
BEST PRACTICES FOR CLINICAL TEACHING: TOP 10 TIPS FOR SUCCESS

Introduction

Nurse Practitioners (NPs) know the value of having strong clinical preceptors who helped them hone their diagnostic reasoning, learn new skills, and fully step into the NP role. It's no wonder that many NPs want to serve as clinical preceptors and shape the next generation of clinicians. Successful NP preceptors understand that clinical teaching is more than just guiding students through patient care; it's a nuanced practice that requires the intentional application of adult learning principles. Preceptors must balance patient safety, clinical efficiency, and student development—all within the demands of a busy clinical setting.

Clinical learning, however, is rarely linear. The Conceptual Model of Learning reminds us that growth unfolds in a dynamic cycle: students engage in real experiences, reflect on what happened, connect it to what they already know, and then apply that new understanding to other situations going forward. As NP preceptors, understanding this natural rhythm of learning helps us meet students where they are, respond to their needs in the moment, and support their growth over time (see Figure 1). It's not about perfection; it's about progress, one patient encounter at a time. This article presents ten evidence-based strategies that help preceptors engage students, foster growth, and support clinical reasoning at every stage.

Tip #1: Establish Psychological Safety Early.

Before students can reflect, question, and grow, they must feel safe to speak up. Psychological safety, defined as a shared belief that the environment is safe for

interpersonal risk-taking, is foundational to adult learning. Creating this environment involves setting expectations, acknowledging students' contributions, and inviting questions without fear of embarrassment.¹

Teaching Strategy: At the start of the rotation, **clarify that mistakes are part of learning.** Use inclusive language like “*let's think this through together*” and respond nonjudgmentally to errors or uncertainties.

Tip #2: Tailor Teaching to the Student's Developmental Stage.

Not all students are at the same point in their clinical education. A novice may need more step-by-step guidance, while someone with more experience may benefit from independent work followed by feedback. By assessing what they can do and adjusting responsibilities accordingly, you help build competence and confidence steadily.^{2,3}

Teaching Strategy: Early in the rotation, **directly ask students about their previous clinical experiences and comfort zones.** Assign clear, simple tasks first, like “*gather a patient history and summarize it.*” As they gain confidence, invite them to suggest possible diagnoses or treatment plans, and offer feedback after they present these ideas.

Tip #3: Teach in the Moment; Don't Wait for “Perfect” Opportunities.

Clinical teaching doesn't require long lectures. Some of the most effective teaching happens in brief, informal moments during patient care. These brief teachable moments can be powerful when they connect directly to a real case or decision the student is actively engaged in.⁴

Conceptual Model of Learning

- ◆ Engage student in deliberate practice.
- ◆ Promote active learning.

I am ready to practice what I have learned and continue to learn in a self-directed manner.

- ◆ Structure teaching by situating learning within the authentic tasks/roles.
- ◆ Foster collaborative learning using active learning techniques.

This is a gap in my knowledge/skill/attitude. I have experiences that may provide the basis for learning this.

- ◆ Encourage retrieval of knowledge and prior experiences to motivate learning.
- ◆ Support psychologically safe learning environment.

Concrete Experience
Doing/having an experience

Active Experimentation
Planning/trying out lessons learned

EXPERIENTIAL LEARNING CYCLE

Reflective Observation
Reviewing/reflecting on experience

I am motivated to learn as it is relevant to my tasks/roles.

Abstract Conceptualization
Learning/concluding from experience

I am responsible for conceptualizing the lesson (knowledge, skill, attitude) I can directly apply to my task/roles.

- ◆ Customize knowledge content (quantity and quality) to individual students.
- ◆ Help student set goals for learning.

Figure 1. Conceptual Model of Learning. Adapted from: Thammasitboon, S., & Brand, P. L. P. (2022).²

Teaching Strategy: During rounds or patient encounters, ask students to make a commitment (“What’s the top diagnosis?”), then gently probe for reasoning (“What evidence supports that?”). Reinforce what they do well, guide any missteps, and leave them with a one-sentence teaching pearl. These micro-teaching opportunities, often just 1–2 minutes, reinforce key concepts and show students how to think clinically.

Tip #4: Give Feedback Early, Often, and Kindly.

Timely, respectful feedback is one of the most powerful tools in clinical teaching. Students crave actionable insights, but they also want to know how they’re doing, not just what they’re doing. Regular feedback helps shape clinical habits and builds confidence when delivered constructively.⁵

Teaching Strategy: Don’t wait until the end of a shift or rotation. Offer quick feedback throughout the day. For example: “You did a great job explaining the treatment plan. Next time, try slowing down when you list the medications.”

Use a simple model like:

- ◆ **What went well** – e.g., “You explained the treatment plan clearly.”

- ◆ **What could be improved** – e.g., “Next time, try summarizing in fewer words.”
- ◆ **Next step** – e.g., “Have the patient repeat the key points to confirm understanding.”

Tip #5: Ask Questions That Spark Clinical Reasoning.

Strong clinical reasoning doesn’t come from memorizing facts; it comes from thinking through problems. Students need practice connecting symptoms to diagnoses, weighing options, and defending their decisions. The “One-Minute Preceptor” model, widely used in clinical teaching, relies on asking students to commit to a diagnosis, explain their reasoning, and receive targeted feedback. This approach has been shown to improve diagnostic accuracy and clinical judgment.⁶

Teaching Strategy: Ask students questions that encourage them to explain their thought process, not just give the “right” answer.

Instead of “What labs do we need?” try:

- ◆ “What’s your working diagnosis?”
- ◆ “What’s the most likely cause?”
- ◆ “What’s one thing that doesn’t fit here?”

Tip #6: Let Students Do the Talking.

It's tempting to fill silence with your own clinical insight, but when students explain their thinking aloud, they solidify understanding and reveal gaps that you can help fill. Encouraging students to speak first promotes active learning and fosters deeper reasoning.⁷

Teaching Strategy: Give students space to answer fully before stepping in. Your follow-up can clarify or guide without overshadowing their reasoning.

After reviewing a patient together, pause and say:

- ◆ “Walk me through your thought process.”
- ◆ “What are you worried about here?”
- ◆ “What’s your plan?”

Tip #7: Make Thinking Visible—Explain Your Own Reasoning Too.

Students don't just need to *hear* what to do—they need to understand *how* you got there. When preceptors take a moment to explain their clinical thought process out loud, it demystifies expert decision-making and helps students develop critical thinking skills of their own.

Teaching Strategy: Narrate your decision-making in real time with phrases like:

- ◆ “I’m ordering this lab because I’m ruling out infection.”
- ◆ “This treatment is my choice because it balances risk and speed.”
- ◆ “I’m discharging this patient, but I gave them strict return precautions.”

Tip #8: Normalize Uncertainty by Modeling How to Handle the Unknown.

Uncertainty is part of clinical practice, but students often feel pressure to “know everything.” When preceptors normalize clinical ambiguity and model how to work through it, they teach students how to stay curious, cautious, and safe.⁸

Teaching Strategy: Simple admissions help students feel less anxious about not having all the answers and teach them how to manage uncertainty professionally.

Say things like:

- ◆ “I’m not sure either. Let’s look it up together.”
- ◆ “This could go in a few directions. Here’s what I’m thinking through...”
- ◆ “I want to double-check that guideline—it changes frequently.”

Tip #9: Share Responsibility by Letting Students Lead (When Ready).

Giving students the chance to take ownership, when appropriate, builds their confidence, decision-making skills, and clinical independence. It also shows that you trust them. As students progress, gradually shifting responsibility helps prepare them for real-world practice. The RIME-based developmental model (Reporter–Interpreter–Manager–Educator) emphasizes graduated autonomy. Studies show that when clinical tasks are aligned with student readiness, students are more engaged and build stronger decision-making skills.⁵

Teaching Strategy: Even small handoffs signal trust and encourage professionalism.

When a student is ready, say:

- ◆ “You take the lead on this patient, and I’ll step in as needed.”
- ◆ “How would you explain this to the patient?”
- ◆ “Write up your note and orders, then we’ll review together.”

Tip #10: End Every Day With a Check-in.

Busy clinical days can fly by, but taking just a few minutes to close the loop can reinforce learning and strengthen your relationship with the student. An end-of-day check-in encourages reflection, invites feedback, and helps set goals for the next day.

Teaching Strategy: At the end of each shift or clinic session, ask:

- ◆ “What’s one thing you learned today?”
- ◆ “What would you like more practice with tomorrow?”
- ◆ “How did you feel about your patient interactions?”

Conclusion

Effective clinical teaching is built not on perfection, but on intentionality, reflection, and consistent engagement. The strategies outlined in this article illustrate how small, thoughtful actions—offering timely feedback, encouraging learner autonomy, modeling uncertainty, and asking meaningful questions—can create a dynamic and supportive learning environment. When preceptors integrate these best practices into everyday clinical routines, they not only support immediate skill development but also shape how future clinicians approach patient care, critical thinking, and professional growth. These teaching moments, though brief, leave lasting impressions that extend far beyond the clinical setting.

References

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