

## INTRODUCTION & BACKGROUND

The aim of this study is to find issues regarding patient outcomes due to healthcare education. Solutions to these issues are identified through a literature review with a goal of improving patient outcomes through practices regarding healthcare education. The significance of this study is to be able to develop strategies and methods to eliminate errors and improve patient outcomes while a student is progressing into a professional career.

## EDUCATION LEVEL'S EFFECT ON PATIENT OUTCOMES

### RN versus Bachelor degree in nursing

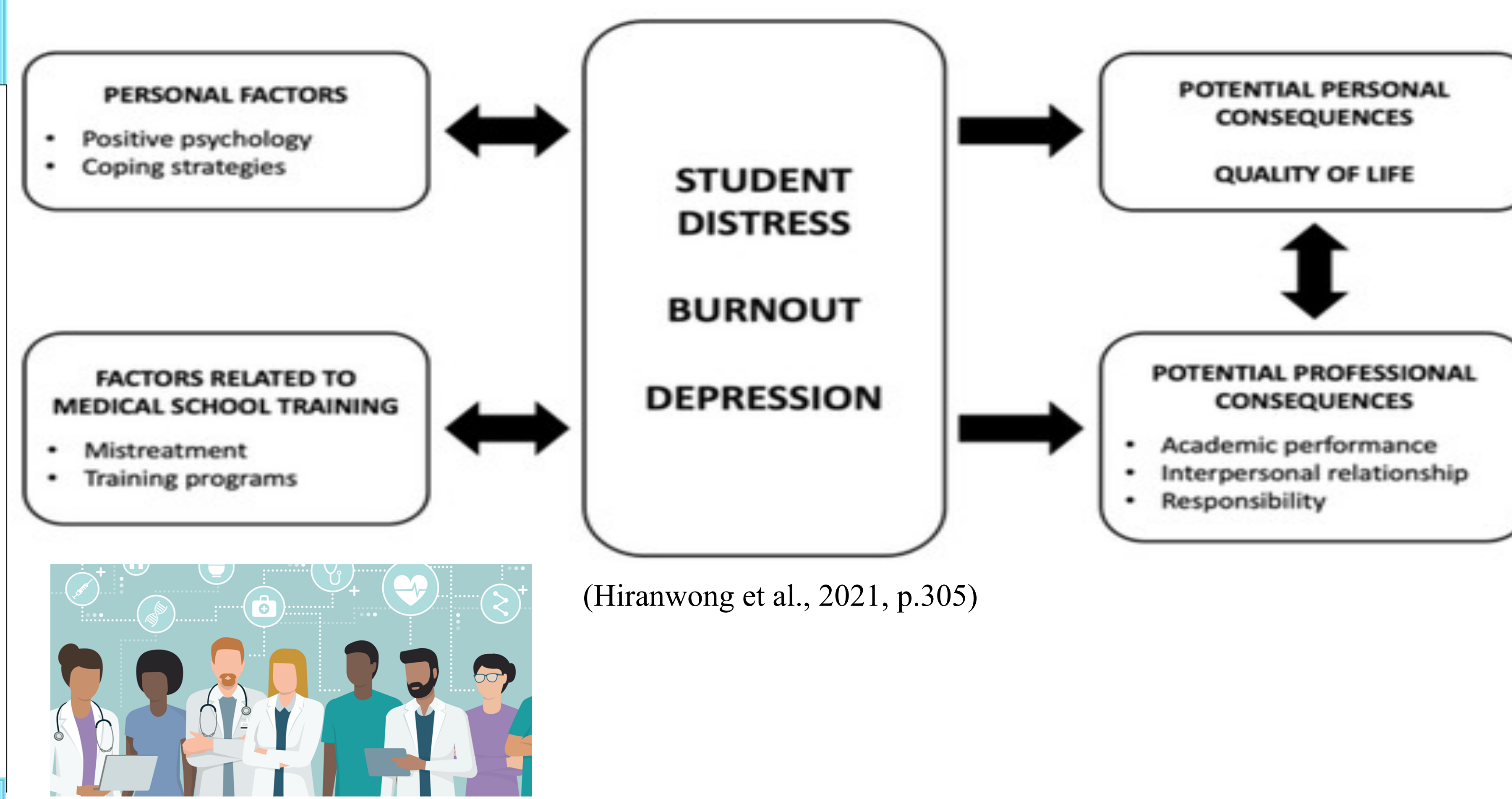
- Research shows that greater proportions of nurses with a Bachelor's degree versus lower levels of education is related to lower mortality rate and failure to rescue. (Aiken et al., 2011, p. 1047)

### Bachelor degree in nursing versus Master's degree in nursing

- "The ability to express opinions and the confidence to challenge and question practice were noted in a number of studies." (Cotterill-Walker, 2012, p. 59)
- "A number of studies identified role modelling and mentoring along with leadership and management skills as areas of personal and professional growth following master's level study." (Cotterill-Walker, 2012, p. 59)
- "The ability to gain knowledge as a result of master's level study was a predominant theme, with increased knowledge and the ability to incorporate this into practice reported in multiple studies." (Cotterill-Walker, 2012, p. 59)

## STUDENT BURNOUT EFFECTS ON PATIENT OUTCOMES

- "Burnout leads to less desirable professional behaviors or that less professional learning environments may contribute to medical student burnout." (Brazeau et al., 2010, para. 4)
- "Those with burnout were substantially more likely to engage in unprofessional behaviors, with the potential to undermine competency (e.g. cheating and plagiarism) as well as impair the delivery of timely and accurate patient care." (Dyrbye & Shanafelt, 2016, p. 135)



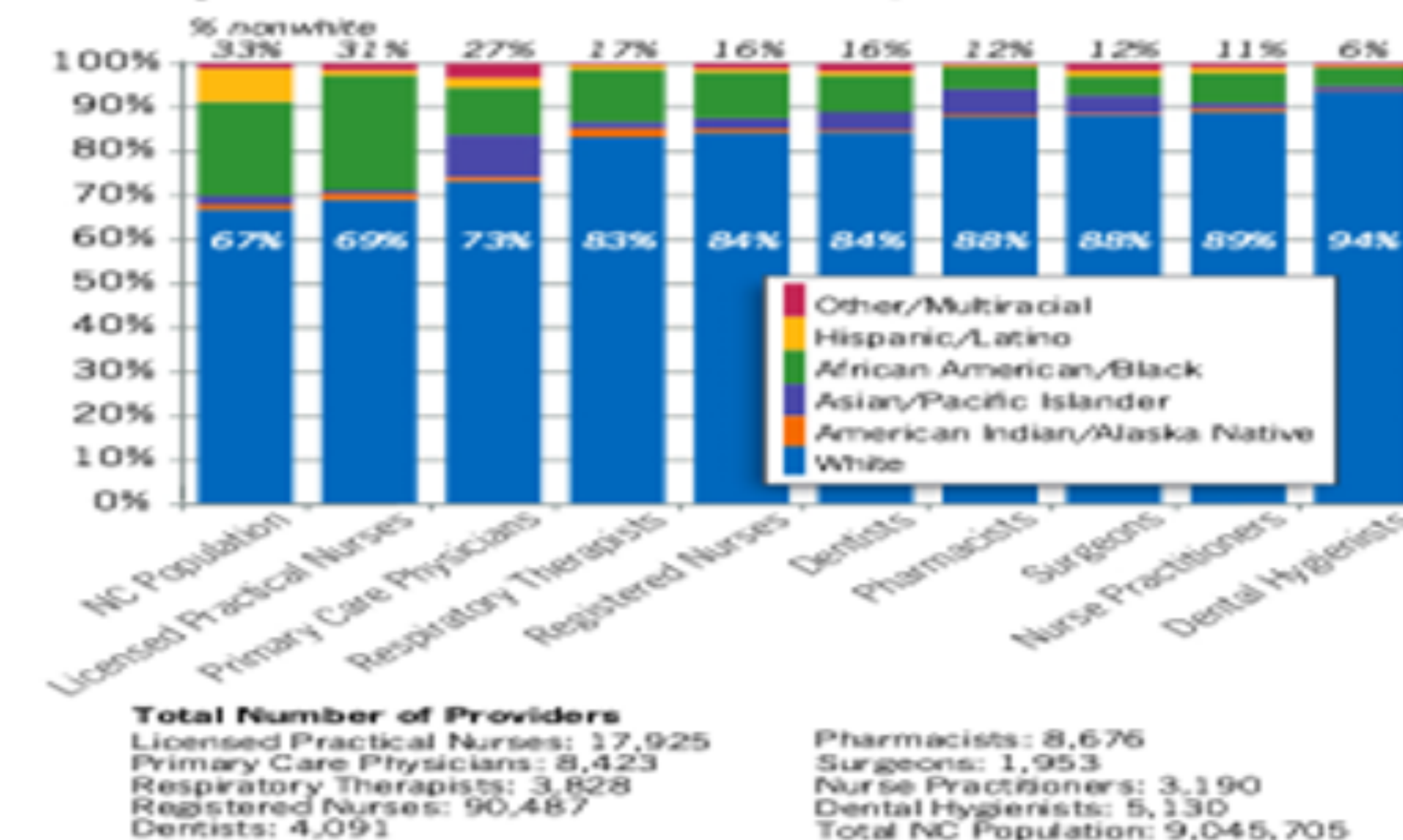
## ETHNIC/CULTURAL DIVERSITY'S EFFECT ON PATIENT OUTCOMES

- By 2050, it is estimated that 50% of the US population will consist of minorities. (Nair & Adetayo, 2019)

### Educational Barriers for Minorities:

- Minority students are more likely to attend under resourced schools. (Goode & Landefeld, 2018)
- Lack of intellectual engagement, limited activities and opportunities, and lack of access to proven and tested mentors. (Goode & Landefeld, 2018)
- Decrease availability to knowledgeable and experienced pre-health advisors. (Goode & Landefeld, 2018)
- As a result, there is a more dominant white population, which can lead to inability to communicate effectively with patients who have diverse ethnic backgrounds. (Scherman, 2017)

Figure 1. Diversity of North Carolina's Population Compared to Diversity of Selected Health Professions, 2009



## SOLUTIONS

- Interprofessional Education:** When students from 2 or more professions learn from and with each other to enable effective collaboration and improve health outcomes. (Midwest Interprofessional Practice, Education, and Research Center, n.d.)
- Without proper education on working in teams, more medical errors are made, and there is a lower patient satisfaction. (Institute of Medicine, 2015)
- By pairing IPE on team dynamics and patient safety we can better understand why IPE facilitates better care.
- There is a need for a shift in education towards collaboration and teamwork to match the needs to patients. (Midwest Interprofessional Practice, Education, and Research Center, n.d.)
- Poor communication or poor relay of information is a top offender when it comes to medical errors. (Midwest Interprofessional Practice, Education, and Research Center, n.d.)
- It is crucial to be educated in how to help prevent errors.
- Errors can be limited by learning to support one another. (Midwest Interprofessional Practice, Education, and Research Center, n.d. )
- Education Level:** Creating a network within medical schools to broaden the scope of knowledge for each student.
- Incorporation of annual IPE courses and an annual interprofessional day between faculty and student of all education levels to further teach students how to learn from peers and develop professional skills. (Evans et al., 2011, p. 253)
- Student Burnout:** "Trainee well-being is a shared responsibility of individual trainees, training programs, academic medical centers, accreditation organizations, and organized medicine." (Dyrbye & Shanafelt, 2016, p. 139)
- Healthcare facilities can enable mindfulness training which includes self-reinforcement, strategies to lower physical and emotional reactions to stress, and communication skills training. (Dyrbye & Shanafelt, 2016, p. 140)
- Ethnic and Cultural Diversity:** As health care disparities increase, health care professionals need to also increase their cultural competence, which can be done through incorporating cultural immersion practices into institutions and programs. (Brock et al., 2019)
- Education Barriers of Minorities: more effective advisors, diverse group board of committee, changing the emphasis on standardized tests, and incorporating new opportunities and resources for under-resourced schools. (Goode & Landefeld, 2018)

## SUMMARY

Education greatly impacts how health professionals can treat their patients. Interprofessional education, combating student burnout, bridging the gap between education level differences, and breaking ethnic and cultural barriers are great solutions to ensure education does not cause negative effects for a patient. These solutions were found through literature review.



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