

Obstetrics and Gynecology Clerkship Guide 2025-2026

Northwestern University Feinberg School of Medicine

Welcome!

Listed below is a compilation of important things to remember for the OBGYN clerkship.

Please feel free to contact the Clerkship Coordinator Jamillah Collins (jamillah.collins@northwestern.edu) or the Clerkship Director Dr. Weronika Armstrong (weronika.armstrong@nm.org) with any issues or concerns.

The content of this document may be subject to change.

STUDENT EXPECTATIONS

Absences

- If you are going to be absent due to illness, USMLE Step 1 examination, or any other commitment, please notify your team/senior resident by page if you are on an inpatient service. You must also email Jamillah Collins and cc Dr. Armstrong. This applies to all aspects of the clerkship (educational sessions, inpatient services, clinic days, etc).
- Students are excused from clinical assigned responsibilities for faculty preceptor activities, ECMH, and pre-approved conferences. Remember to notify your team and senior residents before leaving the service or clinic in these instances
- In accordance with NU FSM policy, if you miss more than 2 days, you will be required to provide a doctor's note and will need to make up the time missed with additional clinical assignments/shifts

Faculty Preceptors

- Contact your assigned Faculty Preceptor within the first 2 days of the clerkship. Plan to meet with them weekly (except during your night float week). The weekly meeting can be a brief check-in (over lunch, in the evening, at a journal club, etc.). For Prentice students, you will have at least two assigned half days in the office with them during the clerkship. For Stroger students, this time may need to be more flexible or embedded within your existing schedule.

Clerk Log

- Each patient type/surgical opportunity/procedure on your clerkship log should be evaluated/managed/performed at least once. We recognize that depending upon the gynecologic service you are assigned to that you may not see everything with an actual patient. In those instances, you can utilize alternative experiences (APGO videos www.apgo.org , didactic cases, or teaching cases can count).
- The pregnancy of unknown location didactic and simulation should be logged as a "simulated patient" for the log objective of the same name.
- Please note, observing and participating in telemedicine consultations with patients should be logged as an "actual patient" experience.

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- We do expect that the majority of these requirements are achieved through actual patient interactions.
- Please log every delivery and speculum examination you do so we can keep track of these numbers.
- **You are expected to log cases/experiences ideally twice weekly. This should be completed the day before you sit for the SHELF exam.**

Assessments

Clinical Performance Assessments

- You will receive **Clinical Performance Assessments (CPAs)** from the following teams: Obstetrics Inpatient (L&D Days or Antepartum), L&D Nights, Gynecology Inpatient (Gen Gyn, Urogyn or Gyn Onc) and your Faculty Preceptor. You are not responsible for requesting these or following up on these – we will obtain this feedback on your behalf
- You will be asked by Jamillah Collins weekly to submit the names of faculty, fellows and residents you worked with the most. This is a measure for us to keep track in case we need clarification for feedback or additional feedback
- CPA form components that contribute to the final score are the Communications and EPA assessments. All CPA form components (except EPA 12) are averaged together and equally weighed.
 - An analysis of an entire academic year did not show a difference in CPA scores when CPA forms were weighed differently
 - EPA 12 on the CPA form does not impact your final CPA score but can be commented on in the MSPE Narrative if student demonstrates exemplary behaviors

Required EPAs

- **You are required to complete a minimum of 6 Mobile EPA Observations during the clerkship.**
- Required EPAs:
 - EPA 1 (Directly observed H&P)
 - EPA 12 (Procedural Skills)
- There is no maximum number of Mobile EPA Obs, so feel free to obtain as much feedback as possible.
- Qualitative comments from the Mobile EPA Obs will be used during mid-clerkship feedback

Direct Observation of History and Physical Exam

- Students must participate in a minimum of one formal direct observation session with an attending physician, APP, fellow or resident (any level). This can be completed in a variety of clinical settings: Labor and Delivery, outpatient clinics, Obstetrical Triage, Preceptor's office, ED Consultation

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- This requirement can be fulfilled through submission of the Mobile EPA Observation for EPA 1.
- **This must be completed by the end of Week 4 to receive full credit. Send an email to the Clerkship Coordinator if you have concerns about completing this requirement.**

Mid-clerkship Feedback Sessions/H&P Submission Requirements

- Maintain a list of all patients you have written H&Ps and office progress notes.
- Upload your best full H&P or office progress note in your SharePoint folder for review at your mid-clerkship Feedback session with the clerkship director, associate clerkship director or site director
- Upload a self-assessment form to your SharePoint folder before your mid-clerkship feedback session
- You can write the H&P/progress note after evaluating a patient, in Word, if you are unable to write a formal note in the medical record (i.e. if your preceptor does not give you access to their EMR, your resident/attending asks that you not write a note). You can do this if you did the full H&P evaluation from start to finish.
- Submit an additional H&P at the conclusion of the clerkship with the Medical Decision-Making Assignment (**total of 2 H&Ps due by the end of the clerkship**). These should be examples of your work—you should create a Word document- remove PHI whenever possible.

Professionalism

- A significant portion of your grade includes professionalism (please reference the Grading Policy for a full breakdown)- you will receive points for:
 - **Clerkship Log: timely completion** of all objectives and skills completed by the day before the NBME Subject Exam (Shelf)
 - **Direct observation EPA 1: submission by the end of week 4**
 - **Completion of all assignments on time:** including end-of-clerkship evaluation, mobile observations, H&P/MDM assignment
 - **General Professionalism:** attendance, responsiveness to emails/pages, professional demeanor (honesty, integrity, respect), and ability to support patient care team goals

Clinical Responsibilities

- Clinical responsibilities may vary by clerkship location and service. Always check with your senior resident/attending for specific requirements regarding responsibilities, start times, etc. When switching services, check with your senior resident the last weekday prior to rotating onto that service (e.g., on Friday for a Monday switch date, or on Monday for a Tuesday switch date)

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- Some services have compiled a separate expectations document which will be emailed to you, either by the coordinator, education program manager or the senior resident.
- Please consult your classmates who have completed their time on your upcoming service for additional expectations.

Educational Sessions

- Dedicated educational didactic time is every Friday
- Prentice M&M and Grand Rounds are from 7am to 9am.
 - These sessions are in-person. We will include them in your eMerg schedule if attendance required.
 - In the summer months, our residents run a Summer Series during this time window and eMerg will be updated with the correct time and location of those sessions (if applicable).
- Didactic sessions on Fridays are scheduled to follow M&M and Grand rounds
 - These are either in-person, or virtual via zoom. Please check eMerg
 - There will be a room reserved in Prentice for all students to attend didactics, even when virtual (can call into Zoom sessions as a group)
 - All of these sessions are interactive and case-based
 - Attendance is required
 - Please check eMerg for pre-work and complete it
- IC2 Friday afternoons you are excused from all clinical responsibilities; there will typically still be M&M, Grand Rounds and a few didactic sessions in the morning but there are NO didactic lectures in the afternoon
- If you are on night float on Thursday night you are excused from all Friday daytime activities and should stick to your usual night float schedule (6pm to 6am). We can send you the prior recordings of each session.
- **If you are on night float on Thursday night and there is IC2 the next day (Friday),** you will do a truncated Night Float shift on Thursday evening 6pm to 11pm (5 hour shift). You are excused from all of the Friday AM sessions including M&M and Grand Rounds that day.
- **Stroger students: please attend Prentice M&M and Grand Rounds on the Fridays you have scheduled didactics.**
- **Stroger students** are expected to attend two formal education sessions weekly on-site.
 - Departmental Conference and M&M- Mondays from 08:30-11:30 am.
 - Typically held in the Professional Building Room 5709 and in person. Night float students are excused from this session.
 - Thursday Resident led Education from 0700-08:00.
 - This is an education session for students on ambulatory, GYN and GYN ONC weeks only.
 - If you are on L&D or night float you are excused from this session.
 - Please anticipate the Stroger Education Senior reaching out to you with prereading assignments.

LEARNING RESOURCES

You have access to this through OBGYN SharePoint: [Phase 2 Resources List by Topic.xlsx](#).

This is a comprehensive overview of each clerkship objective organized by clinical environment. Each objective is linked to very high-yield resources that we highly recommend.

Below is a summary of all of the resources available to you:

1. Question Banks:

- a. [UWorld Question Bank](#)
- b. [uWISE Question Bank \(APGO\)](#)
 - i. **high-yield resource**
 - ii. Department of Obstetrics and Gynecology purchases an active subscription to this tool
 - iii. 600-question interactive self-exam
 - iv. Can be organized into topic specific short exams
 - v. You will have access to this resource until you have completed the clerkship and taken the Shelf exam
 - vi. [Click here to create your own personal log-in](#)
 1. Use school e-mail address as your username
 2. **DO NOT** share your login credentials (against the copyright)

2. Textbook:

- a. [Beckmann and Ling's *Obstetrics and Gynecology* \(9th Ed.\).](#)
 - i. Each chapter corresponds to each APGO Objective (same objectives as our clerkship objectives)
 - ii. Electronically available through Galter Health Science Library Lippincott Clinical Context
 - iii. Aim to skim through the topics you do not understand at an in-depth level
- b. Two chapters from William's Gynecology (Pelvic Anatomy and Principles of MIS Surgery) are uploaded in eMerg Curriculum Search for your quick review
- c. [Blueprints OB/GYN in Lippincott Clinical Context](#)

3. Evidence-Based Resources:

- a. ACOG Practice Guidelines, Practice Bulletins, Committee Opinions
 - i. Must search for these guidelines through PubMed in order to access the entire document
 - ii. Short (8-15 page) EBM summaries of common OB and Gynecology topics
 - iii. Some Practice Bulletins are uploaded to eMerg (find via Curriculum Search)
 1. Adnexal Masses
 2. Abnormal Uterine Bleeding (AUB)
 3. Pelvic Organ Prolapse (POP)
 4. Fetal Heart Rate Tracing
 5. Induction of Labor (IOL)

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4. Case-Based Resources:

- a. APGO Clerkship Objective Teaching Cases
- b. [APGO Medical Student Educational Objectives for Students - Association of Professors of Gynecology & Obstetrics - APGO](#)
- c. High yield for Oral Exam and the OSCE

5. Podcasts and video resources:

- a. [APGO Medical Student Educational Objectives - YouTube](#)
- b. [APGO Basic Sciences Videos- YouTube](#)
- c. [CREOGS over Coffee](#) Podcast and their summarizing weekly notes.

6. Didactics- Synchronous and Asynchronous

The asynchronous didactics both from Phase 1B and previously recorded for our clerkship are linked in the above document.

PRENTICE SERVICES OVERVIEW

This is an overview of each service. It is not an exhaustive list and is subject to change. Please always check with the senior resident on service for their preferences.

Please notify your inpatient team about any assigned clinical experiences (e.g., preceptor session, Pager, ECMH, IC2, etc.) on your individual schedule that may pull you from your assigned service.

LABOR AND DELIVERY

You should come into the hospital in regular attire and then change into jade green scrubs. You will need a clean white coat, pen, stethoscope, and your purple book from IP2. Please do not bring valuables.

Labor & Delivery Days (L&D):

- Shift: 7am until about 6:30-6:45pm (after sign out).
- Present to the boardroom (8th floor Prentice, Conference Room B) in time for Didactic Teaching from 7am to 7:30am. Board sign out starts at 7:30am.
- Please make sure the residents have your full name, full pager number and cell phone number (write on the white board in the L&D Board Room next to your photo)
- Post-partum rounding occurs after sign out, on floors 11, 12 and 13 and is done by the Intern assigned to postpartum.
- You will be assigned a day to do post-partum rounding with this intern and it will be designated on your schedule as (PP).
- Expectations for postpartum rounding will be emailed to you as part of the L&D expectations document.
- Occasionally, cesarean section skin incisions are closed with staples and these staples can be removed prior to discharge by you if asked. When removing staples, you must determine the patient's postop day. Transverse incisions can have staples removed at a minimum of POD#3 and **vertical incisions should not have staples removed until sometime between POD#7 and**

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POD#14. Please check with your resident and verify the patient's name and when they had surgery before removing staples!

- You may have half day shift on a Friday, if there is only a half-day of didactics.
- Your Clinical Performance Assessment (CPA) will be determined by the team: this includes all residents, APNs and CNMs that interact with you.
- Evening board sign out occurs at 6:00pm.

Expectations:

- Round on post-partum patients with the intern on your designated day, refer to the expectations attached to your team email for more details
- Write H&Ps on new patients arriving from Triage, intrapartum progress notes on your patients every 1 to 2 hours in active labor and every 4 hours in latent labor (sample intrapartum notes in the purple IP2 book)
- Be in the room during second stage while your patient is pushing to assist and pull your gown and gloves
- Introduce yourself to the residents, attending physician and nurse taking care of the patient so everyone knows your role and can get you involved in the delivery
- Wear knee-high boots, eye protection, OR hat and a mask every time. Know how to self-gown and glove (pull these ahead of time and put them on the delivery table)
- Sign out your patients during evening sign out at 6pm. This is a great way to practice your oral presentation skills

Antepartum (AP):

- The maternal fetal medicine (MFM) inpatient team is comprised of two residents (PGY2 & PGY4), an MFM fellow, and an MFM attending
 - The team works closely with unit nurses, social workers, and sonographers
- You can dress in personal scrubs or change into jade green scrubs upon arrival. You will need your white coat, pen, stethoscope and your purple book.
- Typical team work schedule:
 - 5:45am AP Sign-out from the L&D night float team to the MFM PGY2
 - 6:00am: residents and students meet in the Antepartum work room (9th floor Prentice). Overnight updates discussed.
 - Working rounds with resident team, followed by fellow rounds
 - Attending rounds will occur at some point of the day
 - Interdisciplinary group huddle daily with the nursing team
 - Take care of floor responsibilities (call consults, place orders, read NSTs and follow up on labs, radiology students, ultrasound results, etc)
 - PM working rounds; dismissal once completed
 - Wednesday: weekly conferences (fetal assessment, perinatal pathology, journal club etc.)

Expectations:

- Arrive by 6am to the Antepartum work room and meet with your team daily. The PGY2 will assign you patients and give you any updates on your existing patients
- You will be assigned 1-4 patients who are admitted to the service

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- Round daily on your patients, write daily progress notes, write discharge summaries
- Perform H&Ps on new admissions
- Attend ultrasounds and other procedures for your patient if appropriate
- Practice placing orders that your residents can co-sign
- This is an inpatient week; you are NOT to attend any of the MFM/HROB clinics that week as other students are assigned to these during their outpatient weeks.
-

Labor & Delivery Night Float (NF):

- Shift: 6pm to 6am.
- Be on L&D (8th floor) in the board room in your jade green scrubs and clean white coat (no valuables) by 6pm for sign out. You will follow patients in labor, write notes and participate in deliveries and cesarean sections as above.
- You will leave at 6am. You **should not** stay for board sign out in the morning (you should already be home sleeping).
- There is NO POSTPARTUM ROUNDING WHILE ON NIGHT FLOAT.
- If your schedule says (PP), notify the Peripartum Intern and give them your contact information (cell phone or pager) so if a postpartum evaluation is needed, they can involve you.
- Your Clinical Performance Assessment (CPA) will be determined by the team; this includes all residents, APNs and the Education CNMs that interact with you.

Expectations:

- Write H&Ps on new patients arriving from Triage, intrapartum progress notes on your patients every 1 to 2 hours in active labor and every 4 hours in latent labor (sample intrapartum notes in the purple IP2 book)
- Be in the room during second stage while your patient is pushing to assist and pull your gown and gloves
- Introduce yourself to the residents, attending physician and nurse taking care of the patient so everyone knows your role and can get you involved in the delivery
- Wear knee-high boots, eye protection, OR hat and a mask every time. Know how to self-gown and glove (pull these ahead of time and put them on the delivery table)
- See urgent patient matters on post-partum if needed (hemorrhage, fevers, excessive pain, etc).

GYNECOLOGIC SERVICES (2 weeks)

Please check in with your senior resident (PGY4 on Urogyn, PGY3 on Gen Gyn, and PGY4 on Gyn Onc) the day before starting inpatient gynecology services (or the Friday before if you start on a Monday). You should always know which cases you are assigned to the day before so you can read about your patients and prepare accordingly.

General Gynecology (GYN):

The general gynecology service operates on patients with a variety of gynecologic issues and sees consults throughout the hospital (Prentice Pavillion, Feinberg, Galter, ED, etc).

The shifts are from 5:45am until approximately 5:30pm.

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The inpatients are primarily located on the 11th floor of Prentice. Occasionally, patients may be in Feinberg. Please arrive in regular attire and change into jade green scrubs with a clean white coat. You will continue to wear scrubs with your white coat all day when you are not in the OR.

The team meets for morning teaching and sign out in the conference room on the 6th floor of Prentice as you enter the first set of badged double doors to the Prentice OR suite.

- Meet your team at 5:45am for sign out from the Gyn Night Float team. If there were acute admissions overnight, your team may have you round on these patients.
- The PGY3 resident coordinates the students and the educational didactics for the team, please make sure they have your contact information (pager, cell) prior to starting this block
- Your surgical cases will predominantly involve: hysteroscopy, dilation and curettage, laparoscopic ovarian cystectomy, oophorectomy, salpingectomy, myomectomy (hysteroscopic, laparoscopic or laparotomy), hysterectomy for benign disease (vaginal, laparoscopic, robotic or laparotomy)
- You are expected to round on any patient you operated on who is in house every morning until they go home Monday through Friday while on service (clerkship students do not postop round on weekends)
- If patients are admitted with inpatient gynecologic conditions (tubo-ovarian abscess, wound infection, etc), you are expected to pick up these patients (with guidance from your senior residents) and round on them until their discharge
- Your postoperative/rounding notes should be in the EMR no later than 6:35am (see the purple IP2 book for a sample gynecology postop note)
- There is a didactic teaching session during morning sign-out from 6:40am until 7:00am. you will be expected to do one teaching presentation on a topic or primary literature article assigned to you by the PGY3
- You may be expected to do a case presentation of a surgical case you scrubbed on, as assigned by the PGY3
- By 7:15 am you are heading to the GYN ORs on the 6th floor of Prentice to participate in surgery (First cases start promptly at 7:30am)
- In the afternoon, you should do a postop check on any patient you operated on that day who will be staying overnight and write a note in the EMR
- Check up on your other postop patients throughout the day (no note needed but review their labs from the day and any test results that may have been pending and update the primary resident accordingly)
- There may be endoscopy rounds some Mondays at 6:30am, pre-op or fibroid conference some Mondays at 4:00pm, and Pathology rounds most Tuesdays at 5:00pm. Please confirm conference times with your team.

Urogynecology Pelvic Medicine and Reconstructive Surgery:

This is a subspecialty service with only one assigned medical student at a time. You will work with residents (PGY2 & PGY4), fellows and attendings on a team. You can arrive in the morning *in professional clinic attire* and change into jade green scrubs. You will continue to wear scrubs with your

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white coat on the inpatient floor. In the clinic you are expected to wear PROFESSIONAL ATTIRE—do NOT wear scrubs to clinic.

- Your surgical cases will predominantly involve: pelvic organ prolapse, urinary issues (mid-urethral slings for incontinence), fistula repairs, etc.
- Check with your residents and fellows to know what time to arrive in the morning
- Please make sure to use alternative learning experiences to supplement your clerkship log as you are working in a sub-specialty field and will not see all of the gynecologic procedures listed
- In the office you will see the POP-Q examination, urodynamic testing, and pessary fittings amongst other things

Gynecological Oncology (Gyn Onc):

This is a subspecialty service with one to two assigned M3/PA2 students at a time. There may be a fourth year sub-I on the service as well. You will work with residents (PGY1 through 4), fellows and attendings on a team. Please arrive in the morning *in professional clinic attire* and change into jade green scrubs. You will continue to wear scrubs with your white coat on the inpatient floor. In the clinic you are expected to wear PROFESSIONAL ATTIRE—do NOT wear scrubs to clinic unless instructed to do so.

- Your surgical cases will predominantly involve: cancer surgery (uterine, ovarian, vulvar, fallopian tube, vaginal), tumors of low-malignant potential, occasionally molar pregnancies/GTN and some benign disease. These may be open, laparoscopic or robotic cases.
- Check with the PGY-4 on the service about when to arrive
- You will spend some time in the OR and some of your time in the Gyn Onc clinic
- Please make sure to use alternative learning experiences to supplement your clerkship log as you are working in a sub-specialty field and will not see all of the gynecologic procedures listed
- In the morning, the GYN ONC Team meets in the 14th floor Prentice Onc work room in the north/middle section of the floor: Entry Code 58500

TRIAGE

- Arrive to 1st floor OB Triage in your jade green scrubs and clean white coat at your scheduled time
- You are assigned to a full day of Triage from 10:30am until 5:30pm. When you arrive, change into jade green scrubs and be promptly present in the work area. Check in with the Triage Attending Physician (Phone number 312-472-2007).
- You will work with the Triage Attending (MD or APN/CNM) for the day and the Triage nurses
- You will see patients with the following conditions: evaluation for labor, evaluation for ruptured membranes, preterm labor, vaginal bleeding, elevated blood pressures and other medical complaints
- You will obtain H&Ps from new patients and document in the EMR—this is a great opportunity for a DIRECT OBSERVATION (make sure they complete EPA 1 Mobile Obs)

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Pro Tip:

Keep a list in the EMR of all of the patients you have seen so you can easily find the H&Ps and Clinic Notes you have written.

If you evaluate patients in your preceptor clinic and do not have access to their EMR, type up an H&P in Word when you go home. You can submit these write-ups for the H&P requirement.

You are required to bring an H&P to the mid-clerkship review and will need to turn in a total of 2 H&Ps (including the mid-clerkship H&P) by the end of the rotation.

WEEKEND SHIFT

- May be added to your schedule if needed to ensure educational objectives are met
- There are no assigned daytime weekend shifts but some students will have Labor & Delivery Night Float start begins on a Sunday night.

OUTPATIENT CLINICS: PRENTICE

1) General reminders:

- a. Please arrive on time (or early)
- b. Be prepared:

Before attending a clinic, please check EMERG as some clinics have required reading posted. It is always a good idea to read something before participating in a specialty clinic as you will get much more out of the experience with some basic knowledge in that area.

- c. Pay attention to your clerkship log and educational objectives- update your patient encounters.

2) Clinic locations and times:

Start times for **morning clinics** are listed in the table below. **Afternoon clinics** start at 1:00pm unless otherwise listed. These clinic times may change so please verify with the contact person before hand.

3) **Your attire and your behavior should be appropriate for the clinic, even for telemedicine. You should wear professional business clothing and have your hair groomed.**

- a. Exception would be Family Planning and REI procedures, which are in the procedure room on Galter 14 or Lavin 24 or operating room, so scrubs are needed and will be available in the respective clinics.

4) If you arrive at a clinic to find it has been cancelled, webpage or call Jamillah Collins to see if a switch can be made.

5) You may substitute up to one clinic session with a preceptor session. PAC Clinic in general is a high-yield educational experience for students, and preceptor time should not be substituted for PAC sessions if you have three or fewer PAC half-day sessions. You should then notify

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Jamillah/Dr. Armstrong so that they can contact the attending of the clinic you are skipping (they are expecting you!).

- 6) You are more likely to be accepted as a member of the care team if you present yourself as such, and not simply as a passive observer. This is even more important in the outpatient setting. Your dress and demeanor should be professional, you should arrive prepared, and you should present yourself as part of each patient's care team.

Please note, Family Planning services refer to abortion care. If you are uncomfortable with this, please notify us in advance and we will reschedule you.

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Clinic	Location	Time	Contact/Phone number
Urogynecology	Arkes 676 N. St. Clair Suite 9-950	8 am	Urogyn Staff (312) 926-4747
PAC	Galter 14-200	8:30 am / 12:30pm	PAC Staff (312) 694-1195 Charlene Gills (Resource Coordinator) charlene.gills@nm.org
Colposcopy	Galter 14-200 Colposcopy room	8:30 am/ 1:00pm	Attending name in parentheses; phone number unavailable, can email/page attending PRN, ask at MA desk location of colposcopy suite
Genetics	Galter 14-200 Telemedicine	8 am/12:30pm	Await email instructions from Dr. Wagner (Andrew.wagner@nm.org) Genetic Counselors (312) 472-4152
HROB (High Risk Obstetrics; MFM Fellow Clinic)	Galter 14-200	7:30am/12:45pm	PAC Staff (312) 694-1195
MFM	Galter 14-200	8 am (Fri 9am)	MFM Nurses (312) 695-4921
HIV-OB	Arkes 676 N. St. Clair Suite 9-940 (ID clinic)	8:15 am	ID staff (312) 926-8358
REI	Lavin Pavilion 259 E. Erie, 24 th floor	Mon, Tues, Thurs: 8am (IVF), 8:30am (clinic) Wednesday: 8am Friday: 9am (IVF/clinic)	REI Fellow: Ecem Esencan ecem.esencan@nm.org
Ultrasound - Galter	Galter 14-200	8 am	U/S Sonographers (312) 695-8095
Ultrasound- Prentice	PWH 5 th floor (center pod)	8 am	U/S Sonographers (312) 472-4139
Family Planning Clinic	Thurs AM Galter 14-200	8 am	Admin extension (312) 926-8678 Jean Ramos APN jramos1@nm.org
Family Planning Procedures	Mon Thurs PM (Galter 14)	**call 24 hours in advance	Admin extension (312) 926-8678 Jean Ramos APN jramos1@nm.org

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STROGER SERVICES OVERVIEW

This is an overview of each service. It is not an exhaustive list and is subject to change. Please always check with the senior resident on service for their preferences.

GYNECOLOGY

General Gynecology:

- Shift 0630-18:00 on most days.
- The Library is located on the 4th floor is the home base for this rotation Room 4081. The door code is: 5257. ORs are located on the 3rd floor.
- On your OR days you will wear hot pink or blue Stroger scrubs.
- Ask senior resident about OR assignments for the week on Monday. Look up patients assigned to you in Power chart and review surgical procedure and anatomy.
- The schedule below may change week to week as urgent cases are added on- be flexible, your senior resident will update you about changes in rounding times, clinics, or OR.
- Perform postop checks with the resident on patients who have Major surgery (hysterectomies, open procedures, oophorectomies). A post-op check is typically performed 4 hours post procedure and can be performed between surgical cases. Please make a point to round on your post-op patient in the Post-Anesthesia Recovery Room and write a note and/or present it to your resident with whom you performed the case. This evaluation is an important part of the patient's surgical course.

Monday	Tuesday	Wednesday	Thursday
08:30-11:00 OB/GYN Department Conference, Professional Building 5 th floor, Room 5501 or virtual	06:30- meet OR resident in the Library dressed in OR scrubs. Meet your patient in the preoperative area with your resident.	06:30-meet OR resident in the Library dressed in OR scrubs. Meet your patient in the preop area.	0700- Resident led Teaching in the Library. Please attend ready your OR scrubs as you will proceed to the preop area/OR shortly after.
12:00- Floor work, join GYN "pager resident" to round on inpatients and see ED and inpatient consults	07:00 –first OR case starts. Generally, 2-3 OR cases daily. Leave by 18:00.	07:00-first OR case starts. Generally, 2-3 OR cases daily. Leave by 18:00.	08:30- First OR case starts. Generally, 2-3 OR cases daily. Leave by 18:00.

Oncology:

- Shift 06:30-18:00 on most days.
- Please contact the senior resident of the Oncology service prior to your rotation to determine when to arrive. If you are unable to get in touch with the senior resident, please find them during/after teaching on the first Monday of your rotation.

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- The Library located on the 4th floor is the home base for this rotation, Room 4081. Door code is 5257. ORs are located on the 3rd floor.
- On your OR days you will wear hot pink or light blue Stroger scrubs
- The schedule below can change week to week as urgent cases are added on—be flexible, your senior resident will update you about changes in rounding times, clinics or OR.

Monday	Tuesday	Wednesday	Thursday
08:30-11:00 OBGYN conference Professional Building 5501 or virtually	+/-Round on any assigned patients, discuss with senior resident	+/- Round on any assigned patients, discuss with senior resident.	+/- Round on any assigned patients, discuss with senior resident
12:00-13:00 Tumor Board	06:30- meet in the Library dressed in OR scrubs	07:00-meet team in Library for rounds (occasionally there is a Wednesday OR, please check with senior for Wednesday timing)	07:00- Resident led teaching, please be ready in your OR scrubs to proceed to the OR after.
13:00 Clinic with Dr Nieves	07:00 – first OR case (Nieves OR)	08:00- Clinic with Dr Nieves	08:30—first OR case (Nieves OR)
		13:00 – floor work/consults with team	

CLINICS: STROGER

- Most Stroger clinics start at 0800 and end around 16:00. Monday clinics begin at 12pm after AM teaching.
- It is helpful to bring your laptop to clinic to access CERNER and document.
- Clinics are fast paced and very full of patients, often seeing over 100 patients a day.
- Professional attire or scrubs. *White coat and ID badge required for all clinics.* For procedure-based clinics please wear Stroger scrubs (green or blue or hot pink)
- You may substitute up to one clinic session with a Preceptor session. However, please do not drop your colposcopy session. It is recommended to look through your schedule with your mentor to choose the best session to switch.
- On Thursdays you must attend resident led education in the Library at 0700 am.

Clinic	Location	Time	Contact	How to prepare and Schedule in CERNER
ATU (Antenatal Testing Unit)	Stroger Hospital, 4 th floor near L&D	0800	Dr. Nguyen (MFM attending)	Review Prenatal Ultrasound Cerner: “SSC ATU Ultrasound”

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HIV clinic	Core Center 2020 W. Harrison St. 3 rd floor Chicago IL 60612	08:00	Dr. Cejtin	https://aidsinfo.nih.gov/guidelines Cerner: look up attending name
Dysplasia Clinic	Stroger Hospital, GYN clinic, 4 th floor	0800	Generalist attending+ Physician assistant	Review ASCCP guidelines for management of cervical dysplasia Cerner: "SSC Gyn Dysplasia Provider"
Colposcopy clinic	Stroger Hospital, 1 st floor, clinic F	Tues 07:30	Generalist attending	Review ASCCP guidelines for management of cervical dysplasia. Review the follow procedures: colposcopy, LEEP Cerner: "Gyne Colposcopy/Biopsy" Wear scrubs & white coat
Family Planning (FP)	Stroger Hospital, GYN clinic, 4 th floor	Thurs 08:00	Generalist Attending	Review contraceptive options and counseling. Insert IUDs and Nexplanon
GYN clinics	Stroger Hospital, GYN clinic, 4 th floor	08:00	Generalist attendings	Review: AUB, vaginitis, well woman exam, adnexal masses, prior to this clinic Cerner: different lists depending on the day
OB	Stroger Hospital, OB clinic, 4 th floor	08:00	Mon- "New OB Provider" Tues-Joy Ungaretti, Carmen Adams Wed- Nuzhath Hussain Thurs-Amanda Dhuyvetter	Review: prenatal care, genetic screening guidelines, diabetes in pregnancy, hypertension in pregnancy

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			Fri-Mary Arlandson, Carolyn Davis	Cerner: look up attending name for schedule
ONC	Stroger Hospital, 2 nd floor, clinic H	08:00	Dr. Wilberto Nieves or Dr. Collins	Review: gynecologic cancers Cerner: look up attending name
Preop	Stroger Hospital, 4 th floor, GYN clinic	Thurs 08:00	Generalist attendings	Review: gynecologic surgeries, adnexal mass, surgical management of fibroids Cerner: "SSC Gyne Preop Provider 1" "SSC Gyne Preop Provider 2"
Saline infusion sonogram	Stroger Hospital, 4 th floor, GYN clinic	Wed 08:00	Generalist attendings	Review: gynecologic ultrasound and saline infusion sonogram, endometrial biopsy Cerner: "Gyne SIS" Wear scrubs and WC
Urogyn clinic	Stroger Hospital, 4 th floor, GYN clinic	Tues 08:00	Urogynecologist	Review: pelvic organ prolapse, urinary incontinence, menopause.

LABOR AND DELIVERY

Labor and Delivery Days (L&D):

- Shift from 07:00-18:30 approximately.
- On the first day of L&D, meet in the Conference Room on Labor and Delivery for sign out at 0700 with the day and night resident team and the attending.
- Please be ready in green or blue or hot pink scrubs and white coat when on L&D. Labor and Delivery can be "feast" or "famine" so please bring your study materials for the down time.
- Once sign out is completed you will divide up the laboring patients and decide who will be covering the scheduled admissions/cesarean sections. You will also perform postpartum/intrapartum/antepartum rounding with the residents.

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- Postpartum/Antepartum rounding occurs on 4 South. You will see patients that ideally you have participated in their delivery (either vaginally or by cesarean), write a note in the EMR (depends on the resident). Be ready to present a patient you have followed during PM rounds at 1800
- Write an intrapartum progress note on your patient every 2 hours in active labor and every 4 hours in latent labor.
- Be in the room during the second stage while your patient is pushing to assist and pull your gown and gloves in preparation for delivery.
- Introduce yourself to the patient, residents, attending and nurse taking care of your patient so everyone knows your role and can get you involved in the delivery
- Wear knee high boots, eye protection, OR hat and a mask every time. Learn how to self-gown and glove ahead of your vaginal delivery.
- See triage patients as they arrive and present to the resident and attending. Document a triage H&P in the EMR. Follow through on tests and results and disposition of your triage patient as your shift allows.
- Sign out your assigned patient during evening sign out at 18:00.

Monday	Tuesday	Wednesday	Thursday
07:00 Ready for Sign out in L&D conference room	07:00 Ready for sign out in L&D conference room	07:00 Ready for sign out in L&D conference room	07:00 Ready for sign out in L&D conference room
08:00-0900 Senior assigns tasks including: rounding on postpartum/antepartum patients with residents, performing H&P for admitted patients, scrubbing into scheduled CS, seeing triage patients	08:00-0900 Senior assigns tasks including: rounding on postpartum/antepartum patients with residents, performing H&P for admitted patients, scrubbing into scheduled CS, seeing triage patients	08:00-0900 Senior assigns tasks including: rounding on postpartum/antepartum patients with residents, performing H&P for admitted patients, scrubbing into scheduled CS, seeing triage patients	08:00-0900 Senior assigns tasks including: rounding on postpartum/antepartum patients with residents, performing H&P for admitted patients, scrubbing into scheduled CS, seeing triage patients
08:30-11:30 Departmental Conference Professional Building 5501 or virtual	08:30-18:00 Participate in deliveries, scheduled CS, check in and write notes on laboring patients, follow up postpartum patients, evaluate Triage patients	08:30-18:00 Participate in deliveries, scheduled CS, check in and write notes on laboring patients, follow up postpartum patients, evaluate Triage patients	08:30-18:00 Participate in deliveries, scheduled CS, check in and write notes on laboring patients, follow up postpartum patients, evaluate Triage patients
11:30-18:00 Participate in deliveries, scheduled	18:00 sign out to the night team	18:00 sign out to the night team	18:00 sign out to the night team

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CS, check in and write notes on laboring patients, follow up postpartum patients, evaluate Triage patients 18:00 sign out to night team			
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Night Float (NF):

- You will complete your Night Float week at **Stroger**
- Shift: 6pm to 6am.
- Please meet in the Conference Room on Labor and Delivery for sign out at 6pm.
- You will leave at 6am. You **should not** stay for board sign out in the morning (you should already be home sleeping).
- Your Clinical Performance Assessment (CPA) will be determined by the team

Expectations:

- Write H&Ps and perform workups on new patients arriving from Triage, intrapartum progress notes on your patients every 1 to 2 hours in active labor and every 4 hours in latent labor (sample intrapartum notes in the purple IP2 book)
- Be in the room during second stage while your patient is pushing to assist and pull your gown and gloves
- Introduce yourself to the patient, residents, attending physician and nurse taking care of the patient so everyone knows your role and can get you involved in the delivery
- Wear knee-high boots, eye protection, OR hat and a mask every time. Know how to self-gown and glove (pull these ahead of time and put them on the delivery table)
- If Labor and Delivery is not busy, accompany the GYN resident as they see emergency consults in the Stroger Emergency room and scrub into emergent gynecologic surgery (ectopic pregnancy, torsion, hemorrhages) at night.

CERNER Access

Once you have obtained your badge access and your computer NETID and password you should be able to log in to CERNER POWERCHART from your personal computer. Please follow the link below to gain access. Of note, certain Mac OS are not compatible with this access.

<https://cookil.cernerworks.com/Citrix/PRODUCTIONWeb/>

Pro Tip:

Keep a list in the EMR of all of the patients you have seen so you can easily find the H&Ps and Clinic Notes you have written.

You are required to bring an H&P to the mid-clerkship review and will need to turn in a total of 2 H&Ps (including the mid-clerkship H&P) by the end of the rotation.