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Learning Health Law Through Interprofessional Education: A Descriptive Qualitative Study of Nursing, Medical, and Law Students' Experiences

Meslekler arası Eğitim Yoluyla Sağlık Hukuku Öğrenimi: Hemşirelik, Tıp ve Hukuk Öğrencilerinin Deneyimlerine İlişkin Tanımlayıcı Kalitatif Bir Çalışma

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Abstract

Background and Aim: Health law constitutes a critical yet often underemphasized component of health professions education. While interprofessional education has been widely implemented among health disciplines, the inclusion of law students as equal partners in interprofessional learning remains limited. This study aimed to explore the experiences and perspectives of nursing, medical, and law students regarding learning health law through an interprofessional education approach.

Material and Methods: A descriptive qualitative design was used. The study was conducted following a one-day Interprofessional Health Law Education Program involving nursing, medical, and law students at a university in Türkiye. The program was structured around case-based scenarios that addressed informed consent, the protection of personal data, and the legal duty to report crimes. Data were collected through open-ended reflective questions administered at the end of the program and analyzed using descriptive analysis.

Results: Data from 49 students were analyzed. Three main categories and ten themes emerged. Categories were legal awareness, development of multidimensional professional

skills, and interprofessional communication and collaboration. Students reported increased awareness of their legal responsibilities in healthcare practice, a clearer distinction between ethical and legal obligations, and a better understanding of the roles and perspectives of other professions. Overall satisfaction with the educational experience was high, with students emphasizing the value of learning health law through shared case discussions.

Conclusion: Learning health law through interprofessional education presents a valuable opportunity to enhance legal awareness, promote interprofessional understanding, and prepare students for collaborative practice in complex healthcare settings. Integrating law students into interprofessional education initiatives may strengthen undergraduate curricula and contribute to more holistic and legally informed healthcare practice.

Özet

Giriş ve Amaç: Sağlık hukuku, sağlık meslekleri eğitiminin kritik ancak sıklıkla yeterince vurgulanmayan bir bileşenini oluşturmaktadır. Mesleklerarası eğitim sağlık disiplinleri arasında yaygın olarak uygulanırken, hukuk öğrencilerinin öğrenmede eşit ortaklar olarak dahil edilmesi sınırlı kalmaktadır. Bu çalışma, hemşirelik, tıp ve hukuk öğrencilerinin mesleklerarası eğitim yaklaşımıyla sağlık hukuku öğrenimine ilişkin deneyimlerini ve bakış açılarını araştırmayı amaçlamıştır.

Materyal ve Yöntem: Tanımlayıcı nitel bir tasarım kullanılmıştır. Çalışma, Türkiye'deki bir üniversitede toplam 49 hemşirelik, tıp ve hukuk öğrencilerinin katılımıyla gerçekleştirilen bir günlük Mesleklerarası Sağlık Hukuku Eğitim Programı sonrasında yapılmıştır. Program, bilgilendirilmiş onam, kişisel verilerin korunması ve suçları bildirme yasal yükümlülüğünü ele alan vaka tabanlı senaryolar etrafında yapılandırılmıştır. Veriler, programın sonunda uygulanan açık uçlu yansıtıcı sorular aracılığıyla toplanmış ve tanımlayıcı analiz kullanılarak analiz edilmiştir.

Bulgular: Veri analizi sonucunda üç ana kategori ve on tema ortaya çıktı. Kategoriler yasal farkındalık, çok boyutlu mesleki becerilerin geliştirilmesi ve meslekler arası iletişim ve iş birliğiydi. Öğrenciler, sağlık hizmetlerinde yasal sorumluluklarının farkındalığının arttığını, etik ve yasal yükümlülükler arasında daha net bir ayrım olduğunu ve diğer mesleklerin rolleri ve bakış açıları hakkında daha iyi bir anlayışa sahip olduklarını bildirdiler. Eğitim deneyiminden genel memnuniyet yüksekti ve öğrenciler ortak vaka tartışmaları yoluyla sağlık hukuku öğrenmenin değerini vurguladılar.

Sonuç: Meslekler arası eğitim yoluyla sağlık hukuku öğrenmek, yasal farkındalığı artırmak, meslekler arası anlayışı geliştirmek ve öğrencileri karmaşık sağlık hizmeti ortamlarında iş birliğine dayalı uygulamaya hazırlamak için değerli bir fırsat sunmaktadır. Hukuk öğrencilerinin meslekler arası eğitim girişimlerine entegre edilmesi, lisans müfredatını güçlendirebilir ve daha bütünsel ve yasal olarak bilgilendirilmiş sağlık hizmeti uygulamasına katkıda bulunabilir.

1. Introduction

Legal issues — such as informed consent, privacy, personal data protection, and mandatory notification — arising during the delivery of healthcare services in complex settings often require the collaboration of diverse professionals and lie at the intersection of healthcare practice and law, making interprofessional collaboration essential. To ensure safe, ethical, and legally compliant care, all relevant professionals must develop legal awareness and collaborative competencies during their undergraduate education [1-4].

Knowledge of health law and ethics is closely tied to the practices of the health professions and is typically included in the curricula of medical and nursing programs. However, studies indicate that health professionals and students (including those in medical and nursing fields) often feel inadequately prepared to address medico-legal issues, leading to uncertainty, defensive practice, and an increased risk of legal consequences. With rising adverse event rates and medical lawsuits, many medical errors are often due to preventable negligence or malpractice and can lead to serious civil and criminal consequences. At the same time, law students typically lack exposure to the ethical and contextual dimensions of healthcare practice, which may limit their ability to evaluate medico-legal cases from the perspective of health professionals [5-8].

Interprofessional education (IPE) is defined as learning activities in which two or more professions learn with, from, and about each other to enhance collaboration and improve the quality of care [4,9]. IPE provides a productive environment where participants improve their communication and decision-making skills [3,4,10]. This approach also contributes to capacity building by motivating the sharing of knowledge and experience and provokes students to understand the importance of collaboration and coordination before graduation [9, 11,12,13]. IPE has been shown to enhance communication skills, role clarity, ethical sensitivity, and teamwork among students in the health professions. However, most IPE initiatives focus on collaboration among health disciplines (e.g., medicine, nursing, allied health), while the inclusion of law students as equal partners in interprofessional learning remains limited [3,4,10].

This study is conceptually based on interprofessional education competency frameworks, particularly the core competencies proposed by the Interprofessional Education Collaborative (IPEC), which emphasize roles and responsibilities, interprofessional communication, teamwork, and ethical practice. Building on this framework, the Interprofessional Health Law Education Program (IHLEP) was developed to bring nursing, medical, and law students together in a shared learning environment focused on real-life medico-legal cases.

The aim of this study was to explore the experiences and perspectives of nursing, medical, and law students regarding learning health law through an interprofessional education approach.

The research questions:

1. How do nursing, medical, and law students experience learning health law through an interprofessional education approach?
2. What learning outcomes and professional insights do students report following the program?
3. How does interprofessional learning influence students' understanding of legal responsibilities and collaborative practice?

2. Materials and Methods

Design of the study

This study used a descriptive qualitative design. The reason descriptive design was preferred in this study is that the aim of the research is not to develop a theory but rather to systematically examine students' experiences and perceived learning outcomes within a specific educational program. The study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Participants and Setting

The study population consisted of nursing students (third and fourth year), medical students (fourth and fifth year), and second and third-year law students at a University in Türkiye. The study employed a purposive sampling method. Participation in the IHLEP and the study was voluntary. Although all students were invited to participate, 61 registered before the program, but only 51 showed up on the day of training. Of these, 49 students who completed the reflective questionnaire formed the study sample; this sample included 9 nursing, 9 medical, and 31 law students.

Interprofessional Health Law Education Program (IHLEP)

The IHLEP was collaboratively designed by faculty members from nursing, medicine, and law. The one-day program was structured around two case-based scenarios focusing on informed consent, the protection of personal data, and the legal duty to report crimes. Preparatory reading materials were shared with students one week before the program. On the day of the program, students were oriented to the learning objectives and divided into interprofessional small groups. Each group discussed the cases, addressed guiding questions, and prepared joint responses. Group discussions were followed by presentations and faculty-led feedback that emphasized the legal, ethical, and professional dimensions.

The program began with introductions and an orientation session, during which learning objectives were shared with the students. Students were divided into five groups. The groups were assigned by one of the researchers to ensure each group had an equal number of medical, law, and nursing students. Each group included at least two medical and two nursing students. There were also 6-7 law students in each group. Scenarios were read out, and work instructions were explained to the students. During small-group work, the authors randomly circulated among the groups, asked

intermediate questions, and received responses. Then, the students made group presentations by answering the questions asked in the cases. After the presentations, the instructors provided reinforcing information on the legal and judicial aspects of the cases.

Data Collection

Data were collected at the end of the program using four open-ended reflective questions addressing students' learning experiences, interprofessional insights, and perceived professional impact. These questions were developed with the study's purpose, the program's learning objectives, and the dimensions of cross-professional learning in mind. Responses were collected anonymously via an online survey. The study did not aim for "data saturation" in the classical sense; instead, it aimed to descriptively and qualitatively examine students' written reflections after the program. The questions were as follows:

1. What did you notice that was novel during the case studies?
2. What did you take away from the case study on interprofessional work?
3. How will you professionally use what you have gained in this study?
4. What are your opinions and comments about today's case studies?

Data Analysis

Descriptive analysis organizes data based on themes identified by research questions or dimensions revealed through interviews and observations. In this study, descriptive analysis was conducted manually because the dataset consisted of written reflective responses and was manageable in size. Manual analysis enabled researchers to remain closer to the data and preserve contextual nuances. We have implemented a transparent analytical framework that ensures reliability and objectivity in qualitative research, independent coding, inter-researcher comparison, consensus meetings, and clear reporting of the theme development process. Analytic rigor was ensured through researcher-independent coding and consensus-based theme development.

In the first step of descriptive analysis [14], the framework was developed based on the study questions and the study's conceptual framework, which determine the concepts used to organize and present the data. The researchers read the reflective responses repeatedly and coded them independently according to the framework. The coding process involved a comparative examination of responses from nursing, medical, and law students to identify both shared and discipline-specific meanings. Emerging codes, subthemes, and themes were discussed among the researchers, and the final thematic structure was collaboratively agreed upon. Themes were not only presented generally, but also the contributions of students from different disciplines were evaluated comparatively.

Rigor and Trustworthiness

Analytic rigor did not rely on software-assisted coding but on transparency and researcher triangulation. To enhance credibility and confirmability, researchers coded the data independently, compared interpretations across disciplinary groups, and resolved differences through rounds of consensus discussion. This process supported systematic, comparative categorization of the data while minimizing individual researcher bias.

Credibility was maintained through a review of the collected data by the responsible first author. Direct contact with students was not necessary as their written responses were clear.

Transferability was addressed by providing a detailed description of the study's setting, data collection methods, and analysis procedures. This allows future researchers to understand how the findings might be applicable in other contexts. Dependability was enhanced by having the researchers independently organize, code, and subcategorize the collected data. The detailed reporting of the research methods also allows readers to verify that appropriate procedures were followed, enabling the study to be replicated. Confirmability was increased, and researcher bias was minimized through a rigorous process. The researchers then independently coded the data, establishing subcategories and categories. A consensus was reached on these classifications through several meetings among all the researchers. The detailed description of the study and analysis process further ensured confirmability.

3. Results

Of the students, 69% (n = 34) were female, and 31% (n = 15) were male. The sample included nine nursing students, nine medical students, and thirty-one law students. The study assessed students' understanding of interprofessional work, the viewpoints of other fields, and their comments on professional experiences. Students' answers were categorized into three areas: legal awareness, acquisition of multidimensional professional skills, and interprofessional communication and collaboration. Table 1 presents the ten themes under these three categories, along with the corresponding evidential quotes.

Table 1. Achievements Regarding Interprofessional Health Law Education

CATEGORY	THEMES	SUB-THEMES	QUOTES
Legal Awareness	Awareness of Legal responsibilities and the knowledge gap	Awareness of the insufficient knowledge of the Turkish Penal Code items and health-related laws Awareness of legal responsibilities as a healthcare worker Awareness of the legal aspects of the reporting obligation	*"Actually, as a medical student who will be a doctor in the future, I had no idea or knowledge about my legal responsibilities."(MS)* *"As a nursing student, I realized that I didn't have much of an idea about health law."(NS)* *"I realized the nurse's role as a witness and their responsibilities..." (NS)* *"I realized that I did not know enough about the legal aspects of the reporting obligation." (MS)* *"I did not know that my legal responsibilities regarding my profession were so extensive..."(MS)*
	Intersections among the disciplines	Learning about legal issues at the intersection of medicine and law.	*"I realized that there are many points where the fields of medicine and law intersect."(LS)* *"I gained experience using general criminal knowledge in types of crimes I was unfamiliar with." (LS)* *"I saw the necessity for a lawyer to learn medical terms and for medical students to be more familiar with the legal system." (LS)* *"I realized that I needed to increase my professional knowledge by seeking legal advice and consulting bar associations in forensic cases." (MS)*
			"I learned how important medical knowledge is when making legal evaluations."(LS)
	Ethics and Law distinction	The difference that ethics and law make in communication.	*"I realized that ethically correct practices in medicine are evaluated according to the law in the legal field."(MS)* *"I understood that ethics and law are different." (NS)* *"I noticed that while those working in the healthcare field engage more in ethical evaluation, legal professionals evaluate more according to the letter and spirit of the law."(LS)*
	The rights of both parties (patients and professionals) are important.	Awareness of both sides' rights in crimes in the healthcare field	*"Disciplines are not biased against each other; they are just uninformed, and when necessary, information is shared, everyone is willing to protect each other's rights."(LS)* *"I realized that every medical procedure performed can actually be linked to a legal source and that the rights of patients and healthcare workers can be protected by law."(LS)*
	Reporting obligation	Awareness of compulsory reporting in forensic cases	*"I realized that we are obligated to report even if a patient with suspected assault does not complain." (NS)* *"I noticed the flaws in the current system at our hospital, and I better understood the content of reporting and my responsibility as a doctor."(MS)* *"I realized that I did not know enough about the legal aspects of the reporting obligation." (NS)*

Multidimensional skill development	The content and clarity of reports	Using clear and understandable language	*"My knowledge about the content of a proper consent and how it should be obtained has expanded." (MS)* *"I realized how little medical reports mean to others regarding medical content. I will pay attention to using clearer, more understandable, and more understandable expressions in this regard." (MS)*
	Bridging theory and practice	The difference between theoretical knowledge and practical application	*"I realized that my legal responsibilities differ in public and private domains..."(MS)* *"I saw that there are fundamental differences when applying what we see in theory to cases."(LS)* *"The fact that practice and theory never merge and the attempt to find alternative directions."(MS)*
	Interdisciplinary and multidirectional thinking	The potential practical problems arising from differences between the legal and healthcare professional perspectives.	*"I learned about differences in perspectives." (LS)* *"I understood the necessity of not one-sided but multi-thinking." (MS)* *"I gained experience using general criminal knowledge in types of crimes I did not know about."(LS)*
	Collaborative learning and mutual understanding	Sharing and accepting different views.	*"I realized how little knowledge there is about each other between the disciplines of law and medicine/nursing." (LS)* *"It was understood that legal issues can be evaluated with the perspective differences between doctors, nurses, and lawyers."(MS)* *"I realized that the working areas of health sciences and law are the same, and it is about people themselves." (LS)*
			"I learned that people working in the fields of law and health can think in different ways."(LS)
Interprofessional communication and collaboration	Shared decision making and consensus building	Clarity on role definitions and responsibilities for enhancing collaboration and system functionality. Interdisciplinary cooperation, information sharing, and consultation Effective problem-solving with an interdisciplinary perspective	*"I learned that working with different disciplines is easier than expected and effective in reaching a solution." (MS)* *"Disciplines are not biased against each other; they are just uninformed, and when necessary, information is shared, everyone is willing to protect each other's rights."(LS)* *"I realized that during case resolution, bringing different disciplines together... and reaching a conclusion by joining forces is very valuable in terms of problem-solving."(LS)* *"I saw that both disciplines are, so to speak, in need of working with each other."(MS)* *"The opinions of experts from other fields taught me things I didn't know."(NS)* *"It was understood that professional groups do not always agree on principles, and dilemmas can arise."(LS)* *"It can be experienced that there may be gaps due to the knowledge deficiencies of individuals from different disciplines."(LS)*

3.1. Legal awareness: This category reflects participants' increased understanding of legal frameworks relevant to healthcare practice. Students reported increased understanding of legal responsibilities in healthcare, particularly regarding informed consent, confidentiality, and mandatory reporting. Students reported greater awareness of their professional legal duties and the role of healthcare professionals as witnesses in forensic cases.

Many health students noted their limited knowledge regarding national penal codes and health-related legislation, while law students gained insight into the ethical reasoning underlying clinical decisions.

The students highlighted several issues, including a lack of knowledge and awareness of the legal processes related to health practices, the need for increased awareness of how different disciplines address the same issue, and the potential for situational and individual differences to be involved in problem-solving, as well as the role of increased knowledge and awareness in facilitating

collaboration. Students noted that they recognized the distinction between law and ethics, as well as the need for a legal or theoretical understanding of health in problem-solving at the intersections.

3.2. Development of multidimensional professional skills: This category encompasses skills gained through exposure to legal perspectives within healthcare scenarios. Students emphasized the importance of understanding informed consent processes and the need for clear, comprehensible, and legally valid medical reports. They highlighted a clearer understanding of mandatory reporting requirements, including situations where reporting is required regardless of patient consent or complaint. Exposure to legal reasoning fostered the ability to consider cases from multiple professional perspectives and to anticipate practical challenges arising from differences between legal and healthcare viewpoints. Students described improved critical thinking, problem-solving, and ethical sensitivity.

3.3. Interprofessional communication and collaboration: This category captures experiences related to learning and working across professional boundaries. Students emphasized the value of hearing different disciplinary perspectives. Interprofessional dialogue challenged discipline-specific assumptions and fostered mutual respect and clarity of roles. Being informed and clearly defining professional roles were identified as essential for effective collaboration and system functionality. They noted differences between theoretical knowledge and real-life application and emphasized the value of interdisciplinary cooperation, consultation, and information sharing in solving complex problems.

In addition to outcome-related themes, overall satisfaction with the program was high, and students expressed interest in longer and more comprehensive interprofessional health law education initiatives.

“First and foremost, the interprofessional aspect of the courses increased my interest and involvement in the subject. I have seen different perspectives and learned new things.”

“I believe that because three expert groups collaborated, we could see and discuss diverse points of view on the same case. As a result, I believe the event was successful, and the number of events should be increased.”

“It was great that the groups were structured with people from different disciplines.”

“I think it was very useful for all of us in terms of our professional life.”

Additionally, students provided recommendations to improve interprofessional education. Their requests included more diverse case examples, varied reading materials, and deeper discussion of unfamiliar topics. Students also suggested allocating more time to theoretical knowledge, increasing the duration, and broadening the scope of cases. Table 2 shows the students’ suggestions for future educational programs.

Table 2. Student Recommendations Regarding Interprofessional Education

Structure and Content Enhancement	*"The cases were very well chosen. I wish to see more cases."(MS)* *"Perhaps the number of questions and the time allocated for group discussions could be reduced, and more time could be allocated for general discussions."(LS)* *"More varied and different readings could be provided for topics we are not familiar with."(MS)*
Time Management and Learning Efficiency	*"Maybe instead of groups always defending the same idea, the shared groups could be divided into two, and a debate format could be tried."(NS)* *"With an extension of time, it might be better to discuss a simpler and clearer case from today first to form a general opinion about the incident and then discuss more ambiguous cases."* *"A little more time could be allocated for discussions."(NS)* *"Solving two cases in a single day can be exhausting..."(MS)*

4. Discussion

This study examined students' experiences and learning outcomes following an interprofessional health law education program that involved nursing, medical, and law students. Students' reflections were categorized into three areas: legal awareness, multidimensional professional skills development, and interprofessional communication and collaboration. The findings demonstrate that the IHLEP can enhance students' knowledge and awareness of legal processes related to healthcare, enabling them to better understand the complexity of health law and its practical application. The program fostered a greater appreciation for different disciplinary perspectives, enabling medical, nursing, and law students to work more collaboratively and understand the importance of each discipline's role in addressing healthcare challenges. Consistent with IPEC competency domains, students developed greater role clarity, communication skills, and ethical awareness through shared case discussions. These outcomes highlight the added value of integrating legal education into health professions training through interprofessional learning environments.

An important finding is that students initially approached cases from within the boundaries of their own disciplinary assumptions. Interprofessional dialogue enabled them to recognize that ethically appropriate actions may not always align with legal requirements, and vice versa. This insight represents a critical learning outcome that is difficult to achieve within single-discipline education.

Health students expressed they were unaware of informed consent, the responsibility to notify of legal issues, and how legal procedures function. In contrast, law students reported learning that health professionals make judgments based on ethical principles rather than the law, and both groups improved their multidimensional thinking skills.

As anyone who works in the educational field knows, correcting anything mislearned is far more difficult, if not impossible, than re-teaching. Aktan (2007) reported that "starting to make the interprofessional approach to problems a part of the student's mindset at the undergraduate level" will provide benefits before thought patterns are formed and may be more permanent and effective in the long run [15]. Being within a discipline involves accepting certain basic assumptions as they are, including the discipline's rationale [16]. Things that appear consistent with professional ethics are occasionally illegal, and the law may require behaviors that appear inconsistent with ethics. Students did not initially recognize this, but the educational design enabled them to identify the problem.

IPE, when used throughout the undergraduate years, provides a means to prevent students from restricting themselves to their diploma disciplines [15]. Additionally, group work and reflections, a key characteristic of IPE, helped students develop the skills and behaviors necessary for cooperation, motivating them to collaborate and learn continuously during IHLEP. In the health sector, this learning aims to prepare professionals to work together and collaborate effectively to benefit service users in the future [2, 7]. As Scott (2022) proposed, group-based education enhances interaction, reduces the learning load, and deepens understanding of the subject matter in a discussion-based environment [8].

Students noted that the viewpoints of different disciplines and collaboration helped to bridge knowledge gaps in intersecting areas. According to Hawley (2021), this outcome can have long-term, favorable consequences for students' ability to fulfill professional tasks after graduation [17]. Through IHLEP, health discipline students became aware of gaps in information on specific articles of the Turkish Penal Code and health law, as well as the legal dimensions of the responsibility to report and to improve awareness of legal duties. Law students questioned about how ethical principles can be applied to benefit individuals served in health care while providing health services, as well as their legal equivalents. Their empathy increased for healthcare practitioners. Health law issues, which lie at the interface between healthcare and legal aspects, require the decision-maker to identify non-medical dimensions during service delivery. Accordingly, Shah (2008) suggested that health law issues can be broadly categorized into three main areas: laws governing the practice of medicine, laws governing ethical behavior, and legislation governing medical practice [19]. Thus, as Tyler (2014) noted, interprofessional, team-based problem-solving practices that recognize legal needs as part of a comprehensive approach to patient health must be

modeled through partnerships between healthcare providers and legal advocates [18]. In this study, the theme of legal awareness highlights the importance of distinguishing between law and ethics, as stated by Shah (2008), and understanding professional and other general legislation [19].

The legal system governs several aspects of medical practice. The legislation regulates the actions that physicians and nurses may and may not take, including obtaining consent, maintaining patient contact, prescribing medication, and performing other interventions. Ignorance or misunderstanding of the law may result in severe legal penalties. According to Nelson (2002), the most significant time to explain the legal system to medical and nursing professionals is during their educational years [20]. Health professionals without a sufficient understanding of legal issues often practice in fear of medico-legal concerns. They may expose themselves to unwarranted obligations and participate in sophisticated liability insurance programs. As a result, health professionals may adopt an avoidant attitude to avoid this unnecessary misery.

Most law and bioethics courses for medical and nursing students focus on professional law norms, professionalism, and ethical concerns. Within this view, ethics is overemphasized, and law is underemphasized [19]. One-dimensional/one-disciplinary solutions in the courses may lead to the emergence of unrealistic and/or unimplementable rules, or at least leave healthcare professionals in a difficult situation in practice. For example, if health procedures are applied, as law professionals explain, many medical interventions could become impossible! These issues underscore the importance of IPE in addressing such challenges. This kind of program will not only teach students but may also shed light on future practical regulations. The complexity of the problems faced and the inability of existing disciplines to solve these problems independently are the most significant indicators of the need for IPE. To increase the humanities' contribution to solving the complex socio-economic and political problems the world faces, the identification of these problems and the development of solution proposals should be handled in an interprofessional manner with integrity [15].

In this context, one of the distinguishing features of the IHLEP is that it links the roles of patients and health professionals to the legal environment, which is essential during healthcare delivery. This model provides an excellent example of integrating clinical care and legal aspects. Students learned how legislation, public policy, and legal practice affect their own health and that of their patients. Medical and nursing students recognized the need to consult with law students on patient rights, ethics, and legal responsibilities. Thus, organizing dialogue between students from different disciplines through interprofessional learning also made students aware of inequalities, prejudices, and the assigned status of various student groups [21]. It has been suggested that case-based interprofessional health law sessions be added to the undergraduate curriculum, that law students be included as equal stakeholders in the process, and that collaborative learning environments be created that incorporate the ethics-law-practice triangle. Furthermore, the presented study's unique contribution in the Turkish context is that the inclusion of law students as equal partners in interprofessional education is a model with few examples in the literature. This equal inclusion of law students distinguishes this study from much of the existing IPE literature. At the end of the IHLEP, law students developed a more contextualized understanding of healthcare practice, while health students benefited from legal perspectives that enhanced their confidence in addressing medico-legal issues.

5. Conclusion

The findings of this study suggest that interprofessional health law education can play a crucial role in preparing future healthcare professionals for the legally and ethically complex practice environments they will encounter. Integrating law students into health education settings appears to enrich learning by introducing authentic legal perspectives and fostering mutual understanding between professions. Learning health law through interprofessional education offers a valuable approach to preparing future professionals for collaborating and legally informed practice. The students' diverse professional backgrounds proved a valuable strength, enabling them to offer more comprehensive and effective solutions to cases thanks to their unique perspectives. Further research is needed to evaluate long-term outcomes

and the scalability of such programs.

Limitations

The study has several limitations. The study was conducted at a single institution, evaluated a one-day program, and used self-reported written reflections; in-depth qualitative data techniques, such as interviews/focus groups, were not used. The written open-ended reflections allowed data collection from multiple participants in a short time at the end of the program, but they yielded less in-depth data than interviews or focus groups.

The available dataset includes only departmental and class-level information; information on students' prior interprofessional training or personal experiences related to the subject was not collected. The program's one-day duration and immediate post-program evaluation limit conclusions about its long-term impact on students' knowledge, behaviors, and attitudes.

The large number of law students may have increased the visibility of themes, particularly those related to legal aspects; however, despite this imbalance, reflections from health students also significantly contributed to the thematic structure. Therefore, it needs to be evaluated with more balanced samples in the future. However, this imbalance also reflects real-world medico-legal interactions, where legal interpretation often plays a central role.

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Declaration of interest

The authors declare that they have no conflict of interest.

Declaration of generative AI in scientific writing

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Ethical consideration

Ethical Approval was obtained from the Koç University Social Sciences Research Ethics Committee (2023.379.IRB3.171). Students were informed verbally at the beginning of the educational program and in the written consent form that their participation would not be included in any course evaluation and would not affect their grades. Students provided their consent before completing the online survey anonymously. Students had the right to withdraw from the study at any time.

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SUPPLEMENT 1: Interprofessional Health Law Education Program (IHLEP) Structure

Preparation phase	Two cases were written by the researchers, including roles and responsibilities regarding patient information, consent, and notification of the crime.	The program flow and references related to the consent process and notice obligation for criminal acts were sent to the students a week before the program. When the students had questions, they were answered by the researchers of their own department. A volunteer Students' List was prepared, and one of the researchers assigned them to the groups.
Action	The education program started with an introduction and warm-up activities. The students were divided into five groups. Scenarios were read, and study instructions were explained to the students. During the small-group studies, the educators circulated among the groups, asking intermediate questions and commenting on specific situations. Then, after completing the answers and solving the problems, each group presented its solutions. After the students' presentations, the educators provided information that reinforced the legal and forensic aspects of the cases.	

	The study was completed in six hours, and all participating students spent that day within the program.	
Ending	At the end of the program, students were asked to reflect on their experiences. The students were asked to evaluate the online link with four open-ended reflection questions about what they noticed about interdisciplinary work during and after the case studies, what they would transfer to their professional lives, and their opinions and suggestions about the education program. Ninety-six % (n = 48) of the students answered open-ended questions.	The digital survey contains four open-ended questions: *Describe what you noticed that was new during the case studies.* *What did you notice about interdisciplinary working during the case study? Explain.* *Explain what you will transfer to your professional life from this study.* *What are your opinions and suggestions about the case studies conducted today? Explain.*

SUPPLEMENT 2: CASES

CASE STUDY 1

Learning objectives

At the end of this case study, the students will be able to;

1. Explain the roles and responsibilities of informing and consenting patients and their relatives in care processes.

2. Discuss the legal, professional, and ethical responsibilities and areas of cooperation in the information and consent process.

3. Discuss the components of intra-team communication between health professionals in the information and consent process.

Approximate Timing

	Duration
Group study	40 min
Group presentation (5 groups)	35 min/group

Demographic characteristics

Patient name-surname: Y.KORKMAZ (YK)	**Age:** 45	**Gender:** Women
	Weight: 54 Kg	**Height:** 1,68 cm

Current medical story

As a result of the investigations, it was decided to perform a laparoscopic cholecystectomy surgery on YK. Therefore, she was hospitalized in the surgical unit. Preoperative preparation should be initiated, the necessary information provided, and consent obtained. The consent form, completed by the patient's physician, Dr. EB, is included in the patient's file. The patient told the nurse that she had not received information about her surgery, had questions about how it would proceed, and wanted to discuss it.
Health history (resume): None
Family history: Mother died of a brain hemorrhage, and father died of colon cancer.
Allergy: Penicillin
Smoking: One packet a day for 15 years
Vital signs: BP: 100/60mmHg, Pulse:88/min regular, 2+, Breath:18/min regular and not deep, Body temperature: axillary 36,8°C, SpO2: 97% asphyxia

Physical examination findings: Alert, skin turgor 1 sec, bowel sounds every 10 sec. Lung sounds: regular, heart sounds: S1 and S2.
Education level: University

Questions

1. What is informed consent? Why is it important?
2. What should be the content of the informed consent form to be obtained from the YK? Come to class with an example used in clinical areas.
3. What are the problems with the YK's information and consent procedure? Discuss.
4. What are the responsibilities of nurses and physicians in the information and consent procedure of the YK?
5. Discuss how the information and consent procedure should be implemented following the law and ethical values. a. How and when should the YK's questions be answered? b. What should be included in the YK's preoperative information?
6. How should communication between team members be ensured while informing the YK? (What should be the flow - prepare) a. What are the mandates of each of the professional groups involved? b. What are the areas of interprofessional cooperation?

CASE STUDY 2

Learning objectives

At the end of this case study, the students will be able to;

1. Discuss the obligations of health professionals regarding the criminal situations they encounter during the practice of their profession.

2. Discuss the components of intra-team communication between health professionals regarding reporting the crime.

Approximate Timing

	Duration
Group study	40 min
Group presentation (5 groups)	35 min/group

Demographic characteristics

Patient name-surname: F. SOYLEMEZ (FS)	**Age:** 22	**Gender:** Male
	Weight: 64 Kg	**Height:** 1,78 cm

Current medical story

Faik Söylemez (FS) presented to the emergency department with abdominal pain, nausea, vomiting, and diarrhea for two days. During the examination, the presence of some relatively fresh-looking wounds on FS's face and visible parts of his body drew attention. FS does not give an obvious answer when asked about the subject, but he states that "my father is a problematic man; he is a very harsh person." "That's not why I came here. I have a stomachache".

Dr. (S) and Nurse A. think that the patient is very likely to have been subjected to violence. However, it is understood that the patient did not report this situation to the state authorities and did not want to do so.

Health history (resume): None

Family history: Both parents are alive. Father is a retired soldier and HT. Mother is not working, and there is nothing special in her story.

Allergy: Unknown

Smoking: Half a pack a day for about 3 years

Vital signs: BP: 110/70mmHg, Pulse:88/min regular, 2+, Breath:16/min regular and normal deep, Body temperature: axillary 36,3°C, SpO2: 98% asphyxia

Physical examination findings: Alert, there is a 2 x 2 mm diameter wound in the frontal region, a 3 x 2 cm ecchymosis in the right upper abdomen, and a 1 x 2 cm hematoma in the right arm. He has difficulty walking; bowel sounds are present every 3 seconds, the abdomen is tender on palpation, and Lung sounds are regular. Heart sounds are S1 and S2.

Education level: High School

Questions

1. Are physicians and nurses obliged to report a crime they recognize? If not, are there legal consequences against them, and if so, what are they? [CRIME COMMITTED IN THE PAST - PATIENT "VICTIM" but not a complainant]

2. Is there a difference in this respect between health professionals working in the public sector and health professionals working in the private sector or self-employed?

3. Is there a difference between a crime committed in the past, still being committed, or planned to be committed in the future?
4. Does the nature/severity of the offense matter?
5. Does the situation change if the patient is the perpetrator and not the victim of the crime?
6. Does it matter how the suspicion that a crime has been committed arises (patient's statement / physical findings after examination...)?
7) How strong should the evidence be that a crime has been committed / should the doctor or nurse be sure that a crime has been committed?
8) What should be the content of the crime report?
9) Where to report a crime? When should it be done?
10) What is the most appropriate workflow chart for this case? a. What are the duties' limits for each professional group? b. What are the areas of interprofessional cooperation?