

NNP Preceptor Workshop

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Advanced Practice Education Program
Managers



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Objectives



- Understand the role and responsibilities of APRN preceptors.
- Apply adult learning principles and diverse teaching strategies.
- Use constructive feedback techniques to support learners.
- Implement clinical supervision models and evaluation methods.
- Practice effective communication and conflict resolution.
- Share best practices and challenges in open discussion.

Session Guide

- **Welcome & Introductions**
- **Role of the APRN Preceptor**
- **Effective Teaching Strategies**
- **Clinical Supervision & Evaluation**
- **Communication and Interpersonal Skills**



Please Introduce Yourself and Pick One Question to answer

1. What's one thing you wish someone had told you during your first year as an NNP?
2. What's one skill you didn't realize would be such a big part of your NNP role?
3. What's something a preceptor did or said that really stuck with you?
4. What's one professional strength you've developed that you didn't have early on?
5. What is one piece of advice you hope to give your next learner?

Role & Responsibilities of APP Preceptors

Clinical
Educator

Role Model

Evaluator

Facilitator

Advocate

Time
Manager

Patient
Safety
Oversight



Significance in Clinical Education



Essential for Workforce Development



Promote Professional Standards



Enhance Patient Care



Support Lifelong Learning



Build Confidence and Competence



What are qualities of an effective Preceptor?

Turn to your closest neighbors and make a list. Prepare to share.

Effective Teaching Strategies

Adult Learning Principles

Feedback Techniques

Teaching methods

Adult Learning Principles (Andragogy)

Adult learners – including NNP students- bring unique needs and motivations.

The following principles help preceptors structure teaching that is efficient, respectful and clinically meaningful

Self
Concept

Learning
from
Experience

Readiness
to Learn

Immediate
Applications

Internally
Motivated

Need to
Know

Self-Concept in Adult Learners

Key Idea: Adult learners see themselves as autonomous, independent, and self-directed

Implications for NNP Preceptors:

- Treat learners as partners, not passive recipients
- Encourage self-identification of learning needs (“What do *you* want to focus on today?”)
- Provide choices when possible (e.g., procedures, patient assignments, case reviews).

In the NICU:

- Allow them to take the lead on presenting plans
- Invite them to critique their own decisions before giving feedback

Learning from Experience

Key Idea: Adult learners bring a rich foundation of prior experience.

Implication for NNP Preceptors:

- Connect new concepts to their clinical hx (RN & clinical experiences)
- Validate and use their past NICU insights as a learning asset
- Use case-based discussions to help them integrate old and new knowledge

In the NICU:

- “Thinking back to your prior bedside experience – how might that inform your management of this infant?”

Readiness to Learn

Key Idea: Adults learn best when the topic is immediately relevant to their role

Implication for NNP Preceptors:

- Introduce skills and knowledge aligned with what they are doing *today* on service
- Save advanced topics for when they have enough context to benefit from them

In the NICU:

- You are caring for a micro preemie with your orientee today. What concepts would you focus your teaching around today?
- *Please turn to a partner and share*

Immediate Application

Key Idea: Adult learning is task-oriented, life-focused, and problem-centric

Implication for NNP Preceptors:

- Prioritize teaching that helps them solve real clinical problems
- Use brief, focused, at the bedside teaching (microlessons)
- Incorporate real-time decision-making practice

In the NICU:

- Ask: “What would you do if this infant desaturated right now? Walk me through it.”

Internal Motivation

Key Idea: Adults are driven more by internal motivation (professional identity, competence, purpose).

Implication for NNP Preceptors:

- Frame feedback around professional growth, confidence, and mastery
- Help them see progress and celebrate small wins
- Encourage Reflective Practice

In the NICU:

“Your airway assessment was excellent today. What felt different this time compared to last week?”

Need to know

Key Idea: Adults want to understand the why behind what they are learning

Implication for NNP Preceptors:

- Connect teaching to its clinical relevance
- Explain the rationale behind decisions and protocols
- Invite questions and encourage curiosity

In the NICU:

- Pair and share: example of this from the last clinical shift you worked

Practical Strategies for Preceptors

- Use guided questions instead of giving answers
- Connect teaching to the patient in front of them
- Utilize brief teach-back sessions
- Provide just-in-time skill coaching
- Give specific, actionable feedback rooted in observed behavior

Reflection Activity

- What adult learning principle resonates most with your own teaching style?
- How can you apply in your next precepting interaction?

Self
Concept

Learning
from
Experience

Readiness
to Learn

Immediate
Applications

Internally
Motivated

Need to
Know

Feedback Techniques

Effective feedback is essential for NNP development.

It should be structured, supportive, and actionable



Characteristics of High-Quality Clinical Feedback

Timely

As close to the event as possible

Specific

Avoid vague statements like “*Good job.*”

Behavior-focused

Focus on actions, not personal traits

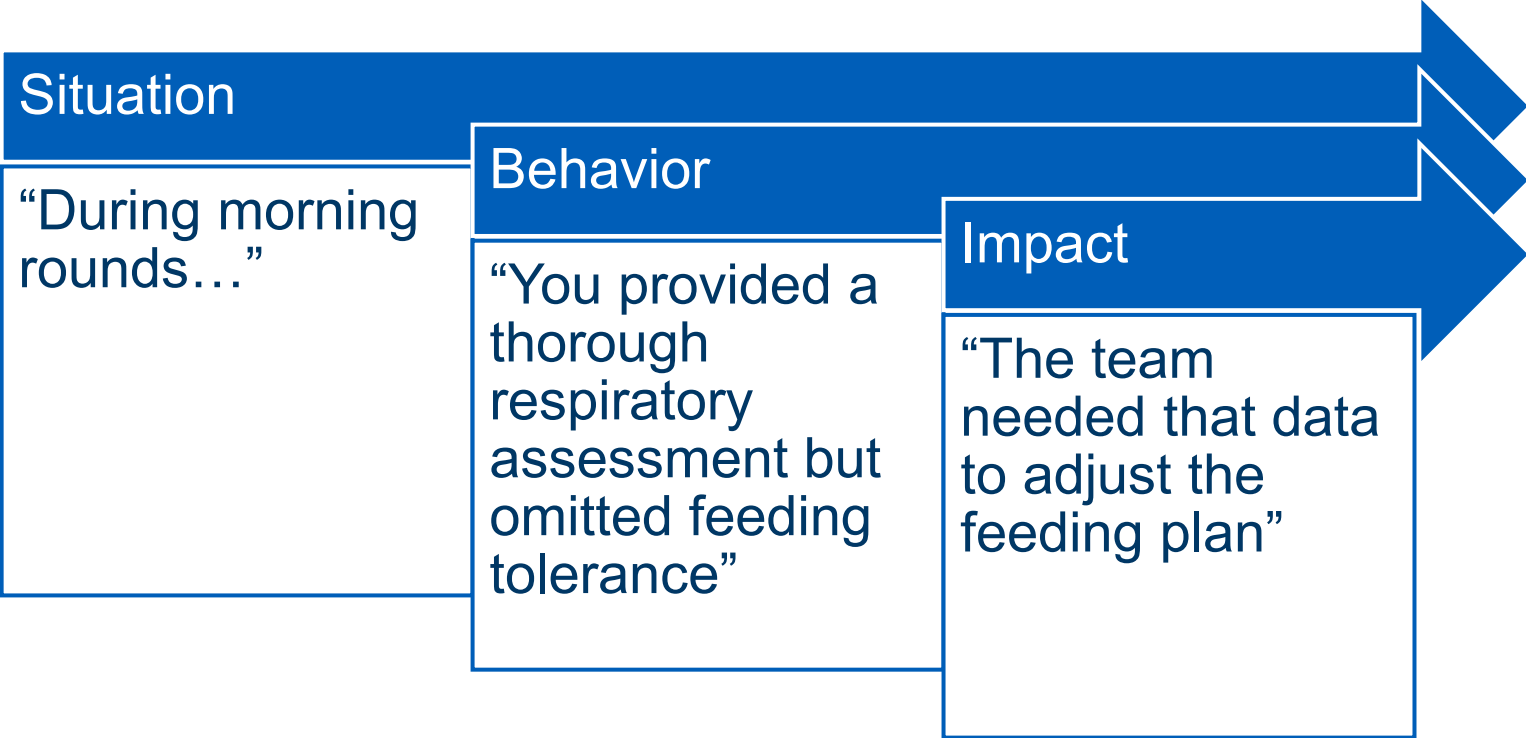
Balanced

Note strengths *and* areas of improvement

Actionable

Include clear next steps

Feedback Frameworks: The SBI Model



Feedback Frameworks: The Ask-Tell-Ask Method

- Ask: “How do you think that procedure went?”
- Tell: Provide your observations
- Ask: “What is one thing you want to focus on next time?”

- Let’s practice turn to your partners and practice this method with the following scenarios:
 - 1. A novice NNP student performed an intubation on a 28-week premature infant with moderate respiratory distress. The first attempt was unsuccessful, and the second attempt was successful but required coaching

 - 2. A learner placed an umbilical venous catheter (UVC). The sterile field was maintained, but the learner hesitated with catheter advancement and needed guidance on depth estimation.

Feedback Frameworks: Pendleton's Rules

Great for early learners

1. Learner states what went well
2. Preceptor reinforces positives
3. Learner identifies what could improve
4. Preceptor provides supportive suggestions

Tips for Delivering Feedback in the NICU

- Give private, nonjudgemental feedback for difficult conversations
- Avoid “feedback dumps” at the end of a shift or week
- Reinforce progress over time (e.g., “Your assessments today were more focused than last week”)
- Document patterns when needed for academic progression
- Share one feedback “pearl” that you have seen or experienced in practice

Teaching Methods for NNP Preceptors

Clinical teaching requires flexibility and is best when it is embedded within patient care.



Teaching Methods

Bedside/Situational Teaching:

- Examples:
 - Interpreting blood gases
 - Rationale for ventilator adjustments
 - Assessing work of breathing
- Strength: Highly Relevant, experiential, integrates clinical reasoning

Modeling and “Thinking Aloud”

- Preceptors verbalize reasoning while performing tasks:
 - “I’m choosing CPAP instead of HFNC because...”
 - Here is what I’m looking for on the CXR...”
- Helps learners understand complex decision-making in neonatology

Teaching Methods

Case-Based Teaching:

- Use real patient cases
 - “Let’s walk through why this 32-weeker became hypotensive”
 - Excellent for developing diagnostic reasoning

Flipped Clinical Teaching:

- Assign brief pre-reading (e.g., expected bilirubin curve)
- Have the learner teach you/other team members the concept
- Have them apply it to a current patient and why it does or does not fit

Tips for Preceptor Success in the NICU

- Prioritize psychological safety
- Normalize questions (“Ask me anything, anytime”)
- Allow graduated responsibility
- Check in daily with short learning goals
- Share your passion for the NICU (“Why this work matters”)

Clinical Supervision & Evaluation

Supervision
Models

NNP Educator
Resource Guide

Advanced Practice
Provider Education
Manager
Resources

Evaluations

Semester Specific
Objectives

Supervision Models for NNP Preceptors



- Direct Supervision
- Indirect Supervision
- Developmental Supervision
- Competency Based Supervision
- Collaborative Supervision



Direct & Indirect Supervision

Direct (Immediate) Supervision

- The preceptor is physically present and provides real-time oversight, guidance, and correction during clinical care.
- Typical early in a learner's rotation or with high-risk patients

Indirect (Progressive) Supervision

- The preceptor is available but not physically present. Oversight occurs via discussion, chart review, and intermittent observation.
- This model supports graduated autonomy.



Developmental & Competency-Based Supervision

Developmental Supervision

- Supervision adapts to the learner's stage of growth—novice, advanced beginner, competent, proficient.
- The preceptor adjusts expectations, level of direction, and types of feedback accordingly.

Competency-Based Supervision

- Supervision is structured around demonstration of competencies rather than time spent.
- Learners advance as they show mastery in knowledge, procedures, and clinical reasoning.

Collaborative Supervision Model

- Two or more preceptors share responsibility for teaching and supervision. This can include NNPs, neonatologists, CNSs, and specialty consultants.
- Precepting is a team sport and be sure to share the love

Resources

NNP Educator Resource Guide

- [NNP Clinical Preceptor Guidelines.doc](#)
- [NANN Precepting the APRN 2025.pdf](#)
- [Preceptor videos.docx](#)

Advanced Practice Education Managers Resources:

- [Advanced Practice Provider Student Preceptor Handbook](#)
- [Advanced Practice Provider Student Handbook](#)
- [Advanced Practice Perspectives Podcasts](#)
- [CloudCME CNE Recordings](#)

Evaluations

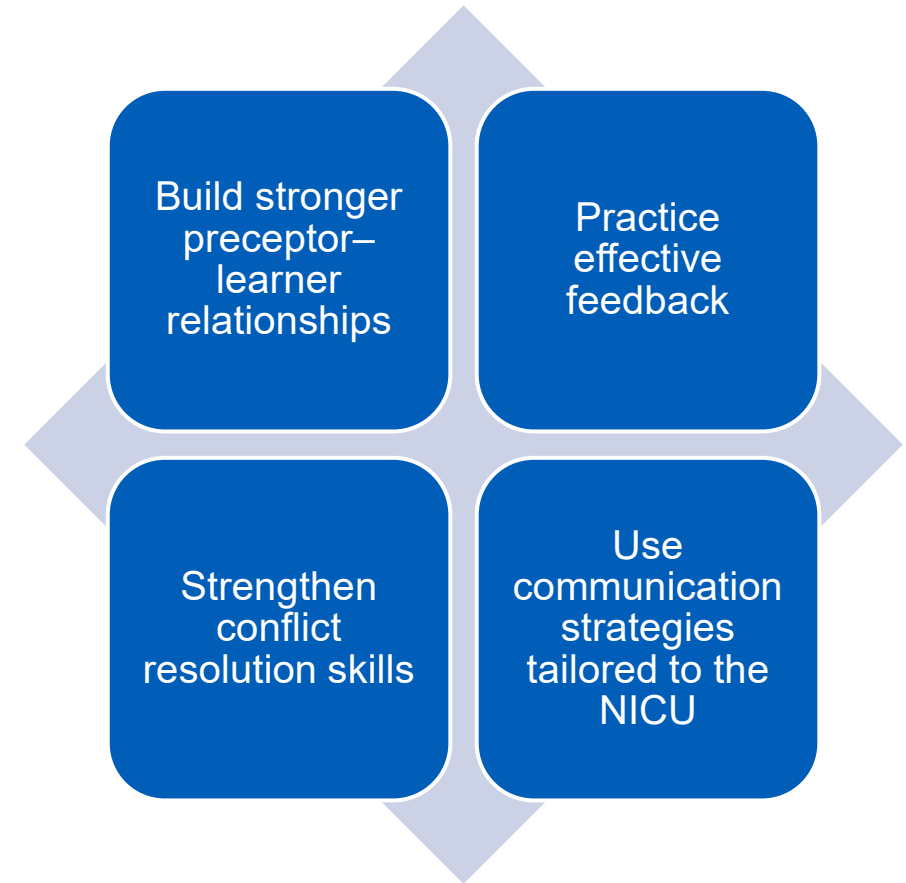
Student Evaluations:

- [NNP Student Preceptor Evaluation of Student](#)
- [NNP Student Evaluation of Preceptor](#)
- Preceptorship students: mid-semester and end of semester
- All other students: end of semester

Orientee Evaluations:

- [APP Orientation Progression Tool](#)
- [APP Orientee Evaluation of Preceptor](#)
- Required for Novice APPs at least at the middle and end of their orientation
- Tied to APP TTP Accreditation

Communication & Interpersonal Skills



Please ponder, pair and share...

- Think of a time communication – good or bad – affected your own learning in the NICU. What made the difference?
- OR
- Think of a preceptor who shaped you – what made them effective?

Why communication Matters in NNP Preceptorship

Key points:

Effective communication is a **core clinical competency** for all NNPs.

Learners rely on clear, timely, psychologically safe communication to develop skills in:

- Rapid clinical decision-making
- Giving/receiving feedback
- Navigating high-stress NICU situations
- Interprofessional teamwork

Poor communication contributes to medical errors, role confusion, and burnout.

Relationship Building

“Nobody cares how much you know until they know how much you care.”

How do you show a new learner that you’re committed to their success?

Core Communication Skills for Preceptors

Active Listening

Clear,
Structured
Information
Sharing

Creating
Psychological
Safety

Giving Effective
Feedback

Managing
Challenging
Conversations

Active Listening

Active listening is the intentional, focused, and engaged process of fully understanding a learner by:

- Giving undivided attention
- Interpreting verbal + non-verbal messages
- Withholding judgment
- Responding thoughtfully to support learning and psychological safety

This aligns with nursing literature describing active listening as *purposefully focusing on the speaker with the objective of understanding and hearing with thoughtful attention.*

Behaviors:

- Maintain open posture
- Use reflective statements (“What I hear you saying is...”)
- Allow silence
- Avoid interrupting

NICU example:

- When a student presents an infant with worsening oxygen needs, listen fully before jumping to the differential.

Clear, Structured Information Sharing

Tools that help learners:

- **SBAR** for rapid communication
- “**Chunk and Check**” when teaching new content
- **Teach-back** to confirm understanding

Creating Psychological Safety

Learners perform better when they feel safe asking questions or admitting uncertainty.

Ways to build safety:

- Normalize not knowing: “It’s okay not to have the answer.”
- “Let’s think it through together.”
- Avoid shaming language.
- Invite questions frequently.
- Show patience with repeated clarification.



Feedback: Set the Stage

Essential Behaviors:

- Establish rapport before critiquing
- Decide together which encounter to review
- Give feedback in a timely and private manner

Three Types of Feedback:

Brief: Quick, behavior-based tips

Formal: Structured after encounters or presentations

Major: mid-rotation performance review

Giving Effective Feedback

The “3F” Preceptor Feedback Framework

Fast — give feedback close to the event

Focused — 1–2 key points

Frame it — tie it back to patient care or professional development

Example:

“During rounds, you summarized the infant’s labs clearly. One area to refine is prioritizing abnormal values first — it helps the team focus on what needs action.”

Giving Difficult Feedback

Use these principles:

- Describe behaviors, not personality
- Give feedback when calm
- Provide a clear path for improvement

Start with:

“I noticed during rounds that...”

Managing Challenging Conversations

Preceptors frequently encounter:

- Learners who overestimate/underestimate their abilities
- Emotional responses to high-acuity cases
- Intergenerational communication differences
- Learners who seem unmotivated or disengaged

Use the AID Approach:

- Acknowledge the issue
- Inquire for understanding
- Develop a plan together

Example:

“I noticed you were quiet during procedures today. How were you feeling? Let’s talk about how I can support your skill development.”

Interpersonal Skills Essential to Precepting

Emotional Intelligence

Professional Role Modeling

Building Rapport with Learners

Building Rapport with Learners

Rapport increases trust and openness.

Preceptors can:

- Learn the learner's background and goals on day one
- Ask: *"How do you like to receive feedback?"*
- Share expectations clearly
- Check in on wellbeing regularly

Establishing Trust

Trust is strengthened when:

- Expectations are clear
- Feedback matches observations
- Learners feel safe to ask questions

Write down one expectation you will make explicit with any new learner.

Emotional Intelligence

- Self-awareness
 - (“I’m feeling rushed — let me slow down for this teaching moment.”)
- Empathy toward learners
 - Affirming the Learner
- Regulating tone and body language during stressful events

Affirming the Learner

Helpful strategies:

- Validate their existing NICU and/or RN experience
- Invite them to teach you something they know well
- Reinforce that their education program has/is preparing them

Professional Role Modeling

Preceptors model:

- Colleague-to-colleague respect
- Evidence-based practice
- Managing stress
- Conflict resolution with the Interdisciplinary Team, Parents, etc

Take a moment to write down:

“What interpersonal behaviors do you hope learners remember about you in 5 years?”

Challenging Moments

Examples learners face:

- Feeling judged
- Preceptor/learner personality differences
- Fear of “nurses eat their young”

Conflict Management for NNP Preceptors

Why does conflict happen in preceptorship?

- Conflict is common in preceptor–learner relationships and can stem from differences in beliefs, expectations, communication styles, or stress in a high-acuity environment such as the NICU.
- When ignored, conflict can escalate and negatively affect learning, teamwork, and patient care.

Benefits of Effective Conflict Management

Managing conflict proactively can:

- Improve communication and psychological safety
- Strengthen relationships
- Increase collaboration and problem-solving
- Support a healthier learning environment
- Enhance learner confidence and retention

Common Types of Conflict Preceptor Encounter



Five Evidenced-Based Conflict Management Styles

Turn to your partner and discuss situations you have encountered for each of these when they would be appropriate

Competing:

- Assertive, goal-driven; useful in urgent safety concerns

Accommodating:

- Preserves relationships by yielding

Avoiding:

- Withdraws or delays; may be helpful when emotions are high

Compromising:

- Both sides give up something to reach a middle ground

Collaborating:

- Seeks win-win outcomes through shared problem solving

(Adapted from Lambert,2018)



Practical Tools for Preceptors

PEARLA Framework for De-escalation & Connection

- Presence
- Empathy
- Acknowledgement
- Reflect/Reframe
- Listen openly
- Asks questions

QTIP Strategy – Quick Taking it Personally

- Helps preceptors reframe conflict, reduce emotional reactivity, and approach learners with curiosity rather than defensiveness.

Communication Techniques to Support Conflict Resolution

- Use assertive, factual language (avoid “always/never”).
- Maintain professional tone and eye contact.
- Seek the learner’s perspective through open-ended questions.
- Clarify shared goals (safe, effective NICU care).
- Use reflective listening to validate concerns.

Early Conflict Recognition

Red flags:

- Increasing tension
 - Avoidance
 - Misinterpretation of comments
 - Breakdown in communication
-
- Which early signs do you notice most often with learners?

Conflict Resolution Language

- Can we talk about that interaction?
 - I want to understand your perspective
 - It sounds like you're saying...
-
- Practice a 20 second “opening line” to address a small conflict
 - You corrected Suan on rounds and she responded defensively and inappropriately for a group education setting.

When to Escalate

Preceptors should involve faculty or leadership when:

- Conflict persists despite attempts at resolution
- Patient safety or staff wellbeing is at risk
- Organizational policies are being disregarded

Cultural Communication Differences

Cultural communication differences can influence how learners:

- Express concern, uncertainty, or disagreement
- Respond to feedback or correction
- Interpret tone, body language, and silence
- Engage with authority and hierarchy
- Demonstrate confidence or competence

Unrecognized differences can lead to miscommunication, perceived disengagement, or conflict—especially in high-stress environments like the NICU.

Key Areas Where Differences May Appear

- Direct vs. indirect communication
- Perceptions of authority (questioning vs. deference)
- Eye contact, silence, and body language
- Approach to conflict and feedback
- Individual- vs. group-oriented decision making

Role of the NNP Preceptor

Effective preceptors:

- Practice cultural humility, not assumptions
- Seek to understand how communication style may be culturally shaped
- Adapt communication to promote clarity and psychological safety
- Model respectful, inclusive communication for the interprofessional team

Developing cultural intelligence helps preceptors intentionally interpret communication, reduce bias, and maintain trust in diverse preceptor–learner relationships.

NNP Preceptor Scenario Workshop

- Break into groups of 2-3 and you will be given scenarios to work through
- One participant is the learner and one is the preceptor – the third may be an observer

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