Teaching Health Centers: A Possible Model for Nursing Education

Teaching health centers were created as part of the Patient Protection and Affordable Care Act (Part C of title VII of the Public Health Service Act [42 U.S.C. 293k et. seq.], as amended by section 5303). The purpose of this legislation was to enhance the primary care workforce through funding graduate medical education in federally qualified health centers, community mental health centers, rural health clinics, tribal clinics, and Title X clinics (Affordable Care Act, 2010). In 2011, 63 resident positions in 11 teaching health centers were funded with increases through 2015 when 690 residents were funded in 59 sites (Brown & Klink, 2015; U.S. Department of Health & Human Services, 2016a, 2016b). Even though the legislation was reauthorized, no grant competition is planned for fiscal years 2016 or 2017.

Due to funding limitations, an alternative model involving a formal partnership with a community health center (CHC) and an academic medical center (AMC) has been proposed. This model, known as Community Health Center and Academic Medical Partnership (CHAMP), involves a formal partnership, provides for concurrent training of several primary care specialties (e.g., family medicine, pediatrics, geriatrics), and creates the potential to create a CHAMP Medicaid Accountable Care Organization through the seamless provision of subspecialty care (Rieselbach, Crouse, Neuhausen, Nasca, & Frohna, 2013). Given the fact that there are fewer than 100 academic health centers in the United States and more than 1,300 CHCs, this gap creates possibilities for clinical education within schools of nursing.

The current lack of funding for teaching health centers provides an opportunity for schools of nursing to create innovative academic practice partnerships with organizations that provide care for previously underserved populations. CHCs have 19 programmatic requirements related to need, service, management and finance, and governance. Those requirements concerning need and service are aligned with the baccalaureate and master’s Essentials in a way that allows for innovative clinical teaching models to emerge. The Table provides a synopsis of the CHC requirements along with the parallel Essentials (Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing, 2008]; Essentials of Master’s Education in Nursing [American Association of Colleges of Nursing, 2011]).

CHCs provide a wealth of opportunity for nursing education. Students gain exposure to concepts like social justice in a tangible manner. Additional advantages of CHCs as nursing education sites include:

- The ability to practice interprofessional team-based care.
- The ability to work with patients concerning their social determinants of health.
- The ability to work with CHC staff on patient-centered medical home and quality improvement activities.

Based on the CHC requirements and the educational opportunities available within the sites, a variety of clinical education activities emerge for both undergraduate and graduate students. These include:

- Care coordination activities to facilitate referral for care, as well as other social services.
- Patient education sessions within the clinic or the community.
- Home visitation to patients to extend the presence of the clinic beyond its walls and enable a patient-focused engagement for an interprofessional team of students.
- Primary care with a multitude of nursing specialties, such as family nurse practitioner, pediatric nurse practitioner, adult/gerontological nurse practitioner, psychiatric mental health nurse practitioner, and certified nurse midwife.

It is essential that nursing faculty reach out to CHCs within their community to establish positive relationships. Spending time to observe workflow and determine how clinical education might be incorporated, without compromising provider productivity, is important as new models for education emerge. Establish a vision for the partnership and denote milestones along the way. Start with a pilot, one student group for one semester, and design a robust evaluation that will facilitate discussions about the possibility of expanding the relationship further.

References

# TABLE

Community Health Center (CHC) Requirements with the Essentials for Baccalaureate and Master's Education

<table>
<thead>
<tr>
<th>CHC Program Requirement</th>
<th>Baccalaureate Essentials (AACN, 2008, pp. 3-4)</th>
<th>Master's Essentials</th>
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<tbody>
<tr>
<td>Needs assessment: Health center demonstrates and documents the needs of its target population.</td>
<td>Essential VII: Clinical Prevention and Population Health (Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.)</td>
<td>Essential VIII: Clinical Prevention and Population Health for Improving Health (Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates and identified populations.)</td>
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<td>Required and additional services: Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.</td>
<td>Essential IX: Baccalaureate Generalist Nursing Practice (The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of health care environments. The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.)</td>
<td>Essential IX: Master’s-Level Nursing Practice (Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences health care outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences, as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.)</td>
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<td>Staffing requirement: Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services, and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged.</td>
<td>Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes (Communication and collaboration among health care professionals are critical to delivering high-quality and safe patient care.)</td>
<td>Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes (Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.)</td>
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<td>Accessible hours of operation and locations: Health center provides services at times and locations that ensure accessibility and meet the needs of the population to be served.</td>
<td>Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety (Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high-quality health care.)</td>
<td>Essential II: Organizational and Systems Leadership (Recognizes that organizational and systems leadership are critical to the promotion of high-quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems perspective.)</td>
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<tr>
<td>After hours coverage: Health center provides professional coverage for medical emergencies during hours when the center is closed.</td>
<td>Essential II (see above)</td>
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### TABLE (Cont.)

Community Health Center (CHC) Requirements with the *Essentials* for Baccalaureate and Master’s Education

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<td>Hospital-admitting privileges and continuum of care: Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.</td>
<td>Essential II (see above)</td>
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<td>Sliding fee discounts: Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.</td>
<td>Essential V: Health Care Policy, Finance, and Regulatory Environments (Health care policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the health care system and thereby are important considerations in professional nursing practice.)</td>
<td>Essential VI: Health Policy and Advocacy (Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.)</td>
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<td>Quality improvement or assurance plan: Health center has an ongoing Quality Improvement/Quality Assurance program that includes clinical services and management, and that maintains the confidentiality of patient records.</td>
<td>Essential IV: Information Management and Application of Patient Care Technology (Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.)</td>
<td>Essential III: Quality Improvement and Safety (Recognizes that the master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.)</td>
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Note. AACN = American Association of Colleges of Nursing.