4. **Bridging the Gap between Education and Practice: A Sequential Mixed Method Study on Patient Safety and Interprofessional Readiness in Medical Student**

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Background: Patient safety is a vital factor in maintaining healthcare equality and reducing errors. Integrating interprofessional collaboration into medical education is essential to foster safety standards. This study evaluates patient safety awareness and Readiness towards interprofessional learning among medical students. **Methods:** An Explanatory Sequential Mixed-Methods study was conducted at a rural Medical College in Gujarat, India. The quantitative phase collected data from 174 students, using the Attitudes to Patient Safety Questionnaire (APSQ-III) and the Readiness for Interprofessional Learning scale (RIPLS). The qualitative phase consisted of a focused group discussion (FGD) with six (two each from third, final and intern batch) students, analyzed via thematic analysis, to capture experiences and insights regarding patient safety and interprofessional education. The students of Third, Final professional year of MBBS and Interns were included in the quantitative phase of study in view of their adequate exposure in clinical settings via a convenient sampling method. Students for the focused group discussion were invited to participate for the same through an official WhatsApp group. **Results:** The quantitative analysis revealed a significant moderate positive correlation between total APSQ and RIPLS (Spearman's rho = 0.392, $p<0.001$). 4th year students demonstrated significantly higher APSQ scores than third-year students. While interns achieved the highest mean RIPLS scores, they concurrently showed diminished confidence in safety reporting. To explain this paradox, the FGD yielded six overarching themes- defining patient safety, the necessity and value of IPE, experiential learning from Allied health professionals, barriers to effective collaboration, Curriculum versus Reality, Psychological safety and Error reporting. These findings highlighted a multi-dimensional definition of patient safety that encompasses clinical, emotional, and financial well-being. Furthermore, the participants recognized the value of interprofessional learning but identified several barriers like a hidden curriculum, rigid hierarchies, professional egos and a blame oriented culture as primary barriers to error reporting. **Conclusion:** A progressive Readiness for Interprofessional teamwork does not adequately protect against erosion of patient safety attitudes as a student transition to clinical practice. Medical education must move beyond theoretical modules to establish psychologically safe, non-punitive reporting frameworks and longitudinal, simulation-based interprofessional education to dismantle hierarchical intimidation.

Keywords: Patient safety, Interprofessional education, Error reporting, Medical education

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