



# Internal Faculty Pools

## Expanding Clinical Education and Nurse Recruitment



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Every nursing student clinical rotation is either a recruitment opportunity or a lost one.

Healthcare systems can shift from consumers of graduate talent into creators of it.

Scan to connect



### The Problem: The Geographic Faculty Gap

The nursing faculty shortage is not just an academic problem. For rural hospitals, it is a critical workforce constraint. Beyond limiting enrollment, rural college faculty are often unable to travel 45-90 minutes to distant clinical sites. In our region, that geographic gap disconnected nursing students from our organization entirely, leaving a valuable recruitment pipeline untapped.

### The Strategy: Academic-Practice Partnership

Our hospitals moved from passive clinical sites to active education partners, forming a partnership that strengthened both school and workforce. Rather than relying on traditional adjunct models, hospital-employed RNs were trained and deployed as clinical instructors, teaching students exclusively at our sites while remaining system employees (AACN & AONL, 2025).

### Implementation: From Concepts to Contracts

**Enhanced Support:** Joint onboarding, curriculum alignment, shared coaching and mentorship

**Matched Deployment:** RNs aligned to school-specific curricular and scheduling requirements

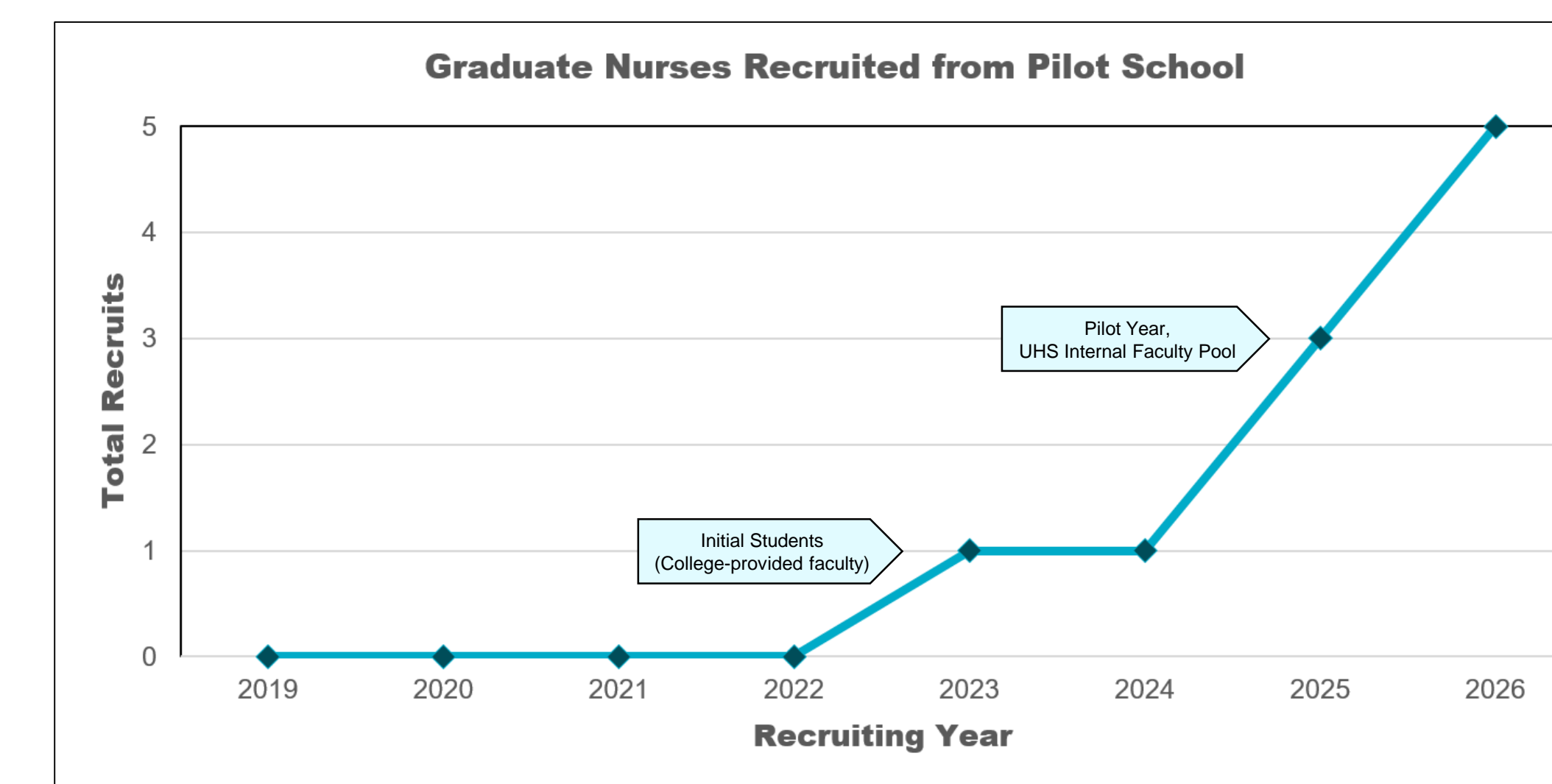
**Cost-Offset Model:** Colleges reimburse the hospital at their standard adjunct rates

**Competitive Compensation:** Hospital-rate pay plus a teaching differential removes a key adjunct recruitment barrier

**Practice-Embedded Instruction:** Actively practicing RNs and NPs narrow the gap between classroom theory and bedside reality

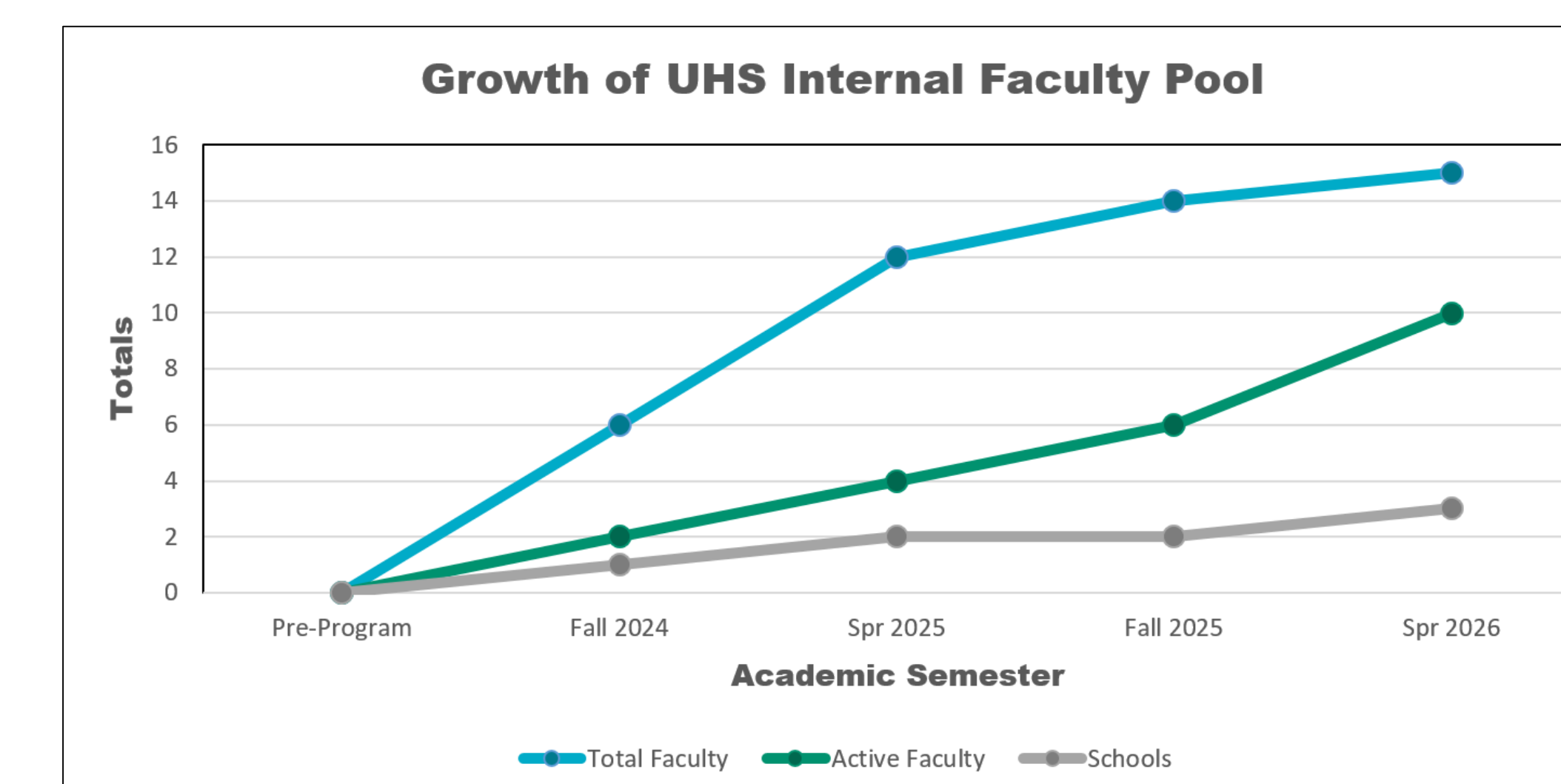
### Outcome: Workforce Growth The Recruitment Pipeline in Action

The clearest workforce signal came from our pilot school: A relationship that began with no student exposure and zero hires yielded five GN hires this year. Across all three partner schools, the program brought more than 40 students to our sites, each representing a recruitment opportunity that did not previously exist.



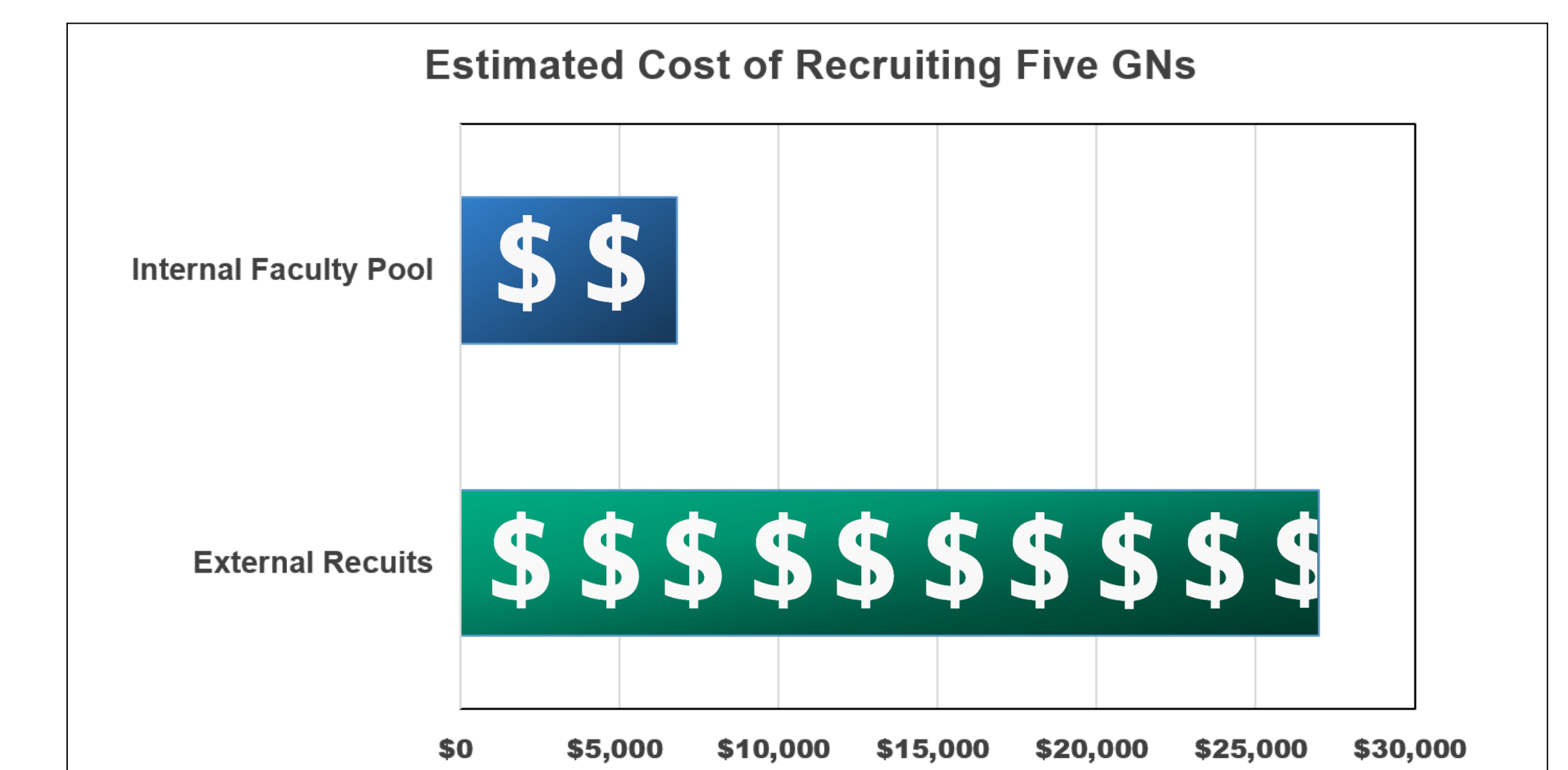
### Outcome: Professional Growth Bedside Expert to Clinical Educator

When teaching opportunities flow exclusively through colleges, the developmental relationship belongs to the school, not the hospital. By building this pathway internally, we kept professional growth aligned with our workforce strategy and embedded in our culture.



### Outcome: Financial Value Cost Avoidance

A modest educational investment produced meaningful workforce value. Our pilot school's eight clinical rotations cost approximately \$6,800 in 2025-2026, compared with more than \$27,000 in estimated recruitment costs for the same five hires (SHRM, 2025).



### Implications: Shape The Pipeline

Hospitals can either remain downstream from the faculty shortage or help shape where and how future nurses are formed. By creating internal faculty pathways, health systems can transform a persistent external constraint into a strategic advantage, strengthening recruitment, accelerating professional growth, and reducing reliance on pipelines they do not control.

### References:

AACN & AONL (2025). *Academic-Practice Partnership Playbook: From Shared Vision to Action*. American Association of Colleges of Nursing. Available at <https://www.aacnursing.org/Portals/0/PDFs/Academic-Practice-Partnerships/AACN-AONL-Academic-Practice-Partnership-Playbook.pdf>

Society for Human Resource Management. (2025). *SHRM Releases 2025 Benchmarking Reports: How Does Your Organization Compare?* SHRM. <https://www.shrm.org/about/press-room/shrm-releases-2025-benchmarking-reports-how-does-your-organizat>

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