

Gynecology and Obstetrics Clerkship Evaluator Information

Name of Medical Student:

Rotation Site:

Clerkship Quarter & Year:

****PLEASE PRINT EVALUATOR NAME AND E-MAIL ADDRESS CLEARLY
REMEMBER AT LEAST 2 ATTENDING & 2 RESIDENTS (PGY2 AND ABOVE)**

Evaluator Name	Evaluator Email Address	Resident/Attending	Evaluator Initials

PLEASE OBTAIN SIGNATURES FROM THE NURSE PRECEPTORS YOU WORKED WITH DURING THE ROTATION

Nurse Preceptor Signature	Date(s)

For everything you always wanted to know about the OB/GYN Clerkship:

- ❖ **JHU GYN/OB Medical Student Website** – General Information & Important Links
<http://womenshealth.jhmi.edu/medstudents/index.html>
- ❖ **Blackboard** – Proprietary information
<http://courses.med.jhmi.edu/webapps/login/>
- ❖ **APGO:**
Resources for Students - <http://www.apgo.org/members/medical-students.cfm>
Objectives & Sample Clinical Cases - <http://www.apgo.org/objectives/>
(username: directory / password: jhu106)
U-Wise - <http://www.apgo.org/elearn/uwise/index.cfm?doc=uWISE%20Units>
(user id: jhmi / password: uwise)

Please return on the day of Shelf Exam to:

Rebecca Slattery
 Fx: 410.502.3105
 rslatte1@jhmi.edu

**Don't Forget to
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