Beyond Education

Fellowship Programs: A Workforce Strategy for Measurable ROI

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Fellowship is not simply an education program.

It is a workforce strategy.

Pipeline • Development • Evaluation • Retention

Learning Objectives

By the end of this session, participants will be able to:

01	**Compare workforce economics**	Compare cost-per-hire and time-to-productivity for fellowship graduates versus external APP hires.
02	**Evaluate financial contribution**	Assess post-fellowship productivity, service contribution, capacity and revenue generation.
03	**Measure long-term workforce impact**	Track retention, internal talent-pipeline development and succession outcomes.
04	**Build C-suite engagement**	Use executive sponsorship, stakeholder participation and outcome-focused dashboards to build buy-in.

ECONOMICS → CONTRIBUTION → LONG-TERM IMPACT → EXECUTIVE ENGAGEMENT

FELLOWSHIP IS A

WORKFORCE STRATEGY.

Measurable ROI: what can go on the dashboard

These are the numbers the C-suite can actually track.

Recruitment engine

Applications, qualified applicants, offer acceptance, cost per qualified lead.

Cost to hire

Search fees, advertising, recruiter time, interview hours, credentialing effort.

Vacancy burden

Time-to-fill, vacancy days, overtime, locums/agency, lost capacity.

Onboarding cost

Orientation length, preceptor hours, educator/admin time, ramp support.

Time-to-productivity

Months to independent practice, target encounters, shifts, panel or procedures.

Placement & conversion

Graduation, job placement, internal conversion and specialty placement.

Retention & turnover

12/24/36-month retention, early turnover, replacement cost avoided.

Revenue & capacity

Encounters, wRVUs, billable services, procedures, access slots, panel growth.

Clinical outcomes

Quality/safety indicators, readmissions, LOS, throughput, patient experience.

Workforce development

Internal mobility, promotions, preceptors created, leadership roles filled.

Key rule: define the baseline and denominator before you launch or expand.

“NOT-SO-MEASURABLE” ROI

Better name: strategic value on investment — important, real, but harder to monetize.

Employer brand

Becomes a visible entry point for high-potential APP talent.

Physician confidence

Specialty leaders trust readiness, judgment and role integration.

Culture & belonging

Fellows learn how the organization works before permanent placement.

Standardized practice

Common expectations, language, competencies and safety behaviors.

Resilience

Less dependence on a thin external specialty labor market.

Succession bench

Future preceptors, educators, chief APPs and program leaders.

Engagement

Preceptors and graduates see a pathway for growth and purpose.

Institutional memory

Knowledge stays inside the system instead of walking out the door.

Innovation capacity

Fellows bring questions, projects, QI work and fresh perspective.

Mission alignment

Shows investment in workforce, access, patient care and community need.

Do not pretend these are invisible. Measure with surveys, narratives and trend data — just don't fake dollar savings.

Learning Objective 1 | Compare Workforce Economics

Compare pre-hire cost and time to productivity for fellowship graduates versus external APP hires.

External New Graduate

- External search and selection
- Full onboarding / credentialing
- High transition-to-practice need
- Unknown performance and team fit

Experienced External APP

- Prior APP experience established
- Specialty experience may be extensive
- Still must learn local system / workflow
- Time to productivity may be rapid

Fellowship Graduate

- Known internal talent pipeline
- Specialty training completed
- System / workflow familiarity established
- Performance observed longitudinally

Stratify the comparison. A new graduate and a seasoned specialty APP are not economically equivalent.

Workforce Economics | What Should We Measure?

Keep the analysis focused on the parts of the hiring-to-productivity cycle that create cost or operational burden.

1 Search & Recruitment

- Time to source, interview and secure a candidate

2 Vacancy Exposure

- Coverage, overtime, locums or redistributed workload

3 Credentialing & Onboarding

- Administrative time before full role function

4 Specialty Transition

- Orientation, precepting and supervision burden

5 Time to Productivity

- Time to expected independent contribution

6 Risk & Retention

- Performance uncertainty and cost of restarting the cycle

Also capture salary differential — but distinguish direct savings from avoided cost and avoided productivity loss.

Use organization-specific definitions and Finance-validated assumptions.

External New Graduate vs. Fellowship Graduate

This is where the transition-to-practice economic advantage should be most visible.

	External New Graduate	Fellowship Graduate
Search / vacancy	External search; vacancy persists	Existing pipeline; direct FTE transition
Onboarding / credentials	Full new-hire cycle	Already in system; transition streamlined
Specialty training	Extensive orientation + precepting	Substantially completed
Time to productivity	Longer transition expected	Potentially significantly shorter
Hiring uncertainty	Unknown performance / team fit	Observed longitudinally

Fellowship = recruitment pipeline + onboarding + specialty training + extended evaluation.

Experienced External APP vs. Fellowship Graduate

A deliberately balanced comparison — clinical experience can offset some fellowship advantages.

Experienced External APP — Potential Advantages

- May bring years of relevant specialty expertise
- Can reach clinical productivity rapidly with a strong specialty match
- Requires less clinical development than a new graduate
- May bring mature judgment and established practice habits

Fellowship Graduate — Potential Advantages

- Known internal pipeline and performance
- Established EMR, workflow and organizational familiarity
- Lower transition burden into the service line
- Known team fit; longitudinal evaluation already completed

The argument is not clinical superiority. It is pipeline reliability, known performance and reduced transition burden.

Candidate availability, compensation and retention should be evaluated locally; experienced specialty APP markets vary.

Executive Buy-In | How I Frame It at Northwell

Fellow graduate → service-line FTE: do not restart the hiring and transition-to-practice clock.

1. Fellowship salary differential
2. No new external search
3. Reduced vacancy exposure
4. Onboarding / credentials already established
5. Specialty orientation substantially complete
6. Shorter path to expected productivity

≈ $80K

average estimated upfront economic advantage

Fellow → service-line FTE

"Do not restart the recruitment, onboarding, credentialing and transition-to-practice clock."

*Northwell internal estimate. Actual economic benefit varies by specialty, salary differential, vacancy duration, recruitment requirements, credentialing pathway and time to expected productivity. Components may include direct savings, avoided costs and avoided productivity loss;

Make the Business Case Credible

The strongest ROI argument is one your Finance partner can reproduce.

Measure

- Local salary differential
- Actual vacancy duration
- Recruiting / onboarding effort
- Observed time to productivity

Separate

- Direct cash savings
- Avoided costs
- Avoided productivity loss
- Longer-term retention value

Validate

- Use specialty-specific assumptions
- Define productivity before measuring it
- Partner with Finance / HR
- Report ranges when precision is not justified

A defensible estimate is more persuasive than an inflated ROI number.

Learning Objective 2 in Practice

LEARNING OBJECTIVE 2 | Evaluate financial contribution

Assess post-fellowship productivity, service contribution, capacity and revenue generation.

The following three case studies show how to put that objective into practice.

1 DEFINE THE PROBLEM

Identify the workforce problem first: vacancy, turnover, onboarding burden,
readiness, coverage and retention risk.

2 QUANTIFY THE ECONOMICS

Compare fellowship with the real alternative:
what the organization already spends or loses without a structured pipeline.

3 BUILD THE C-SUITE CASE

Translate the analysis into an executive ask:
measurable outcomes, prospective ROI,
retention targets and report-back plan.

The goal: move from “we need a fellowship” to a defensible workforce investment.

BUT WHAT IF YOU HAVE NO FELLOWSHIP DATA?

You don't need historical ROI to make an investment case.

You need a measurable problem, a defensible hypothesis, and a controlled way to test it.

PROSPECTIVE BUSINESS CASE

Start with the problem—not the fellowship

Your organization already has baseline data.

CURRENT STATE	PROPOSED FELLOWSHIP HYPOTHESIS
Long vacancy / time-to-fill	Create a predictable specialty talent pipeline
High early turnover	Improve 12- and 24-month retention
Long orientation / ramp	Shorten post-fellowship time-to-productivity
Overtime / agency / coverage	Reduce avoidable coverage burden
Few specialty-ready applicants	Create specialty-ready internal supply

Current state → intervention → expected future state

Case Study 1 | From Contracted Coverage to Workforce Stability

Critical Care: using fellowship to build an internal APP workforce

STARTING POINT

0% Internal APP Workforce

Service coverage relied on:

- Physicians
- Physician residents
- Third-party contracted clinicians

Leadership identified an opportunity to create a stable, long-term internal workforce.

STRATEGY

Service-line funded:

3 Critical Care APP Fellows

Train specifically for the service → transition directly into permanent roles.

Result: a fellowship pipeline capable of replacing contracted APP coverage.

WORKFORCE PROBLEM → FELLOWSHIP PIPELINE → INTERNAL STAFFING

Case Study 1 | Build the Workforce Instead of Buying It

Three fellows became the foundation of a permanent Critical Care APP workforce.

TRAIN

Specialty-specific critical care training

Structured transition to practice

TRANSITION

Direct move into permanent positions

Known performance and team fit

STABILIZE

Full nighttime APP coverage

Reduced reliance on contracted staffing

3 FELLOWS → PERMANENT WORKFORCE → FULL NIGHTTIME APP COVERAGE

The fellowship functioned as a workforce strategy — not simply an educational program.

Case Study 1 | One Year Later: Organizational Impact

A workforce intervention produced financial, operational and quality outcomes.

FINANCIAL

- ↑ APP billable revenue capture
- ↑ Physician revenue capture
- Eliminated third-party contract expenditures

WORKFORCE

- Permanent internal Critical Care APP workforce
- Greater continuity and stability
- Daytime expansion now under discussion

ORGANIZATIONAL

- Greater engagement with Northwell
- Stronger alignment with quality and organizational values
- Clinicians embedded in service culture

QUALITY

- No observed increase in morbidity or mortality
- No observed increase in readmissions or VAP
- No other identified adverse sequelae/ sentinel events

Workforce stabilized. Revenue capture improved. Contract costs eliminated. Quality maintained.

Case Study 2 | Expanding the Neonatology Workforce Pipeline

A limited supply of certified NNPs created a staffing crisis — and an opportunity to rethink the pipeline.

THE PROBLEM

Neonatology Staffing Crisis

Limited availability of certified Neonatal Nurse Practitioners (NNPs)

NICU APP staffing had historically relied predominantly on an NNP-based model.

THE RESPONSE

Create a fellowship pathway to train PAs for Neonatology.

- Expand the available APP talent pool
- Create a structured pathway into NICU practice
- Build a sustainable workforce pipeline

When the traditional pipeline could not meet demand, fellowship created an alternative one.

FELLOWSHIP IS A

WORKFORCE STRATEGY.

Case Study 2 | Train. Deploy. Sustain.

A dedicated Neonatology pathway prepared PAs for NICU practice across several tertiary hospitals.

TRAIN

Specialty-specific Neonatology preparation

Structured transition into NICU practice

DEPLOY

Fellowship-trained PAs entered NICU staffing

Expanded the available APP talent pool

SUSTAIN

Successful implementation supported continued recruitment

Created an ongoing Neonatology pipeline

Instead of competing for a limited existing workforce, the organization created a new one.

SPECIALTY TRAINING → NEW TALENT POOL → SUSTAINABLE NICU PIPELINE

Case Study 2 | Beyond Staffing: Changing the Culture

Fellowship helped break down traditional PA/NP staffing silos — in both directions.

NEONATOLOGY

Traditionally NNP-staffed

↓

Fellowship-trained PAs entered NICU practice

CRITICAL CARE + CTS

Traditionally PA-staffed

↓

Fellowship-trained NPs entered these services

CULTURE SHIFT

From professional designation

→

Competency, preparation & fit

Fellowship became a vehicle for changing workforce culture — not just filling vacancies.

CASE 3 | ACCESS TO CARE: BUILDING CAPACITY THROUGH FELLOWSHIP

Ambulatory Medicine / Bone Metabolism Fellowship Track

THE PROBLEM

High provider need created a severe access bottleneck.

New-patient appointment wait time:
> 6 MONTHS

THE FELLOWSHIP STRATEGY

Build an internal specialty-trained workforce pipeline.

2 FELLOWS
trained and graduated

THE OUTCOME

Graduates transitioned into the practice and expanded provider capacity.

Appointment access:
1–2 WEEKS

THE ROI STORY | More provider capacity • Shorter wait times • Improved access • Internal workforce development

ROI DOES NOT ALWAYS HAVE TO START WITH A DOLLAR SIGN.

Learning Objective 3 | Measure Long-Term Workforce Impact

Track retention and succession outcomes to determine whether fellowship creates durable workforce value.

Retention

- Track whether graduates remain in the organization
- Use defined 12 / 24 / 36-month intervals
- Compare equivalent cohorts and equivalent time windows

Succession

- Advancement into supervisory and leadership roles
- Governance, faculty, quality and professional contributions
- Alumni who become the next generation of program leaders

Program Growth

- Successful tracks become proof of concept
- Specialty fellowships can generate new subspecialty pathways
- Alumni and leaders reinvest success into additional fellowship capacity

Retention tells us whether the investment lasts. Succession tells us what the investment becomes.

Retention | Compare Apples to Apples

A retention metric is only credible when the fellowship and comparison cohorts are measured across equivalent time windows.

OPTION 1 | FROM INITIAL HIRE

Fellowship Cohort	Comparison Cohort
Fellowship hire ↓ 12 months after hire	New-grad hire ↓ 12 months after hire

Same starting point. Same elapsed time.

OPTION 2 | FROM FELLOWSHIP COMPLETION

Fellowship Graduate	Comparison Hire
Fellowship ends ↓ 12 months post-fellowship	APP hired at that point ↓ 12 months after hire

Equivalent observation windows.

Define the denominator, starting point and follow-up interval before the analysis — then use them consistently.

Retention | One of the Cleanest ROI Measures

APP turnover carries a measurable financial penalty — making retention a practical, defensible fellowship outcome.

UPDATED APP TURNOVER COST

$120K

median direct cost / APP

Direct-cost range:
$93K–$147.5K

Estimated total cost with indirect losses:
$150K–$250K

Why early turnover hurts

- Recruitment and selection start again
- Credentialing and onboarding are duplicated
- Orientation and preceptor time are lost
- Vacancy exposure returns
- Productivity and patient access may be disrupted
- Remaining team members absorb the workload

Why fellowship matters

- Structured transition to practice
- Specialty-specific preparation
- Mentorship and organizational connection
- Known performance before permanent placement
- Career development and advancement opportunities
- A deliberate internal workforce pipeline

Source: SullivanCotter, Advanced Practice Provider Turnover: A Costly Reality (2025).

If a new APP leaves early, the organization may pay twice: once to develop the first hire — and again to replace them.

Fellowship Succession | Building People, Programs & Capacity

The return does not stop when a fellow accepts a permanent position. Alumni can become the organization's next leaders, faculty and builders.

INDIVIDUAL SUCCESSION

- Fellow → department supervisor → manager → track leader
- Fellowship alumni elected to the Board of Governors — first APP representation in the organization
- Graduates become preceptors, faculty and program advocates

REINVESTING SUCCESS

- Fellowship alumni secure grants
- Grant funding supports additional fellowship positions or specialty development
- Alumni expertise is reinvested into the workforce pipeline

PROGRAM SUCCESSION AND GROWTH

- Hematology/Oncology success → Bone Marrow Transplant + Sickle Cell specialty pathways
- Pediatric Hematology/Oncology success → leadership interest in Acute Care Pediatrics
- One successful departmental fellowship becomes proof of concept for the next

A successful fellowship does not simply fill a position — it creates the workforce, leadership and infrastructure to build what comes next.

FELLOWSHIP IS A

WORKFORCE STRATEGY.

Learning Objective 4 | Build C-Suite Engagement

Use executive sponsorship, stakeholder participation and outcome-focused dashboards to build program buy-in.

Executive Sponsorship

- Identify an executive who owns or feels the workforce problem
- Connect fellowship outcomes to enterprise priorities
- Use the sponsor to open doors, remove barriers and maintain visibility

Stakeholder Participation

- Bring Finance, HR, Talent Acquisition, Quality and Education into the process early
- Create shared ownership before the C-suite ask
- Turn stakeholders into informed advocates

Outcome Dashboards

- Show a small set of workforce, financial, clinical and strategic outcomes
- Trend results over time—not just at graduation
- Use the dashboard to support continuation, scale or redesign

Buy-in is strongest when the C-suite hears the same story from the program, its stakeholders and the data.

THE GOLDEN RULE: KNOW WHO IS IN THE ROOM

Before you walk into the C-suite, know what each stakeholder needs to hear.

CFO / Finance	Investment, defensible ROI, cost avoidance, financial risk
COO / Operations	Vacancy pressure, coverage, capacity, throughput, reliability
Service Line Leaders	Clinical readiness, specialty workforce needs, staffing stability
HR / People Leaders	Retention, engagement, career pathways, workforce development
Talent Acquisition	Recruiting pipeline, time-to-fill, hard-to-fill roles, candidate supply
Quality / Safety	Competency, standardization, readiness, safety outcomes
Education Leaders	Transition-to-practice, faculty development, accreditation
Executive Sponsor	Enterprise alignment, scalability, strategic value, measurable outcomes

If everyone is in the room, don't give eight presentations. Build one enterprise story — then briefly connect it to each leader's priority.

Executive Sponsorship | Find the Leader Who Owns the Problem

The best sponsor is not simply the highest-ranking person—it is the executive whose priorities the fellowship can advance.

What the Sponsor Brings

- Executive visibility
- Access to decision-makers
- Barrier removal
- Political and organizational credibility

What You Bring

- A clearly defined workforce problem
- A realistic investment request
- Measurable outcomes
- Regular, concise reporting

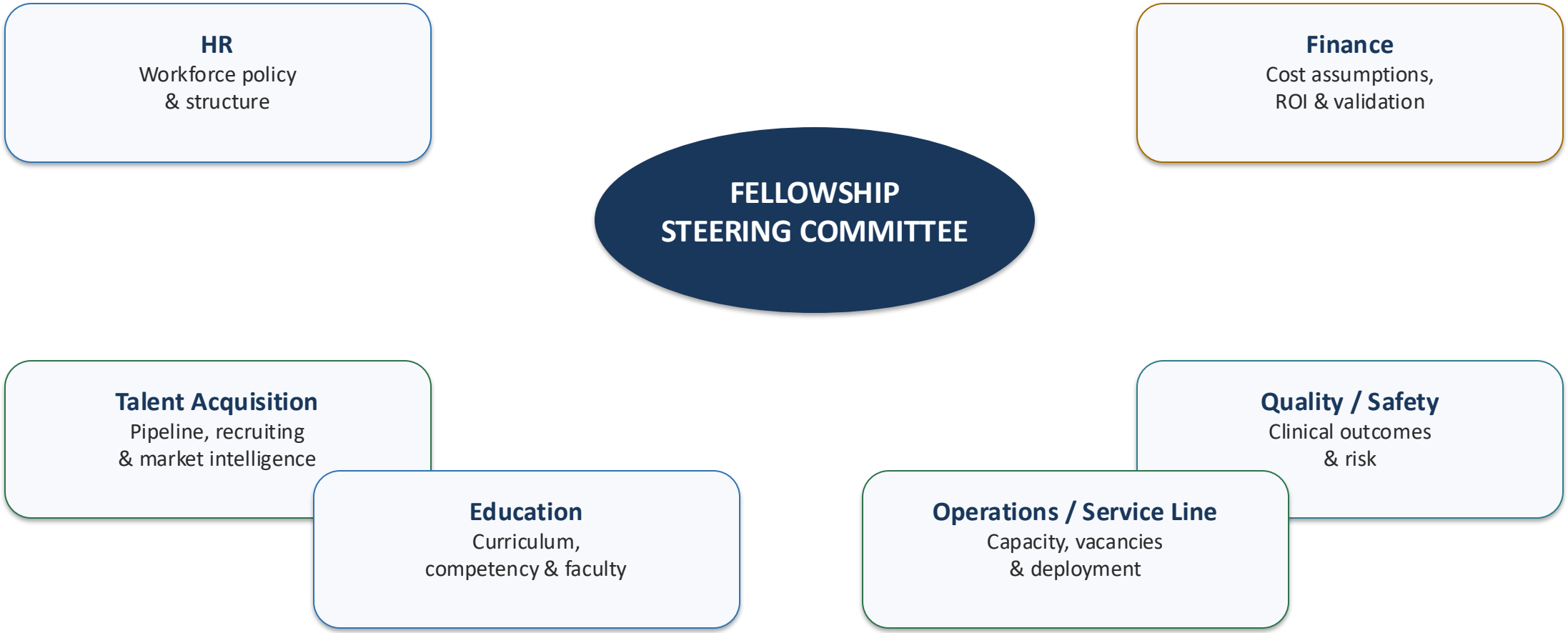
What Keeps Them Engaged

- Early wins
- No surprises
- Evidence of workforce impact
- A clear decision: sustain, scale or redesign

Do not ask an executive to sponsor “education.” Ask them to sponsor a measurable solution to a workforce problem.

Stakeholder Participation | Build the Coalition Before the C-Suite

Northwell approach: establish a steering committee so key functions help shape—and advocate for—the program.



The goal: walk into the C-suite with advocates already in the room—or reporting into it.

Make the Steering Committee Useful—not Ceremonial

Give the group a defined job, a predictable cadence and decisions to make.

1	**Define the Problem**	Which vacancies, access gaps, turnover or specialty needs are we solving?
2	**Validate the Model**	Finance, HR and Operations challenge assumptions before executives do.
3	**Review Outcomes**	Placement, retention, productivity, quality, experience and cost.
4	**Remove Barriers**	Credentialing, hiring, faculty, budget, deployment and operational obstacles.
5	**Recommend Action**	Sustain, scale, pause or redesign by specialty.

Suggested cadence: monthly during design/launch; quarterly once established. Keep meetings decision-oriented.

Outcome-Focused Dashboards

Show what executives need to know: Is the program solving the workforce problem — and is it worth continuing or scaling?

WORKFORCE

- Placement into FTEs
- 12 / 24 / 36-mo retention
- Vacancy days / time-to-fill
- Internal mobility
- Applicant pipeline

FINANCIAL

- Cohort cost vs. budget
- Avoided / reduced cost
- Time-to-productivity
- Capacity / revenue
- Cost per retained graduate

CLINICAL

- Competency / readiness
- Quality & safety indicators
- Standardization
- Preceptor assessment
- Service-specific outcomes

EXPERIENCE / STRATEGIC

- Fellow surveys
- Preceptor / faculty surveys
- Leader satisfaction
- Engagement / belonging
- Leadership & educator pipeline

Pick a small, balanced set of measures. Define denominators and report them consistently.

Surveys | Measure What the Financial Dashboard Cannot

Use brief, repeated surveys to capture readiness, experience and organizational value.

Fellow / Graduate	Readiness • confidence • support • intent to stay • transition experience
Preceptor / Faculty	Clinical readiness • autonomy • professionalism • supervision burden
Service-Line Leader	Time to productivity • team integration • operational value • willingness to hire again
Executive / Stakeholder	Perceived workforce impact • confidence in data • barriers • support for scale

Survey at meaningful milestones—not just once: during fellowship, at graduation, and after transition into the permanent role.

The C-Suite View | Four Questions. One Decision.

Keep the executive dashboard simple enough to understand in under 30 seconds.

01	**PLACEMENT**	Are fellows converting into the FTEs the organization needs?	___%
02	**RETENTION**	Are we keeping the workforce we invested in?	___%
03	**PRODUCTIVITY**	Are graduates reaching expected contribution faster?	↓ ___ days
04	**VACANCY**	Are we reducing workforce friction and vacancy exposure?	↓ ___ days

THE EXECUTIVE DECISION

SUSTAIN	SCALE	REDESIGN / PAUSE

If the dashboard does not help executives make a decision, it is reporting—not strategy.

Q&A Playbook 1

Likely executive questions and a response framework

QUESTION

“Isn't a fellowship just an expensive way to hire a new graduate?”

The comparison is not fellow salary versus new-hire salary. The comparison is the total cost of producing a stable, specialty-ready clinician. If fellowship shortens the post-hire productivity ramp, improves retention, reduces repeated recruiting, or creates reliable supply in a difficult specialty, the economics can be very different.

BOTTOM LINE

Bring it back to total workforce cost: acquisition + readiness + vacancy + retention.

QUESTION

“How do you prove the ROI without overclaiming savings?”

Separate hard-dollar savings, cost avoidance, revenue/capacity contribution, and strategic value. Use local Finance-approved assumptions, avoid double counting, and show the baseline. If we cannot defend a number, we should not monetize it.

BOTTOM LINE

Credibility beats a spectacular ROI percentage.

Q&A Playbook 2

Likely executive questions and a response framework

QUESTION

“What if fellows leave after we invest in them?”

That is exactly why longitudinal retention belongs on the dashboard. Fellowship is not automatically ROI-positive. We should track placement and 12-, 24-, and 36-month retention and compare it with similarly situated external hires. If retention is not better, we need to understand why and redesign the model.

BOTTOM LINE

Make accountability part of the answer.

QUESTION

“Why not just hire experienced APPs?”

When the market reliably supplies experienced clinicians in the specialty, that may be the right answer. Fellowship is most valuable where demand is persistent, specialty complexity is high, and the external market does not consistently provide enough readytalent.

BOTTOM LINE

Do not sell fellowship as the answer to every vacancy.

Q&A Playbook 3

Likely executive questions and a response framework

QUESTION

“How do the 450 applications create ROI if only a small number become fellows?”

The applicants are evidence of market reach and employer interest. The opportunity is to identify qualified candidates who were not selected for fellowship and, with appropriate recruiting processes, connect them to other APP openings. That converts a fellowship recruitment campaign into an enterprise talent pipeline.

BOTTOM LINE

The applicant pool is an asset only if the organization intentionally uses it.

QUESTION

“Can fellows actually generate revenue?”

The cleanest analysis is usually the graduate's post-fellowship contribution: encounters, wRVUs where applicable, procedures, access, capacity, and net patient-service revenue validated by Finance. During fellowship, billing rules and supervision vary, so I would not build the business case on theoretical fellow revenue.

BOTTOM LINE

Anchor revenue claims after fellowship unless local data support more.

Q&A Playbook 4

Likely executive questions and a response framework

QUESTION

“How do you measure time-to-productivity?”

Define productivity before collecting data. It could be independent assignment, target visits, panel size, wRVUs, procedures, shift expectations, or a specialty-specific competency threshold. Then measure fellows and external hires using the same endpoint at 3, 6, and 12 months.

BOTTOM LINE

Same definition, same clock, comparable cohorts.

QUESTION

“What should I show the CFO versus the COO or clinical executive?”

The underlying program data are the same, but the lens changes. CFO: investment, cost avoidance, revenue and ROI. COO: vacancy, capacity, access and time-to-productivity. Clinical leaders: readiness, quality and confidence. HR/Talent: applicant pipeline, conversion and retention.

BOTTOM LINE

One dataset; different executive questions.

Q&A Playbook 5

Likely executive questions and a response framework

QUESTION

“When should a fellowship program NOT be expanded?”

When there is no persistent workforce need, when graduates cannot be placed, when retention is poor, when the specialty can recruit experienced clinicians easily at lower total cost, or when the program cannot demonstrate acceptable quality and operational outcomes.

BOTTOM LINE

Being willing to pause or redesign makes the ROI argument stronger.

QUESTION

“What is the single most important metric?”

If I had to choose one, I would start with longitudinal retention into positions the organization actually needs. But retention alone is not enough; it has to be paired with cost, readiness/productivity, and workforce demand.

BOTTOM LINE

A retained clinician in the wrong place is not workforce strategy.

FELLOWSHIP IS A

WORKFORCE STRATEGY.

TAKE-HOME MESSAGES

What I want you to remember when you walk out of this room

- **Fellowship is a workforce strategy.**
  Treat it as an investment in workforce supply, readiness, retention and leadership—not simply an educational expense.
- **Start with the workforce problem.**
  Vacancies, turnover, recruitment difficulty, readiness and service-line demand should drive the business case.
- **Know your numbers—and name them correctly.**
  Separate hard-dollar return, cost avoidance and strategic value. Use local, finance-approved data whenever possible.
- **Measure what matters.**
  Track placement, apples-to-apples retention, time to readiness, vacancy impact, quality and post-fellowship progression.
- **Know who is in the room.**
  Build one enterprise story, then connect it briefly to the priorities of Finance, Operations, HR, Talent, Quality and clinical leaders.
- **Prove value, then scale.**
  Successful fellowships create more than hires—they create future leaders, preceptors, specialty tracks and organizational capacity.

THANK YOU

Build the workforce you need.

Then measure the value you created.