AND GYNECOLOGY CLERKSHIP

# Your Guide to Success

## WELCOME TO THE OB-GYN CLERKSHIP!

We hope you have an outstanding hands-on learning experience during the clerkship and that you make great strides in your knowledge of obstetrics and gynecology (ob-gyn). Ob-Gyn is a wonderful career choice, and we hope you will give serious consideration to this specialty. The purpose of this pamphlet is to help you get the most from your ob-gyn clerkship, which will prepare you to take care of patients regardless of your chosen medical specialty. This guide is one of the many resources developed by the Association of Professors of Gynecology and Obstetrics (APGO) directly intended to help medical students. Other resources are available on the APGO website at [www.apgo.org](http://www.apgo.org).

Each ob-gyn clerkship is different, and guidelines articulated in this guide may not apply to every medical school. In such cases, follow your clerkship director's instructions. We want you to succeed during your clerkship, so we asked your educators for tips on what to do—and what not to do—to maximize your learning opportunities.

## AN INTRODUCTION TO THE OB-GYN SPECIALTY

Completing a four-year ob-gyn residency prepares you to be an ob-gyn physician. An ob-gyn physician

provides health care to diverse groups of individuals across the lifespan, with an emphasis on disease prevention and providing continuity of care. Ob-Gyn is uniquely suited to students who desire variety in their practice, as most physicians in this specialty spend approximately half of their time in the office and the remaining half of their time in labor and delivery and/or in the operating room. They perform deliveries, provide comprehensive obstetric care, and perform gynecologic surgery. Major surgeries include abdominal, laparoscopic, robotic, and vaginal hysterectomies; advanced laparoscopic procedures, hysteroscopic procedures, more extensive abdominal cancer surgeries, and vaginal reconstructive surgeries. In addition to major surgery, ob-gyn physicians perform office procedures, which may include ultrasound, colposcopy, placement of contraceptive devices, intrauterine insemination, biopsies, conization of the cervix, hysteroscopy, and saline-infused sonograms. Several subspecialty fellowships are available for those interested in more specific aspects of ob-gyn. These include Complex Family Planning, Gynecologic Oncology, Maternal-Fetal Medicine, Minimally Invasive Gynecologic Surgery, Pediatric and Adolescent Gynecology, Reproductive Endocrinology and Infertility, and Urogynecology

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and Reconstructive Pelvic Surgery. You may encounter specialists in these areas on your rotation.

- **Complex Family Planning (CFP):** CFP specialists provide reproductive health care and counseling for patients with complex reproductive issues including contraception, sexually transmitted infections (STIs), and miscarriage management.
- **Gynecologic Oncology:** Gyn-Oncologists provide care for patients with malignancies of the reproductive tract, including vulvar, vaginal, ovarian, uterine, and cervical cancer. They may administer chemotherapy and participate in planning radiation, in addition to performing surgery.
- **Maternal-Fetal Medicine (MFM or Perinatology):** Perinatologists focus on prenatal diagnosis and provide care to pregnant patients with high-risk conditions such as diabetes, hypertension, infectious diseases, and abnormalities of fetal growth and development.
- **Minimally Invasive Gynecologic Surgery (MIGS):** MIGS providers have obtained additional training to surgically manage complex gynecologic disorders, such as endometriosis.
- **Pediatric and Adolescent Gynecology (PAG):** PAG providers focus on the diagnosis and management of pediatric and adolescent gynecologic conditions such as precocious puberty, differences in sexual development, and adolescent contraception.
- **Reproductive Endocrinology and Infertility (REI):** REI subspecialists evaluate and treat infertility as well as other endocrine disorders both medically and surgically.
- **Urogynecology and Reconstructive Pelvic Surgery (URPS or Urogynecology):** URPS specialists care for patients with pelvic floor disorders, such as pelvic organ prolapse and incontinence.

There is also additional training for ob-gyn physicians in Genetics, Infectious Diseases, and Global Health.

## THE OB-GYN CLERKSHIP

The ob-gyn clerkship ranges from four to eight weeks at most schools, although some schools may use a longitudinal integrated curriculum or a combined clerkship model over a longer period of

time. During the clerkship, you will acquire a basic set of clinical and technical skills related to the specialty. Students typically rotate through distinct ob-gyn services. You are likely to see patients in both outpatient and inpatient settings. Your clerkship director will provide you with the goals and objectives specific to your medical school's clerkship.

## OBSTETRICS

### Labor and Delivery

The labor and delivery (L&D) unit is a unique clinical setting, which most students find highly rewarding, but it can also be intimidating. The inherently dynamic nature of labor creates an environment in which patient status and acuity can change quickly on a regular basis.

#### DO

- Introduce yourself to residents, patients, nurses, and staff.
- Choose a patient and follow them closely. Follow your patient's labor course, participate in the delivery, and see them on the postpartum floor.
- Be available! If you are not around, you may miss procedures, deliveries, or teaching. The residents or nurses may not have time to track you down.
- During downtime, be prepared to engage in self-directed learning activities by looking up pertinent articles, completing learning modules, answering APGO uWISE questions, practice surgical skills such as knot tying, or review fetal heart rate tracing evaluation with team members.

#### DON'T

- Disappear when things are slow in the OR or on L&D. Things can change very quickly and you don't want to miss the chance to be involved.
- Talk negatively about other team members, patients, or other medical services. Disparaging talk at any level is unprofessional, even when others around you are doing it.
- Assume that everyone knows who you are. Introducing yourself to nursing and OR staff is a great way to start the day and open lines of communication.

### Triage/Urgent Care

You will help evaluate, admit, and follow pregnant

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patients with both obstetric and non-obstetric concerns. The majority of pregnant patients are initially evaluated in a triage area designated specifically for obstetric patients. This area usually functions as an obstetric emergency room.

#### **DO**

- Be the first one to see the patient before the resident when possible.
- Ask for help if needed.
- Use interpreter services if needed to ensure good communication.

#### **DON'T**

- Perform sensitive examinations such as breast or pelvic exams without a supervising provider. A chaperone is NOT enough.
- Miss the chance to see patients in triage. This is your chance to see a patient from initial presentation, formulate a differential diagnosis and plan, and possibly lead to delivery and discharge. Your learning will be maximized if you follow patients each day during their entire hospital stay.

### **Postpartum Unit**

In the mornings, you will round with the obstetrics team to round on patients who are postpartum and postoperative patients. You will have the opportunity to learn about postpartum care, as well as counsel your patients regarding breastfeeding and contraception.

#### **DO**

- Arrive on time (before your resident) and complete your note on time.
- Know your patient well.
- Ensure that your verbal and written presentations are clear and to the point. Strive for a succinct presentation that moves seamlessly into the assessment and plan for your patients. Practice with your resident or another student in advance.

#### **DON'T**

- Discuss plans with the patient until the team agrees on the plan.
- Complain about working too hard. The entire team works hard to get patients the quality care they need.

### **Antepartum Unit**

Rounds on the antepartum service can get more complicated. Hospitalized antepartum patients

have a range of medical issues such as diabetes, hypertension, infections (i.e., pyelonephritis), substance use disorder, preterm labor, and multiple other diagnoses (lupus, HIV, influenza, etc.).

#### **DO**

- Read about your patients' medical history.
- Spend time with your patients, even those with complicated medical conditions. You can learn the most from spending time with patients and reading about them.
- Show interest and excitement for learning. Educators naturally love teaching students who show an interest in the subject matter.
- Read ahead regarding prenatal care and testing.
- Take ownership of your patients and propose a plan of care for the day.

#### **DON'T**

- Be concerned if your proposed plan is not the final plan of care for your patients. Before or after rounds is a good time to clarify clinical questions with the team.

### **GYNECOLOGY**

#### **Operating Room**

Preparation for the OR will improve your experience. Students are usually encouraged to scrub in on as many cases as possible. Your residents and attendings will assign you to cases. For many operative laparoscopic or robotic procedures, limited room around the table means that students can see better un-scrubbed. Check with the attending and/or senior resident if in doubt about your role.

#### **DO**

- Review the operative schedule ahead of time.
- Read in advance about the procedures being performed—the indications, risks/complications, and anatomy—and about the actual patients undergoing the procedure. You should also watch videos about the procedure before going to the OR.
- Introduce yourself to the patient, attending, and OR staff, even if you have met them before. Write your name on the board and offer to pull your gown and gloves.
- Look for the routine that happens in every surgical case and try to integrate yourself (e.g., offer to help transport and move the patient on and off the OR table, put on the

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sequential compression devices or SCDs, stay with the patient until they get to the recovery room).

- Get involved in procedures but be sensitive to what's going on—that is, when blood is spurting into the operative field, don't ask questions about the anatomy.
- Eat, drink, and go to the bathroom BEFORE you go to the operating room!
- Look for opportunities to document the preoperative and operative note when appropriate. Have the residents review your entry.
- Stay engaged with your team. Make use of downtime by reading. Confirm that it is a good time to read and check in with your team periodically.
- Practice your knot tying in advance. You will want to be prepared when asked to tie a knot in the OR. Always begin with a two-handed knot, unless asked to tie a one-handed knot.

### **DON'T**

- Leave a surgical case in the middle unless you are ill or have discussed it with the residents and/or attending ahead of time. This suggests a lack of interest.
- Stay scrubbed in if you feel you are going to be ill. Excuse yourself, step back and get some fresh air.
- Scrub and enter the OR before your resident or attending. Stay at the scrub sink with your team and follow them in after they have entered the OR.
- Contaminate the sterile field. Be sure you understand what is sterile and what is not.
- Perform the exam under anesthesia without having met the patient first and confirm with your resident and/or attending that the patient has consented for this procedure.

### **Inpatient Unit**

Patients are usually admitted either from the OR or the ER. It is typically expected that you will round on patients whom you know, those whose operations you participated in, or whom you saw in the ER. You will present your patients and answer any questions about them during morning rounds.

### **DO**

- Arrive on time (before your resident) and complete your note on time. Give yourself

enough time and come in early if you know that it takes you longer to see patients and write notes.

- Present the patients you are following to the residents and/or attending physician. As a student, it is sometimes difficult to know what is most pertinent and how to prioritize the history. With practice, this becomes easier!
- Check any post-op labs and review them with your team.
- Volunteer to perform the post-operative check. All patients need an exam and note approximately six hours after surgery.

### **DON'T**

- Eat on rounds!
- Ask questions that are easily answered if you take a moment to look them up. Asking questions is terrific but be sure you are not asking for information that should have been covered with a little preparation on your part.
- Come in late for rounding or assigned tasks. It is always a good idea to arrive at assigned duties at least 15 minutes early, and to have completed pre-rounding prior to your residents. It is always better to be waiting than waited for.

Some clerkships will include opportunities in subspecialties and others will take place as part of a longitudinal integrated curriculum.

### **Ambulatory/Outpatient Clinic**

In the ambulatory clinic you may see patients with obstetric, gynecologic, and subspecialty issues. In the prenatal clinics, you will learn how to take a prenatal history and perform a physical exam, with particular emphasis on breast, abdominal and pelvic examinations, and fetal assessment. Counseling about breastfeeding and postpartum contraception are important parts of prenatal care. In the gyn clinic, you may see routine preventive care as well as more complex problems including contraception, menopause, abnormal bleeding, sexual health, and pelvic pain.

### **DO**

- Ask these four questions at each obstetric visit:
  1. Do you feel fetal movement? (Expect this only after ~20 weeks)
  2. Are you having vaginal bleeding?
  3. Do you have any leaking fluid?

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4. Are you having contractions?
- If the patient has high blood pressure, ask:
    1. Do you have a persistent headache?
    2. Do you have visual changes?
    3. Do you have right upper quadrant (RUQ) pain?

These may be symptoms of preeclampsia.

- Prioritize your time and questions for the patient to maintain efficiency in the clinic.
- Solicit feedback. Ask for specific feedback about your performance—your oral presentations, your written documentation, your technical skills (with deliveries or pelvic exams), and your ability to develop a differential diagnosis.

### **DON'T**

- Perform breast or pelvic examination on a patient without a supervising provider. A chaperone is NOT enough.
- Be intimidated; look for opportunities to see patients.
- Impose your own ethical beliefs and morals on patients—remember, your value system is your own.

### **A FEW OTHER “DOS” AND “DON'TS”**

#### **DO**

- Prepare for the rotation. Review notes on ob-gyn health topics from your pre-clinical years of medical school (for example, pelvic anatomy, physiology of pregnancy, and the menstrual cycle).
- Understand the expectations for the rotation. Most programs have a formal orientation to familiarize you with goals, objectives, and the expectations for your performance. Residents or attendings will informally orient you to the different services. Clarify specific expectations if you are unsure. Complete all required coursework (including evaluations) in a timely fashion.
- Read about your patient's conditions and ask questions. Most clerkship directors recommend textbooks or resources. By reading ahead, you will become focused on the important aspects of the patients' care, and you will learn in greater depth! Before and after surgical procedures, read about the topic, the procedure, and the anatomy.
- Show respect. Being respectful makes you a more valuable team member. All team

members, including nurses and other staff, can teach you and they will be more likely to do so if you show respect. Address residents/faculty by title.

- Learn from every patient. Even if you're not going into ob-gyn, you will still learn things that will help you in every field. This may be your only opportunity to experience ob-gyn, so make the most of it.
- Be part of the team! Follow through on patient care tasks and check in frequently with the residents and other students. Help each other! Get oriented, find resources, and teach each other.
- Emulate the work that is being done by your team. Take note of their helpful examples in each situation.
- Take initiative. “How can I help? I'll write the note on that patient...” goes a long way to make the team function better and gives the residents more time to teach you. Show interest beyond the basic requirements. For example, talking to the radiologist about the ultrasound findings or paying a visit to the oncology patient before afternoon rounds adds to patient care and to your experience.
- Teach the team. Volunteer to help the team by reading about topics in depth and by sharing what you have learned with the group.
- Dress appropriately. What you wear is very important for your professional identity and to show respect for your patients. In many offices and clinics, professional dress, not scrubs, is the appropriate attire. In L&D or the OR, scrubs are the appropriate attire. If you are not sure, ask. And when choosing both professional dress and scrubs make sure that everything that should be covered is covered.
- Be confident. Assume a confident and professional demeanor when interacting with patients, even if you don't feel confident.
- Be punctual. Being on time shows your enthusiasm for learning and respect for your team members.
- Develop an assessment on every patient. Taking the history and presenting it are the easy parts. Developing a differential is harder and shows your ability to integrate your didactic knowledge with clinical findings. You might even try suggesting a management plan!

- Ask for feedback. This is a terrific way to get some tips on how to succeed, and to open the lines of communication with your team members.
- Be enthusiastic. Enjoy your rotation and show your enthusiasm for learning.
- Focus. Your daily written notes should concentrate on current patient issues/ concerns without necessarily repeating all the information in the original history and physical (H&P).
- Get your notes done. It is generally expected that you will have your notes entered in the charts before rounds. Clarify the expectations for note-writing from your clerkship director or the residents. Institutions vary in whether student notes are allowed in the charts, both on inpatient services and in the clinic.
- Connect with the prior team (residents, students) to discuss expectations before starting each rotation.
- Address any concerns you have with the clerkship director.

### **DON'T**

- Be afraid to be wrong. Make an educated guess, even if you are not sure. This is your opportunity to come up with a differential diagnosis and learn how to think like a doctor.
- Make promises to patients or families regarding care or outcomes.
- Use abbreviations in any communication unless you understand what they mean.
- Post any patient related information on social media. Don't interact with patients on social media.
- Use your mobile devices on rounds unless instructed to do so. Your attending and patient may perceive this as a lack of interest in the patient's health even if you are looking up something related to the patient.
- Miss any time without communicating with your team and clerkship director. Plan and request ahead of time if you anticipate needing to be absent.

As a medical student, you are an adult learner. Now is a good time for you to consider your knowledge and abilities and set some individual learning goals. Share your goals with your team and your clerkship director, so they can provide you with appropriate assistance and support.

### **LEARNING EFFECTIVELY ON THE CLERKSHIP**

Students learn differently. Reading about, discussing, and seeing patients with different clinical problems reinforces and consolidates your knowledge base. Seek out opportunities to practice your physical exam and technical skills whenever possible.

Certain topics are encountered by nearly all students during the ob-gyn clerkship. In obstetrics, common concerns include bleeding, contractions, leaking fluid, swelling, abdominal pain, and concern that the baby is not moving. In gynecology, common concerns include vaginal discharge, abnormal bleeding, abdominal/pelvic pain, abdominal/pelvic mass, annual exam, contraceptive counseling, unintended pregnancy, difficulty conceiving, and abnormal Pap test.

Students vary in their choice of study resources, which may include textbooks, question banks, and online videos and references. APGO has several online resources including case studies and videos on their website. Your clerkship director may recommend specific resources for the rotation.

### **SEEING PATIENTS IN THE CLINICAL SETTING**

Much of the time spent on your clerkship will involve being a member of a care team. Teams consist of multiple members, including residents, attending physicians, nurses, social workers, nurse practitioners, nurse midwives, and lactation consultants. You can learn from all team members, so treat each one with respect. Your team may include some of your peers. Look out for your fellow medical students. If you've seen a certain procedure when your colleague has not, divide up the learning opportunities fairly. You look good when you help your colleagues look good.

As a team member, you will learn the most by active participation, such as going out of your way to see patients in clinic and preparing in advance for surgical procedures. Residents and attending physicians will play a major role in your education, not only in assisting you to acquire didactic knowledge, but also in helping you accomplish the many tasks important to patient care, such as writing notes and orders, and performing procedures. Mastering these skills will help you prepare for your residency.

The pace on inpatient services is variable and unpredictable. Always have something to read. Downtime can be used productively for ongoing

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study and reading about your patients. Link your reading to the patient conditions you are encountering in clinic, on the wards, and on L&D. Check with your resident to be sure all the team's work is completed before you sit down to read.

Learning on your rotation will involve taking histories and performing physical exams. Your success on the clerkship will depend on your ability to gather relevant patient data, prioritize patient concerns, and report on your patients in a clear, organized fashion, whether orally or in writing. Along with your emphasis on the oral presentation and written documentation, it is equally important to develop a differential diagnosis and next steps in the workup of your patient. The next step after you report on your patients is to interpret patient data and come up with an assessment and plan (A/P).

Interview your patients independently whenever possible. You will learn the most from the patient interviews you conduct, synthesize, and record yourself. Get involved as early as possible after the patient's presentation/admission. Follow your patients throughout their clinic or hospital course. Read specifically about your patient's presenting clinical concern. Elicit feedback from residents and attending physicians on your clinical performance.

## **PROFESSIONAL BEHAVIORS**

We control our individual and collective professional destiny by adhering to a code of ethics and behaving in a manner that demonstrates high standards. Empathy, sensitivity, and compliance with the patient's wishes are essential. Specific professional behaviors are expected of medical students during all their clerkships, including the ob-gyn clerkship. The principal behaviors include:

### **Respect**

Demonstrate respect for yourself, for those with whom you work and study, and for patients. Signs of respect include professional attire, as well as how, where, and when you talk to and about your patients.

### **Confidentiality**

Law and professional codes of conduct dictate keeping written and verbal patient information confidential. You must refrain from accessing patient information (manually or electronically) unless you are a member of the patient's primary health care team. Keep patient privacy in mind while discussing your day in the elevator, cafeteria, or on your phone.

### **Responsibility**

As a medical student, you are responsible for your actions, both clinical and academic. You are responsible for your education, including self-directed learning and meaningful participation in group activities. You are responsible for complying with institutional policies and following institutional procedures. If you become aware of conflicts or problems within the program, you are responsible for notifying appropriate authorities (e.g., clerkship director) as necessary.

### **Integrity**

Be honest with yourself, your colleagues, and your patients in intellectual, clinical, and personal pursuits.

### **Timeliness**

Being timely in completion of your tasks is a crucial part of being an effective physician. Complete tasks on or before deadlines and respond to pages, emails, and other forms of communication as soon as possible.

### **Reflection**

Professional behavior requires active reflection on your actions, experiences, and emotions. Discussing specific events and your responses to them with peers and mentors can be extremely helpful. Expect to make errors, both because you are a learner and because you are human. The key is learning from your mistakes.

### **Communication**

Communicate concisely and clearly, both verbally and in writing. Include your name and indicate your student status in all your notes.

### **Social Networking**

Remember that as a developing physician your behavior reflects on your institution as well as on the medical community as a whole. Make sure that you are aware of your institution's social media use policy. Don't post any patient or clinical information online. Don't post discussion of your day-to-day activities; this may be misinterpreted or offensive to others.

### **The Doctor-Patient Relationship**

While patient rapport is important for all physicians, the unique and intimate nature of our specialty makes rapport especially important for ob-gyns. Empathy, sensitivity, and compliance with patient wishes are essential. Asking patients if you can

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observe or participate in their care is common courtesy. Most patients gladly accept students as part of their health care team, but this is always the patient's choice. Graciously comply with patients' wishes regarding student involvement in their care.

### **MEN IN OB-GYN**

Medical students have expressed concerns that men may have difficulty on the ob-gyn clerkship, that female patients may not want to see a male student. This myth is not supported by data. Do not assume your gender will interfere with your ability to take care of patients. In truth, there are a few patients that do not want a student involved in their care, regardless of gender. Do not let this interfere with your learning on this rotation. There will be plenty of other patients that will welcome your involvement.

### **RESOURCES**

For those interested in pursuing a career in ob-gyn, information of interest is available on the APGO website at [www.apgo.org](http://www.apgo.org) under "Resources." In addition, medical students can attend the CREOG & APGO Annual Meeting. This national meeting is an excellent opportunity to experience what's new in ob-gyn education, and to meet and interact with many faculty from various institutions. Students may also attend the American College of Obstetricians and Gynecologists (ACOG) Annual Clinical and Scientific Meeting, which includes a program specifically for medical students. Students can also become a member of ACOG. Additional information is available at the ACOG website at [www.acog.org](http://www.acog.org).