Original Research

Understanding Clinical Teaching in Midwifery Education: Validation of the MidPaACT Tool in the Italian Context

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Abstract

Introduction. Midwifery education integrates theoretical instruction with clinical practice, in which supervisory relationships are pivotal. The quality of mentorship substantially influences students' competence, confidence, and professional identity, and is largely determined by midwives' awareness of their role as preceptors and how this is enacted in practice. This study aims to provide a valid instrument for evaluating clinical teaching in midwifery education by translating, culturally adapting, and psychometrically validating the Midwifery Perceptions and Assessment of Clinical Teaching (MidPaACT) tool in the Italian context.

Methods. The MidPaACT questionnaire was translated and culturally adapted following established international guidelines. The process included forward translation, synthesis, back translation, expert panel review, and pilot testing. Data were collected through an online survey completed by preceptor midwives involved in undergraduate midwifery education. Construct validity was assessed using confirmatory factor analysis using a Diagonally Weighted Least Squares estimator. Model fit was evaluated using RMSEA, SRMR, CFI,

and TLI indices. Internal consistency reliability was assessed using Cronbach's alpha coefficients.

Results. A total of 168 preceptor midwives participated. Confirmatory factor analysis supported the original two-factor structure ('Supporting students to learn' and 'Safety in learning') and indicated acceptable model fit (RMSEA = 0.08; SRMR = 0.105; CFI = 0.973; TLI = 0.971). Internal consistency was satisfactory for both subscales (α = 0.88 and α = 0.77). Participants reported high levels of engagement in supporting student learning and ensuring safety in clinical practice, while highlighting areas for improvement in academic–clinical collaboration and culturally responsive supervision.

Discussion. The Italian version of the MidPaACT demonstrates satisfactory psychometric properties and provides a valid tool for the systematic evaluation of clinical teaching in midwifery education. Its use can support the development of targeted faculty development initiatives and strengthen evidence-informed approaches to improving the quality of clinical education.

Keywords: Midwifery, Nurse Midwives, Clinical Teaching, Preceptorship, Midwifery Education, Clinical Education

Introduction

Midwifery education integrates theoretical instruction with extensive clinical training, both of which are essential for the development of professional competence (McKellar & Kempster, 2017). Although the organisation and relative balance of these components vary across countries – and even within the same national context – the centrality of clinical practice remains constant. Clinical placements are the settings in which students consolidate knowledge, refine technical skills, and develop professional identity. In this complex learning environment, students are supported by a preceptor midwife who provides guidance, supervision, and formative feedback throughout the learning process. The quality of this support is therefore central to students' learning experiences and outcomes.

The student-preceptor relationship is widely recognised as one of the most influential determinants of the quality of clinical learning (Hughes & Fraser, 2011). Evidence suggests that this relationship can either facilitate or hinder students' professional growth. A supportive and collaborative mentoring relationship promotes confidence, strengthens self-esteem, and fosters the development of both clinical competence and professional identity (Sheehan et al., 2022; Mauri et al., 2020). Accordingly, the preceptor is recognised as playing an important role not only in supporting skill acquisition but also in shaping students' professional identity and values. However, the literature also identifies the supervisory relationship as a potential source of fear and anxiety among midwifery students, profoundly shaping their emotional experience of clinical education and significantly influencing their aspirations as future midwives (Neri et al., 2026).

High-quality clinical learning depends on excellence in supervisory relationships, access to diverse and level-appropriate learning opportunities, effective communication, and a workplace culture committed to best practice and continuous learning (Griffiths et al., 2023). However, fulfilling the preceptor role requires more than clinical expertise alone. Midwives are often appointed as mentors based on availability rather than preparedness, and their perceptions of readiness, role clarity, and educational competence remain underexplored (Griffiths et al., 2021). A systematic review highlighted the scarcity of profession-specific instruments capable of capturing midwife preceptors' perceptions of their role and identifying their

educational needs (Griffiths et al., 2021). This gap is particularly relevant in midwifery, where professional philosophy, relational continuity, and woman-centred care are integral to both practice and education.

In 2020, Griffith et al. developed the Midwifery Student Evaluation of Practice (MidSTEP) tool to measure students' perceptions of their clinical learning experiences (Griffiths et al., 2020). The MidSTEP tool was linguistically and culturally validated in Italy in 2024 (Nespoli et al., 2024), and demonstrated good psychometric properties, which enabled the systematic evaluation of clinical learning environments within Italian midwifery programmes. Building on this work, a multicentre Italian study is currently underway to investigate the quality of clinical placements from the students' perspective.

To address the need for evaluating clinical placements from multiple perspectives, Griffiths et al. (2023) developed the Midwifery Perceptions and Assessment of Clinical Teaching (MidPaACT) tool. This instrument was specifically designed to assess midwife preceptors' perceptions of their role in supporting student learning in clinical settings. Through the provision of a profession-specific, psychometrically tested tool, the MidPaACT addresses a significant gap in the literature and captures key dimensions of clinical teaching, including supporting student learning and ensuring safety in practice.

The present study aims to conduct the linguistic and cultural validation of the MidPaACT tool in the Italian context. This work represents a necessary step toward completing a broader research agenda that comprehensively analyses the quality of clinical placements in Italian midwifery degree programmes, integrating both students' and preceptors' perspectives. By enabling an appropriate assessment of preceptors' perceptions, this study seeks to contribute to the optimisation of clinical education and the strengthening of midwifery training at both institutional and national levels.

Methods

Study Design

This was a cross-cultural adaptation and psychometric validation study within the Italian context. The study was conducted in two phases: 1) development of the Italian version through translation and assessment of semantic, cultural, and content equivalence (Wild et al. 2005), followed by 2) validation of the instrument through data collection and analysis to ascertain the psychometric properties of the Italian MidPaACT version (I-MidPaACT). In addition, measurement properties were assessed according to the psychometric validation standards established by the COSMIN initiative for health measurement instruments (Mokkink et al., 2010).

Description of the MidPaACT questionnaire

The MidPaACT questionnaire, developed by Griffiths et al. (2023), assesses midwives' perceptions of their role in preceptoring midwifery students in clinical practice. It consists of 24 items rated on a 5-point Likert scale (1 = "Never" to 5 = "Always"), grouped into two domains: Supporting students to learn (15 items) and Safety in learning (9 items). Higher scores indicate stronger perceptions of midwives' role in supporting students' clinical learning.

The total score is calculated by summing the responses to all 24 items. No reverse-coded items are included in the instrument. Accordingly, the total possible score ranges from 24 to 120, while subscale scores are obtained by summing the items belonging to each respective domain.

In the original validation study, the MidPaACT demonstrated good psychometric properties, with high internal consistency (Cronbach's alpha = 0.89; subscales $\alpha > 0.70$) and support for the two-factor structure through factor analysis. These findings support its use for assessing midwives' perceptions of their educational role and justify its adaptation into the Italian context.

Translation and Cross-Cultural Adaptation of the MidPaACT

With permission from the developers, the MidPaACT was translated and culturally adapted into Italian following the Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (Wild et al., 2005).

The process included: (1) two independent forward translations into Italian by bilingual translators with midwifery expertise; (2) synthesis of the forward translations by an

independent native Italian speaker; (3) two independent back-translations into English by bilingual translators blinded to the original instrument; (4) comparison of back-translations with the original to ensure semantic, conceptual, and experiential equivalence.

An expert committee of five experienced Italian midwives reviewed all versions, resolving discrepancies through consensus and ensuring semantic, idiomatic, experiential, and conceptual equivalence. The pre-final Italian version was then pilot-tested on a small sample of midwives (n = 7) to assess clarity, comprehension, and cultural relevance. Minor adjustments were made based on feedback, resulting in the final Italian MidPaACT (I-MidPaACT).

Setting and Participants

Eligible participants were preceptor midwives affiliated with the University of Parma, Bicocca University of Milan, the University of Milan, and Saint Camillus International University of Rome (UniCamillus). Inclusion criteria included being a midwife preceptor in hospital or local services for students enrolled in the Midwifery degree courses involved in the validation study.

An invitation email was sent to all eligible midwives through institutional mailing lists. The email included a Participant Information Sheet detailing the study objectives, procedures, the voluntary nature of participation, and data confidentiality. Potential participants were given adequate time to consider participation before accessing the survey.

Midwives who agreed to participate completed the questionnaire anonymously via an online platform (Google Forms). A member of the research team was available to answer questions, provide additional information, and clarify any aspects of the study. Data were collected between December 2025 and January 2026.

To ensure an adequate sample size for psychometric evaluation, the study followed recommendations for instrument validation (Beaton et al., 2000): at least 10 participants per item of the largest subscale (Supporting students to learn, 15 items), resulting in a minimum target sample of 150 participants.

Statistical Analysis

Descriptive statistics were used to summarise participants' sociodemographic and professional characteristics and MidPaACT distributions. Surveys with more than 10 % of missing responses were discarded. Psychometric analyses were conducted in accordance with COSMIN methodology for evaluating the measurement properties of health-related instruments (Mokkink et al., 2010). The construct validity of the I-MidPaACT was evaluated using confirmatory factor analysis (CFA) to test the original factorial structure proposed by the authors (Griffiths et al., 2023) within the Italian context. Given the ordinal nature of the Likert-type items, the CFA was conducted using a Diagonally Weighted Least Squares (DWLS) estimator. Model fit was evaluated using absolute and incremental fit indices. Absolute fit was assessed using the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR), with values <0.08 and <0.05 indicating acceptable model fit, respectively. Incremental fit was evaluated using the Comparative Fit Index (CFI) and the Tucker-Lewis Index (TLI), with values >0.90 considered indicative of good fit (Dash & Paul, 2021). Internal consistency reliability was assessed for each I-MidPaACT subscale using Cronbach's alpha coefficient.

All statistical analyses were conducted using R software (version 4.3.2).

Ethical Consideration

The study was approved by the Local Ethics Committee of UniCamillus (reference number: E00430-2025). All procedures were conducted in accordance with the principles of the Declaration of Helsinki and relevant national regulations.

Participation was voluntary, and all eligible midwives received detailed information regarding the study aims, procedures, confidentiality, and the right to withdraw at any time without consequence. Written informed consent was obtained from each participant prior to participation.

All data were collected anonymously and handled in accordance with applicable data protection regulations. No personally identifiable information was recorded, and data were stored securely with access restricted to the research team.

Results

Description of the sample characteristics

A total of 168 preceptors participated in the study. Most participants were employed in hospital settings (88.7%, n = 149) and were mainly located in Lombardy (58.3%), Emilia Romagna (20.8%), and Lazio (19.6%). Regarding professional experience, 65% of participants had more than 10 years of clinical experience, although 41% reported less than 6 years of experience as preceptors. Only 35.1% had received formal preceptor-specific education. Among participants, 30% held a master's degree and 25% had completed a first or second level master's programme. Detailed sample characteristics are reported in Table 1.

Table 1. Sociodemographic and professional characteristics of participating midwife preceptors.

		n	%
Age of participants (years)	<26	9	5.36
	26-35	56	33.33
	36-45	57	33.93
	46-55	29	17.26
	>55	17	10.12
Highest educational qualification	Bachelor degree	73	43.45
	Master's degree	50	29.76
	First-level master's degree	39	23.21
	Second-level master's degree	5	2.98
	PhD	1	0.60
Years of professional experience	<6	28	16.67
	6-10	31	18.45
	11-20	57	33.93
	>20	52	30.95
Clinical setting	Hospital setting	149	88.69
	Community setting	19	11.31
Region of work	Veneto	2	1.20
	Lombardy	98	58.34
	Emilia Romagna	35	20.82
	Lazio	33	19.64
Years of experience as Preceptor	<6	70	41.67
	6-10	45	26.79
	11-20	38	22.62
	>20	15	8.93
Previous preceptor education	No	109	64.88
	Yes	59	35.12

Psychometric characteristics of I-MidPaACT

The CFA of the original MidPaACT structure, using the DWLS estimator, was performed to assess the structural validity of the Italian version of the instrument. Model parameter estimates (Figure 1) and fit indices indicated an overall acceptable fit for of the model, despite variability across indices: RMSEA = 0.08, SRMR = 0.105, CFI = 0.973, and TLI = 0.971. Overall, the fit indices broadly supported the original two-factor structure of the MidPaACT, consistent with previous studies (Griffiths et al., 2023), although the SRMR exceeded conventional thresholds. The two-factor model explained an average of 48.77% of the variance of the observed variables.

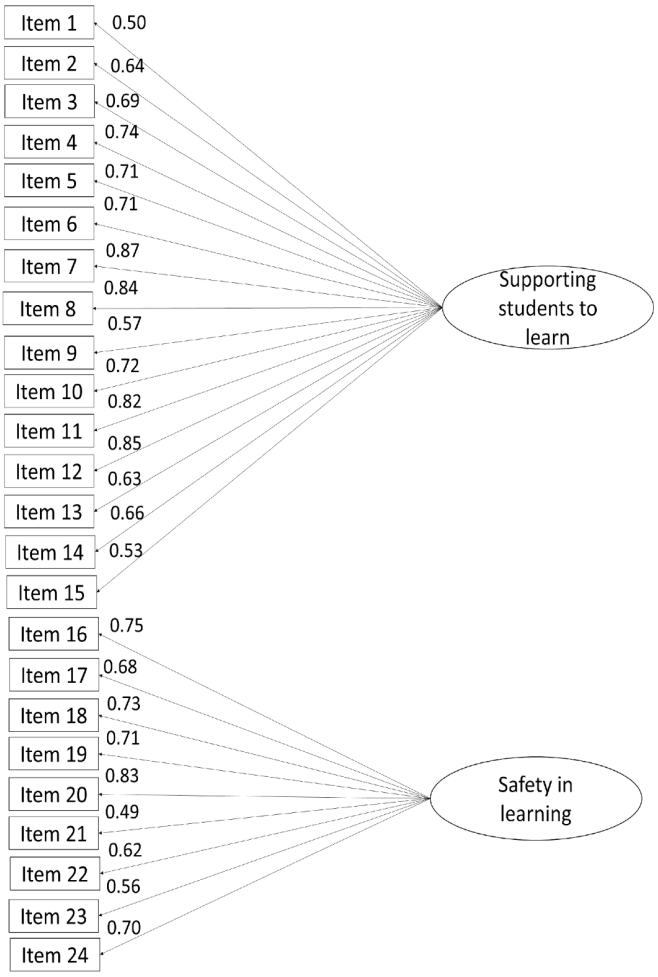

Figure 1. Factor structure of I-MidPaACT computed from Confirmatory Structural Analysis.

Internal consistency reliability was satisfactory for both subscales, with Cronbach's alpha values of 0.88 for Supporting students to learn and 0.77 for Safety in learning.

Midwives' Perceptions and Assessment of Clinical Teaching (MidPaACT) tool scores

The overall mean score of the MidPaACT tool was 105.1 (SD = 9.4), corresponding to an average item score of 4.38 (SD = 0.80). Distribution of responses for each item, including item mean scores and standard deviations, is reported in Table 2. These findings indicate that participants generally perceived themselves as offering substantial and consistent support to students during clinical practice.

Table 2. Distribution of responses on each item, item mean score, and standard deviation (SD).

	Never (1)		Seldom (2)		Sometimes (3)		Usually (4)		Always (5)		Item mean score (SD)
	n	%	n	%	n	%	n	%	n	%	
Item 1	23	13.69	21	12.5	35	20.83	48	28.57	41	24.4	3.38 (1.34)
Item 2	2	1.19	1	0.6	12	7.14	111	66.07	42	25	4.13 (0.66)
Item 3	2	1.19	0	0	17	10.12	102	60.71	47	27.98	4.14 (0.69)
Item 4	2	1.19	0	0	15	8.93	83	49.4	68	40.48	4.28 (0.73)
Item 5	4	2.38	4	2.38	25	14.88	88	52.38	47	27.98	4.01 (0.86)
Item 6	2	1.19	4	2.38	8	4.76	53	31.55	101	60.12	4.47 (0.8)
Item 7	2	1.19	0	0	4	2.38	70	41.67	92	54.76	4.49 (0.67)
Item 8	1	0.6	0	0	2	1.19	58	34.52	107	63.69	4.61 (0.58)
Item 9	15	8.93	21	12.5	25	14.88	63	37.5	44	26.19	3.60 (1.25)
Item 10	0	0	1	0.6	11	6.55	58	34.52	98	58.33	4.51 (0.65)
Item 11	0	0	3	1.79	7	4.17	78	46.43	80	47.62	4.40 (0.66)
Item 12	1	0.6	1	0.6	11	6.55	74	44.05	81	48.21	4.39 (0.69)
Item 13	0	0	1	0.6	13	7.74	72	42.86	82	48.81	4.40 (0.66)
Item 14	0	0	5	2.98	29	17.26	90	53.57	44	26.19	4.03 (0.75)
Item 15	0	0	6	3.57	25	14.88	65	38.69	72	42.86	4.21 (0.83)
Item 16	0	0	0	0	3	1.79	27	16.07	138	82.14	4.80 (0.44)
Item 17	0	0	0	0	5	2.98	39	23.21	124	73.81	4.71 (0.52)
Item 18	0	0	1	0.6	4	2.38	53	31.55	110	65.48	4.62 (0.57)
Item 19	0	0	3	1.79	12	7.14	58	34.52	95	56.55	4.46 (0.71)
Item 20	0	0	0	0	6	3.57	69	41.07	93	55.36	4.52 (0.57)
Item 21	0	0	0	0	3	1.79	67	39.88	98	58.33	4.57 (0.53)
Item 22	0	0	0	0	0	0	53	31.55	115	68.45	4.68 (0.47)
Item 23	0	0	0	0	0	0	8	4.76	160	95.24	4.95 (0.21)
Item 24	0	0	0	0	1	0.6	38	22.62	129	76.79	4.76 (0.44)

With regard to the subscale Supporting students to learn, the mean total score was 63 (SD = 7.5), with a mean item score of 4.02 (SD = 0.88). Among the items in this dimension, Item 8, "I help students to learn the skills and develop the confidence required for midwifery practice," had the highest mean value (mean = 4.61; SD = 0.58). In contrast, Item 1, "I work collaboratively with university staff to achieve the best outcomes for students," had the lowest mean score (mean = 3.40), with a notable 20.83% of respondents indicating that they engaged in this behaviour only 'sometimes'.

For the Safety in learning subscale, which comprises nine items, the mean total score was 42.1 (SD = 2.7), and the corresponding item mean was 4.67 (SD = 0.53). The highest-rated statement was Item 23, "I intervene if a student's action, or inaction, is likely to compromise women's safety," with a mean score of 4.95. The majority of respondents (82.14%) selected 'always' for this item. The lowest mean within this dimension was reported for Item 19, "I consider the cultural values, beliefs, and practices of students when developing relationships with students", which had a mean score of 4.38 (Table 1).

Discussion

The present study provides the first Italian version of the MidPaACT tool, enabling the systematic exploration of midwife preceptors' perceptions of their educational role within clinical practice. The availability of a validated tool such as the I-MidPaACT enables the systematic evaluation of clinical teaching, which is essential for improving educational quality and accountability in midwifery education.

This study provides preliminary evidence supporting the structural validity and internal consistency of the Italian version of the instrument. Although the confirmatory factor analysis generally supported the original two-factor structure, the elevated SRMR suggests that model fit was not uniformly optimal and should therefore be interpreted with caution. Model fit indices should, however, be interpreted collectively rather than individually, as they reflect different aspects of model fit. In the present study, the excellent CFI and TLI values supported the overall adequacy of the hypothesised factorial structure, despite the higher SRMR value. Previous methodological literature suggests that the SRMR is particularly sensitive to local residual misspecification (Hu & Bentler, 1998). In this study, the elevated SRMR may partially reflect highly homogeneous response distributions and ceiling effects observed across several items, particularly in the Safety in learning domain.

Overall, midwives reported high self-perceived engagement in both supporting students' learning and ensuring safety in learning. These findings suggest that participants perceive themselves as actively involved in the educational aspects of clinical practice, consistent with the literature describing the preceptor as an important figure in shaping students' competence, confidence, and professional identity (Hughes & Fraser, 2011; Sheehan et al., 2022).

The high mean scores related to fostering skill development and intervening to protect women's safety suggest that Italian preceptors primarily perceive their role as safeguarding clinical standards while facilitating students' progressive autonomy. This dual focus is consistent with the broader professional expectations associated with midwifery practice, where responsibility toward attention to women and newborns coexists with responsibility for supporting the development of future professionals (International Confederation of Midwives, 2014; Kabirian et al., 2024).

These findings highlight the need for targeted faculty development initiatives to support preceptors in balancing clinical responsibilities with effective pedagogical practices. The high scores observed in the Safety in learning domain suggest that participants perceive patient safety as a central aspect of their preceptorship role. In particular, the very high ratings for items related to intervening when women's safety may be compromised indicate strong self-reported attention to clinical responsibilities. However, these findings should be interpreted with caution, as self-reported responses on safety-related items may also be influenced by social desirability bias. From an educational perspective, the prominence of safety-related perceptions highlights the importance of balancing patient safety with the creation of psychologically safe learning environments in which students feel supported to ask questions, reflect, and progressively assume responsibility (Neri et al., 2026; Sheehan et al., 2022).

Lower scores were observed in items related to

collaboration with university staff and attention to students' cultural values. The relatively low endorsement of collaboration with academic institutions may suggest opportunities to strengthen integration between university and clinical settings, a challenge widely discussed in health professions education in relation to the theory–practice gap (Griffiths et al., 2023).

Strong academic-clinical partnerships are recognised as essential for promoting coherent clinical education, aligning expectations, and supporting preceptors in their educational roles (International Confederation of Midwives, 2014; World Health Organization, 2021). Practical strategies may include structured communication channels, shared evaluation criteria, and joint faculty development initiatives.

The relatively lower score related to cultural responsiveness in mentoring relationships is noteworthy, especially in the context of increasingly diverse student populations. Considering that the supervisory relationship significantly influences students' emotional experience and professional growth (Neri et al., 2026), cultural sensitivity should be recognised as an integral component of effective mentorship rather than a secondary skill. Future educational initiatives for preceptors may benefit from incorporating reflective training on intercultural communication and inclusive supervision practices.

This finding is consistent with evidence suggesting that preceptors are often appointed primarily on the basis of clinical expertise rather than formal pedagogical preparation (Griffiths et al., 2021).

From a broader perspective, this study should be interpreted as part of a coherent trajectory in Italian midwifery educational research. Following the validation of the Italian version of the Midwifery Student Evaluation of Practice (MIDSTEP-IT) (Nespoli et al., 2024), which enabled the assessment of students' perceptions of clinical learning environments, the present validation of the I-MidPaACT enables the perspective of preceptors, complementing the student viewpoint. Together, these instruments provide a more holistic evaluation of clinical placement quality, moving beyond single-perspective assessment and supporting a systemic approach to educational quality improvement. This dual-perspective approach reflects a growing scholarly engagement among Italian midwives in enhancing educational standards through evidence-informed methodologies.

Strengths and limitations

A major strength of this study lies in providing a profession-specific, culturally adapted instrument for the Italian context, aligned with international validation standards. The inclusion of preceptors from multiple regions enhances the contextual relevance ecological relevance of the findings. Furthermore, confirmatory factor analysis using an estimator appropriate for ordinal data strengthens the methodological rigour of the validation process.

However, some limitations should be acknowledged. The sample was largely hospital-based and concentrated in three regions, which may limit the generalisability of the findings to community settings and other geographical contexts. Additionally, the cross-sectional design precluded the assessment of changes over time and potential associations between preceptors' perceptions and students' evaluations of the clinical learning environment. As the instrument relies on self-reported perceptions, responses may have been influenced by social desirability bias, particularly in relation to safety-related items. Moreover, although the present study provides preliminary evidence supporting structural validity and internal consistency, additional psychometric properties—including test–retest reliability, convergent validity, and responsiveness—were not assessed and should be explored in future studies.

Implications for practice and research

The availability of the I-MidPaACT offers Italian universities and clinical partners a structured means to monitor and reflect on the quality of mentorship within midwifery programmes. For example, the instrument could be integrated into routine programme evaluation processes, used to identify preceptors' educational support needs, and to inform targeted faculty development initiatives. At an organisational level, aggregated results could support academic–clinical quality improvement strategies and benchmarking across institutions.

Future studies could investigate how variables such as years of preceptorship experience, formal pedagogical training, or clinical setting influence

perceptions of the educational role. Longitudinal research could also clarify whether structured mentor training programmes lead to measurable improvements in both preceptor self-perception and student learning outcomes. Moreover, future research should examine the association between I-MidPaACT scores and MIDSTEP-IT results, thereby exploring concordance or discrepancies between student and mentor perspectives. Integrating both instruments into routine evaluation processes could support data-informed decision-making and contribute to the continuous quality improvement of clinical education in midwifery.

Conclusions

The Italian version of the MidPaACT demonstrates satisfactory preliminary psychometric properties for assessing midwife preceptors' perceptions of their clinical teaching role. Its availability fills a relevant gap in the Italian educational context by enabling the systematic inclusion of the preceptors' perspective in the evaluation of clinical placements.

The findings highlight a strong perceived commitment to supporting students' learning and ensuring safety in practice, while also identifying areas for further development, particularly in academic–clinical collaboration and culturally responsive supervision.

Used alongside the MIDSTEP-IT (Nespoli et al., 2024), the I-MidPaACT enables a dual-perspective assessment of clinical learning environments, supporting a more comprehensive and evidence-informed approach to strengthening midwifery education in Italy.

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