

CNMs and Medical Education

Nurse-midwives have long served on medical school faculties and played an important role in medical education¹⁻³, precepting medical students⁴ as well as working with obstetric residents⁵ and family physicians⁶. A survey carried out in 1994 revealed that more than one half of U.S. allopathic medical schools are formally using CNMs as educators⁷. In some settings, certified nurse-midwives have replaced residents and house staff in hospitals⁸. Most often, nurse-midwives work collaboratively with house staff (in both obstetrics and family medicine residencies) and are able to share their expertise in primary and preventive health care and normal obstetrics.

Network of CNM Educators of Medical Students and Residents

Nurse-midwives are eager to network with others involved in medical education and to be as effective as possible in this role. A Network of CNM Educators of Medical Students and Residents was formed in 1992 and has met at each ACNM Annual Meeting since then. Information about the upcoming Annual Meeting is available on the ACNM Web site.

The Network established a listserv to facilitate communication. Though that listserv was originally found at mayo.edu, ACNM members may now go to the ACNM listserv, eMidwife, and join the Medical Student/Resident Instructors list.

Accreditation Council for Graduate Medical Education (ACGME)

ACGME is responsible for the accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

ACGME standards and guidelines include requirements for faculty qualifications and responsibilities. According to ACGME's *Program Requirements for Residency Education in Obstetrics and Gynecology*, teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities, must demonstrate a strong interest in the education of residents and should be involved in ongoing review of the program. Members of the teaching staff need not be physicians. The program requirements are available from ACGME: Suite 2000, 515 North State Street, Chicago, IL 60610-4322. Phone: 312.755-5000; Fax: 312.755-7498. Visit their Web site, www.acgme.org.

Association of Professors of Gynecology and Obstetrics (APGO)

Nurse-midwives have also been involved in the Association of Professors of Gynecology & Obstetrics and have been recognized by this group with Outstanding Educator Awards. APGO can be contacted at 2130 Priest Bridge Drive, Suite #7, Crofton, MD 21114. Phone: 410-451-9560; Fax: 410-451-9568. Visit their Web site, www.apgo.org.

Reimbursement

Concern has been raised regarding the Health Care Financing Administration (HCFA) regulations (published in the Federal Register, Vol. 60, No. 236, Friday, December 8, 1995), which address reimbursement for physician services in teaching settings. These regulations were developed to address problems where reimbursement was sought for physician services when, in fact, the services were provided by resident physicians without the supervising physician present. The regulations spell out, quite specifically, the circumstances under which teaching physicians are reimbursed, but are silent with regard to CNMs. However, the ACNM legal counsel is of the opinion that nurse-midwives who serve as “attending faculty,” supervising resident physicians as a part of their role, clearly have the right to bill directly for services provided under Medicare part B without the supervision of a physician. The most recent Rules and Regulations, published in the Federal Register, Vol. 63, No. 211, Monday, November 2, 1998, p. 58875-6, also provide clarification of services covered by the Medicare program.

References

1. Mann RJ. San Francisco General Hospital nurse-midwifery practice: the first thousand births. *Am J Obstet Gynecol* 1981; 140:676-682.
2. Sedler KD, Lydon-Rochelle M, Castillo YM, Craig EC, Clark N, Albers L. Nurse-midwifery service model in an academic environment. *J Nurse Midwifery* 1993; 38:241-245.
3. Angelini DJ, Afriat CI, Hodgman DE, Closson SP, Rhodes JR, Holdredge A. Development of an academic nurse-midwifery service program: a partnership model between medicine and midwifery. *J Nurse Midwifery* 1996; 41:236-242.
4. Afriat CI. Nurse-midwives as faculty preceptors in medical student education. *J Nurse Midwifery* 1993; 38:349-352.
5. Mankoff R, DeVore N, Freda MC. Orientation of ob/gyn residents to ambulatory care: a nurse-midwifery approach. *J Nurse Midwifery* 1994; 39:375-378.
6. Payne PA, King VJ. A model of nurse-midwife and family physician collaborative care in a combined academic and community setting. *J Nurse Midwifery* 1998; 43:19-26.
7. Harman PJ, Summers L, King T, Harman TF. Interdisciplinary teaching: a survey of CNM participation in medical education in the United States. *J Nurse Midwifery* 1998; 43:27-35.
8. Ament LA, Hanson L. Nurse-midwifery: a model for the future. *Nursing and Health Care Perspectives* 1998; 19:26-33.

The ACNM “*QuickInfo*” series was developed by the Department of Professional Services to respond to common inquiries, summarizing ACNM resources regarding a particular topic, as well as listing selected literature and a variety of other resources. Your feedback is welcomed; contact Professional Services at 240-485-1800 or info@acnm.org
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