

Interdisciplinary Learning: Developing Medical and Midwifery Student Interprofessional Relationships Through Peer-to-Peer Teaching

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Objectives

This qualitative educational research seeks to implement collaborative tutorials led by medical students and student midwives aimed at:

- Fostering respectful and effective interprofessional relationships
- Enhancing learning
- Improving knowledge of normal obstetric processes

Background

Falling recruitment and low retention of trainees in Obstetrics and Gynaecology (O&G) remains a significant concern in the NHS [1]. One key factor is dissatisfaction with professional and working relationships, particularly with midwives [2]. This issue is underscored by a study where 66% of medical students reported that a friendly atmosphere significantly influenced their career choices [3]. Given the close collaboration between obstetric trainees and midwives in caring for pregnant people, improving these relationships is crucial. However, medical students frequently lack interprofessional experiences that foster exposure to collaborative healthcare teams, as they often shadow senior clinicians without engaging directly with other professionals such as midwives.

Design

Student-led tutorials were designed to be collaborative, fostering a supportive and egalitarian learning environment. Students taught topics they were confident in, with no preparation required.

Methods

6 weekly teaching sessions were organised between third-year Middlesex University midwifery students and fifth-year University College London (UCL) medical students on placement at Whittington Hospital. Each session included two 30-minute segments: one led by midwifery students and the other by medical students.

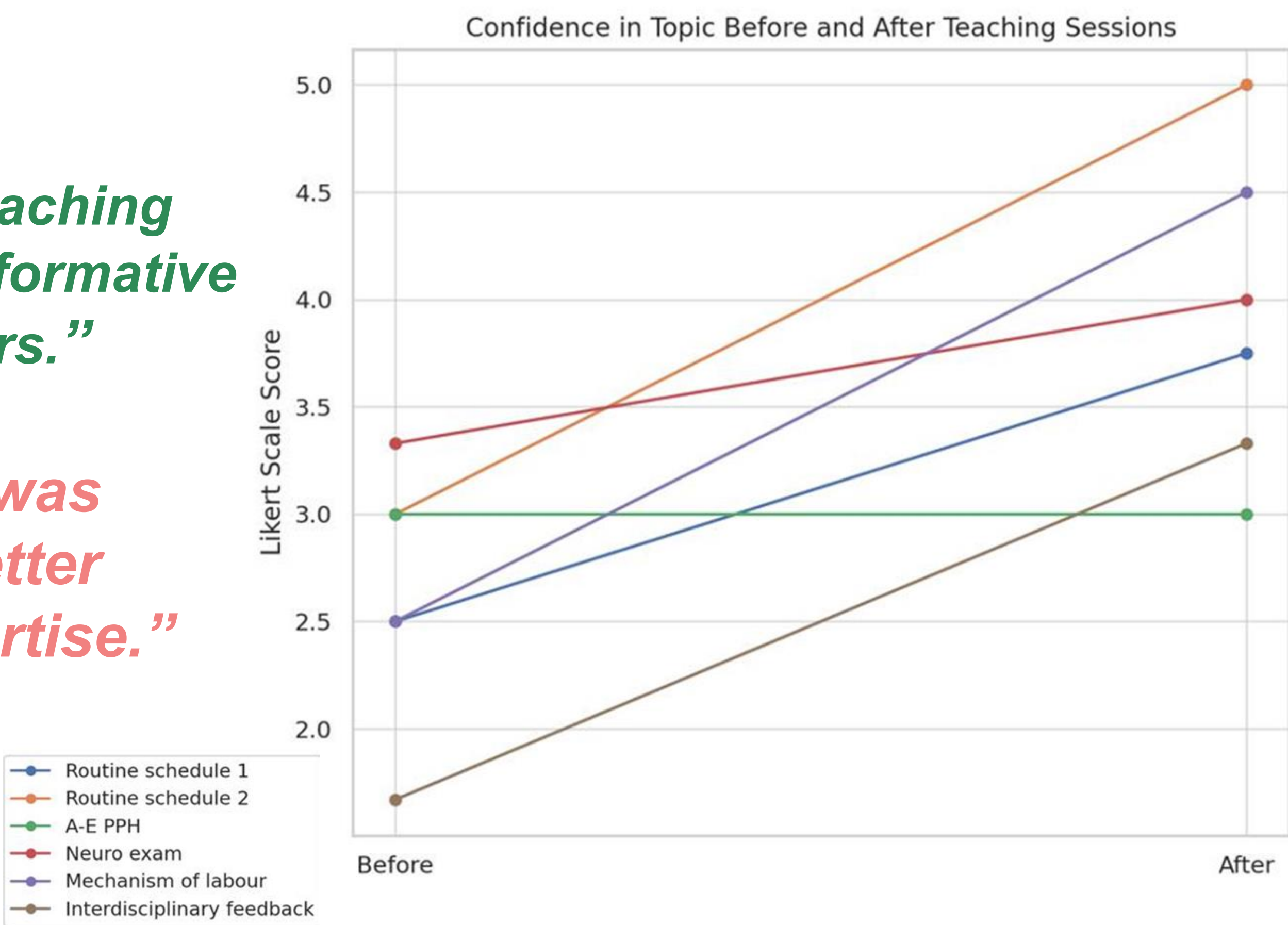
Results

A total of 64 students attended: 48 medical students and 16 midwifery students. 14 UCL medical students attended the tutorials and completed the feedback forms. Analysis of post-session surveys revealed significant improvements in self-reported understanding, knowledge, and confidence. Median scores for "confidence of the subject taught" improved from 2.75 to 3.88, "understanding of the role of midwives" from 3.12 to 4, and "confidence in teaching the subject" from 2.80 to 3.66. Qualitative feedback underscored the value of midwifery-led tutorials in clarifying normal obstetric processes and reducing the over-medicalisation of childbirth. Medical students reported a better appreciation of midwives’ roles, while midwifery students gained confidence in recognizing critical symptoms in deteriorating patients through medical students’ teaching on emergency assessments and interpreting clinical tests. Participants emphasized the importance of interprofessional learning in fostering mutual respect and understanding.

Figure 1: Bar graph illustrating the improvement in participant self-reported confidence and understanding after the interprofessional teaching sessions.



Figure 2: Paired dot plot showing median confidence ratings before and after tutorials. Each line represents one tutorial and shows the median change in self-reported confidence.



“I thoroughly enjoyed the teaching session and found it very informative regarding the roles of doctors.”

“The midwives’ teaching was brilliant and gave me a better appreciation of their expertise.”

Conclusions

This pilot project demonstrates that shared learning between medical and midwifery students improves mutual understanding, fills knowledge gaps in obstetric care, and strengthens teamwork. While logistical challenges such as scheduling conflicts and inconsistent teaching levels were noted, the initiative shows promise in enhancing clinical knowledge and professional relationships which we believe can improve career satisfaction, team-based care, and patient outcomes. Key recommendations include early exposure to multidisciplinary expertise, fostering egalitarian learning environments, and providing structured teaching materials to ensure consistency between tutorials.

TEACHING TOPICS

Midwifery students

- The process and mechanism of normal labour
- Appointment schedules from booking to postnatal care
- Partograms and labour dystocia
- Routine postnatal provision of care

Medical students

- Interpreting ECGs
- Neurological examination
- Interpreting blood tests
- A to E emergency assessments