

Clinical Placement Benchmark Report

Perspectives from Administrators & Students



CISIVE
StudentCheck

WHERE ARE ALL THE NURSES?

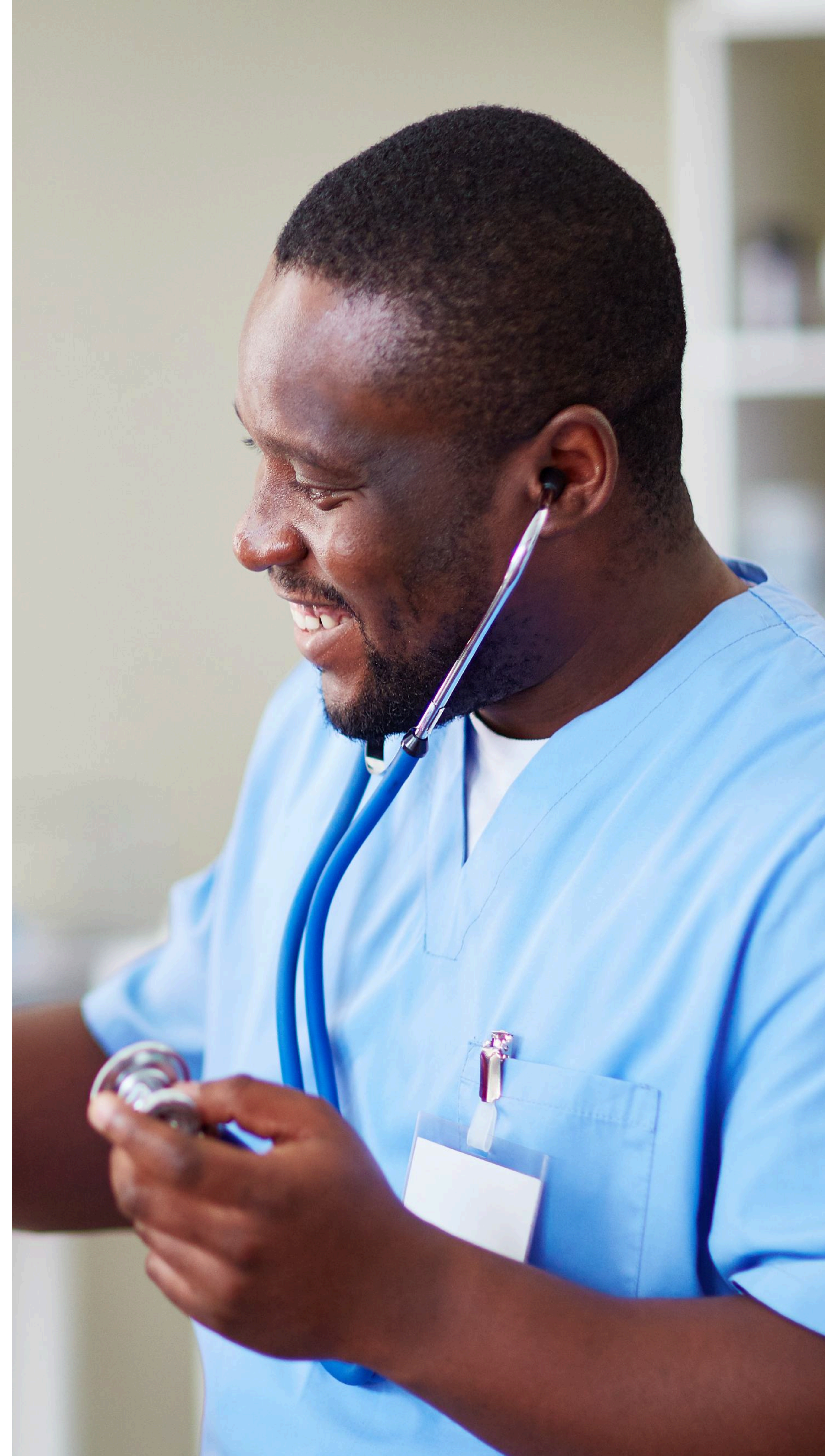
From Classroom to Clinic: The Hidden Gaps Delaying the Next Generation of Healthcare Workers

Abstract

The next generation of nurses and health science professionals isn't being held back by the classroom—it's being held back by broken processes between campus and clinic. In a 2025 dual-survey of health science administrators and students, our data reveal that clinical placement and onboarding are now among the greatest operational bottlenecks in healthcare education, with more administrators citing clinical rotations than any other area as the biggest operational inefficiency in their programs, and over 90% reporting that difficulty securing enough clinical placements has at least some impact on their program.

Students echo this reality from the front lines: among those who had begun clinical placement approval, nearly 9 in 10 (88.5%) reported challenges with fragmented screening systems, repetitive document uploads, unclear instructions, and disorganized placement workflows that have delayed or jeopardized their ability to start clinical rotations on time.

These findings point to an uncomfortable truth: in an era of critical workforce shortages, we are losing time, talent, and trust not because students aren't prepared, but because our infrastructure for clearing them to practice is outdated and siloed. Unless schools and clinical partners rapidly consolidate systems, standardize requirements, and adopt unified, human-centered screening platforms, we predict that clinical placement friction—not faculty capacity alone—will become the defining constraint on healthcare workforce growth over the next five years. Our research suggests that institutions that move first to modernize student screening and clinical readiness will gain a decisive advantage in attracting students, securing clinical partners, and feeding a strained healthcare labor market with practice-ready professionals.



Introduction

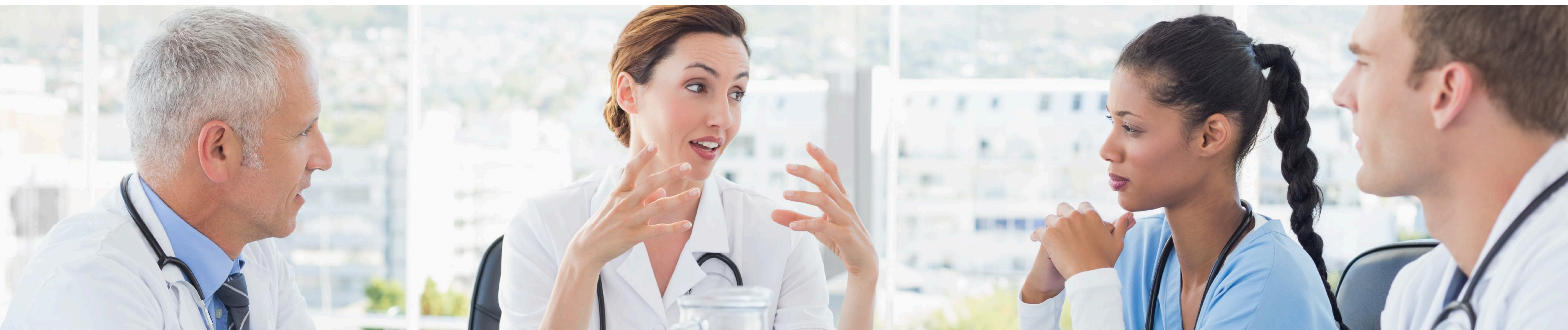
The healthcare system is facing a [well-documented workforce crisis](#). Health science programs are under pressure to graduate more practice-ready clinicians, yet they're constrained by faculty shortages, limited clinical sites, and increasingly complex onboarding requirements. [National data indicate](#) that nursing programs frequently turn away qualified applicants due to a shortage of faculty, inadequate clinical placements, and insufficient capacity.

To better understand how these pressures play out on the ground, Cisive's PreCheck division conducted two complementary surveys in October 2025:

- **Health Science Admin Needs Assessment**
Responses from **150** college and university administrators overseeing health sciences and allied health programs.
- **Health Science Student Screening Experiences**
Responses from **300** students enrolled in those programs.

Together, these data sets provide a rare dual-lens view of the journey from campus to clinic—revealing where processes break down, how those breakdowns affect students and clinical partners, and what it will take to fix them.

This report synthesizes those survey findings with Cisive's own internal analysis and external research to highlight the hidden gaps delaying the next generation of healthcare workers—and why a unified, human-centered approach to student screening and clinical readiness is now mission-critical.



SUMMARY OF FINDINGS

1. Clinical placement is an operational bottleneck.

- a. More than **90% of administrators** said that **difficulty securing enough clinical placements** has at least some impact on their program, citing unclear requirements, delayed starts, and reduced availability of sites.
- b. Delays in onboarding and clearance create a negative domino effect for students, schools, and clinical partners.

2. Onboarding delays are disrupting the campus-to-clinic pipeline.

- a. Administrators report postponed or missed rotations due to incomplete documentation and screening delays.
- b. Clinical partners are forced to adjust schedules and capacity when students aren't cleared on time.

3. Screening and compliance processes are fragmented and labor-intensive.

- a. Many schools use multiple vendors and platforms to manage background checks, drug testing, immunizations, and placement.
- b. This multi-system approach drives manual work, inconsistent requirements, and higher risk of errors.

4. Schools need expert, integrated partners—not just point solutions.

- a. Administrators want vendors who can interpret and normalize clinical site requirements across multiple facilities.
- b. Integration with rotation management systems (via open APIs) is seen as critical to reducing friction.

5. Students are feeling the pain of broken processes.

- a. Nearly all students who had begun clinicals reported challenges with their screening/placement experience, especially uploading health and immunization documents.
- b. Many received repeated requests for the same information, leading to avoidable delays in starting or completing clinical rotations.

6. Communication and clarity are major gaps.

- a. Students cited unclear instructions, disorganized placement processes, and inconsistent communication from staff and faculty.
- b. Open-ended comments suggest that some students were still unsure about their clearance status even as clinical start dates approached.

7. Both students and administrators are asking for system consolidation.

- a. Students believe that using a single platform for all compliance tasks would significantly improve the process and reduce delays.
- b. Administrators likewise want fewer systems, more automation, and a single source of truth for readiness status.

8. Structural workforce pressures make these inefficiencies more costly.

- a. Faculty and clinical instructor shortages, limited clinical sites, and enrollment caps are already restricting program capacity.
- b. In this environment, every preventable delay in screening or onboarding directly impacts the healthcare workforce pipeline.

SUMMARY OF FINDINGS

9. Academic readiness is strong—but transition support is lagging.

- a. Most administrators feel students are clinically and academically prepared to enter the workforce.
- b. However, they see a need for better recruitment and job-matching tools (e.g., talent marketplaces) to connect students with employers earlier.

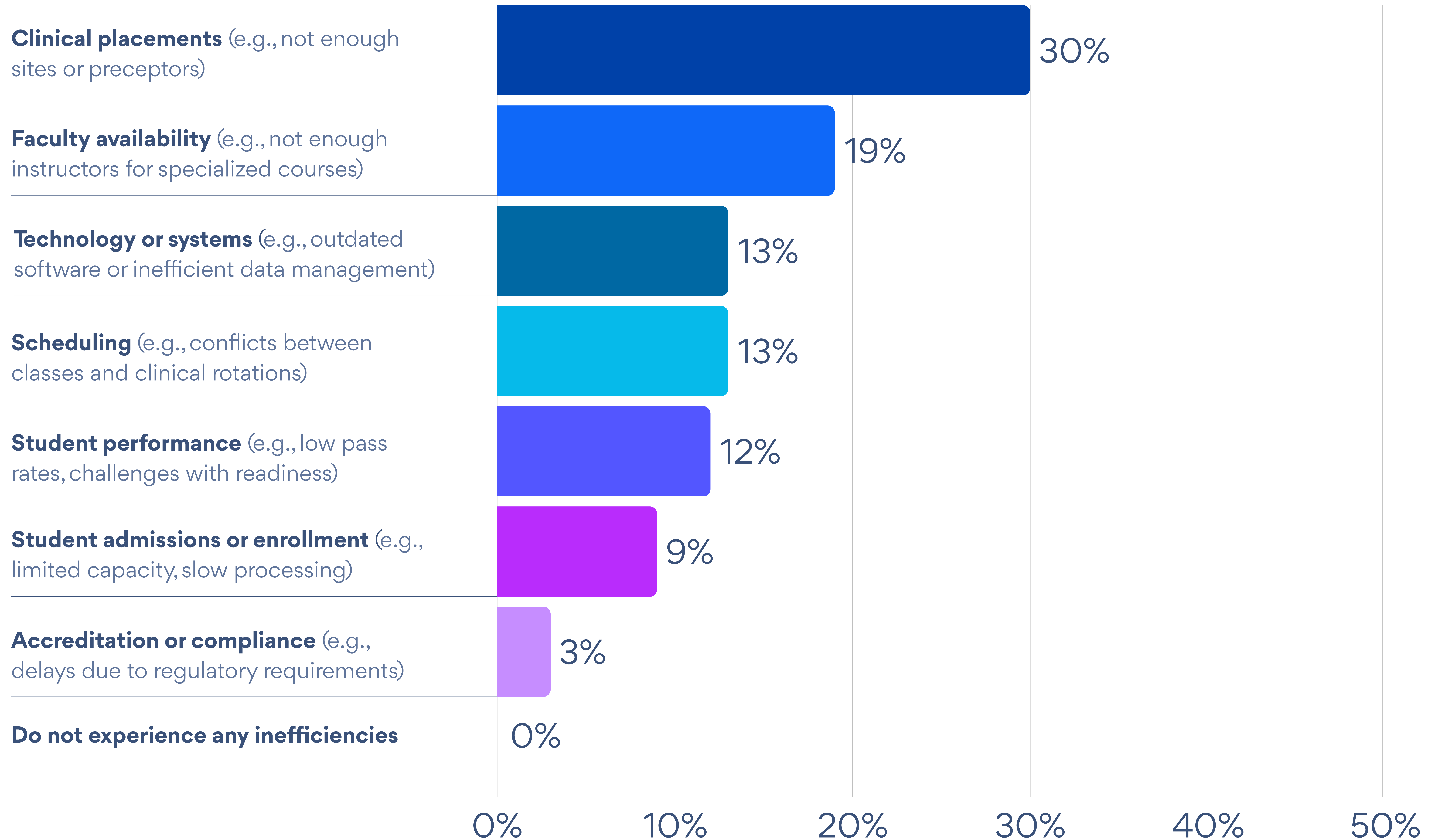
10. A unified, human-centered screening platform is a strategic imperative.

- a. The data from both admins and students point to the same solution: integrated, user-friendly technology that consolidates screening, documentation, and placement readiness.
- b. StudentCheck is positioned to fill this gap by delivering a single platform built for the realities of healthcare education and clinical training.



THE CLINICAL PLACEMENT SQUEEZE

WHERE THE PROCESS BREAKS: MOST INEFFICIENT AREAS OF THE PROGRAM



Clinical placements are the single most frequently cited operational inefficiency, with 30% of administrators naming them as the biggest issue—more than any other area (faculty, technology, scheduling, student performance, or admissions).

A System Under Strain

External research consistently shows that [clinical placements are a global bottleneck](#) for health science programs, with insufficient sites and preceptors [limiting student capacity](#). This aligns directly with what we heard from health science administrators.

From the administrator survey:

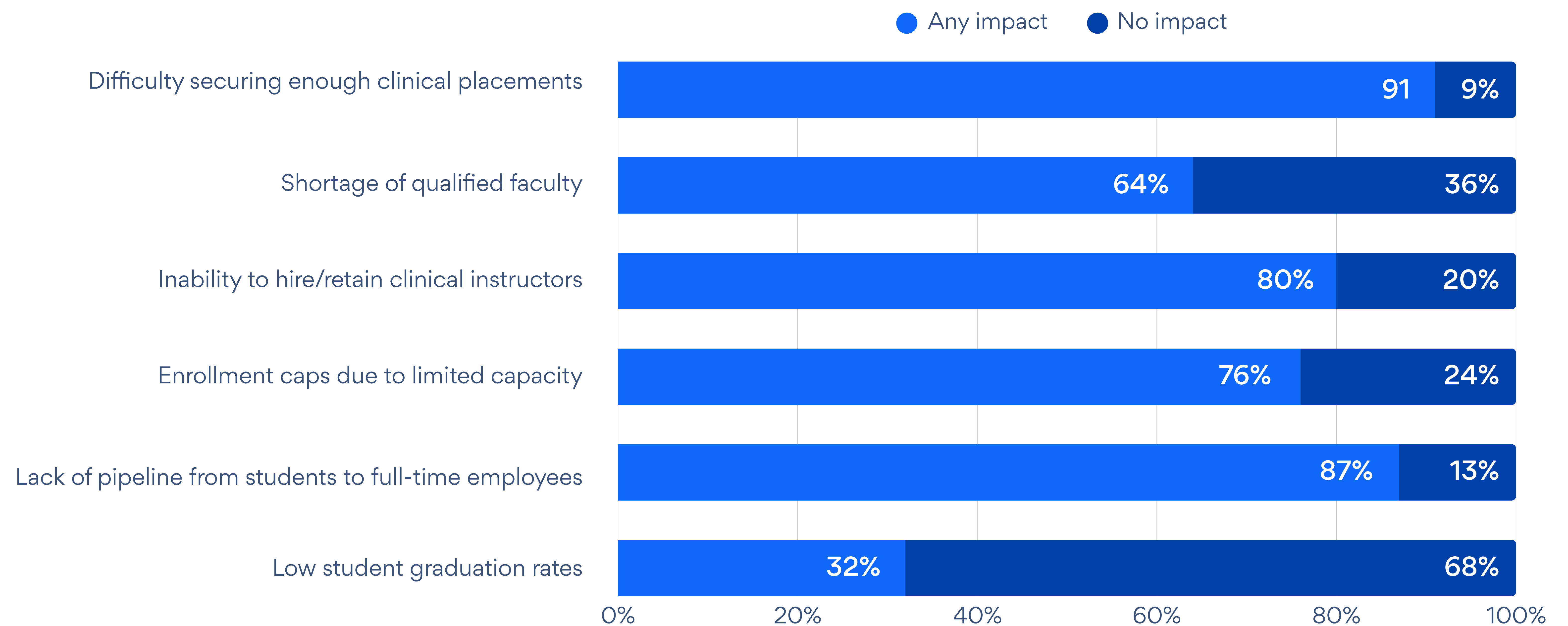
- 30% of respondents said clinical placements are the single biggest operational inefficiency in their program—more than any other area—and over 90% said that difficulty securing enough clinical placements has at least some impact on their program.

- Administrators cited:
 - Unclear or changing requirements for students
 - Delays in starting clinical rotations
 - Reduced availability of clinical experience slots

Clinical partnership relationships are overwhelmingly positive, but delays in onboarding processes are creating stress for students and leading to the postponement of clinical experience. This also creates issues for clinical partners who must operate efficiently and on schedule—delays create a negative domino effect.

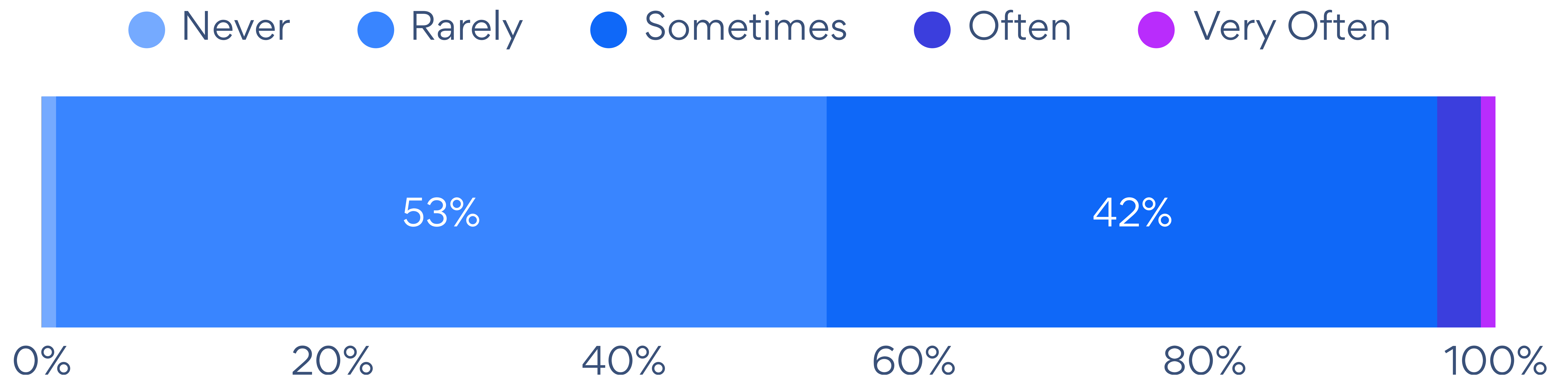
In other words, the relationship is not the problem; the **process** is.

CLINICAL PLACEMENT PAIN POINTS



Over 90% of programs are affected by challenges in securing enough clinical placements, with roughly one-third reporting moderate or major impact.

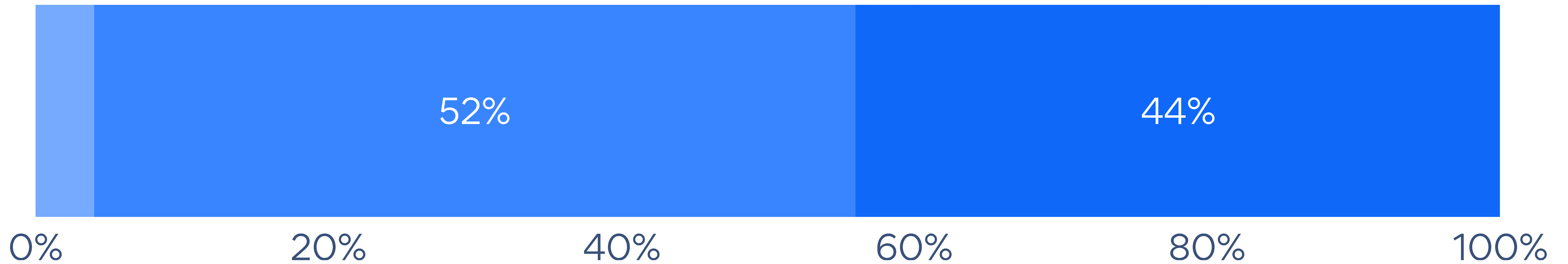
HOW OFTEN CLINICAL ROTATIONS ARE DELAYED DUE TO ONBOARDING/DOCUMENTATION ISSUES



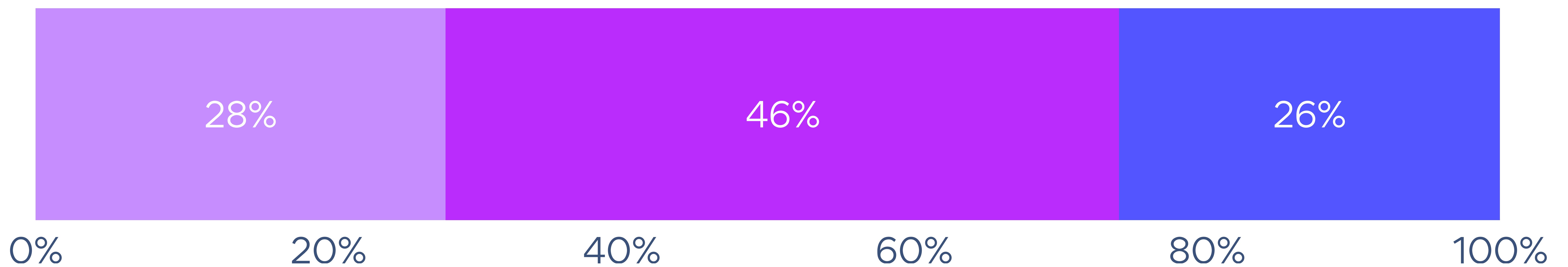
Nearly all administrators report that students face at least occasional delays due to clinical site onboarding or documentation issues, with only one respondent saying this never happens.

ADMINISTRATOR RATINGS OF CLINICAL SITE RELATIONSHIPS

● Fair ● Good ● Excellent



● No Change ● Strengthened ● Significantly Strengthened



Despite operational strain, administrators overwhelmingly describe relationships with clinical sites as positive and getting stronger: 96% rate them as good or excellent.

A Domino Effect for Clinical Partners

Clinical partners depend on predictable student readiness. When onboarding is delayed, clinics and hospitals must scramble to adjust schedules, cover staffing gaps, or defer student involvement. Research on clinical placement coordinators (DCEs) shows that placement management has become increasingly complex, with coordinators describing significant barriers related to logistics, communication, and capacity.

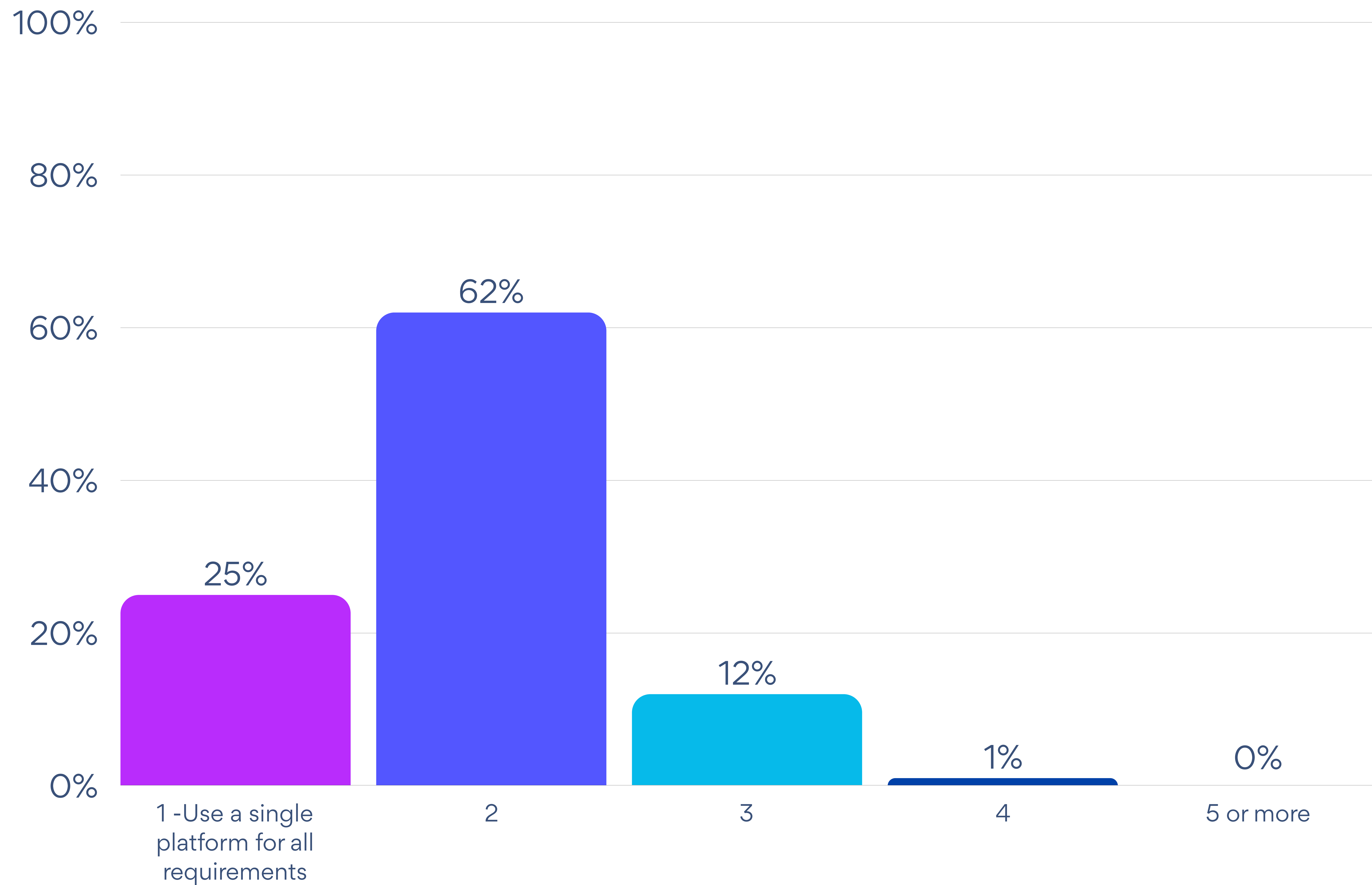
The administrator survey reinforces this picture: clinical sites are willing to host students, but the administrative friction around documentation, screening, and onboarding jeopardizes those opportunities.



**FRAGMENTED
SCREENING:**

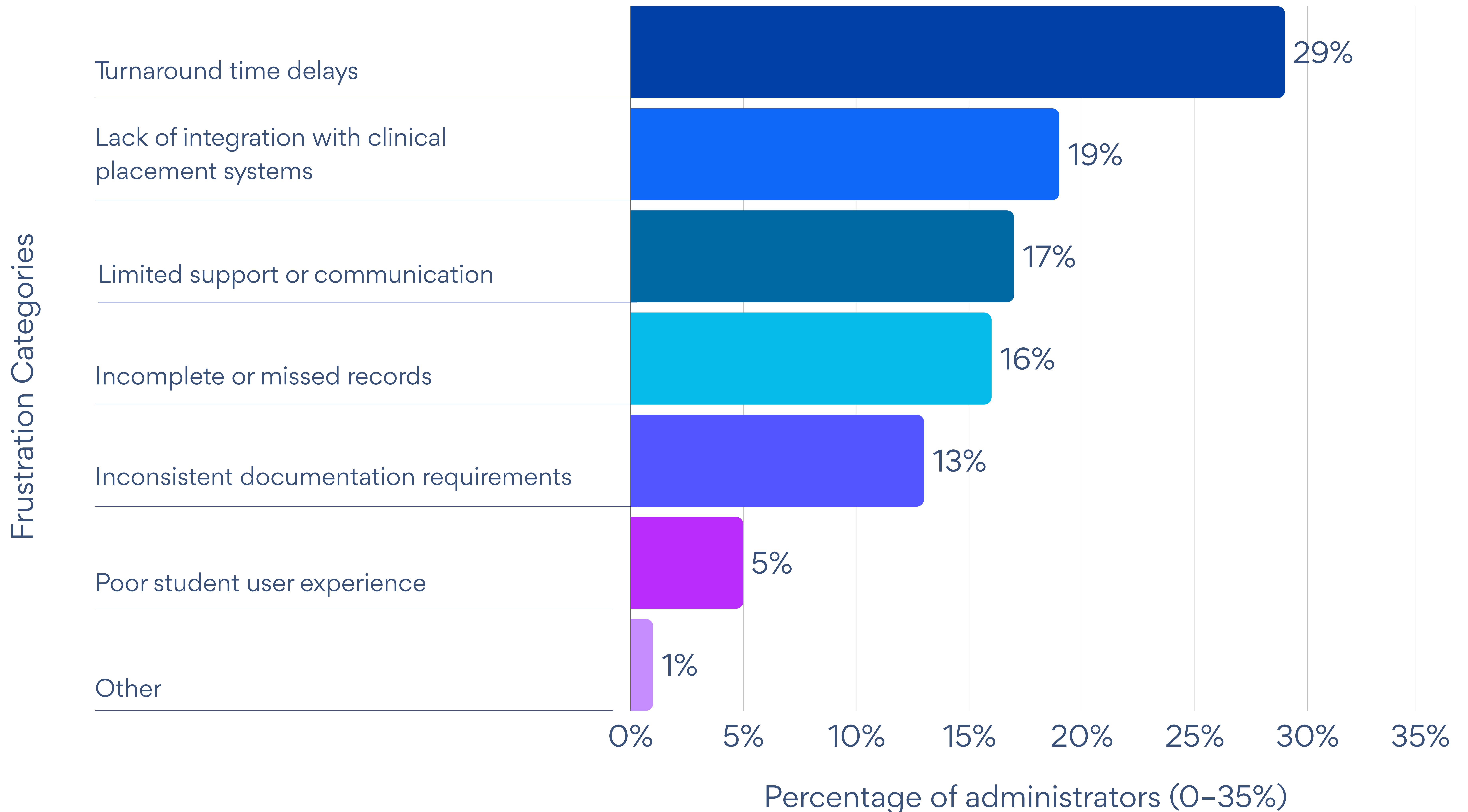
**TOO MANY SYSTEMS,
TOO LITTLE CLARITY**

HOW MANY SYSTEMS DOES IT TAKE TO CLEAR A STUDENT?



Most programs rely on two or more screening vendors, with only about a quarter using a single platform for all requirements.

BIGGEST FRUSTRATIONS WITH CURRENT BACKGROUND SCREENING PROCESS (ADMIN VIEW)



Turnaround time delays are the most common frustration, followed by lack of integration with clinical placement systems, limited support, and incomplete or missed records.

Multi-Vendor Complexity

A major theme from administrator responses is the fragmentation of screening and compliance processes.

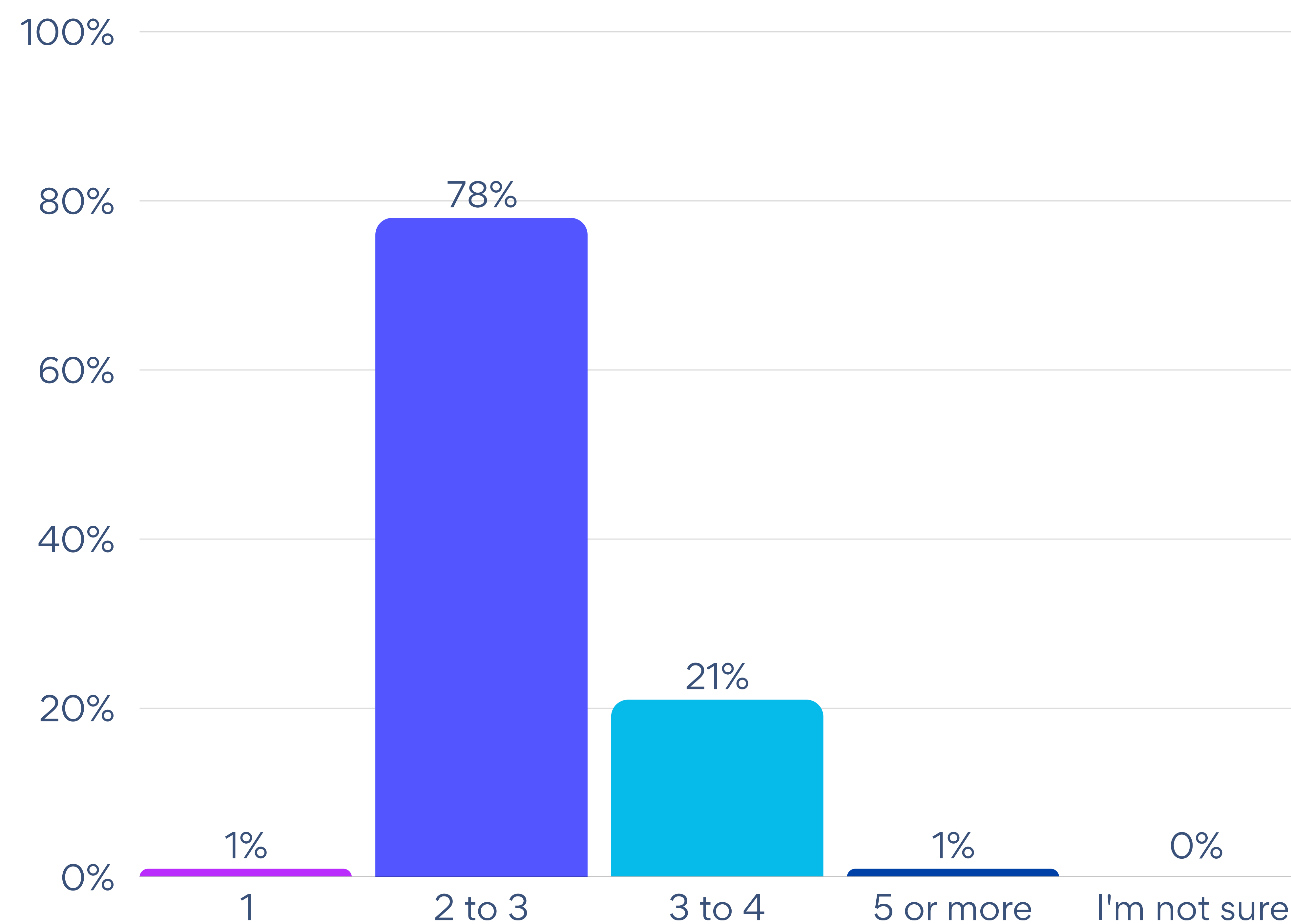
Fragmented screening processes and a multitude of requirements make it more difficult for schools to operate efficiently. Schools need a partner that is an expert and can analyze clinical site requirements to ensure compliance, regardless of which facility a student is rotating through. Additionally, the ability to integrate with rotation management systems is important. Vendors must use open APIs and work together to support their mutual customers.

In practice, this often looks like:

- One vendor for background checks
- Another for immunization tracking
- A separate platform for clinical placement management
- Internal spreadsheets or homegrown tools to fill in the gaps

The result is a patchwork of systems that do not talk to each other, forcing administrators to do manual reconciliation, students to upload the same documents multiple times, and clinical partners to wait for status updates that should be automatic.

HOW MANY SYSTEMS STUDENTS USED FOR SCREENING



Students nearly always navigate multiple platforms during screening: 78% used 2-3 systems, and 21.3% used 3-4, with only one respondent reporting a single system.

Regulations, Risk, and Operational Drag

The regulatory environment—covering criminal background checks, drug screening, immunizations, and evolving infection control standards—**adds another layer of complexity**. Healthcare education programs **must align** with state boards, accreditation bodies, and clinical site policies.

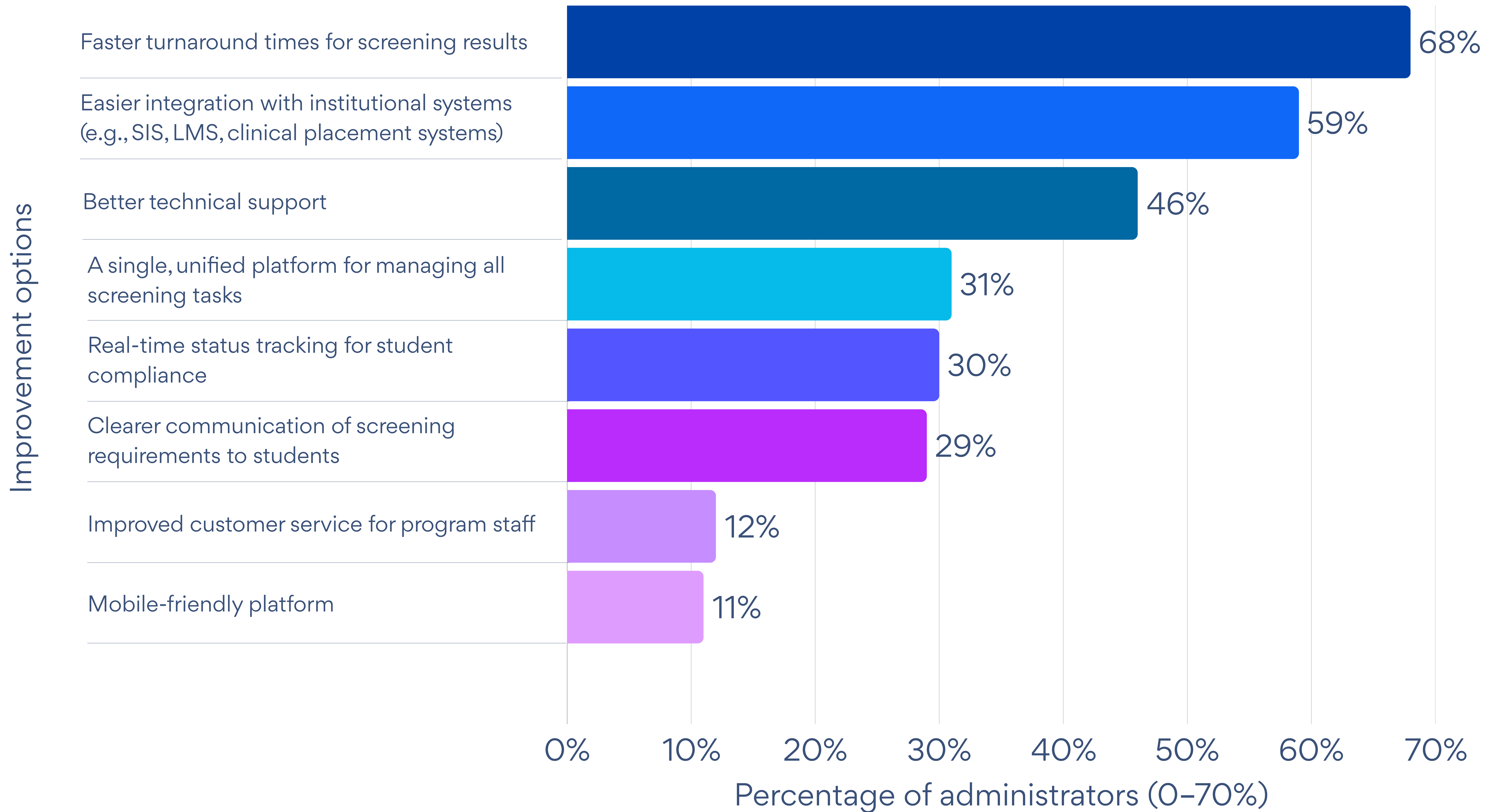
Administrators in our survey highlighted:

- Difficulty staying ahead of site-specific requirements
- Concerns about missing or inconsistent documentation
- The need for expert guidance and technology that can normalize requirements across facilities

In this context, the case for a single, integrated screening platform is not just about convenience—it's about risk management, compliance consistency, and the ability to scale programs without overwhelming staff.



WHAT CHANGES WOULD MOST IMPROVE THE SCREENING PROCESS (ADMIN VIEW)

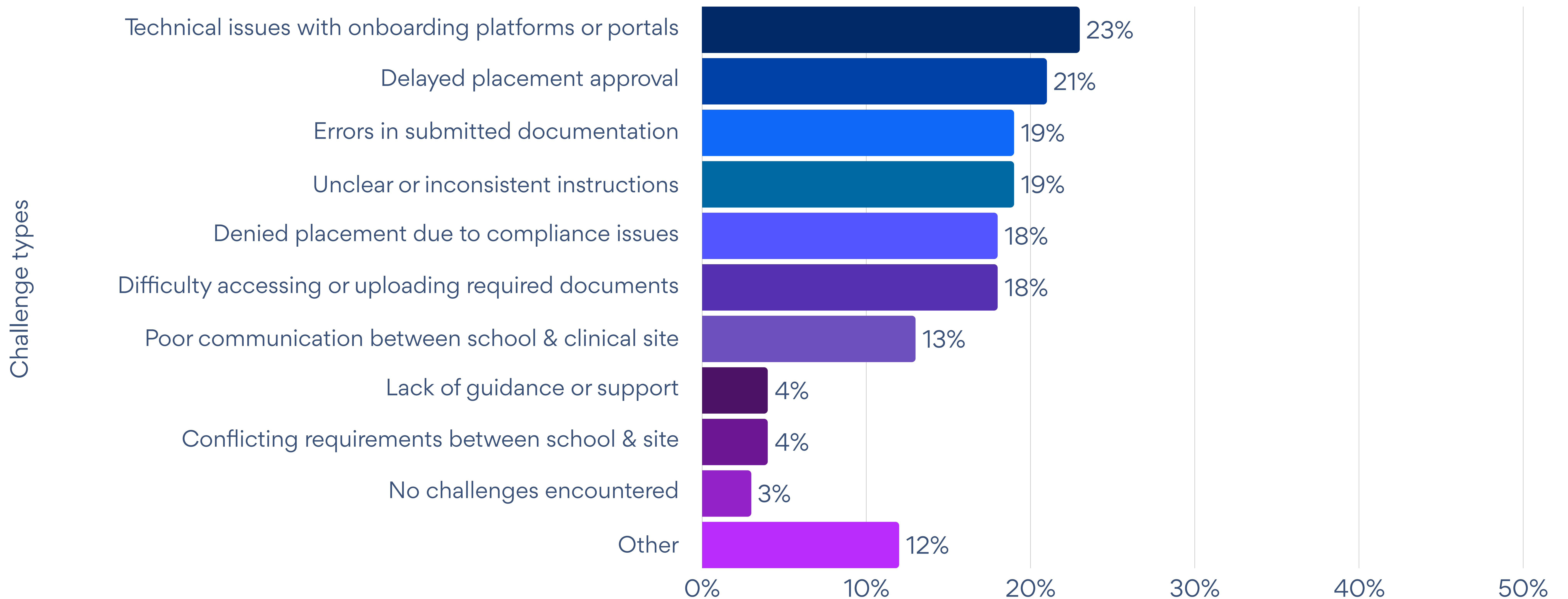


Administrators say they need faster turnaround times, better integration with institutional and clinical systems, and improved technical support and communication—highlighting both speed and interoperability gaps

**STUDENTS'
REALITY:**

**CONFUSION,
REPETITION, & DELAYS**

CHALLENGES DURING CLINICAL PLACEMENT APPROVAL/ONBOARDING (STUDENTVIEW)



Percentage of students (base n=78: those who started clinical placement)

Among students who had begun the clinical placement approval process, 88.5% encountered at least one challenge, most commonly technical issues with onboarding portals, delayed approvals, documentation errors, unclear instructions, and denied placements due to compliance issues.

The Student Experience Echoes Admin Concerns

The student survey tells a remarkably consistent story. The issues administrators see from their side of the desk are the same pain points students experience in real time.

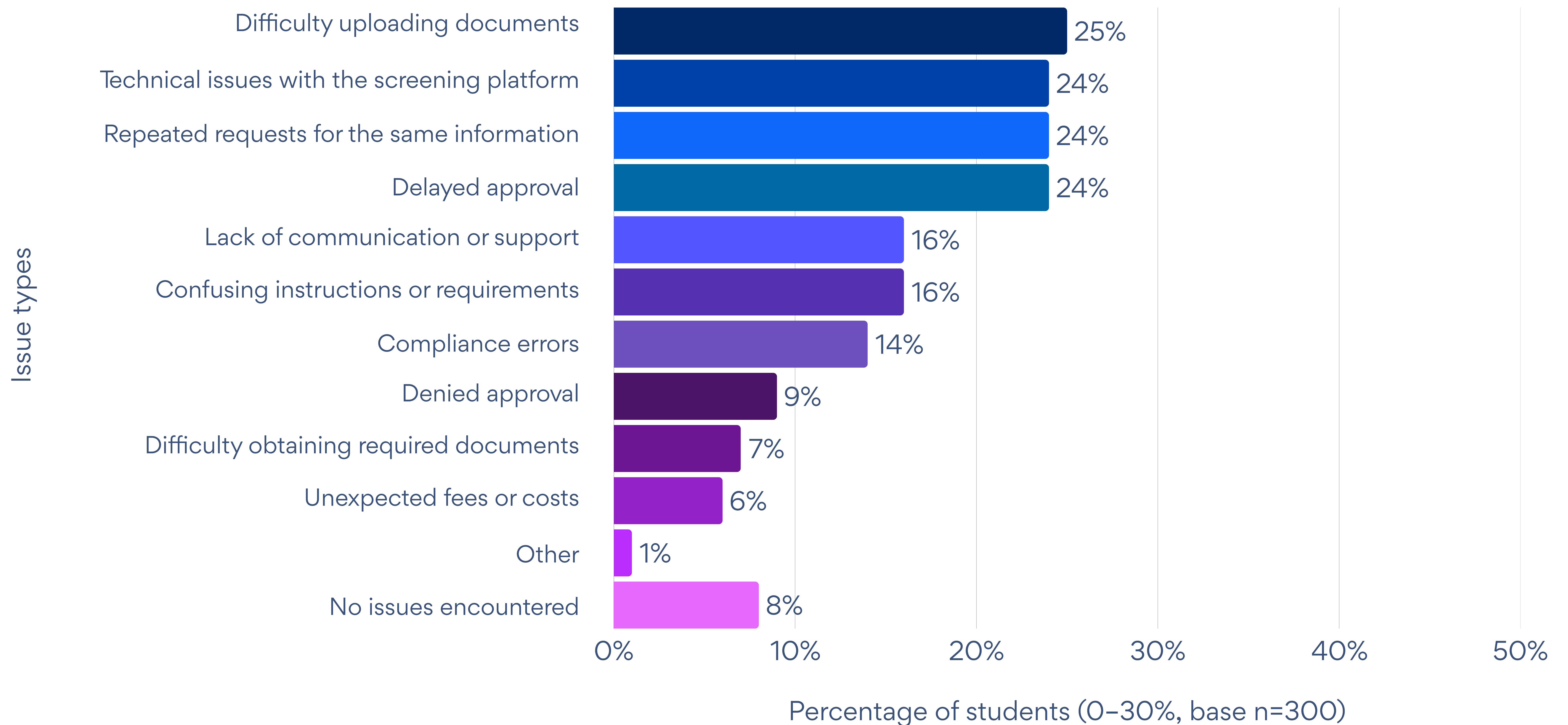
From our analysis of the student data, students reported challenges with:

- Technical issues with vendor platforms
- Unclear processes or instructions
- Repetitive steps (such as uploading the same document multiple times)
- Disorganized placement process
- Lack of placement sites
- Unclear communication from staff and faculty

These findings mirror [international research](#) on nursing and health science students, who frequently cite [inadequate communication](#), [limited access to placements](#), and [administrative hurdles](#) as major stressors during clinical training.

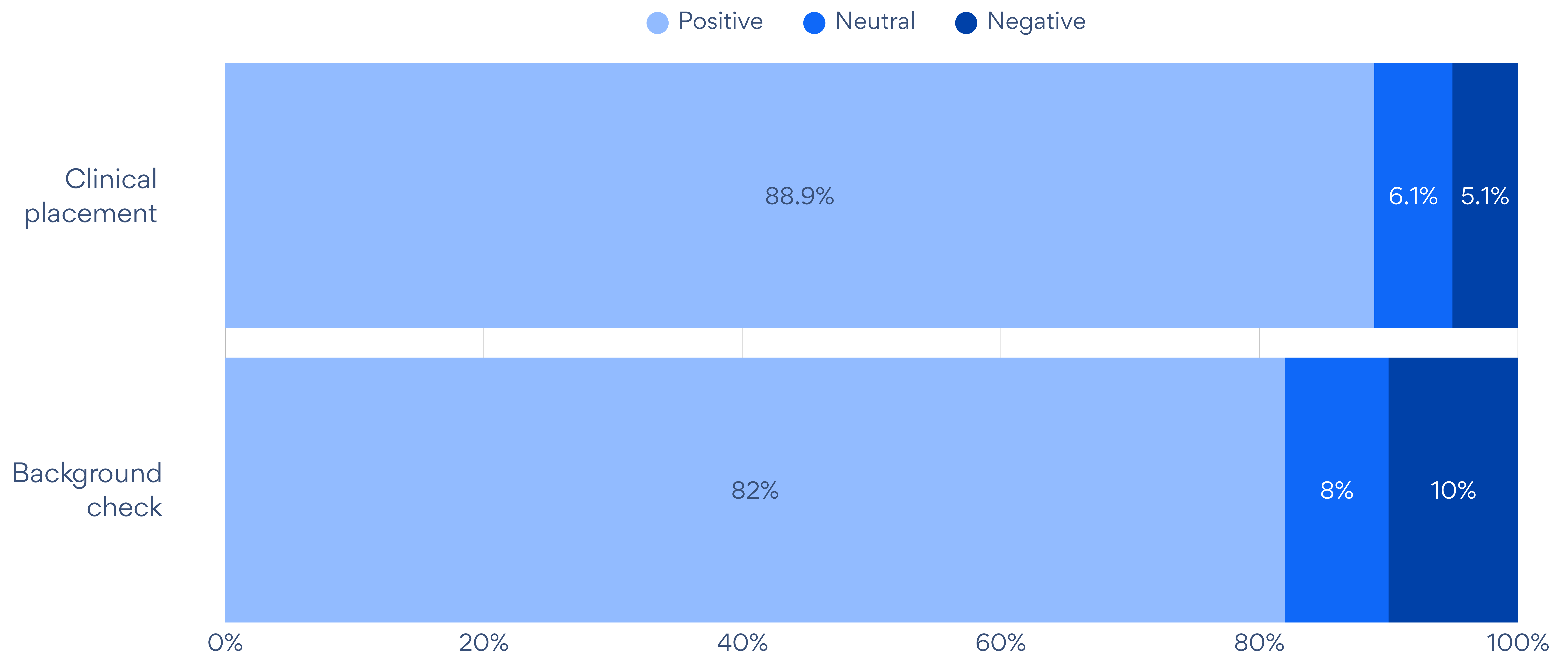


ISSUES ENCOUNTERED DURING BACKGROUND CHECK & SCREENING (ALL STUDENTS)



Roughly one in four students report repeated requests for the same information, difficulty uploading documents, and technical issues with the screening platform, underscoring the friction in the background check experience.

OVERALL EXPERIENCE WITH BACKGROUND CHECK & SCREENING (STUDENT SENTIMENT)



While about four in five students describe their background check experience as somewhat or very positive, a meaningful minority report neutral or negative experiences, often tied to delays and confusion.

Documentation: A Major Pain Point

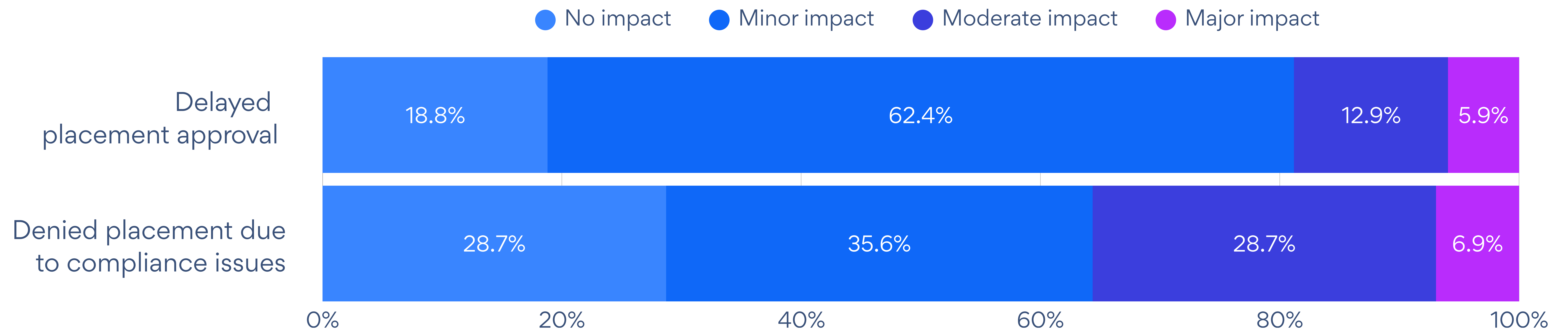
Among students who had begun the clinical placement approval process, nearly 9 in 10 (88.5%) experienced challenges—most commonly with uploading health and immunization documents and responding to repeated requests for information they had already submitted.

This repeated uploading and re-verification isn't just annoying—it has consequences:

- **Delayed start dates** for clinical rotations
- Increased anxiety and uncertainty for students
- Additional follow-up work for faculty and coordinators
- Strained relationships with clinical partners when students arrive late or incomplete



IMPACT OF CHALLENGES ON TIMELY CLINICAL COMPLETION



For students who faced onboarding or documentation issues, many report that these problems had at least a minor impact on their ability to start or complete clinical placements on time.

The students themselves can see the solution: *“Students feel that consolidating systems would significantly improve the process and reduce delays.”*

On the student side, 99.3% used more than one system for screening-related tasks, with the vast majority navigating 2–4 platforms; on the admin side, nearly 59% want easier integration with institutional and clinical placement systems, and 31% specifically want a single, unified platform for all screening tasks.

When both administrators **and** students are independently calling for fewer systems and clearer requirements, it’s a strong signal that the current status quo is unsustainable.

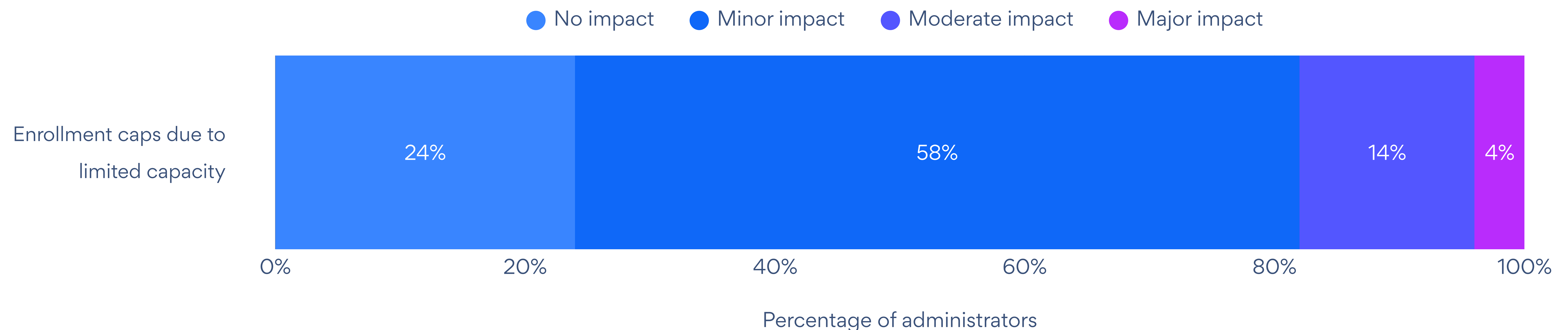
**FACULTY &
CAPACITY:**

**THE BROADER
CONTEXT**

The challenges our surveys uncovered sit inside a larger structural problem: **there are not enough faculty and clinical sites** to meet demand.

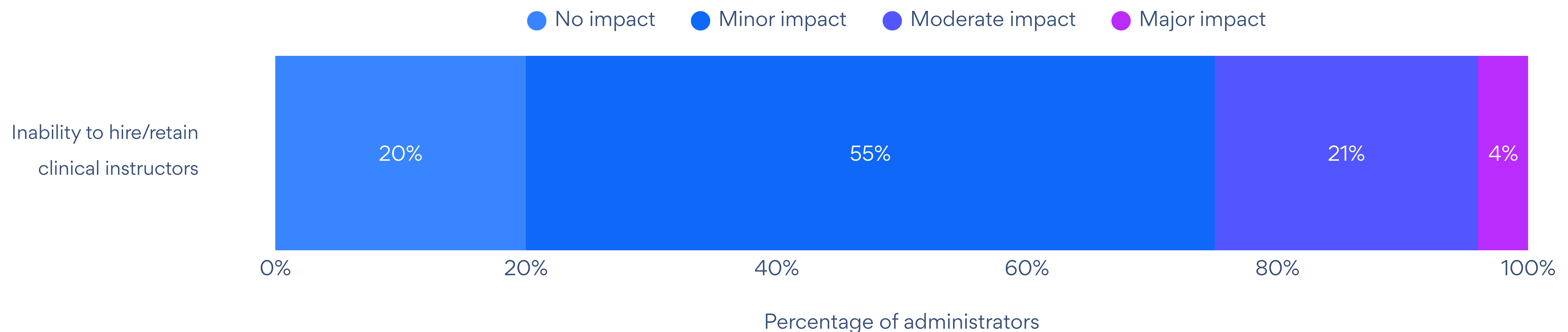
- The American Association of Colleges of Nursing (AACN) has documented a persistent nursing faculty shortage driven by budget constraints, an aging faculty, and competition from higher-paying clinical roles.
- National advisory bodies have flagged the lack of qualified preceptors and faculty as a key barrier to preparing the next generation of nurses.
- AACN data also shows that insufficient clinical sites and preceptors are among the top reasons qualified applicants are turned away from nursing programs.

IMPACT OF ENROLLMENT CAPS DUE TO LIMITED CAPACITY



Most programs say enrollment caps due to limited capacity (faculty or clinical sites) have at least some impact on their operations, further constraining the pipeline of new healthcare professionals.

IMPACT OF INABILITY TO HIRE/RETAIN CLINICAL INSTRUCTORS



A large majority of administrators report that difficulty hiring or retaining clinical instructors has at least some impact on their programs, with a significant share calling it a moderate or major issue.

Our administrator survey reflects these realities in a focused way:

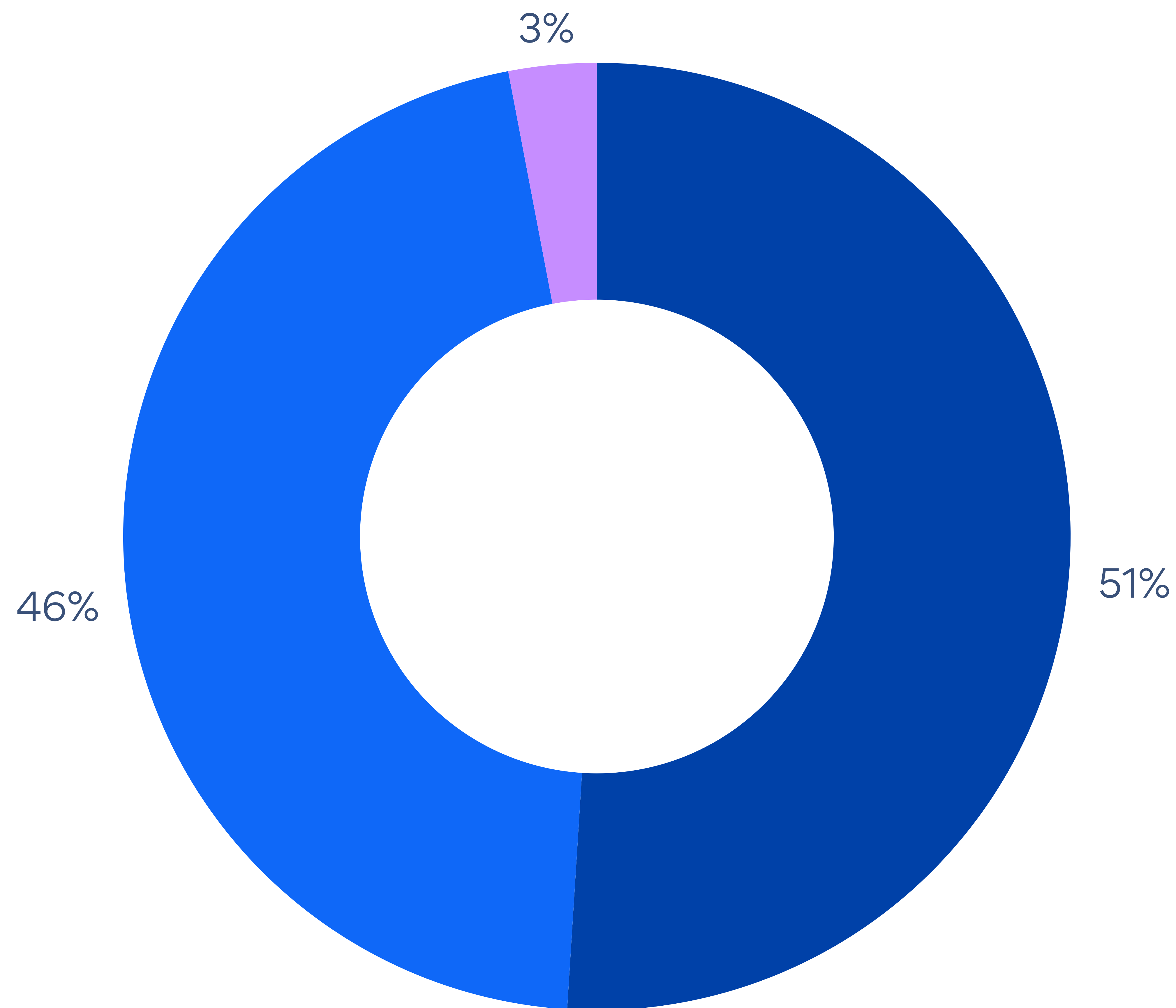
- Respondents point to faculty and clinical instructor shortages, enrollment caps due to lack of capacity, and clinical bottlenecks as ongoing constraints.
- Three in ten administrators (30%) identify clinical placements as the single least efficient part of their operation—more than any other area—even when academic components are running smoothly.

In this environment, every avoidable delay in screening and onboarding is amplified. When you're already limited by faculty and site capacity, time is too critical for schools and students to spend it navigating fragmented platforms and unclear processes.

READINESS & THE WORKFORCE TRANSITION

ADMINISTRATOR RATINGS OF STUDENT WORKFORCE READINESS

● Very prepared ● Somewhat prepared ● Unprepared



Administrators are broadly confident in their graduates: nearly all describe students as somewhat or very prepared to enter the workforce.

Administrators Are Optimistic—But See Gaps

While 97% of administrators describe students as somewhat or very prepared to enter the workforce, access to additional recruitment and job matching resources is important (i.e., Talent Marketplace). These tools help students get connected with clinical partners early on in their education and improve job placement rates.

This nuance is important:

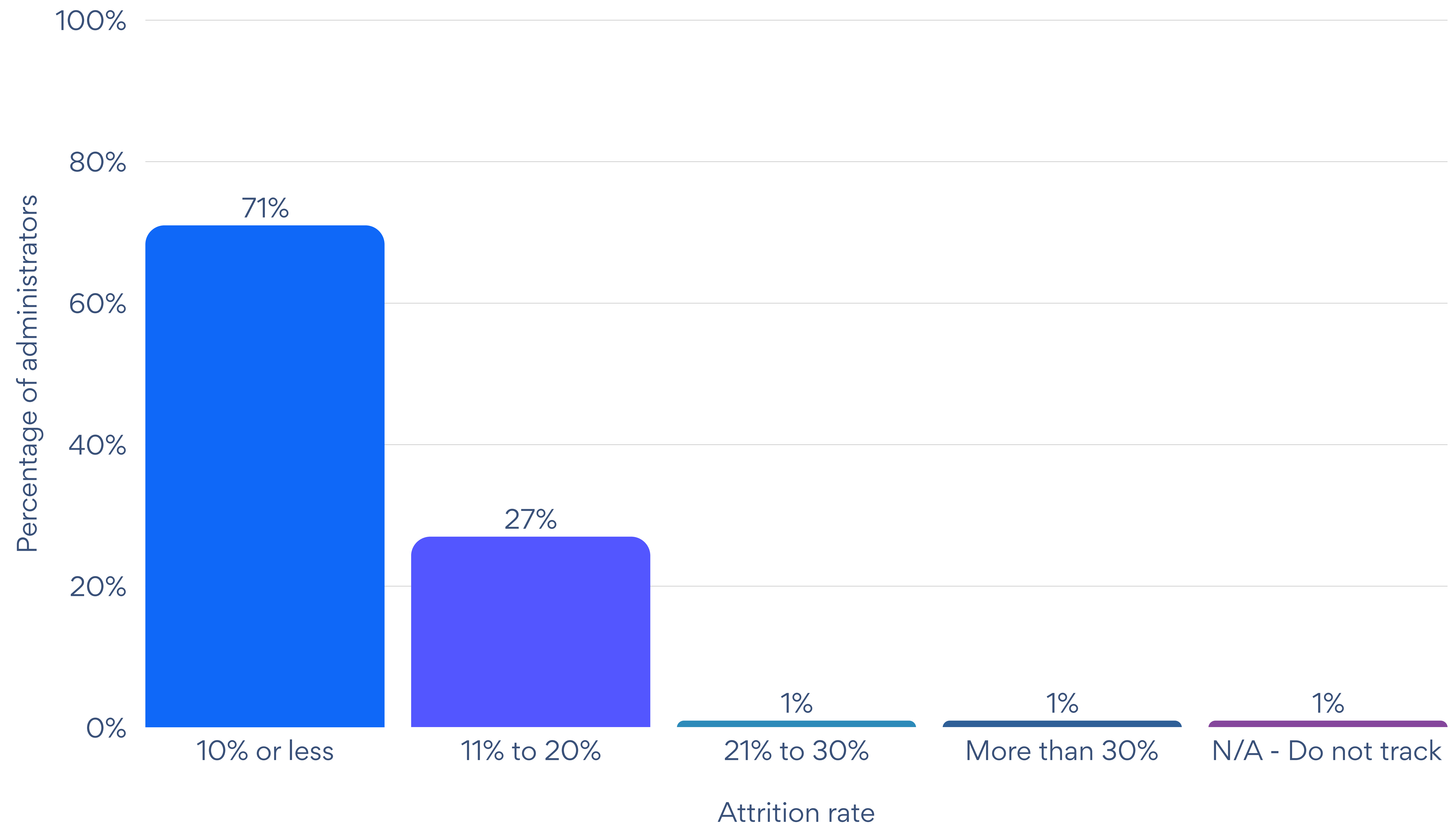
- Academically, administrators are generally confident in their programs.
- Operationally, they see significant gaps in the **transition from student to employee**, especially around job matching and career placement.

What is Cive Talent Marketplace?

Cive Talent Marketplace is a digital platform that connects qualified candidates with organizations that need their skills—quickly, transparently, and at scale.

Instead of traditional job boards where applicants “spray and pray,” Cive Talent Marketplace is a living talent pipeline that uses rich profiles, verified credentials, and smart matching to surface the right opportunities to the right people.

STUDENT ATTRITION RATES BY PROGRAM



Most programs maintain relatively low attrition, with the vast majority reporting attrition rates at or below 20%, and a strong cluster at 10% or below.

External research on clinical placements supports the idea that **early, structured engagement** with clinical sites influences not only learning outcomes but also eventual employment and workforce distribution.

Students Need Clarity, Not Just Content

From the student side, the picture is more mixed:

- Many feel adequately prepared in terms of **clinical knowledge**.
- Yet they describe the **process** around clearance and placement as confusing, disorganized, and time-consuming.

When clinical clearance and placement are perceived as arbitrary or opaque, students can lose confidence at precisely the moment they're making the leap into practice.



THE HUMAN COST OF BROKEN PROCESSES

Behind every delayed rotation is a person:

- A student who took time off work to start on a specific date
- A clinical preceptor who rearranged a schedule to accommodate learners
- A program coordinator juggling dozens or hundreds of similar cases

Our surveys surfaced several human-level impacts:

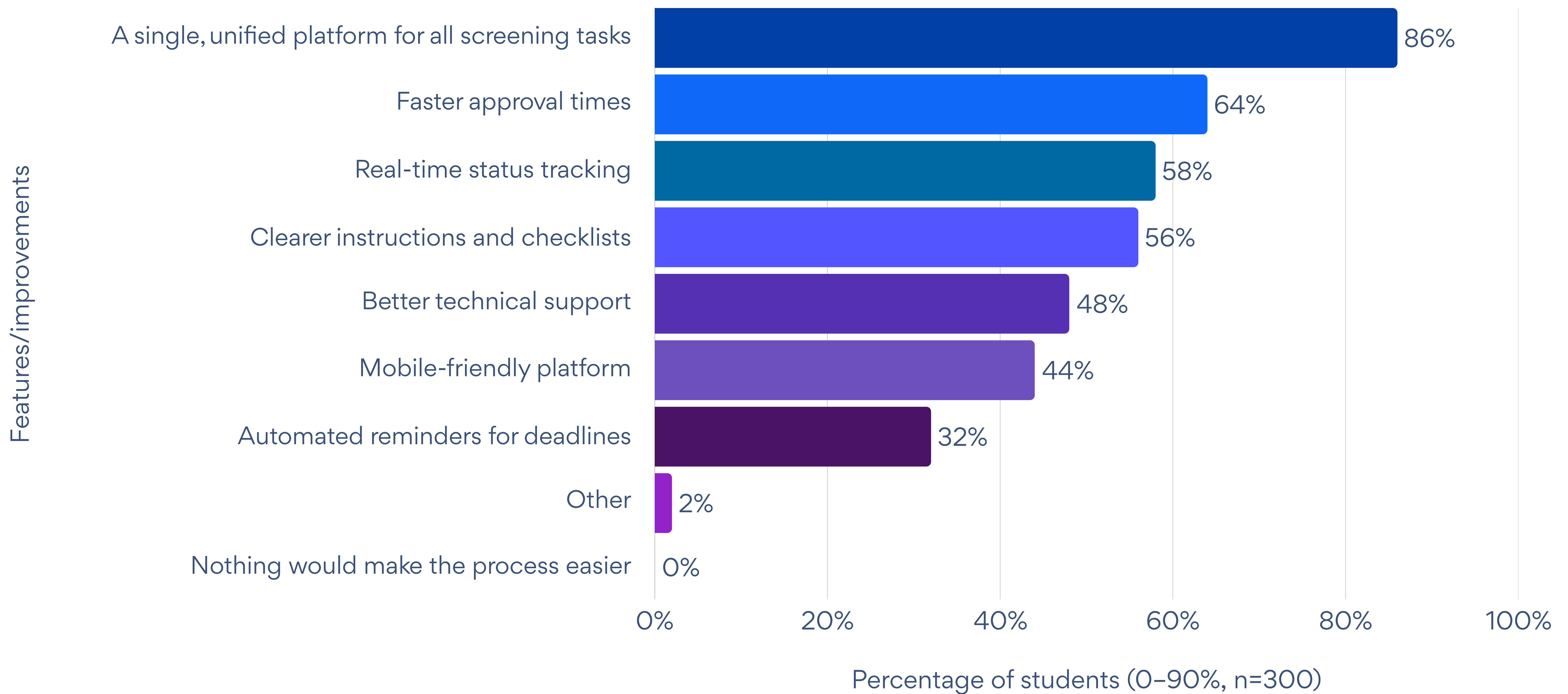
- **Stress and anxiety** among students related to compliance and placement uncertainty
- **Frustration** among administrators who want to support students but are constrained by tools and processes
- **Strain** on clinical partnerships when students arrive late, incomplete, or not at all

[Research on health science student experiences](#) echoes these emotional and mental health impacts—highlighting how placement challenges and administrative friction contribute to burnout, attrition, and underperformance.

In short: broken systems don't just waste time; they erode trust and undermine the very pipeline they're meant to support.

**WHAT BOTH GROUPS
ARE ASKING FOR**

STUDENT-DESIRED IMPROVEMENTS TO THE SCREENING PROCESS



Students overwhelmingly want a single, unified screening platform, followed by faster approval times, real-time status tracking, clearer instructions, better technical support, mobile access, and automated reminders.

APPEAL OF A UNIFIED SCREENING SOLUTION



The concept of a unified screening solution is highly attractive to students: 85% find it somewhat or very appealing.

CONFIDENCE THAT A UNIFIED SOLUTION WOULD REDUCE ERRORS AND DELAYS



Students are not just attracted to the idea—they also believe it would work: 85% say they are somewhat or very confident a unified solution would reduce errors and delays.



When you step back, administrators and students are remarkably aligned in what they want:

Administrators want:

- Fewer systems and **less manual reconciliation**
- Clear, consistent **requirements across clinical sites**
- Integrated tools that **talk to rotation management platforms**
- Expert partners who understand **healthcare compliance** and can help interpret requirements

Students want:

- A **single, easy-to-use platform** for all compliance tasks
- Clear instructions and **transparent status updates**
- Fewer repeated uploads and redundant steps
- A process that feels organized rather than ad hoc

Our surveys capture this shared desire for **consolidation and clarity**—a single source of truth rather than a maze of logins and spreadsheets.

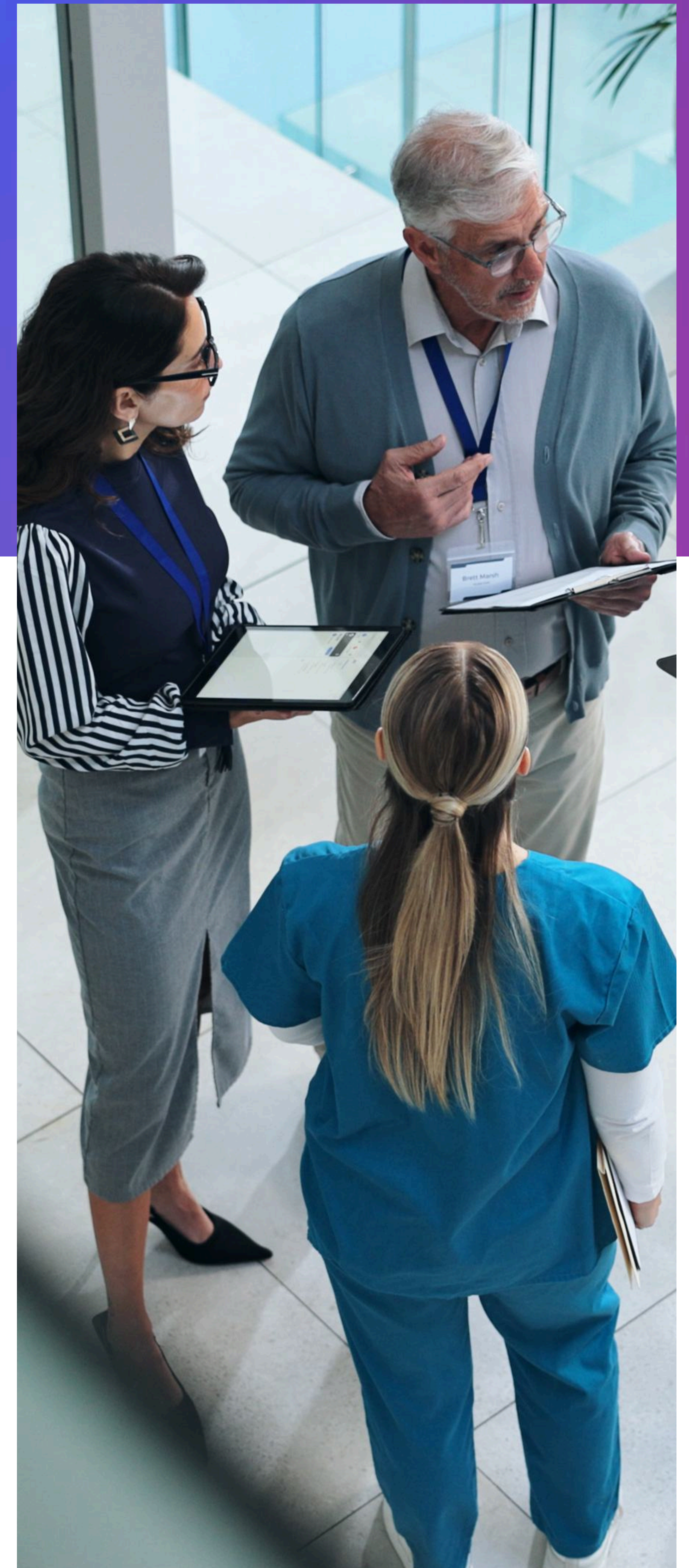
THE CASE FOR A UNIFIED, HUMAN-CENTERED SCREENING PLATFORM

The combined evidence from our research and external sources points to a clear conclusion: **The campus-to-clinic pipeline no longer breaks down primarily on academic grounds. It breaks down in the handoff between systems, stakeholders, and settings.**

That handoff is exactly where a unified screening and compliance platform—like Cisive’s **StudentCheck**—can have outsized impact:

- **One platform** for background checks, drug testing, and immunization/document management
- **Integration** with clinical placement systems (such as myClinicalExchange)
- **Real-time visibility** for administrators, students, and (where appropriate) clinical partners
- **Automation** of reminders, status notifications, and expiration tracking
- **Human-centered experience** built for overwhelmed students and overextended coordinators

By addressing the operational friction documented in both the admin and student surveys, a unified solution doesn’t just make life easier; it directly supports throughput, retention, and workforce readiness.



CONCLUSION

The story emerging from this research is not one of a lack of commitment. Administrators, faculty, and students are working extraordinarily hard to keep the campus-to-clinic pipeline moving. Clinical partners, too, are eager to host learners and build their future workforce.

The breakdowns are **structural and technical**:

- Too many disconnected systems
- Too many overlapping requirements
- Too little transparency into status and readiness

External evidence confirms that clinical placement capacity, faculty shortages, and regulatory complexity are national-level constraints. Our surveys show that within that constrained environment, **avoidable process inefficiencies** are delaying students, stressing programs, and straining partnerships.

If the next generation of healthcare workers is going to arrive at the bedside faster, prepared, and confident, the industry must treat clinical onboarding and student screening as strategic infrastructure—not back-office paperwork.

That is the opportunity in front of health science programs today:

- To redesign the path from **campus to clinic**,
- To simplify the experience for both administrators and students,
- And to partner with platforms and experts that understand healthcare, compliance, and the human stakes behind every placement.

See how **StudentCheck** can eliminate these friction points, help you eliminate blind spots, and finally align your classroom and clinical pipelines.

If you're ready to reduce delays, simplify compliance, and give both students and clinical partners a smoother, more predictable experience, it's time to rethink your screening infrastructure.

Talk with our team about StudentCheck and discover what a single, human-centered platform can do for your program—and for the next generation of healthcare workers.

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METHODOLOGY

By partnering with Hanover, an independent research firm, we conducted two individual surveys over a period of two weeks. The first survey was geared toward administrators of allied health programs at U.S.-based colleges, universities, and technical schools. The second survey was geared toward students of those programs.

- **Audience:**

- Admin survey: program directors, deans, clinical coordinators, and other leaders in health sciences and allied health education.
- Student survey: Health science students actively engaged in or preparing for clinical rotations.

- **Sample sizes:**

- Administrators: **n = 150**
- Students: **n = 300**

- **Focus areas:**

- Clinical placement and partnerships
- Screening and compliance processes (background checks, drug testing, immunizations, documentation)
- Operational pain points
- Student experience and perceived preparedness
- Opportunities to streamline the campus-to-clinic pipeline

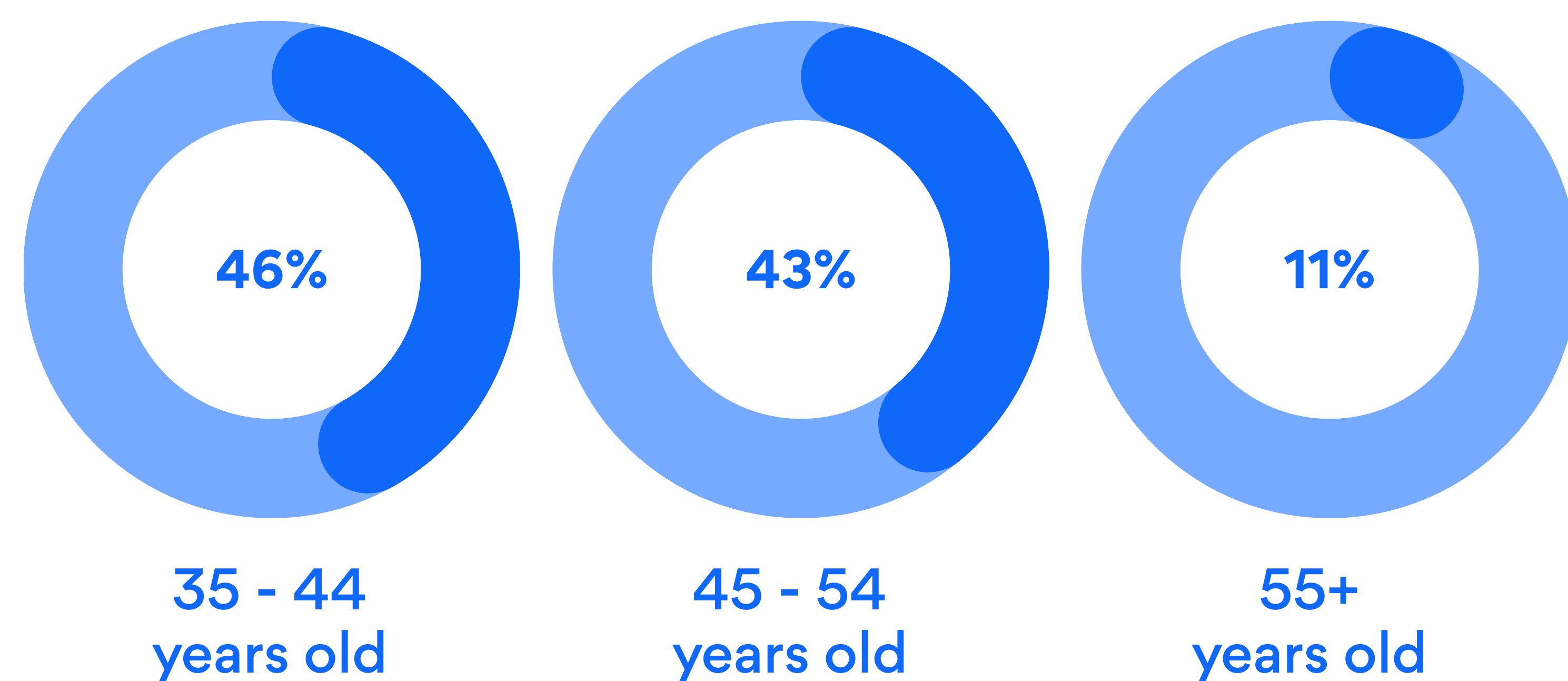
Quantitative results were supplemented by open-ended responses from both groups, which provided additional context around stressors, bottlenecks, and expectations.

Demographics

The administrator survey reflects a mid- to senior-level audience with direct responsibility for health science and allied health programs across the United States.

Experience & age profile

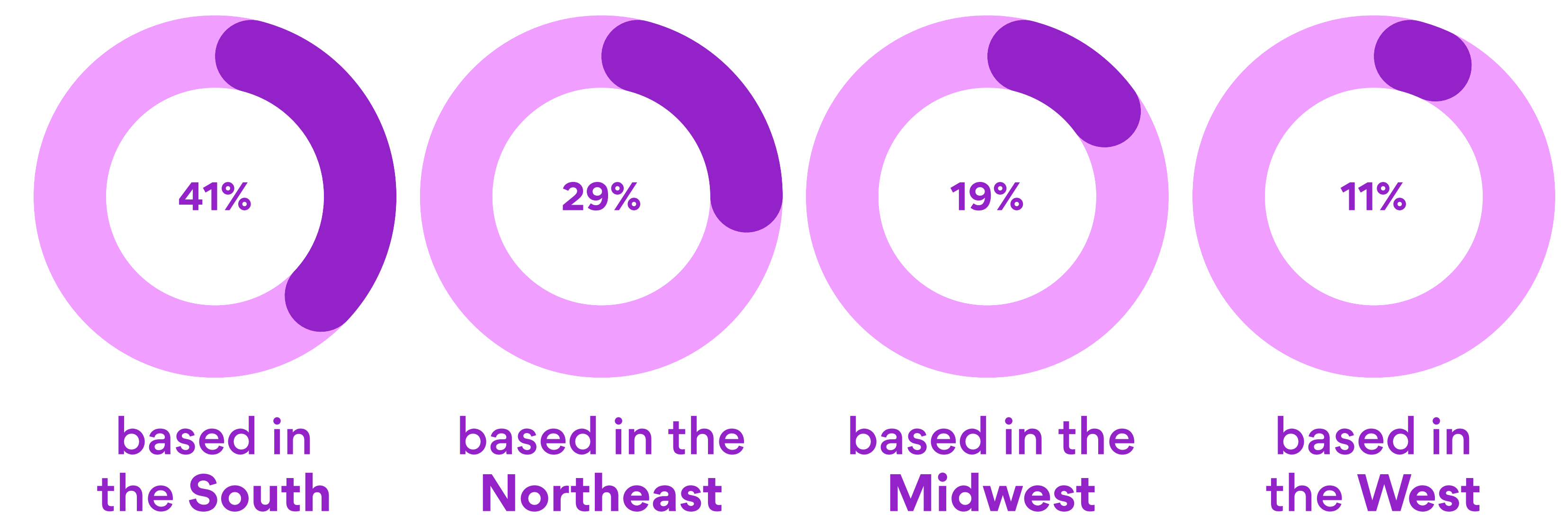
- The sample skews mid- to late-career:



- None of the respondents are under 35, indicating a more experienced administrator cohort.

Geographic distribution

- Respondents are spread across all major U.S. regions:



Program types represented

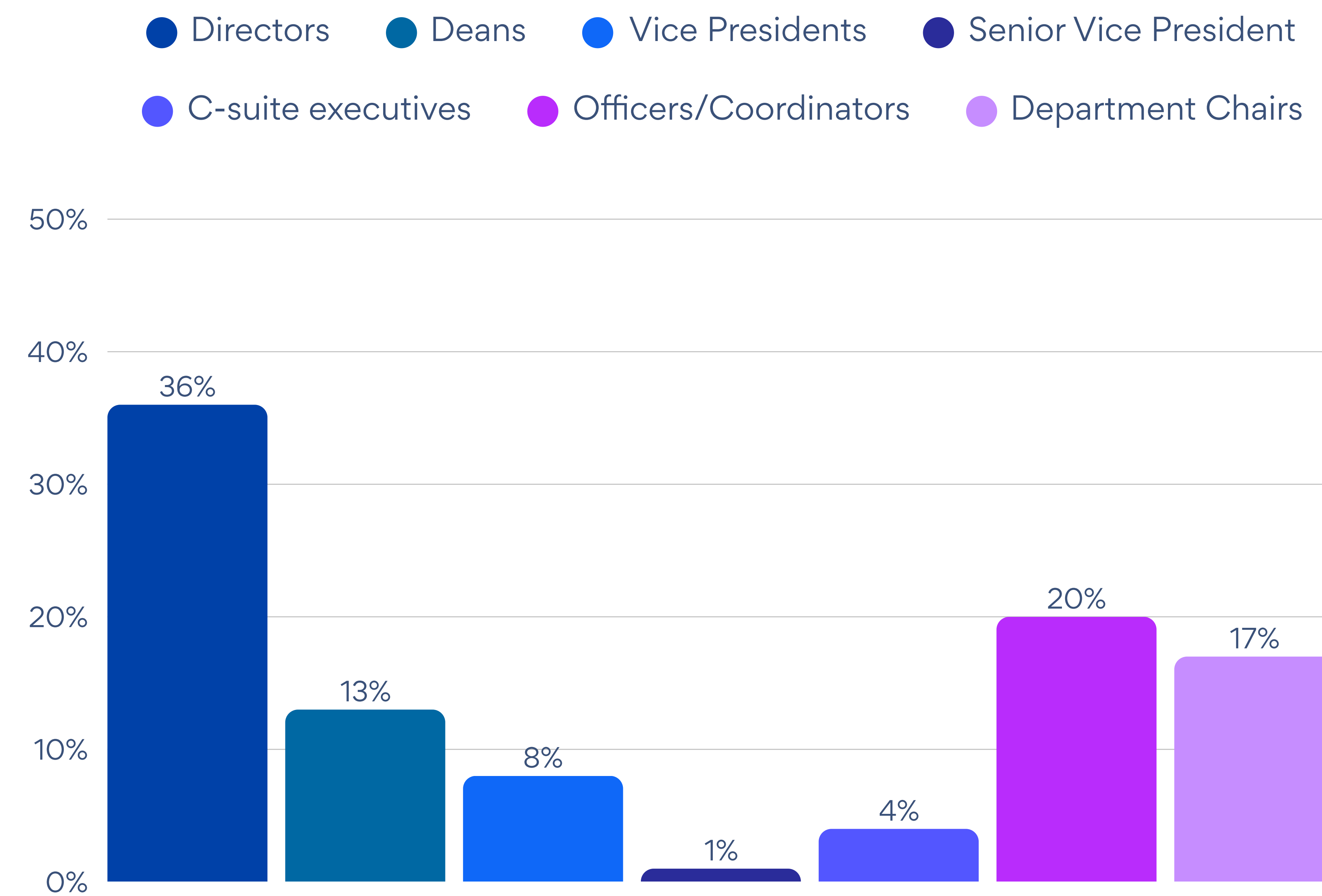
- All respondents work in health science or allied health programs.



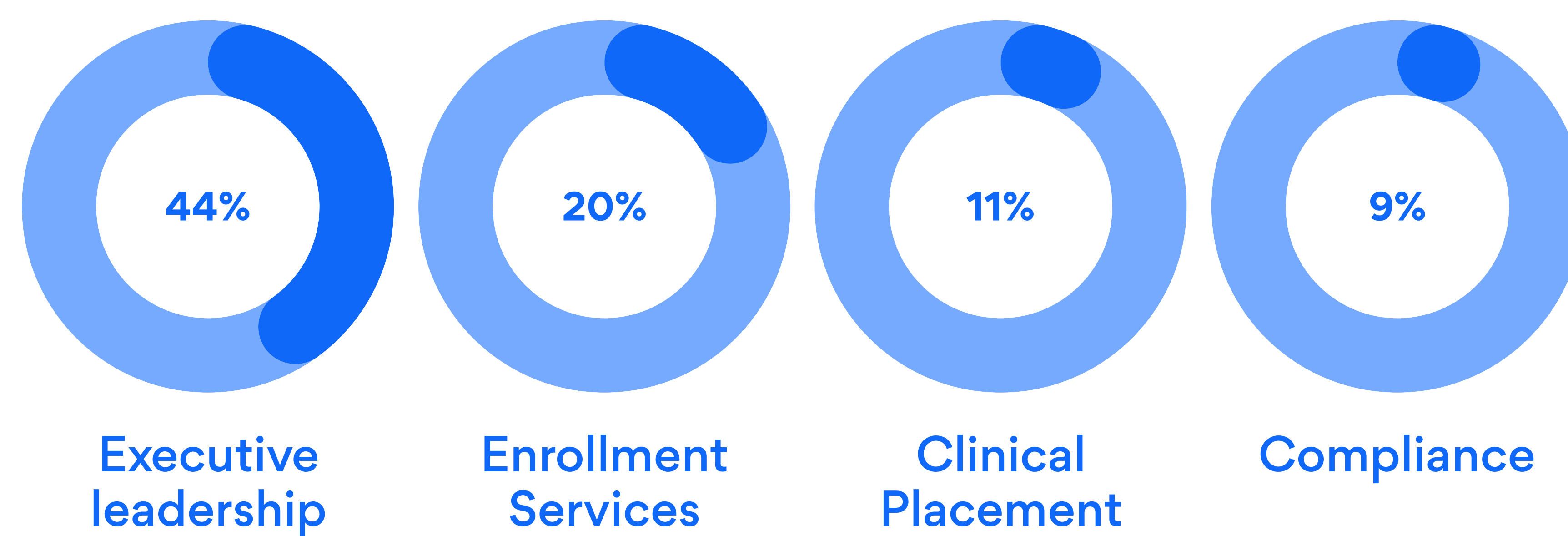
- The remaining programs span **biomedical sciences, physician assistant, radiologic technology, physical therapy, surgical technology, healthcare administration**, and other allied health disciplines.

Job level & function

- Administrators hold predominantly senior roles:



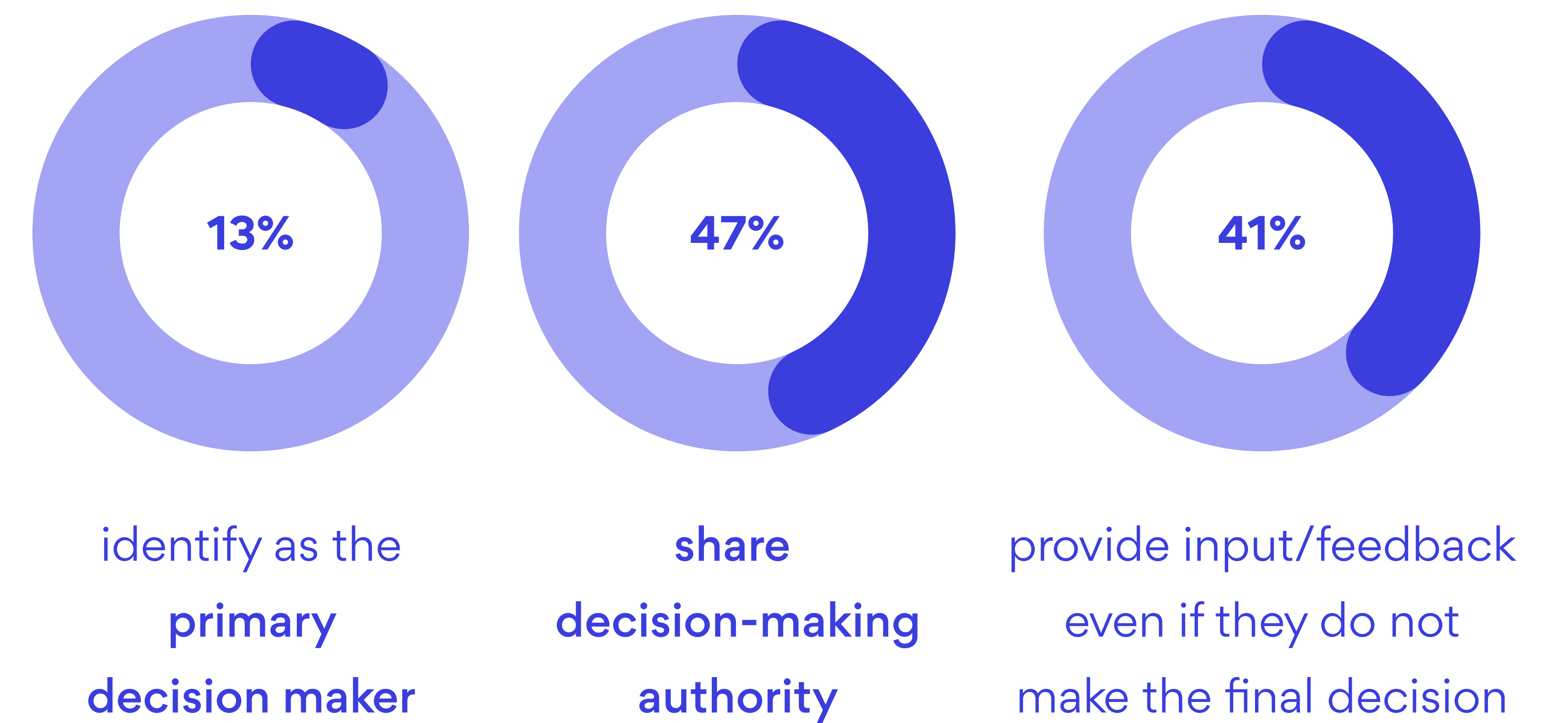
- Functionally, respondents are concentrated in:



- Procurement, Health Records, and Student Services make up the remainder.

Decision-making authority

- The sample is highly decision-influential for screening and compliance tools:



- No respondents reported having **no involvement** in these decisions.

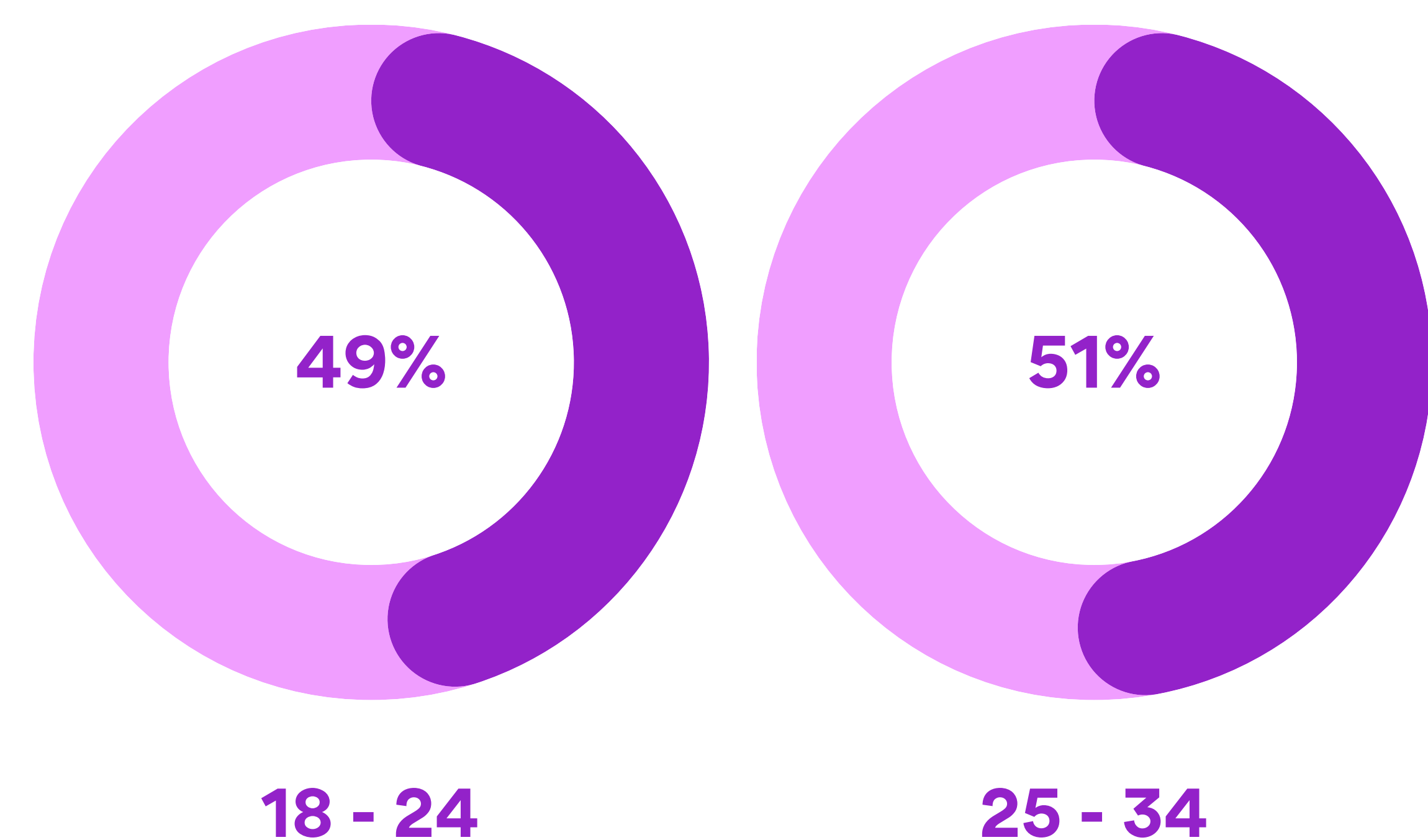
Overall, the administrator sample represents **experienced, senior stakeholders** who are directly involved in program operations, clinical placement, and vendor decisions.



The student survey captures the perspective of individuals who have **recently navigated or are currently navigating** the clinical readiness process in health science and allied health programs.

Age & life stage

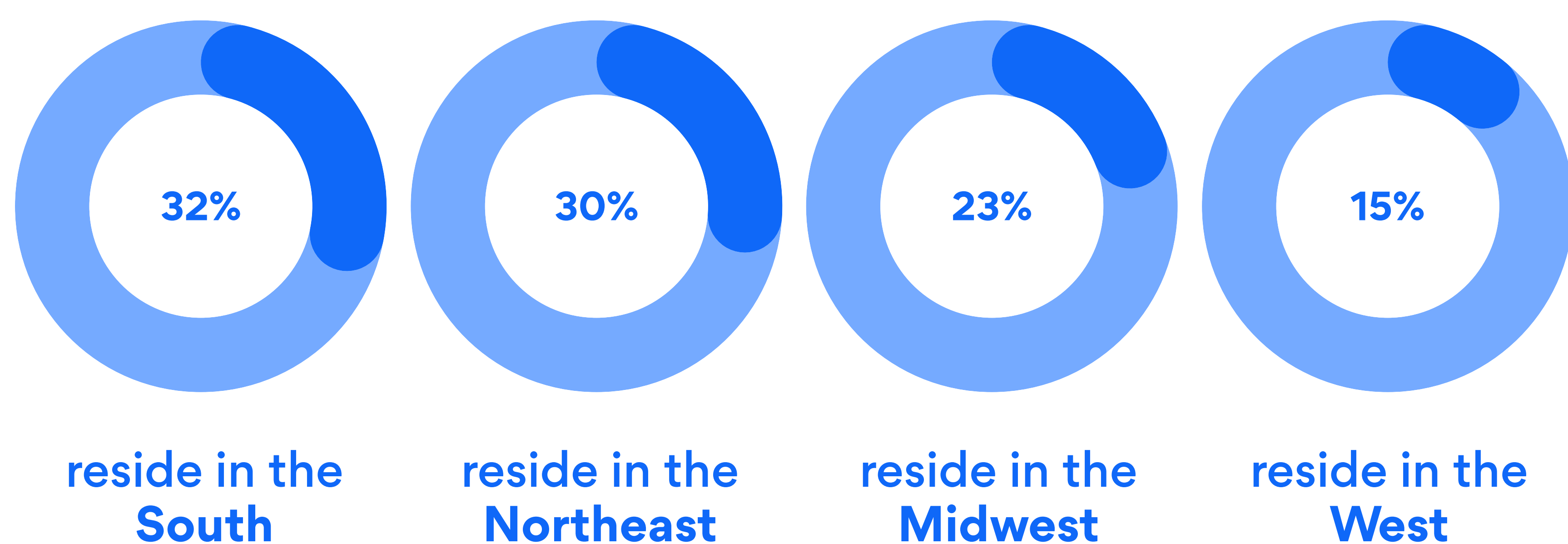
- The student sample is young adult and early-career:



- The average age is 24.1 years.

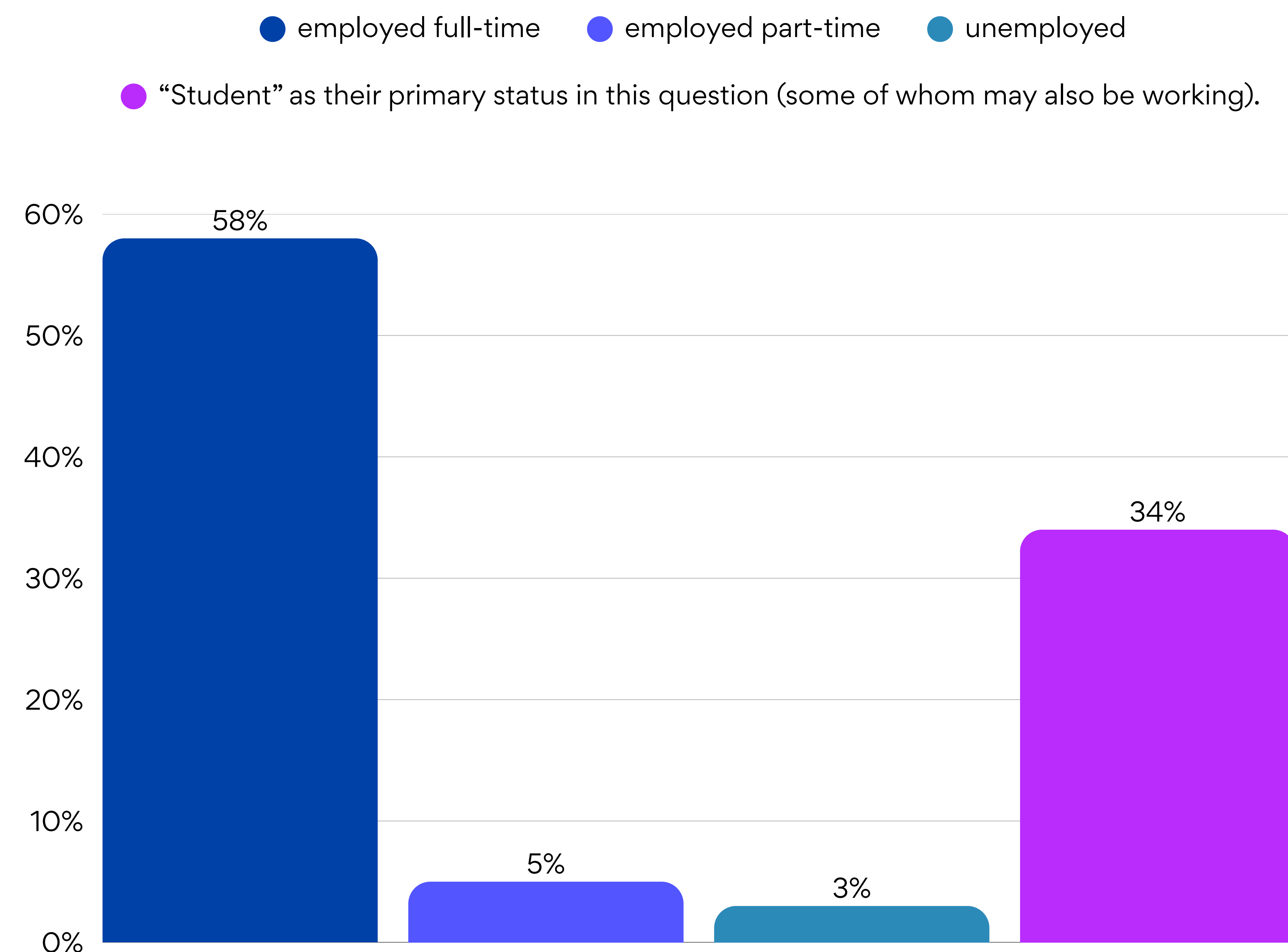
Geographic distribution

- Students are also widely distributed across the U.S.:



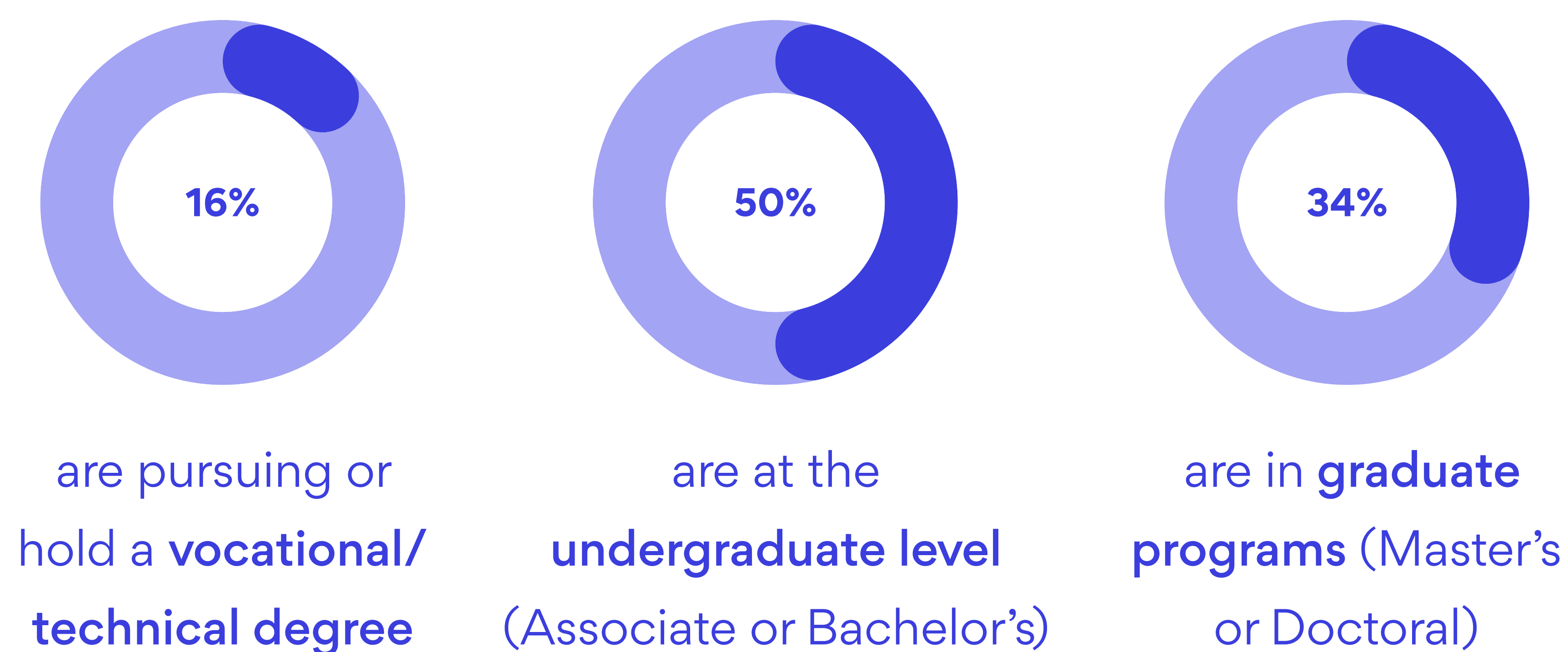
Employment & enrollment status

- Many students are balancing work with their education:



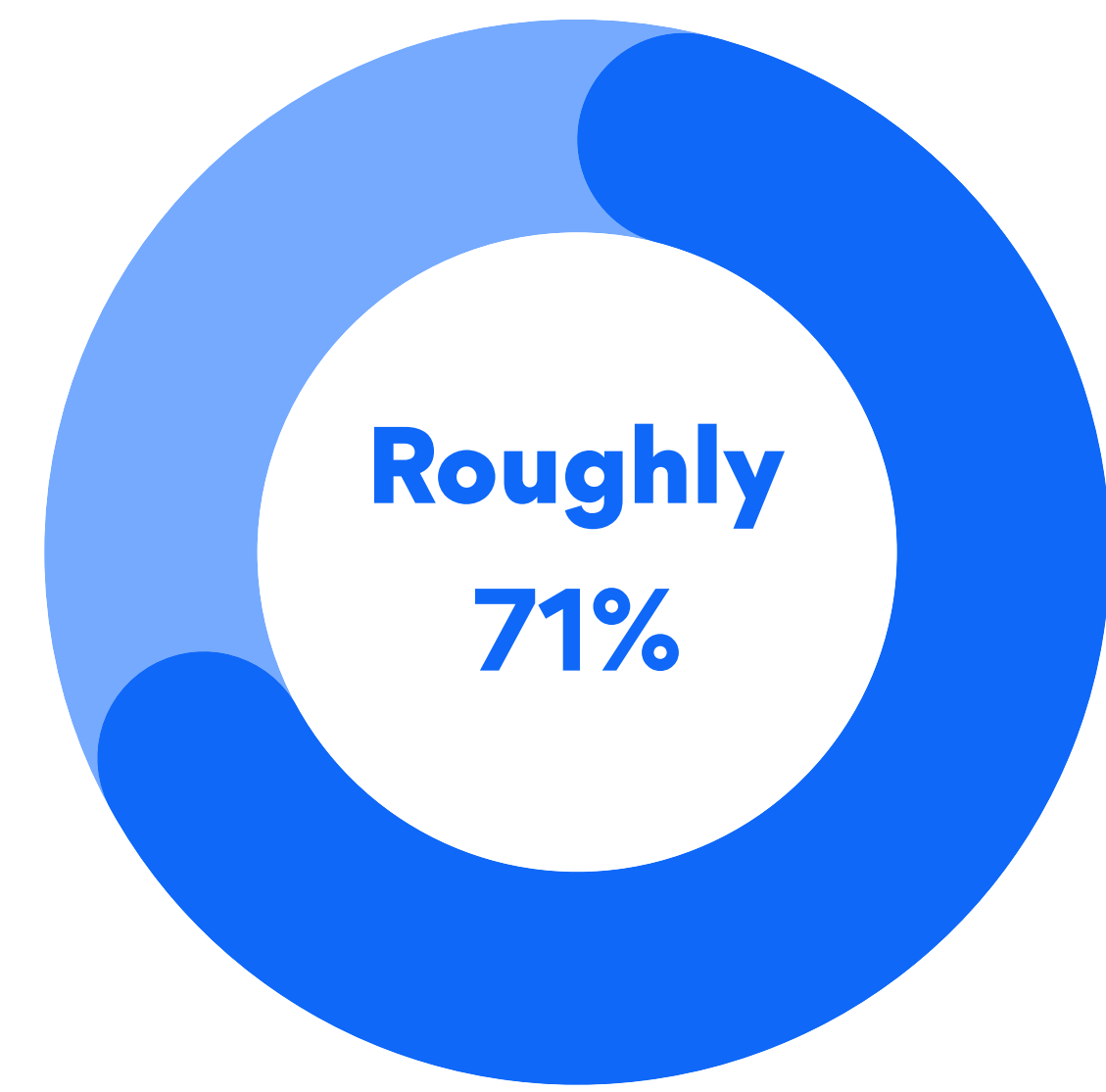
Educational level

- Students span multiple degree levels within health sciences/allied health:



Programs represented

- All respondents are in **Health Science/Allied Health** fields.

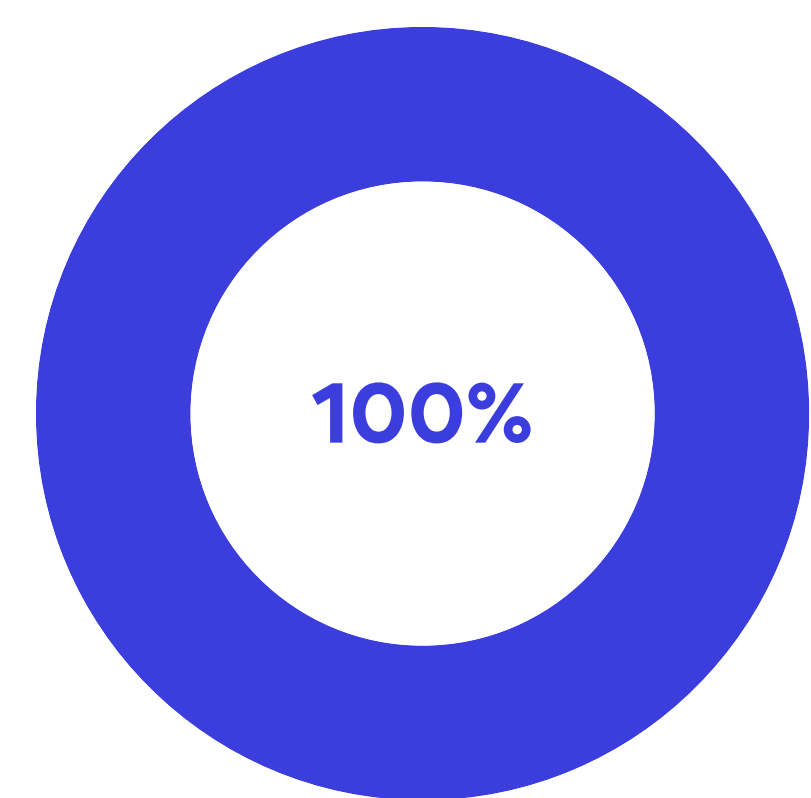


are enrolled in **nursing-related programs** (e.g., BSN, ADN, RN-to-BSN, MSN, DNP, NP, LPN/LVN).

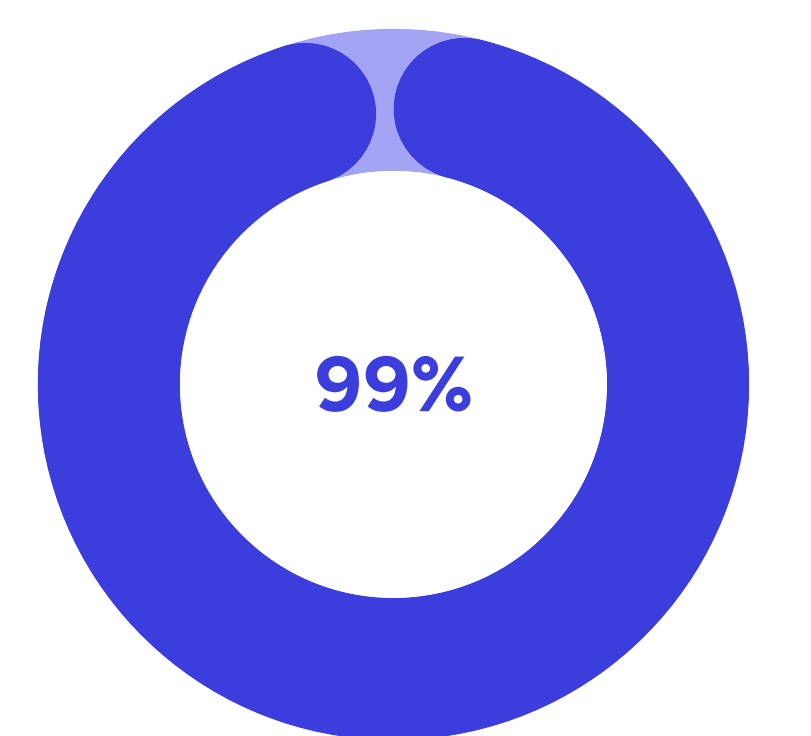
- The remainder are distributed across **radiologic technology, respiratory therapy, occupational therapy, public health, surgical technology, physician assistant, physical therapy, biomedical sciences, medical assisting,** and healthcare administration.

Clinical and screening exposure

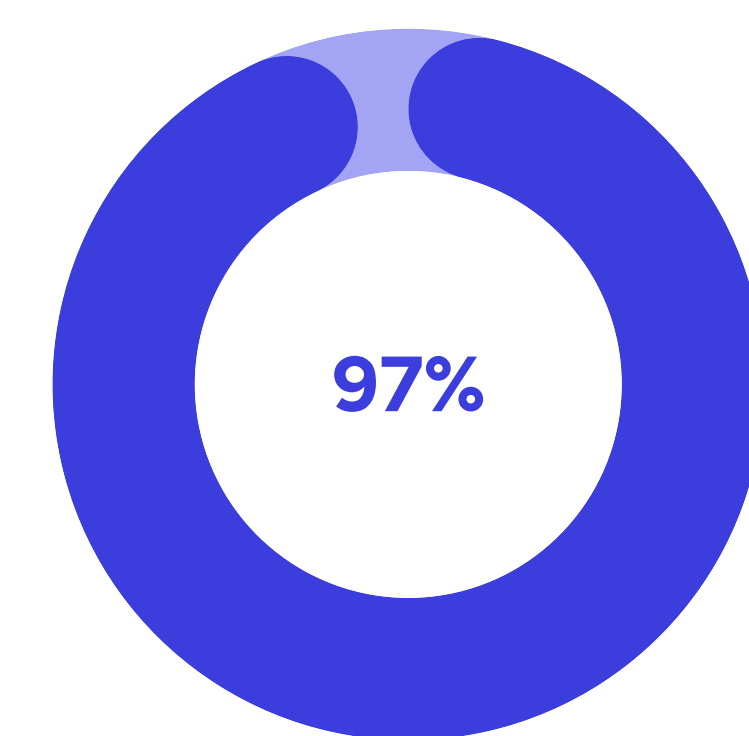
- This is a highly relevant, experienced student sample:



report completing a **background check/screening** (criminal check, drug test, and/or immunization verification) as part of their program.



have **participated in a clinical placement.**



have completed a **skills check-off or competency assessment.**

In combination, these two samples provide a **dual-lens view:** mid- to senior-level administrators responsible for designing and managing programs, and students who are actively experiencing the screening, onboarding, and clinical placement process on their way into the healthcare workforce.

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