Midwives practice in a variety of settings and have many different roles. This issue of the *Journal of Midwifery & Women’s Health* focuses on one role that is receiving increasing attention: midwives’ contributions to medical education. A 1998 survey found 176 midwives who participated in medical education at that time.1 The new survey data published in this issue show that the number of midwives involved in medical education has tripled in the past 10 years.2

The *Journal of Midwifery & Women’s Health* is pleased to highlight ways in which midwives work with and educate physician learners today. Documenting this role is important not only to understand its current implementation, but also to help the continued development of interdisciplinary models in medical education. Additionally, these articles provide a starting point to further investigate outcomes in interdisciplinary education and identify strategies that optimize teaching and learning for all disciplines involved.

Although interdisciplinary practice models vary in structure and function, certain commonalities are found in the studies and reports in this issue: 1) this midwifery role appears well established, and midwives in medical education have been growing in number since 1998; 2) midwifery’s involvement in medical education has positive implications for billing and reimbursement; 3) midwives serving as educators and consultants for medical student and resident learners is well received by everyone involved; 4) as these models develop, there is a trend toward an integrated, universal curriculum for all learners; and 5) more recently, the growth of this model has been facilitated by the decrease in resident work hours.

As midwives work in medical education, new avenues for learning emerge. These are two-lane highways in that learning is shared between the midwives and the medical students and residents who are involved. Obstetric residents will soon be our obstetric consultants. As we each learn more about the professional cultures of our respective disciplines, we not only improve education but also grow closer to the ideal practice environment wherein interdisciplinary teams work in harmony without the burden of territorial boundaries and conflicts.

What does the future hold for interdisciplinary education? With further refinements looming regarding resident work hours, more opportunities to be involved in medical education may present themselves, and we can expect new initiatives that will start by meeting the needs of the institutions that include midwives in medical education.3 However, medical student and resident teaching needs to be balanced by the concern that midwifery faculties not become overextended or overburdened. As midwifery involvement in medical education matures in individual sites, those involved can share ideas and work to collectively identify and initiate new and better ways of teaching and learning. Interdisciplinary education and practice benefit physicians, midwives—and ultimately—the women we serve.

Diane J. Angelini, CNM, NEA-BC, EdD, FACNM, FAAN
Guest Editor

REFERENCES

