



IMPROVING THE CLINICAL EDUCATION MODEL FOR NURSING

Policy Position | 2026-2027 Policy Council

INTRODUCTION

The Texas Nurses Association supports statewide implementation of the Shared Nurse Academic Practice Partnership Initiative (SNAPPI). This policy innovation was developed in Texas at Sam Houston State University using state funds from the Nursing Innovation Grant Program and philanthropic support. It creates efficiencies in clinical education, a pain point in the nursing education pipeline that the state has sought to alleviate for decades. Support for SNAPPI's expansion will transform clinical education in Texas and is the next step to follow through on investments made in the 88th and 89th Regular Sessions designed to address the state's nursing shortage.

BACKGROUND

In 2023, the 88th Legislature launched a comprehensive plan to alleviate the state's chronic nursing shortage. The plan included significant reforms to existing programs and the creation of new programs via Senate Bill 25 and was paired with appropriations that represented the largest investment in nursing education in state history. This investment was repeated by the 89th Legislature showing an enduring commitment to addressing the state's nursing shortage.

The plan targeted bottlenecks throughout the nursing education pipeline, from admissions to nursing faculty to clinical education to workforce retention. Among the collection of programs put to use in the state's plan is the Nursing Innovation Grant Program (NIGP). The purpose of the NIGP is to fund innovative projects that could alleviate the state's nursing shortage.

One grant funded SNAPPI, which is an initiative designed to transform and streamline nursing clinical education by overhauling the employment model for clinical faculty. The initiative has been

praised throughout the state and nationally recognized as an innovative model for addressing chronic issues in nursing clinical education.

THE CLINICAL EDUCATION BOTTLENECK

Texas faces a chronic nursing shortage. Recent projections show Texas needs at least an additional 45,000 Registered Nurses to meet demand.¹ While there is immense interest in the state's nursing education programs, and nursing education programs continue to increase the number of graduates, nursing education programs are increasingly facing upper limits on their ability to prepare new nurses. Lack of clinical space and faculty recruitment issues are reported as main barriers to accepting additional students.² The clinical education bottleneck limits the ability of nursing programs to continue growing and producing graduates at the scale required to fully address our state's nursing shortage.

POLICY IMPLICATIONS

Unless Texas can introduce efficiencies throughout its nursing education pipeline, the nursing shortage will continue to be a drag on the state's healthcare sector and benefits to the state's health and economy will not be fully realized. It is therefore critical to build on the state's investments in nursing education by reforming aspects of the education system to introduce new efficiencies.

SNAPPI is an example of successful, state-supported research funded by the Legislature's comprehensive plan to alleviate the nursing shortage. It represents a major success of the Legislature's forward-thinking, and long-term plan to address the nursing shortage by using state funds to alleviate known bottlenecks while funding research into innovations that can be introduced to further maximize those investments.

A. SNAPPI Changes the Clinical Education Employment Model

Clinical nursing education is a structurally difficult bottleneck for nursing education. Unlike didactic

¹ Texas Center for Nursing Workforce Studies, "Nurse Supply and Demand Projection Executive Summary," Texas Department of State Health Services (2022), available at: https://www.dshs.texas.gov/sites/default/files/chs/cnws/2023_SupplyDemandReport_ExecutiveSummary.pdf

² Texas Center for Nursing Workforce Studies, "Admission, Enrollment, and Graduation Trends in Professional Nursing Programs," Department of State Health Services (2025), available at: https://www.dshs.texas.gov/sites/default/files/chs/cnws/NEPIS/2025/RN/2025-rn-aeg_final.pdf

courses, which can be taught by a single professor to a large class, clinical instruction requires low student-to-faculty ratios, onsite supervision, and instructors with clinical expertise.

The traditional model of nursing clinical education requires each school of nursing to partner with a clinical site, recruit and hire clinical faculty, and develop a clinical affiliation agreement that allows clinical faculty employed by the school to bring students to the clinical site for clinical education. Recruitment and retention of clinical faculty is a significant challenge because clinical faculty often work in a clinical capacity full time while providing clinical education as an additional job. Alternatively, nurses leave clinical practice to serve as clinical faculty, which may be less demanding on their time but is also less financially rewarding than clinical practice. For those who take on dual roles, long hours act as a disincentive to continue the dual role, and retention is therefore a significant challenge. For those who leave clinical practice, the lower pay rate of serving as faculty also acts as a disincentive to continue, and retention becomes difficult due to competitive alternative employment opportunities. The practical difficulty of this employment model for clinical faculty introduces frequent turnover costs and requires constant negotiation of employment contracts and coordination with clinical site partners.

SNAPPI revolutionizes this model. Instead of the school of nursing bearing the burden of constant clinical faculty recruitment, training, implementation, and turnover, SNAPPI provides a pathway for purchasing clinical time from nurses already on staff at the clinical site. SNAPPI enables bedside nurses to serve as clinical faculty while remaining employed in full-time clinical practice. This alleviates burdens on all interested parties: nursing schools can more easily hire clinical faculty, nurses working as faculty have more realistic employment arrangements, and clinical sites can more easily host clinical education without bearing the strain the traditional model places on their employees.

In short, SNAPPI better aligns the interests of the parties engaged in clinical education, which makes the system more efficient.

B. SNAPPI is Designed to Align Competing Interests

The core innovation of SNAPPI is that it enables nurses to serve as clinical faculty while remaining employed in full-time clinical roles. Teaching responsibilities become part of existing practice roles and are supported through coordinated scheduling, role clarity, and shared administrative oversight. Academic institutions, healthcare systems, and SNAPPI's central coordination structure jointly manage compliance, evaluation, and quality assurance. The design addresses three long-standing barriers to scale:

1. Compensation disparity between academic and clinical roles;
2. Workload burden associated with dual employment; and

3. Scheduling complexity and administrative friction across institutions.

Rather than asking nurses to choose over-employment or under-employment, SNAPPI aligns both within a single framework.

C. SNAPPI's Record of Success

SNAPPI began with a feasibility study in fall 2024 that continued into spring 2025. The feasibility study assessed whether SNAPPI could function operationally within real academic and clinical environments at four sites. Key findings included:

- Acceptable administrative burden relative to benefits;
- Reliable clinical coverage and instructional continuity;
- Early identification and resolution of implementation concerns; and
- Strong communication and coordination across partners.³

Nurses participating in SNAPPI as faculty reported professional growth, job satisfaction, intent to stay, and confidence in role clarity.⁴ Students participating in SNAPPI reported high satisfaction and performed equal to or better than peers not participating in SNAPPI clinical sites.⁵

In fall of 2025, SNAPPI began expanding to a statewide demonstration across multiple clinical specialties and partner institutions. SNAPPI leaders shared with TNA that early data indicates:

- High nurse satisfaction and intent to continue participation;
- Strong student learning outcomes across core competency domains;
- Positive endorsement of the model by participating nurses and partners; and
- Scale-limited implementation at the founding university is offsetting clinical faculty requirements by 18%.

Two years in, all original sites and original SNAPPI nurse faculty continue to participate and expand engagement. These findings suggest SNAPPI not only expands capacity but does so in ways that strengthen the clinical learning environment.

³ Devon M. Berry, PhD, Lori Colson, BA, Amanda Estrada, MSN, Benjamin Foster, MBA, Melanie Graves, MSN, Kevin Gregory, MBA, Monique Huntley, PhD, Jeff Mills, DNP, Allison Reimers, MSN, Keri Rogers Mize, PhD, Ann Russell, MSN, Dana Samways, MSN, Lisa Waters, MBA, Sarah Hirsch, PhD, "Bridging practice and academia: A feasibility study of the Scalable Nurse Academic Practice Partnership Initiative (SNAPPI) to address nursing faculty shortages in Texas," *Journal of Professional Nursing* (2026), available at: <https://www.sciencedirect.com/science/article/abs/pii/S8755722326001080>

⁴ *Id.*

⁵ *Id.*

D. Statewide Expansion

SNAPPI provides a model that can be implemented throughout the state and is flexible enough to navigate local and regional needs. Expanding SNAPPI would make workforce investments more effective, increase clinical capacity, and modernize nursing clinical education's regulatory structure, while maintaining academic standards. Its scalability means it is ripe for statewide expansion.

POLICY RECOMMENDATIONS

TNA recommends the Texas Legislature take SNAPPI from incubation to full implementation and fund the growth of this innovative model. Doing so would increase the capacity of its educational pipeline and would make use of research the state funded in recent sessions.