Abstract: *The zero-entry model of professional nursing practice: Adapting the dedicated education unit model within an academic-practice partnership*

Learning objectives: At the conclusion of this presentation, participants will be able to:

1. **Describe** the key structural components of a hybrid preceptor-based clinical instruction model for undergraduate nursing students.
2. **Analyze** outcomes associated with student competency, confidence, safety, and workforce retention.
3. **Apply** implementation strategies to adapt the model within diverse clinical education settings.

Clinical education is widely recognized as the most influential context for developing nursing students' clinical judgment, confidence, and readiness for practice. However, traditional instructor-led clinical models continue to face significant limitations related to faculty capacity, placement availability, and patient acuity. Dedicated Education Units (DEU) have emerged as an innovative alternative, yet the evidence continues to call for further exploration of hybrid approaches that balance immersion, oversight, and sustainability.

Historically, DEU models emphasize academic–practice collaboration and bedside nurse engagement to enhance student learning. Emerging research demonstrates that DEU experiences significantly improve clinical judgment behaviors (Cooper et al., 2025). Integrative and systematic reviews further support positive relationships between DEU-based models and student confidence, competence, teamwork, and satisfaction, while identifying the need for continued research on clinical judgment and transition to practice outcomes (Jayasekara et al., 2018; Musallam et al., 2021).

The Drake University Accelerated Bachelor of Science in Nursing (ABSN) clinical instruction model builds on this evidence by integrating DEU principles with a structured preceptor-based hybrid design. Students are paired with experienced nurse preceptors for all clinical shifts and assume responsibility for complete patient care for their assigned patient, while also engaging with the preceptor's entire assignment. This approach provides authentic exposure to workload, acuity, interdisciplinary collaboration, and professional role socialization. It allows students to take initiative and lead patient care in a controlled and meaningful balance with a real-world pace of nursing on the assigned unit. While on site, faculty and clinical educators maintain oversight through frequent rounding, direct observation, and end-of-shift debriefing to promote critical thinking, safety, documentation accuracy, and adherence to best practices.

Outcome data from informal surveys of the inaugural cohort demonstrate increased student confidence, enhanced clinical competence, and meaningful workforce impact, including employment of approximately one-third of graduates within the partner organization following graduation. Consistent with evidence, this hybrid approach supports greater gains in clinical self-efficacy and team integration than traditional clinical education alone (Plemmons et al., 2018). Lessons learned emphasize the importance of early intensive faculty presence, a recommended 1:4 instructor-to-student ratio during skill acquisition, and a phased transition to student independence to support preceptor workload and sustainability and new nurse retention by experiencing real-world patient loads.

This presentation will discuss implementation strategies, evaluations, outcomes, and lessons learned, highlighting and hypothesizing how intentional academic–practice collaboration and intentional consideration of new graduate clinical safety and impacts of stress/burnout strengthens student confidence, improves clinical education connections, supports workforce development, decreases new graduate turnover, and fosters resilience in nursing students. This clinical instruction model offers a scalable, evidence-informed solution to contemporary clinical education challenges with implications for nursing education, clinical practice, and future research.