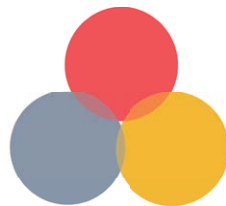


Closing the Clinical Training Gap: 3 Steps for Success



CAUHEC

COLLEGE AND UNIVERSITY HEALTHCARE
EDUCATION CONSORTIUM

Forward





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As a nurse, healthcare executive, and now founder of CAUHEC, closing the clinical training gap is deeply personal to me. I lived the challenges from multiple perspectives—standing at the bedside as a trauma nurse, directing hospital operations, working alongside colleges and universities to secure clinical placements for students and serving as a preceptor. I know how difficult it is for institutions to expand enrollment when the bottleneck isn't student interest, but access to preceptors and clinical sites.

Across the country, colleges and universities are turning away qualified students simply because there are not enough faculty capacity to support them. Clinical educators face daily pressures to balance patient care with teaching, often without the resources or recognition they deserve. And the result is felt everywhere: a workforce pipeline that cannot keep pace with the growing needs of our healthcare system.

This is not a challenge any one school, health system, or state can solve alone. It will take the vision and commitment of innovative leaders across the country to build solutions that are both scalable and sustainable.

At CAUHEC, we believe every student deserves a chance to learn, every educator deserves the tools to teach, and every community deserves access to skilled, compassionate healthcare professionals. Our mission is to bridge the divide between higher education and healthcare, unlocking opportunities that shape not just careers, but lives.

This is more than a mission—it's a movement. And I invite you to stand with us. Together, we can ignite opportunity, empower educators, and strengthen the healthcare workforce for generations to come. The future is waiting—and we have the power to build it.

I'm interested in your comments. To explore how you can get involved, reach out to me at elaina.mcadams@cauhec.org

With gratitude and determination,

The Crisis



Disruption

A survey of 72 primary-care providers at Emory Healthcare revealed that two out of five preceptors who had taught before the pandemic still had not resumed precepting by early 2024. Key barriers were low patient volume (40%), discomfort integrating students into tele-health visits (23%), and new caregiving or workload burdens (27%). Notably, one-third of respondents asked for training on tele-health instruction, underscoring the need for structured support, not just recruitment. The pandemic drastically worsened clinical training access. Over 30% of primary care preceptors stopped taking students after March 2020. (Lund et al., 2024).

Preceptors expressed interest in training to integrate students into virtual care, but institutions lacked the tools, support, or funding to meet the need.

Barriers to Clinical Training:

- **Workload burden adding to clinician burnout**
- **Discomfort teaching via telehealth**
- **External caregiving demands**
- **Increased clinic workload and instability**



A Workforce Pipeline Blocked at the Source

While demographic shifts are driving unprecedented demand, the United States is facing a severe and systemic healthcare workforce shortage. The table below lists just some of the shortages of key practitioners that will impact patient care. Globally, the World Health Organization estimates a deficit of 11 million healthcare workers by 2030. Yet the most immediate constraint is not classroom capacity—it’s the collapsing infrastructure for clinical training, which prevents students from gaining the real-world experience needed to enter and stay in the healthcare workforce.

Practitioner Type	Projected Shortage (FTEs)	Projected Year
Registered Nurses	63,720	2030
Licensed Practical Nurses	141,580	2035
Radiology Technicians	50,000	2030
Physical Therapists	9,120	2037
Medical Lab Technologists/ Technicians	98,700	2025
Genetic Counselors	Shortage persists until 2030	2030

This training bottleneck—caused by a critical shortage of clinical preceptors, a lack of placement systems, and outdated funding models—is preventing qualified students from entering and completing programs. We need to create an approach that will ensure that our communities will have access to the clinical services needed.

Advancing Equitable Clinical Training

Experiential training is the foundation of healthcare competence. Medical students receive two years of structured rotations followed by 3–7 years of residency. Yet nurse practitioners—increasingly expected to serve as primary care providers—graduate with inconsistent, often pay-to-play clinical experiences. This isn’t just inequitable. It’s dangerous. Without consistent clinical oversight, we risk producing graduates who lack the experience to practice safely, especially in post-pandemic care environments characterized by sicker patients, complex protocols, and high turnover.

Clinical access gaps do not affect all students equally. Research confirms that underrepresented learners and those in rural communities are disproportionately impacted by placement shortages.

Experiential Learning Accelerates Student Success



Why Structured Placements Matter

A January 2025 *Forbes* article highlights the value of structured, school-arranged work experiences, noting that such opportunities allow students to focus on learning rather than navigating fragmented systems on their own. In clinical programs—especially nursing and allied health—when institutions coordinate placements, students gain equitable access to high-quality experiences that build skills, confidence, and readiness for practice. (Craig, 2025)

In contrast, *Bloomberg Businessweek* (2023) reports that the current nurse practitioner (NP) training model often leaves students to find their own placements. Many resort to social media connections or pay more than \$2,000 per rotation on third-party platforms. This adds financial burden, increases inequities, and risks inconsistent training quality.

As one former CCNE official observed, “Graduation from an accredited program is not sufficient assurance” that a practitioner is fully prepared. Across healthcare disciplines, accreditation standards vary: some require institutions to arrange placements, others (like CCNE and ACEN) take a more flexible approach.

The bottom line is clear: structured placements—when well-designed and equitably assigned—help students integrate classroom learning with real-world practice, build professional networks, and enter the workforce with the skills needed to excel in complex healthcare environments.

Accreditor	Field/Discipline	Must University Arrange Placements?	Requirement Summary
CCNE - Commission on Collegiate Nursing Education	Nursing (BSN, MSN, DNP)	No	Requires sufficient clinical experience but does not require school-arranged sites.
ACEN - Accreditation Commission for Education in Nursing	Nursing (Diploma, ASN, BSN, etc.)	No	Similar to CCNE; students often arrange their own placements.
COA - Nurse Anesthesia Programs	Nurse Anesthesia (CRNA)	Yes	Programs must establish and verify all clinical site access and quality.
CAPTE - Physical Therapy Education	Physical Therapy (PT, PTA)	Yes	Institutions must assign and oversee all clinical education experiences.
ARC-PA - Physician Assistant Education	Physician Assistant (PA)	Yes	Programs must coordinate, assign, and monitor supervised clinical practice.
LCME - Medical Education	MD Programs	Yes	Programs are responsible for providing and managing clinical experiences.
COAMFTE - Marriage and Family Therapy Education	Behavioral Health / Therapy	Yes	Clinical training must be institutionally supported and supervised.

The Call For Outcome-Driven Innovation



Innovative Approaches for Universities and Healthcare Leaders to Transform the Future

The U.S. healthcare system requires a modern, coordinated approach to clinical education. A digital infrastructure that connects students, preceptors, universities, and healthcare institutions can optimize placements, meet accreditor requirements, and address the shortage of fully trained healthcare professionals.

A large-scale solution should:

- Scale preceptorships by providing fair compensation and recognition for preceptors
- Modernize placements through transparent student-preceptor matching tools
- Ensure trackable, high-quality clinical experiences that align with compliance and accreditation standards
- Strengthen academic-clinical partnerships to support scalable and sustainable workforce pipelines

A coordinated framework addresses structural inequities in clinical access through technology, transparency, and accountability—helping expand enrollment, strengthen workforce readiness, and ensure equitable access to experiential learning.

Outcome-Driven Innovation Is the Way Forward

To compete in today's healthcare education landscape, leading institutions embrace outcome-driven models that directly link clinical access to graduation, licensure, and employment. Outcome-focused placement strategies result in higher learner satisfaction and measurable success metrics. (Chen et al., 2013). Programs that track and reward outcomes—rather than volume—will gain a competitive edge.

Make Infrastructure Future-Proof

As noted by the National Academies of Sciences and the World Economic Forum, the future of healthcare demands infrastructure that adapts to shifting population needs, evolving technologies, and complex care models. Institutions that invest in future-ready solutions will be best positioned to train the next generation of providers.

3 Steps For Success



1. Expand Experiential Learning in Clinical Education

- **Change Needed:** Establish policies that require structured experiential learning (clinical placements, preceptorships, and co-ops) as a standard component of all clinical degree programs.
- **Impact:** Ensures every student receives comprehensive, real-world training, strengthening readiness for the workforce.
- **Alignment:** Supports schools in meeting accreditation requirements and builds a consistent national framework for experiential learning.

2. Invest in Preceptorships

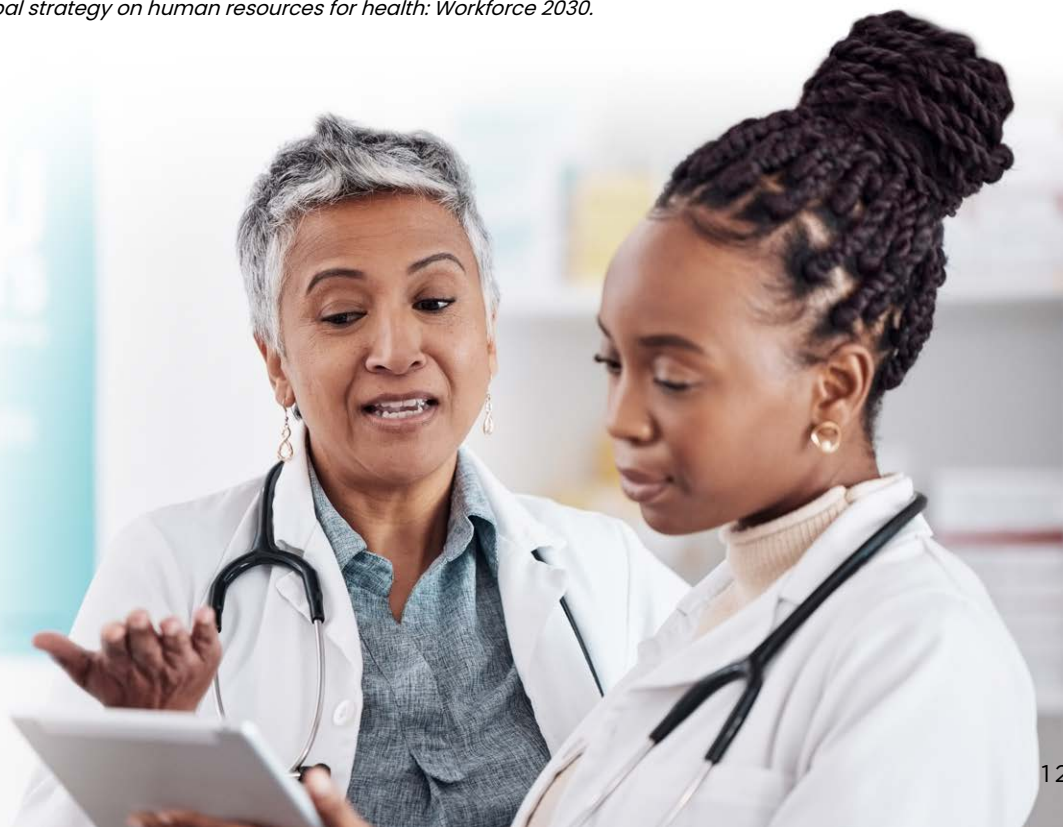
- **Change Needed:** Dedicate education funding to support preceptor stipends, faculty development, and training partnerships.
- **Impact:** Expands capacity by attracting more clinicians to serve as preceptors, easing pressure on schools, and reducing financial burden on students.
- **Alignment:** Creates equitable access to placements while enabling schools to sustainably expand enrollment.

3. Strengthen Accountability for Field-Based Education

- **Change Needed:** Adopt transparent systems to demonstrate students' access to quality field-based experiences and adherence to accreditation standards.
- **Impact:** Promotes consistency and quality across programs, giving students confidence in their preparation and employers assurance in workforce readiness.
- **Alignment:** Enhances collaboration among universities, health systems, and accrediting bodies while scaling the workforce pipeline responsibly.

References

- Accreditation Commission for Education in Nursing. (2017). *ACEN accreditation manual: Standards and criteria*.
- Accreditation Review Commission on Education for the Physician Assistant. (2023). *Accreditation standards for PA education*.
- American Physical Therapy Association. (2023). *Workforce projections for physical therapists: 2023 update*. APTA.
- Association of American Medical Colleges. (2021). *The complexities of physician supply and demand: Projections from 2019 to 2034*.
- Bloomberg Businessweek. (2023, December 21). Nursing schools have a serious training problem.
- Chen, Candice MD, MPH; Petterson, Stephen PhD; Phillips, Robert L. MD, MSPH; Mullan, Fitzhugh MD; Bazemore, Andrew MD, MPH; O'Donnell, Sarah D. MPH. Toward Graduate Medical Education (GME) Accountability: Measuring the Outcomes of GME Institutions. *Academic Medicine* 88(9):p 1267–1280, September 2013. | DOI: 10.1097/ACM.0b013e31829a3ce9
- Commission on Accreditation for Marriage and Family Therapy Education. (2021). *Accreditation standards*.
- Commission on Accreditation in Physical Therapy Education. (2021). *CAPTE accreditation handbook*.
- Commission on Collegiate Nursing Education. (2018). *Standards for accreditation of baccalaureate and graduate nursing programs*.
- Council on Accreditation of Nurse Anesthesia Educational Programs. (2022). *Standards for accreditation*.
- Craig, R. (2025, January 10). Colleges need to take charge of arranging relevant work experience. *Forbes*.
- Health Resources and Services Administration. (2022). *Behavioral health workforce projections, 2020–2035*. U.S. Department of Health and Human Services.
- Health Resources and Services Administration. (2022). *Health workforce simulation model projections: Nursing workforce 2020–2035*. U.S. Department of Health and Human Services.
- Liaison Committee on Medical Education. (2023). *Functions and structure of a medical school*.
- Lund, M. B., Green, S., Leppke, A., Vohra-Khullar, P., Alfonso, S., & Moore, M. A. (2024). Identifying barriers to precepting health professions learners during the COVID-19 pandemic. *PRIMER*, 8(2).
- McKnight's Long-Term Care News. (2023, August 10). PT, OT shortages growing fast: Report.
- National Society of Genetic Counselors. (2022). *Genetic counselor workforce working group report*.
- Ormond, K. E., Laurino, M. Y., Banuvar, S., & Zierhut, H. (2022). Workforce trends in genetic counseling: Projections and barriers. *Journal of Genetic Counseling*, 31(3), 497–507.
- World Health Organization. (2023). *Global strategy on human resources for health: Workforce 2030*.



CAUHEC Connect Closes the Clinical Gap Between Students, Schools, and Clinical Sites

CAUHEC Connect is a HIPAA- and FERPA-aligned SaaS platform that streamlines how students, schools, and clinical sites coordinate rotations. No integrations are required. Schools maintain control while CAUHEC simplifies placement tracking, paperwork, and visibility—without compromising compliance.

One Platform. Three Parties. Zero Friction.

The CAUHEC Connect platform links:

- **Students**, who can search and request clinical sites based on sociality and location.
- **Schools**, who maintain oversight, review matches, and track rotation progress.
- **Preceptors**, who join voluntarily and can opt into stipends if desired.

To learn more about how to access our tool, call **888-644-9435** or visit our website at **www.CAUHEC.org**.



www.CAUHEC.org/cauheconnect