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EXPANDING CLINICAL PLACEMENTS WITH DEDICATED EDUCATION UNITS: A SYSTEMS APPROACH

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Abstract

Clinical placement capacity is a key limitation in prelicensure nursing education. The Dedicated Education Unit (DEU) model helps improve student outcomes, satisfaction, and address faculty and placement shortages, but widespread adoption is difficult. This article introduces a systems-based framework for expanding DEUs, stressing the importance of centralized infrastructure and strong academic–practice partnerships. A multi-year case from a large healthcare system shows that investing in leadership, standardized processes, and shared resources supports rapid, sustainable DEU growth in various clinical environments. The findings indicate that infrastructure and partnerships drive DEU scalability, enabling healthcare systems to meet changing placement needs while maintaining high standards in clinical education.

Keywords: Nursing Education, Nursing Students, Educational Models, Dedicated Education Unit, Academic Practice Partnership, Clinical Placement Capacity

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Introduction

Clinical learning experiences are foundational to nursing education and depend on a coordinated system of clinical care units, staff nurse preceptors, engaged practice leaders, nursing faculty, and leadership support from academic and practice partners within an Academic Practice Partnership (APP). These components must function cohesively to deliver high-quality clinical education that prioritizes development of clinical competencies while balancing clinical placement capacity constraints. Within health professions, many clinical placement models have been developed, implemented, and studied with particular attention to how the model facilitates clinical learning and addresses the need for additional student placement opportunities. These models include collaborative learning models, Dedicated Education Units (DEUs), traditional block assignments, spoke-and-hub models, longitudinal fellowships, practice or project-based learning, role-emerging models, innovative strategies, and combination models (Nyoni et al., 2021). This article focuses on the DEU model for clinical learning and the ability of the model to increase clinical placement capacity within nursing when it is supported by intentional infrastructure and strong partnerships.

Dedicated Education Units

The DEU model was first implemented in the United States by the University of Portland School of Nursing in 2004 in response to the Oregon Nursing Leadership Council's strategic plan to increase enrollment in nursing programs and leverage existing nursing expertise within clinical nursing education (Moscato et al., 2007). Over the past two decades, adoption of the DEU model for clinical education has grown and the DEU model has become recognized for its positive impact on student learning (Bittner et al., 2021; Cooper et al., 2025; Gangeness et al., 2026; Musallam et al., 2021; Nyoni et al., 2021), student satisfaction (Benike et al., 2024; Nyoni et al., 2021), and transition to practice (Dimino et al., 2020). Additionally, the model's integration of clinical staff nurses as expert teachers has enabled the placement of students in non-traditional settings where nursing faculty have not historically had necessary experience, or expertise, or where large groups of students cannot be accommodated during a single shift due to size or space constraints.

The defining strength of the DEU model is its flexibility. DEUs have been successfully implemented in settings such as ambulatory care, mental health, public health, procedural and surgical units, and rural or critical access hospitals (Benike et al., 2024; Frie et al., 2020; Schoening et al., 2021). The model also supports learners across Licensed practical nursing (LPN), Associate degree nursing (ADN), and Bachelor of science in nursing (BSN) programs. Each DEU requires considerable time and effort to establish authentic partnerships, prepare preceptors, design scheduling mechanisms, and evaluate outcomes. Importantly, success in one DEU does not guarantee success in another (Pryse et al., 2020). Ongoing sustainability depends on continuous problem-solving, relationship renewal, and model refinement (Lapinski & Ciurzynski, 2020).

As the number of DEUs increases, reliance on unit-based leaders alone creates risk for inconsistency and inefficiency. Standardization and centralized expertise become essential for coordinating education, evaluation, and partnership activities across a complex system. Consistency in role definitions, preceptor preparation, evaluation processes, and partnership expectations ensures quality and supports accreditation while preserving local adaptability. A large healthcare system can foster DEU growth by standardizing essential processes and investing in skilled support roles throughout the organization.

Clinical Placement Capacity and the DEU

In its recent analysis, the National Center for Health Workforce Analysis (2025) estimated a continued shortage of Registered Nurses and Licensed Practical Nurses extending to the year 2038. Insufficient numbers of nursing faculty, clinical sites, and clinical preceptors are among the factors restricting current nursing program enrollments and contributing to the ongoing nursing workforce shortage (American Association Colleges Nursing, 2024). The DEU clinical learning model addresses several of these constraints by leveraging the experience and expertise of practicing nurses during clinical learning. The DEU model has been cited as a solution to clinical faculty shortages as it reduces the reliance on instructors with advanced nursing degrees (Glazer et al., 2011). When the expert nurse becomes the expert teacher, the DEU

model enables expansion of clinical learning opportunities into additional clinical areas such as procedural, surgical services, ambulatory, rural clinics, and critical access hospitals where traditional clinical models were previously unable to thrive. Engaging student learners in these care areas through the expansion of the DEU model can profoundly impact the availability of clinical learning opportunities for nursing students, which helps address a significant issue facing nursing education, and the national nursing shortage today.

DEU Implementation and Expansion

Marcellus et al. (2021) describe 5 clear characteristics of effective DEUs: effective academic practice partnerships, adaptability to diverse clinical care contexts, importance of a unit culture marked by educational excellence, responsive and supportive unit leadership, and clear roles and responsibilities. Once these characteristics are established, core processes to support DEU implementation take shape. These include building capacity among nurse preceptors and clinical faculty through initial and ongoing orientation, facilitating student learning through preparation, orientation, and learning support, communicating regularly at both the system and unit level, evaluating the model, and sustaining the model (Marcellus et al., 2021). Each of these processes requires expert personnel and shared resources to ensure the success of the DEU. When a single DEU is implemented, APPs co-create each process and co-develop the characteristics described above to meet the unique needs of the DEU partnership. However, the implementation of multiple DEUs across diverse clinical care settings within a large organization requires additional infrastructure and partnership considerations to support implementation at a larger scale.

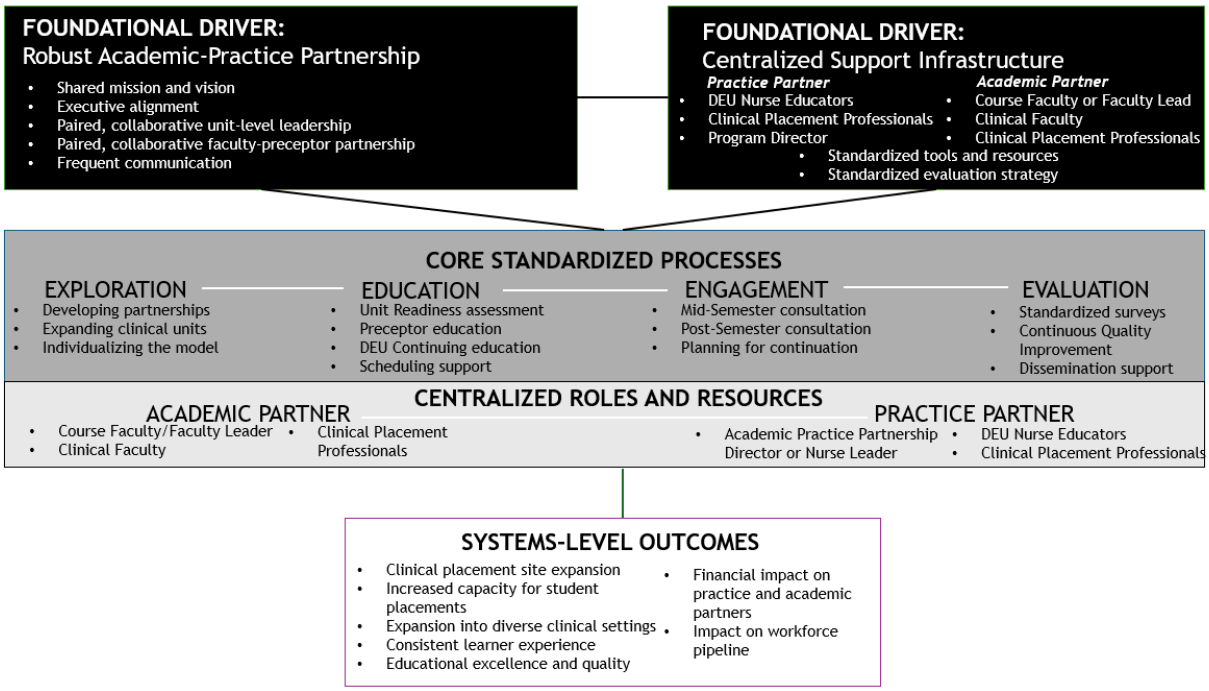
Systems Based Framework for DEU Expansion

Although administrative infrastructure is recognized as essential for the success of DEUs (Marcellus et al., 2021; Parker & Smith, 2012), there is still little practical advice available on how healthcare systems can build infrastructure that supports ongoing DEU growth. A Systems Based Framework for DEU Expansion is presented, integrating two essential elements: robust academic-practice partnership and centralized support

infrastructure. The Systems Based Framework for DEU Expansion (Figure 1) incorporates infrastructure and partnership as foundational drivers, recognizes core processes required for standardized and streamlined expansion, clarifies key roles required for expansion, and identifies system-level outcomes that signal increased clinical capacity while maintaining excellence in educational quality.

Figure 1.

Systems Based Framework for DEU Expansion



Note. Foundational drivers ensure alignment and availability of resources. Core processes support standardization and streamlining of tasks. System-level outcomes reflect increased clinical capacity counterbalanced by maintenance of educational quality.

Partnership and Infrastructure as Foundational Drivers of DEU Success

The Academic-Practice Partnership (APP) is central to the DEU model and requires collaboration at various levels of leadership, including at the executive levels, unit level involving nurse managers and faculty leaders, and at the point where learning occurs – with collaboration between clinical instructors and staff nurse preceptors vitally important (Pryse et al., 2020). Healthcare systems aiming to expand the DEU model to

increase clinical placement opportunities must be prepared to actively engage in APPs at all levels. For the healthcare system, this means establishing experience, expertise, and readiness among academic partnership practice leaders, DEU Nurse Educators, clinical leaders, and the staff nurse preceptors serving in the DEU model as a Clinical Nurse Teacher (CNT).

Within academic programs, ensuring commitment of faculty leadership, assigned course faculty, and clinical faculty to the DEU model is essential. The faculty role within the model differs significantly from a traditional clinical model and requires a flexible faculty approach marked by increase availability across days of the week and various shifts (i.e. evenings, nights, weekends), accessibility anytime a student is engaged in clinical learning, and enhanced skills in supporting the CNT role. The clinical faculty role shifts from a "sage on the stage" mentality to a "guide by the side" approach; centering the influence of CNT expertise on student learning while ensuring a framework for bridging the theory-to-practice gap and ensuring student development of competency through structured evaluation methodology. As part of this work, clinical faculty and course faculty maintain a presence on the unit to support CNTs in their teaching role. In addition to providing guidance on how to work with nursing students, clinical faculty are responsible for ensuring that the quality of clinical teaching and educational approach of the CNTs align with the program curriculum, accreditation standards, and overall standards of excellence in teaching and learning within the academic program.

Partnership in the DEU is the primary driver and is consistently cited in DEU literature as an essential component of the model's implementation (Benike et al., 2023; Glazer et al., 2011; Marcellus et al., 2021; Moscato et al., 2007; Mulready-Shick & Flanagan, 2014; Pedregosa et al., 2021; Watson et al., 2012). Achieving success in the partnership requires a shared commitment to the model (Moscato et al., 2007), adoption of a student-centered approach to clinical education with active contributions from both academic and practice partners toward knowledge development (Watson et al., 2012), responsive leadership (Marcellus et al., 2021), and an ongoing emphasis on educational

excellence. Processes to support the academic partnership's success within the DEU model include combined training of clinical nurse teachers and clinical faculty, frequent communication and meetings between faculty and practice leaders, shared development of resources, and bi-directional feedback loops. Ensuring a robust APP is a foundational driver of DEU success and requires time-on-task for various academic and practice leaders. As much as the staff nurses who become clinical nurse teachers are welcomed onto the academic team, the faculty and clinical instructors affiliated with the academic program of nursing become a part of the practice. This mutual welcoming, belonging, and collaborating is critical to DEU success.

The DEU cannot thrive on partnership alone. Competing priorities and workload strains on both academic and practice partners threaten the time and energy required to effectively execute the APP in a DEU setting. Because of this, centralized DEU support and infrastructure are presented as additional foundational drivers of DEU implementation success and ongoing sustainability. Exploring and establishing new partnerships, educating staff nurses to become Clinical Nurse Teachers (CNTs), ensuring sustainability of the clinical model, and evaluating its effectiveness all require time, effort, and energy from nurse practice leaders. Similarly, shifting a clinical learning model within an academic curriculum requires significant time on task. Faculty engage in the co-development of the relationship, scheduling structure, CNT training, curricular alignment, and student evaluation; all while ensuring that academic accreditation standards are met. Building organizational infrastructure that incorporates both expert personnel and evidence-based resources is essential for both academic and practice partners. The required infrastructure proposed in the Systems Based DEU Expansion Framework includes investment in 3 practice categories: (1) DEU Nurse Educators, (2) Clinical Placement Professionals, (3) Program Director/system leadership, 3 academic categories: (1) Course Faculty or Faculty Leadership, (2) Clinical Faculty, and (3) Clinical Placement Professionals. Both academic and practice partners invest time and energy to develop standardized tools and resources, and standardized evaluation strategies to support DEU model implementation, sustainability, and evaluation.

Core Processes to Support DEU Growth

Exploration

Expanding the DEU clinical learning model requires academic and practice nurse leaders to regularly explore opportunities to develop new partnerships, expand clinical learning opportunities by engaging new and specialty clinical units, and individualizing the model to meet the practice needs and academic learning objectives simultaneously. Exploration is a core process of DEU expansion. It is critical that systems consider new and emerging partnerships with nursing education programs at all degree levels and consider opportunities to engage unique practice areas in DEU teaching and learning. Programs have had success developing DEUs in ambulatory care, rural health, critical access hospitals, psychiatric nursing, procedural practices, and surgical services. Learning opportunities in these areas are robust, and establishing DEU structure enables overall expansion of clinical placement opportunities.

Education

The DEU model requires significant planning and resources related to initial and ongoing staff education. Teaching and training staff nurses to serve as a Clinical Nurse Teacher in the DEU model benefits from standardization and centralized evaluation. DEU Nurse Educators assist with unit assessment, preceptor training, continuing education for Clinical Nurse Teachers and DEU teams, and manage DEU logistics such as scheduling. These processes, like all four of the core processes in the framework, require continuous partnership between practice and academic partners. Academic partners are invited to participate in individualized CNT training sessions for each new DEU that is developed. This allows the academic partner to share how the clinical experience is positioned within the broader curriculum. Academic faculty provide training to the CNTs regarding school-specific competencies, previous student clinical experiences, evaluation standards, accreditation standards, and how the DEU fits into the overall competency-based education model within the school of nursing. Education is at the core of the DEU model, and expansion of the model requires standardized education and training for practice partners, expert teachers leading the way, and robust

partnership to incorporate individualized training needs based on academic learning outcomes and structure.

Engagement

DEU expansion requires continued effort, energy, and support to ensure sustainability. DEU Nurse Educators and Clinical Placement Professionals provide significant value to DEU participants by sharing learned experiences and assisting in navigating challenges and processes within a DEU. Consultative and supportive services by the infrastructure team are always available during a DEU journey. The DEU infrastructure team consults and supports to assess unit readiness, assists with DEU start up, and delivers specialized DEU education. The DEU infrastructure team maintains and edits DEU guidelines for clinical nursing faculty to standardize scheduling, faculty engagement, DEU preceptor support, and partnership requirements whenever possible.

In addition to offering consultation and support to both new and current DEUs, the infrastructure team plays a lead role in socializing and identifying best practices for the DEU internally and externally. The team frequently reviews DEU literature, enhances existing knowledge through research and quality improvement, and takes the lead in evaluating DEU outcomes across the healthcare system. The DEU infrastructure team shares lessons learned internally and externally via presentations and publication.

Evaluation

Evaluation is essential for determining the effectiveness of existing DEUs and for identifying future DEU opportunities. Centralizing and standardizing the evaluation approach allows for efficiently recognizing patterns and potential areas for improvement. The DEU Nurse Educators routinely assess and standardize evaluation tools to ensure data and feedback of preceptors, students and academic partners is thoughtfully reviewed and integrated into the ongoing initiatives of the team.

In addition to engaging in DEU evaluation as part of Continuous Quality Improvement, DEU Nurse Educators routinely review existing and emerging literature on DEUs, clinical

learning models, preceptor and student perspectives, and clinical learning outcomes. DEU Nurse Educators apply information gained from their knowledge of literature to reshape and improve each new DEU. Additionally, routine course evaluations and semester debrief take place under the leadership of the DEU Nurse Educator to ensure best practice takes place within DEUs in the health system. Course evaluations and research have prompted several best practice improvements, such as considering delivery methods, fostering early and frequent communication and collaboration with academic partners, and developing a more interactive asynchronous DEU preceptor course.

Centralized Roles and Resources

Core processes required for DEU expansion within a healthcare system are supported by centralized roles and resources specifically designed for DEU support. Early accounts of DEU implementation outline three levels of active leadership within the DEU structure required for successful implementation (Moscato et al., 2007):

- Level 1: Dean and Nurse Executive
- Level 2: Faculty Leaders/Coordinators and Nurse Managers
- Level 3: Clinical Faculty, Preceptors, and Students

In this structure, each level has a practice leader matched with an academic leader within an existing Academic Practice Partnership. When several new DEUs are implemented in a healthcare system, the Nurse Executive is typically the sole leader with consistent oversight and influence across all DEUs spanning various units or specialties. The role of the Level 1 leader is to set the vision, serve as the project champion, and ensure adequate resources to support success (Pryse et al., 2020). Significant effort occurs by Level 2 leaders to develop the partnership, determine scheduling and communication systems, identify staff nurses to serve in the preceptor role, and provide education to the nurses to support their advancement to becoming a formal DEU preceptor in a Clinical Nurse Teacher role within the model. DEU expansion within a healthcare system that follows this initial single-unit model when

implementing multiple DEUs creates risk for inconsistency within the organization – particularly as it relates to Level 2 leadership tasks. Scheduling, staffing, education, and evaluation within a multi-DEU system should be standardized and coordinated to ensure consistency and demonstrate the delivery of high-quality clinical education. Standardization of this work within a large system cannot rely on unit nurse managers or assigned clinical faculty and requires centralized support. The Systems Based Model for DEU Expansion addresses this by developing an additional level of DEU leadership infrastructure: Level 1b.

- Level 1a: Dean and Nurse Executive
- Level 1b: Faculty Leaders, Academic Practice Partnership Program Director, DEU Nurse Educators, and Clinical Placement Professionals
- Level 2: Faculty Leaders/Coordinators and Nurse Managers
- Level 3: Clinical Faculty, Preceptors, and Students

Effective, multi-unit or multi-site DEU leadership infrastructure most notably includes the addition of several DEU Nurse Educators and Clinical Placement Professionals with dedicated full-time equivalent (FTE) to support DEU start-ups and sustainability work.

DEU Nurse Educators

Nurse Educators with a designated role supporting the DEU engage in all phases of DEU exploration, education, engagement, and evaluation, though their focus is on curriculum development and delivery of education to ensure every preceptor in the DEU receives training on the DEU model. This includes training in providing feedback to students, debriefing learning, collaborating with course faculty, and supporting clinical reasoning among nursing students. Video simulations developed by Nursing Education experts are utilized during course sessions to provide learners with the opportunity to simulate challenging conversations and engage in advocacy/inquiry and debriefing for meaningful learning pedagogical strategies. Course curricula and resources become centralized in this framework, such that DEU education activities across the

organization are standardized. DEU Nurse Educators administer training courses in-person, synchronously in an online setting, and asynchronously to enable rapid and consistent preceptor training. Course evaluations are frequently reviewed to ensure existing education meets the needs of the DEU preceptors. Additionally, DEU Nurse Educators review literature and use the literature, course evaluations, and semester debriefs to ensure best practice takes place across all DEUs within the health system. Course evaluations and literature have prompted best practices such as adjusting delivery methods, increasing early collaboration and communication with academic partners, and developing more engaging asynchronous DEU preceptor courses. Leveraging the expertise of the DEU practitioner to develop, deliver, and evaluate DEU training sessions enables rapid and innovative expansion of the DEU model.

Clinical Placement Professionals

Clinical Placement Professionals (CPPs) play a key role in supporting clinical learning experiences for nursing students and often face challenges as they navigate the ever-changing healthcare landscape, growing need for clinical placement sites, and scarcity of preceptors (McCamey et al., 2025). DEU success requires a dedicated team of CPPs with expertise in scheduling, student onboarding, analysis of clinical placement capacity, and effective communication within an Academic Practice Partnership. CPPs work closely with DEU Nurse Educators to plan and evaluate DEU clinical experiences. CPPs often work as a liaison between practice nurse leaders and academic partners to ensure policies and procedures are followed while simultaneously supporting opportunities for student clinical placement.

Academic Practice Partnership Program Director

The Nursing Academic Practice Program Director exemplifies experience in academic leadership and oversees the DEU infrastructure team and the Academic-Practice Partnerships within the healthcare system. The Program Director initiates and oversees DEU relationship building during exploration, DEU consultation, and environmental scanning, receiving handoff from the Level 1 executive nurse leaders including program Deans and Directors, as well as Chief Nursing Officers within the system. The Program

Director provides the overall vision for Academic-Practice Partnerships and identifies innovative opportunities to engage nursing students in clinical practice while maintaining accountability for their success. Level 1b leadership activities facilitated by the Academic Practice Partnership Program Director, DEU Nurse Educators, and Clinical Placement Professionals are critical to successful DEU implementation and sustainability efforts.

INFRASTRUCTURE AND PARTNERSHIP-DRIVEN DEU OUTCOMES

Investing in DEU partnership and infrastructure enables healthcare organizations to achieve desired outcomes including expansion of clinical learning sites, increasing capacity for hosting student learning, expanding the DEU model into diverse clinical settings, developing consistent learner experiences through standardized infrastructure and support, and maintaining educational excellence and quality. The DEU model improves students' perceptions of learning and learning performance (Alanazi, 2021; Cooper et al., 2025; Gangeness et al., 2026) and this model is recognized for its ability to support clinical learning in diverse care settings. Less is known about the impact of the DEU model on faculty workload, cost-effectiveness, and overall Return on Investment for academic and practice partner organizations, though initial publications on the model suggest the DEU may improve capacity for clinical learning without the need for additional faculty full-time equivalents (FTE) (Moscato et al., 2007) while demonstrating cost-effectiveness (Springer et al., 2012). There is a scarcity of data regarding the financial and FTE implications associated with broader adoption of the DEU model. This remains an important area of emphasis for future study. Healthcare organizations are encouraged to invest in robust academic-practice partnerships and centralized infrastructure to support model expansion.

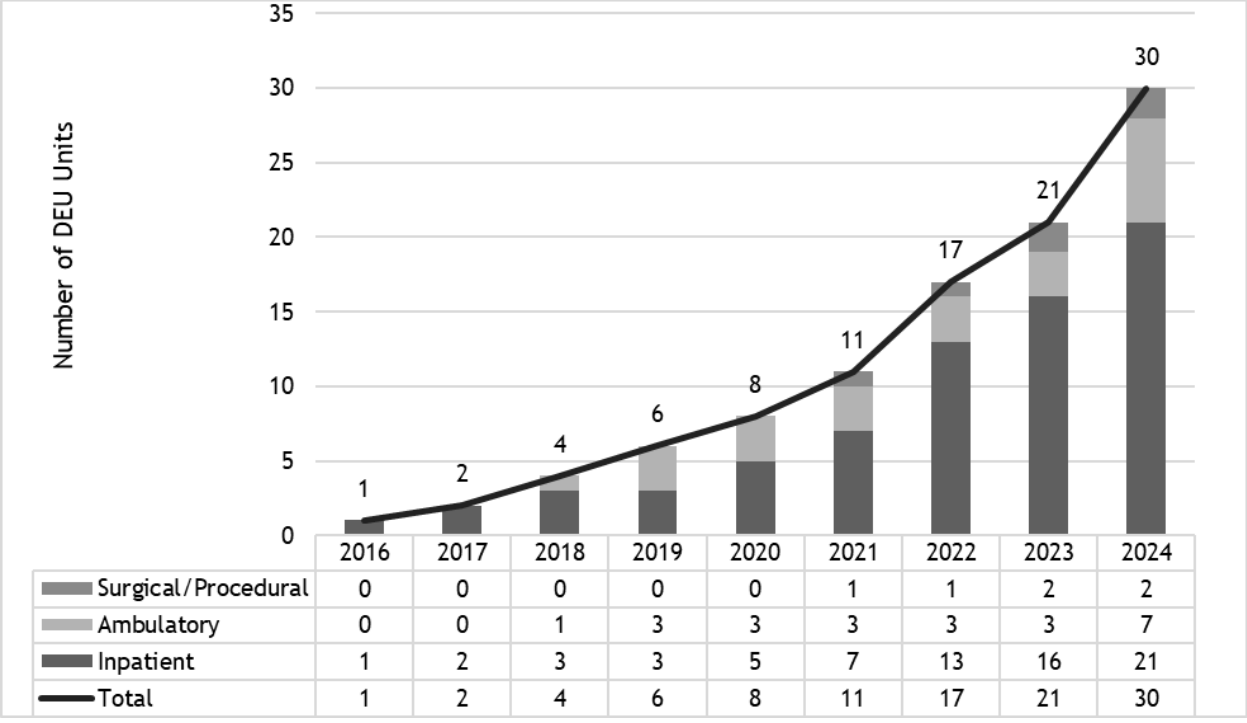
APPLYING A SYSTEMS APPROACH: A MULTI-SITE DEU EXPANSION EXAMPLE

A prominent tertiary healthcare system in the United States implemented the DEU model on a single adult medical-surgical acute care unit in 2016. Evaluation of the

initial implementation established the DEU as an achievable and desirable model of clinical learning that did not negatively impact patient care (Jones et al., 2019). In response to an ongoing need for expanded clinical placement opportunities and fueled by a commitment to excellence in clinical education, the healthcare system expanded the DEU model from a single unit in 2016 to thirty units by 2024 (Figure 2). This expansion reflected partnership with thirteen nursing programs across fourteen different practice locations, representing five unique practice setting categories: inpatient, critical access hospital, ambulatory, procedural, and surgical services. The healthcare system demonstrated the ability to adapt quickly to changes in clinical placement availability resulting from census changes, staffing changes, hospital closures, and other external factors threatening clinical placement opportunities by investing in DEU infrastructure, academic practice partnerships and a standardized approach achieved through the 4 core processes in the Systems Based Framework for DEU Expansion: Exploration, Education, Engagement, and Evaluation.

Figure 2.

Healthcare System Expansion of the DEU by Year and Unit Type



	2016	2017	2018	2019	2020	2021	2022	2023	2024
Surgical/Procedural	0	0	0	0	0	1	1	2	2
Ambulatory	0	0	1	3	3	3	3	3	7
Inpatient	1	2	3	3	5	7	13	16	21
Total	1	2	4	6	8	11	17	21	30

Note. Graph displays cumulative Dedicated Education Units over time and reflects the addition of new DEUs as well as DEU attrition.

Discussion

Clinical placement capacity continues to be a significant limiting factor in prelicensure nursing education, driven by persistent faculty shortages, constrained clinical sites, and increasing workforce demand. The Dedicated Education Unit (DEU) model has been adopted as an effective approach to addressing these challenges by improving student learning outcomes, enhancing satisfaction, and supporting transition to practice while reducing reliance on traditional faculty-intensive clinical supervision. The example presented in this article extends existing DEU literature by demonstrating that the scalability of the DEU model is not solely dependent on unit-level partnership success, but rather on intentional investment in system-level infrastructure and effective partnership at multiple levels.

This systems-based framework highlights Academic–Practice Partnerships (APPs) as a foundational driver of DEU success. The importance of effective partnership in the DEU model cannot be sufficiently emphasized; the model is dependent upon it. Shifting direct clinical supervision from an experienced clinical instructor to an experienced staff nurse requires frequent communication, coaching, oversight, and collaboration by the academic faculty. Partnering through all core processes required for DEU expansion is essential. Collaborating specifically to enhance the competence of CNTs in clinical supervision and ensuring that CNTs have effective and timely information about learner objectives, outcomes, and evaluations is critical (Midtbust et al., 2026).

Consistent with prior research, effective partnerships require engagement at multiple leadership levels, including executive leadership, unit-based managers, faculty leaders, clinical instructors, and staff nurse preceptors. However, the experience described in this multi-site case illustrates that partnership alone is insufficient to support large-scale DEU expansion. Competing priorities, workload pressures, and variability in local

leadership capacity introduce risks for inconsistency, inefficiency, and erosion of educational quality when DEUs rely exclusively on unit-based coordination.

The introduction of a dedicated Level 1b leadership layer—including DEU Nurse Educators, Clinical Placement Professionals, and an APP Program Director—addressed gaps inherent in decentralized models. These roles provided consistent oversight, coordinated communication, and centralized expertise in preceptor education, scheduling, evaluation, and continuous quality improvement within the practice partner organization. This approach reduced redundancy, enhanced operational efficiency, and supported accreditation-aligned educational practices across multiple sites. This approach also provides consistency in DEU partnership and execution between the practice partner and high-level academic partners. A single school can more rapidly develop a new DEU when an existing partnership and known operational partners are present.

The four core processes outlined in the Systems-Based Framework—exploration, education, engagement, and evaluation—proved essential to sustainable DEU growth. DEU leaders within the practice organization facilitated identification of new clinical settings and academic partnerships, allowing expansion into ambulatory, procedural, surgical, rural, and critical access environments. Standardized education processes supported rapid and consistent preparation of Clinical Nurse Teachers, while engagement efforts sustained momentum through consultation, shared learning, and dissemination of best practices. Centralized evaluation enabled system-level assessment of outcomes, identification of trends, and data-informed model refinement, though additional work regarding the impact of model expansion on financial outcomes and workforce pipeline metrics is warranted.

This framework allowed the healthcare system to respond to external pressures affecting clinical placement availability, including census fluctuations, staffing challenges, and site changes, while maintaining educational quality and learner consistency. Despite these successes, important gaps remain. While prior studies

suggest that DEUs may offer cost-effective solutions and reduce the need for additional faculty full-time equivalents, limited empirical data exist regarding faculty workload implications, financial investment, and long-term return on investment at scale. These areas warrant further investigation to inform organizational decision-making and future policy development.

Conclusion

The Dedicated Education Unit model represents a robust and adaptable approach to expanding clinical placement capacity in nursing education while maintaining high quality standards of teaching and learning. This article demonstrates that sustainable, system-wide DEU expansion requires both strong Academic–Practice Partnerships and intentional, centralized infrastructure. Moving beyond isolated unit-based implementations to a coordinated systems approach enables healthcare organizations to scale the DEU model across multiple practice settings and academic partners.
Investment in centralized leadership roles, standardized processes, and shared educational and evaluative resources is critical to ensuring consistency, efficiency, and educational excellence. The Systems-Based Framework for DEU Expansion provides a practical and transferable roadmap for healthcare systems and academic institutions seeking to respond to growing clinical placement demands and workforce shortages. By strengthening infrastructure and partnerships, organizations can enhance clinical learning capacity, improve student experiences, and support preparation of the future nursing workforce.

Although evidence supports the educational value of the DEU model, further research is needed to better understand the financial implications, faculty workload impact, and return on investment associated with large-scale adoption. Healthcare systems and academic partners are encouraged to adopt a systems-level perspective when implementing and expanding DEUs to ensure sustainability, adaptability, and continued excellence in nursing education.

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Disclosure

Artificial intelligence–assisted technology (Microsoft Copilot) was used during manuscript preparation to enhance readability and assist with summarization of findings. The tool was not used to generate original research content or interpret data. All outputs were critically reviewed, revised, and approved by the authors, who take full responsibility for the accuracy and integrity of the work.

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