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Medical Students' Knowledge, Perceptions, and Experiences of Interprofessional Learning: A Cross-Sectional Study in Morocco

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Abstract

Background: Interprofessional learning (IPL) is essential for preparing healthcare professionals to collaborate effectively in complex clinical environments. However, its integration into medical education remains inconsistent, particularly in developing contexts such as Morocco. This study aimed to assess medical students' knowledge, perceptions, and experiences regarding IPL at the Faculty of Medicine and Pharmacy of Casablanca.
Materials and Methods: A descriptive cross-sectional study was conducted in January 2025 among medical students from years 3 to 7, with a calculated minimum sample size of 330. Data were collected via an anonymous online questionnaire based on the Readiness for Interprofessional Learning Scale and analyzed descriptively.
Results: Nearly half of the participants 177 (48.5%) had never heard of IPL prior to the study. Nevertheless, once defined, most students accurately recognized IPL as an interactive collaborative process aimed at improving patient care 315 (86.3%). Positive perceptions were prevalent, with strong agreement on IPL's role in enhancing technical skills 341 (93.4%), social skills 309 (84.7%), and the ultimate goal of offering patients safer, higher-quality 312 (85.5%). Despite high participation rates in IPL activities 294 (80.5%), students reported significant challenges, including

insufficient time for interprofessional exchange 226 (61.9%), feelings of marginalization 216 (59.2%), and inadequate supervision 215 (58.9%). Only 214 (58.6%) felt integrated into an interprofessional team.
Conclusion: Moroccan medical students demonstrate favorable attitudes toward IPL and recognize its importance for collaborative practice. The suggested strategies align with international best practices and highlight the need for institutional commitment to systematically embed IPL within medical training for safer, patient-centered care.

Keywords: Interprofessional Education, Interprofessional Learning, Collaborative Practice, Medical Students, Morocco

Introduction

In an era of increasing healthcare complexity, effective collaboration among diverse health professionals is essential for delivering safe, high-quality, and patient-centered care (World Health Organization, s. d.). In response, health professions education worldwide has progressively moved toward models that foster teamwork from the earliest stages of training. Central to these models are the concepts of interprofessional education (IPE) and interprofessional learning (IPL). The World Health Organization defines IPE as occurring "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, s. d.). This educational approach facilitates IPL — the process through which learners engage interactively to develop the knowledge, skills, and attitudes required for collaborative practice (Barr et al., 2017). The benefits of well-implemented IPE and IPL are well-documented, including enhanced teamwork, improved communication, clearer role understanding, and ultimately better patient care (Reeves et al., 2016). Consequently, integrating these concepts into core curricula has become a priority for educational institutions worldwide. However, successful implementation faces significant challenges, including logistical constraints, entrenched professional stereotypes, and a lack of formalized structures, which can hinder students' authentic engagement and learning outcomes (Ahmady, Mirmoghtadaie, & Rasouli, 2020).

As Morocco's medical education system evolves, understanding learners' perspectives on IPL is critical. Yet most available evidence originates from North America, Europe, or the Gulf (Alharbi et al., 2024), overlooking the North African context, where medical curricula and clinical training structures differ substantially from those of the Gulf states. While Moroccan students may encounter interprofessional collaboration informally during clinical rotations, their formal knowledge, perceptions, and experiences of IPL remain unquantified at a national level, and to our knowledge, no prior study has assessed these dimensions. To address this gap, the present study investigates medical students' knowledge, perceptions, and experiences of IPL at the Faculty of Medicine and Pharmacy of Casablanca, identifying knowledge gaps, perceived benefits, and practical challenges,

and synthesizing learner-driven strategies to guide context-appropriate IPE integration within Moroccan medical training.

Materials and Methods

We conducted a descriptive cross-sectional study in January 2025 at the Faculty of Medicine and Pharmacy of Casablanca. Prior to the 2024–2025 academic year, the Moroccan General Medicine degree required a total of seven years to complete, with students beginning clinical rotations from their third year onwards. Accordingly, we included students from the third to seventh years, while first- and second-year students were excluded due to their lack of clinical exposure.

The sample size was calculated using Epi Info software (version 7.2.2.6; Centers for Disease Control and Prevention, Atlanta, Georgia, USA) with an estimated proportion of 50%, a precision of 5% and a 95% confidence level. The minimum required sample size was estimated at 330 students*, assuming a 10% non-response rate, we aimed for 365 participants. A* stratified cluster sampling strategy was employed: students were first stratified by academic year (3rd to 7th year), then clusters were defined based on clinical rotation groups.

Data were collected using a self-administered, anonymous online questionnaire distributed via Google Forms. The instrument was developed by the research team following a comprehensive review of the relevant literature. To ensure strong content and face validity, the core items were adapted from the well-established Readiness for Interprofessional Learning Scale (RIPLS)(Parsell & Bligh, 1999) while additional sections were designed to assess students' knowledge of IPL and their lived experiences in interprofessional clinical settings. The questionnaire was iteratively reviewed by the research team for clarity and relevance. As this study represents an exploratory phase of a broader research program, formal psychometric validation (e.g., factor analysis, internal consistency testing) of the entire instrument was beyond the scope of the present work and remains a key objective for future studies.

The questionnaire comprised multiple-choice questions, Likert-type items, and two yes/no questions, and was organized into four sections covering socio-demographic characteristics, knowledge of IPL, perceptions of IPL, and practical experiences with IPL. No identifying personal information, such as names or contact details, was collected

Data were downloaded as a Microsoft Excel file, cleaned, coded, and exported to Jamovi (version 2.3.21; The Jamovi Project, Sydney, Australia) for descriptive analysis. Continuous variables (age) are presented as means with standard deviations, while categorical variables are reported as frequencies and percentages. No missing values were detected in the dataset.

All participants provided informed consent prior to completing the questionnaire.

Given the anonymous and purely observational nature of this study, full ethical committee review was waived in accordance with institutional guidelines. Data collection was conducted in strict compliance with the principles of the Declaration of Helsinki.

Results

A total of 365 students completed the questionnaire, the majority of whom were female 211 (57.8%). The mean age of participants was 22.5 years (SD ± 1.65). Most respondents were in their sixth year 110 (30.1%) or fifth year 92 (25.2%) (Table 1).

Table 1: Socio-demographic characteristics of the participants

Socio-demographic characteristics		Frequency N (%)
Age (years) mean ± SD		22.5 ± 1.65
Gender	Female Male	211 (57.8) 154 (42.2)
Academic year	3rd year 4th year 5th year 6th year 7th year	59 (16.2) 63 (17.3) 92 (25.2) 110 (30.1) 41 (11.2)

Students' Knowledge of IPL Definitions

Nearly half of the students (177 (48.5%); 95% CI: 43.4%–53.6%) had never heard of IPL prior to the survey. However, when provided with a definition, the majority demonstrated a solid understanding of the concept. Specifically, 315 (86.3%) accurately identified IPL as an interactive process in which students from different health professions learn together to improve patient care quality. Additionally, 285 (78.1%) recognized IPL as a vehicle for developing both technical and interpersonal competencies, while 231 (63.3%) correctly characterized it as a learner-centered modality in which the student is an active participant.

Conversely, several misconceptions persisted. Notably, 105 (28.8%) of respondents conflated IPL with a passive scenario where different professions merely share a classroom without meaningful reflective interaction. Similarly, 100 (27.4%) perceived it

as a passive learning method, and 75 (20.5%) viewed it as a simple substitute for traditional theoretical lectures.

Students' Perceptions of IPL Objectives

A large majority of students demonstrated satisfactory awareness of IPL's core objectives. The overwhelming majority 341 (93.4%) acknowledged its role in improving the technical skills of future healthcare professionals. Similarly, 312 (85.5%) correctly identified the ultimate goal of IPL as offering patients safer, higher-quality care—for example, by reducing prescription errors. Furthermore, 309 (84.7%) recognized its importance in developing social skills and interprofessional collaboration, while 256 (70.1%) specifically noted its utility in enhancing communication and active listening skills in patient interactions (Table 2).

Table 2: Students' perceptions of the objectives of IPL

Objectives of IPL	Yes (%)	No (%)
Improving the technical skills of future healthcare professionals	341 (93.4)	24 (6.6)
Offering patients safer and higher-quality care (e.g., reducing prescription errors)	312 (85.5)	53 (14.5)
Developing social skills and interprofessional collaboration	309 (84.7)	56 (15.3)
Enhancing communication and active listening skills in patient interactions	256 (70.1)	109 (29.9)

Perceived Impact of IPL in Medical Training

Students held strongly positive views regarding the broader impact of IPL on their professional development. A substantial 333 (91.2%) agreed that IPL provides a better understanding of the distinct roles of various healthcare actors, and 318 (87.1%) acknowledged its usefulness in helping them recognize their own professional limits as future physicians. Moreover, 270 (74%) of respondents affirmed that IPL is essential for training better healthcare professionals (Table 3).

Table 3: Students' perceptions of the impact of IPL in medical training

IPL in medical training	Agree (%)	Don't know (%)	Disagree (%)
It is a waste of time, not necessary for medical training	9 (2.5)	115 (31.5)	241 (66)
It is suitable only for beginner students	19 (5.2)	125 (34.2)	221 (60.6)
It is reserved only for difficult situations and complex cases	33 (9)	142 (39)	189 (52)
It is essential for training better healthcare professionals	270 (74)	62 (17)	33 (9)
It provides a better understanding of the distinct roles of healthcare actors	333 (91.2)	27 (7.4)	5 (1.4)
It helps us to understand our professional limits as future physicians	318 (87.1)	43 (11.8)	4 (1.1)

Students' Experiences of IPL

A significant majority of students 294 (80.5%) reported having participated in at least one IPL activity during their training (Table 4). This exposure occurred across multiple educational contexts, most notably during clinical rotations 347 (95.0%) and simulation-based exercises 247 (67.7%), followed by lectures 139 (38.1%) and collaborative projects 87 (23.8%) (Figure 1).

Table 4: Students' experience of participating in IPL activity

Participation in IPL activity	N (%)
Yes	294 (80.5)
No	71 (19.5)

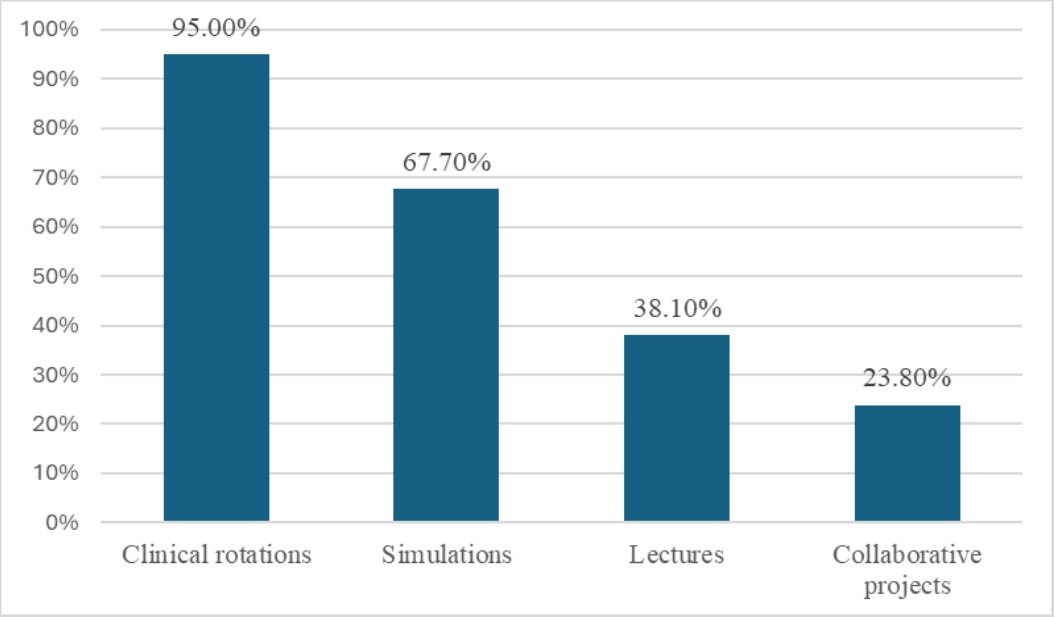


Figure 1: Student-Experienced IPL contexts

Regarding the clinical settings where interprofessional collaboration was observed, inpatient units were the most frequently cited sites 337 (92.3%), followed by operating rooms 260 (71.2%) and radiology departments 248 (68.0%) (Figure 2).

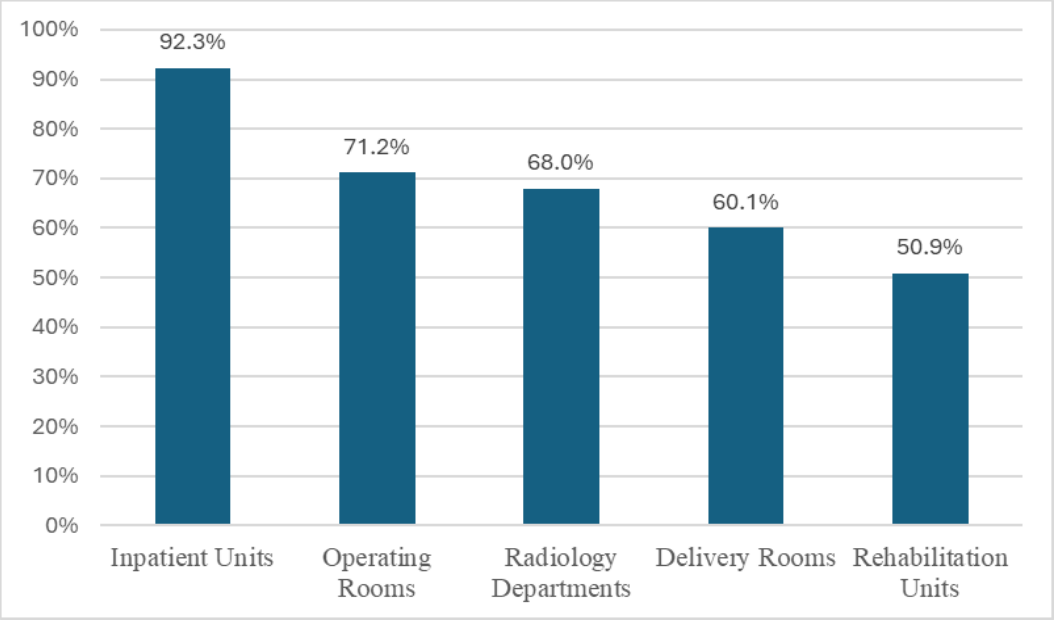


Figure 2: Sites of IPL collaboration

Despite high participation rates, students reported considerable barriers during their clinical rotations. The most prevalent challenges included insufficient time to benefit meaningfully from interprofessional exchanges 226 (61.9%), feelings of marginalization within the care team 216 (59.2%), and inadequate supervision compounded by disorientation, which made them unsure whether to prioritize their individual responsibilities or engage fully in the collaborative activity 215 (58.9%). Additionally, 210 (57.5%) cited stress and a lack of readiness to interact with other professionals, while 187 (51.2%) reported persistent stereotypes regarding other professionals' roles and competencies (Table 5).

Table 5: Challenges reported by medical students during clinical rotations

Challenges	Never N (%)	Rarely N (%)	Sometimes N (%)	Usually N (%)	Always N (%)
Stress and lack of readiness to interact with other professionals.	59 (16.2)	96 (26.3)	141 (38.6)	54 (14.8)	15 (4.1)
Feelings of marginalization within the care team	56 (15.3)	93 (25.5)	142 (38.9)	58 (15.9)	16 (4.4)
Insufficient time to benefit from interprofessional exchanges	81 (22.2)	58 (15.9)	133 (36.4)	75 (20.5)	18 (5.0)
Persistent stereotypes about other professionals' roles and competencies	91 (24.9)	87 (23.8)	115 (31.5)	53 (14.5)	19 (5.2)
Inadequate supervision and disorientation	111 (30.4)	39 (10.7)	107 (29.3)	71 (19.4)	37 (10.1)

Overall, 214 (58.6%) of participants felt a sense of belonging to an interprofessional team; however, this perception varied considerably across hospital departments. It was most prevalent in clinical and high-acuity settings, with medical departments 200 (54.8%) and pediatrics departments 169 (46.3%) reporting the highest rates. Conversely, it was notably lower in diagnostic-focused environments, with only 68 (18.6%) in medical imaging departments and just 19 (5.2%) in laboratory medicine

departments (Figure 3).

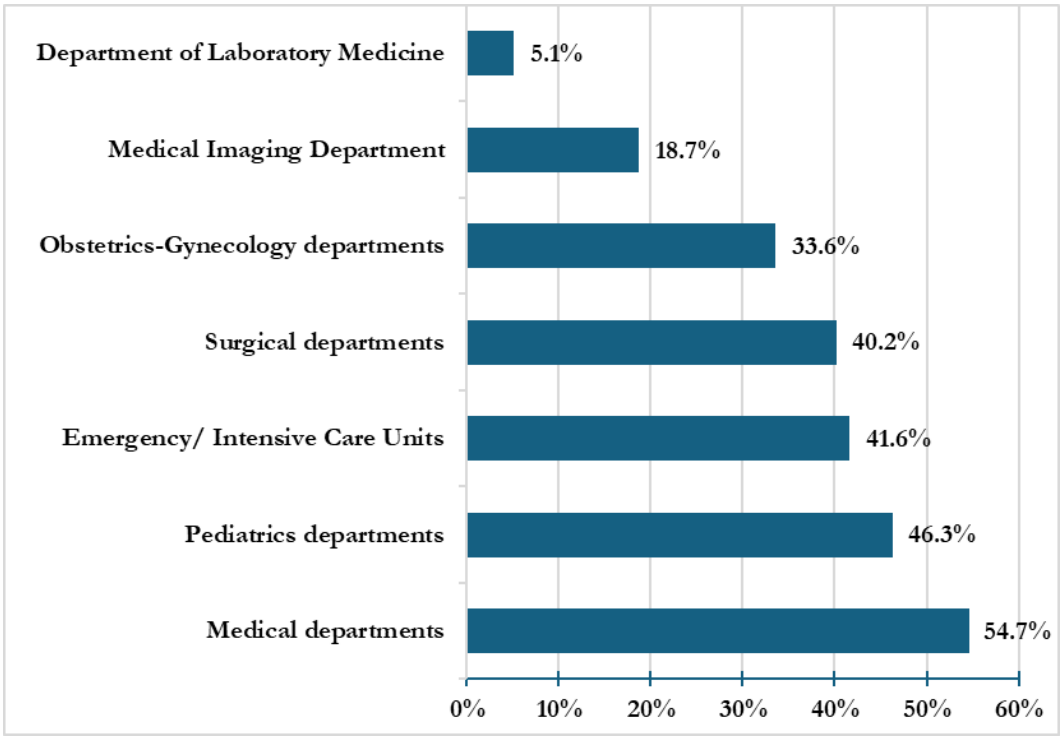


Figure 3: Distribution of medical students' sense of belonging to an interprofessional team across various hospital departments

Overall Assessment of the IPL Experience

When asked to evaluate their IPL experiences, the majority of students responded favorably: 231 (63.3%) rated their experiences as "fairly good" to "very good." In contrast, only 48 (13.1%) provided a negative assessment, describing their experiences as "poor" or "very poor" (Figure 4).

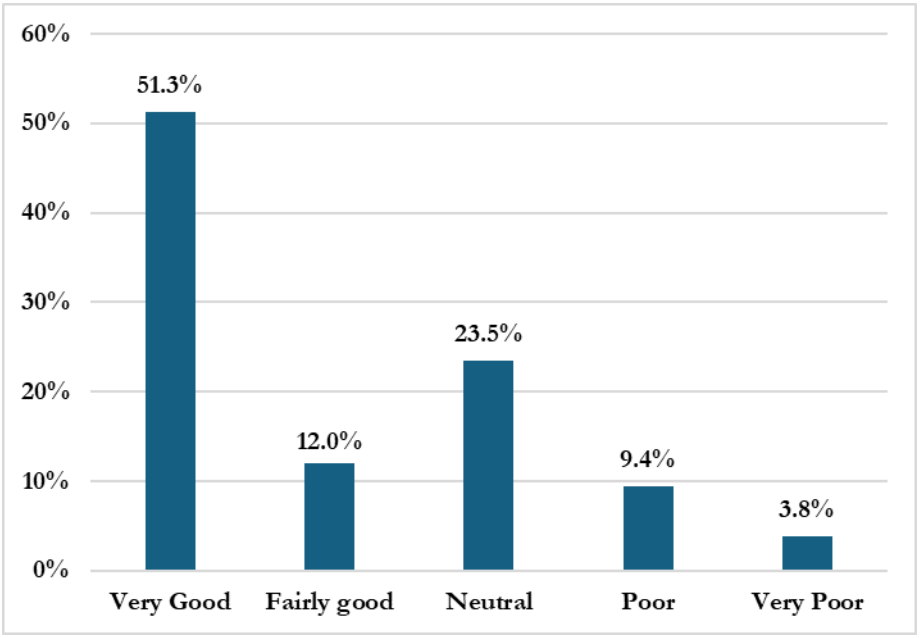


Figure 4: Students' assessment of their IPL experiences

Finally, students were invited to suggest strategies for improving the quality of IPL. Their recommendations were synthesized into a multi-level framework for successful implementation (Figure 5).

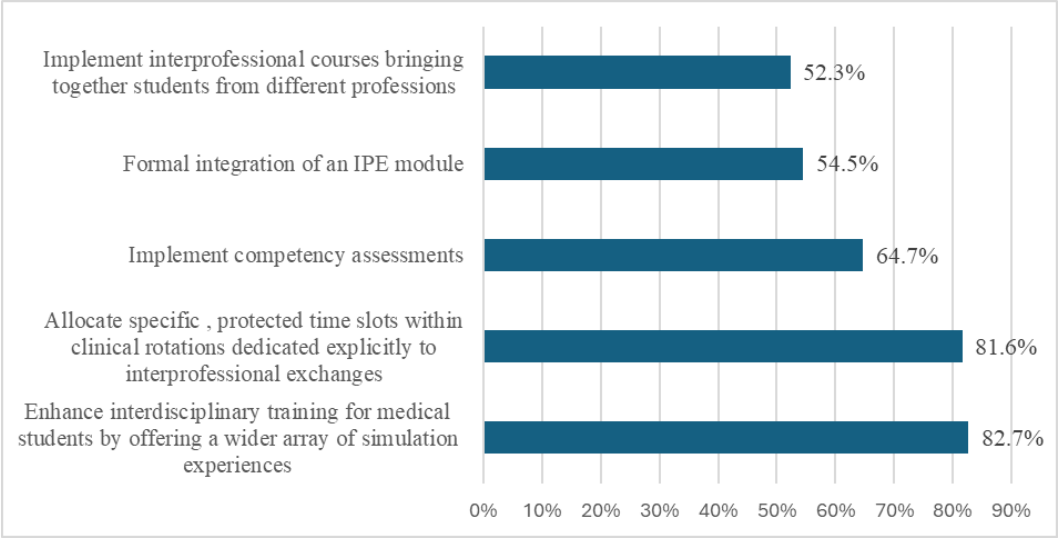


Figure 5. Strategies for a Successful and High-Quality IPL Experience

Discussion

Our findings reveal a notable paradox: although nearly half of the students 177 (48.5%) had never encountered the term "IPL" prior to this survey, the majority of those who did recognize it could accurately articulate its core principles. This discrepancy—between informal familiarity and the absence of formal conceptualization within the Moroccan medical curriculum—represents a central finding of this study. In fact, over 315 (86.3%) of students correctly identified IPL as an interactive, collaborative learning process aimed at improving the quality of care. This aligns with the work of Alharbi *et al.* (Alharbi et al., 2024) and is consistent with the core objectives of modern interprofessional education frameworks (« Reeves, S. (2016) Why We Need Interprofessional Education to Improve the Delivery of Safe and Effective Care. - CAIPE », s. d.).

Nevertheless, the persistence of certain misconceptions—for instance, 105 (28.8%) of respondents equated IPL with merely sharing a classroom without meaningful interaction—underscores the urgent need for explicit pedagogical strategies that clearly distinguish authentic, reflective IPL from passive and mere shared activities.

With regard to practical experience, despite a high self-reported participation rate in IPL activities 294 (80.5%), the implementation of such learning opportunities remains hampered by significant structural and systemic barriers. Logistical obstacles, including insufficient time for interprofessional exchanges and difficulties in coordinating schedules across disciplines, were reported by 226 (61.9%) of participants. These challenges are well documented in the international literature (Curran et al., 2015; Rossler & Kimble, 2016; Sizemore et al., 2021), and our study confirms their relevance to the Moroccan context.

More fundamentally, the feelings of marginalization within clinical teams reported by 216 (59.2%), and the persistence of professional stereotypes indicated by 187 (51.2%) point to deeply ingrained cultural and hierarchical barriers. These findings resonate with previous research describing how professional hierarchies and early socialization into distinct professional silos can undermine collaborative attitudes (Ahmady et al., 2020; Bogossian et al., 2022; Wilkes & Kennedy, 2017). Our analysis further revealed that the sense of belonging to an interprofessional team was not uniform across clinical settings (overall 214 (58.6%)). It was substantially stronger in departments characterized by prolonged, continuous patient care—notably weaker in diagnostic-focused environments. This contextual variation supports the argument that IPL models must be tailored to the specific dynamics of each clinical setting, a proposition advanced by McLaney *et al.* (McLaney et al., 2022).

Limitations of the Study

This study is subject to several methodological and contextual limitations that warrant careful consideration. Its cross-sectional design precludes any inference of causality between exposure to IPL and the acquisition of collaborative competencies. In addition, since the study was conducted at a single institution in Casablanca, the generalizability of our findings to other Moroccan medical schools—or to different healthcare systems—may be limited. The sample was also restricted to medical students; the perspectives of nursing, pharmacy, physiotherapy, and other health profession students—who are indispensable partners in interprofessional collaboration—are not represented, and their viewpoints may differ significantly. Moreover, the reliance on a self-administered questionnaire introduces the potential for social desirability bias, whereby participants may have overestimated their understanding of IPL or underreported negative experiences to conform to perceived institutional expectations. Furthermore, while the questionnaire was grounded in established literature and adapted from validated tools to ensure content and face validity, we acknowledge that formal psychometric validation of the complete instrument was not performed in this specific cohort, which may limit the interpretability of the newly developed sections. Lastly, the study relies heavily on quantitative measures which does not permit an in-depth exploration of the underlying reasons for the reported perceptions and difficulties. The precise mechanisms driving feelings of marginalization or the endurance of professional stereotypes remain to be fully elucidated.

Perspectives and Recommendations

To address these limitations and build upon our findings, future research should adopt longitudinal designs to track the evolution of students' attitudes and collaborative competencies throughout their training. Multicentric studies, encompassing several Moroccan institutions and a broader range of health disciplines (e.g., nursing, pharmacy, and physiotherapy), are essential to enhance the generalizability of results. Moreover, the integration of qualitative methods—such as semi-structured interviews or focus groups—would be invaluable for providing richer, contextualized insights into students' lived experiences and the root causes of the challenges they face.

On a practical level, our results, in conjunction with student-generated recommendations and established international guidelines, support the following actionable strategies for institutional reform:

Formal Integration of an IPE Module**:** Implement a dedicated, competency-based educational module on IPL, grounded in the core competencies outlined by the Interprofessional Education Collaborative (IPEC) (*Interprofessional Education*

Collaborative. (2023). IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. Washington, DC: Interprofessional Education Collaborative, 2023). This module should be systematically embedded within the core curriculum rather than left to opportunistic exposure.

Development of Interprofessional Simulations: Expand the use of high-fidelity simulation—including virtual reality platforms—to provide a safe, controlled, and standardized environment for students to practice interprofessional teamwork and communication (Neher et al., 2024; Sezgin & Bektas, 2023).

Protected Scheduling for Interprofessional Activities**:** Allocate specific, protected time slots within clinical rotations dedicated explicitly to interprofessional exchanges. Drawing on asynchronous learning models or frameworks from the Centre for the Advancement of Interprofessional Education (CAIPE) (Barr et al., 2017) could help overcome scheduling conflicts.

Implementation of Formal Competency Assessments: Establish structured, validated assessments for collaborative competencies (e.g., team communication, role clarity, and conflict resolution). Formal evaluation would legitimize IPL, incentivize student engagement, and reinforce its value within the broader medical training framework (Watson J, 2024).

Conclusion

This study highlights a disconnect between the widespread informal exposure to IPL and the absence of a structured educational framework in Morocco. The identified barriers—including incomplete formalization, time constraints, and persistent stereotypes—are of a universal nature. The positive attitudes of the students and their recommendations, which align with international best practices, present an opportunity for institutional improvement. Transitioning from an informal, opportunistic model to an intentional, structured one is imperative to train healthcare professionals who can effectively work in interprofessional teams for the ultimate benefit of patients and the Moroccan healthcare system.

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