

Midwifery education institutions in Italy. Creation and validation of clinical preceptors' assessment tool: students' and experts' midwives' views.

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Abstract: Background: The aim of the study is to create and validate a midwifery preceptor's evaluation form to be used by midwifery students. The International Confederation of Midwives recommends that clinical placements need to be supervised by a preceptor in order to be efficient for students who, in this way, gain competence and proper practice within the midwifery practical area. **Methods:** The design of the study is an observational multi-centre transversal study, and leads to the validation of an evaluation questionnaire. Few methodically steps were followed: literature review, focus group with midwifery students, meeting between expert midwives, creation of the preceptor's assessment form, filling of the forms by midwifery students and expert midwives and validation of the form. The study was carried out in eight Italian universities and included eighty-eight midwifery students and eight midwives. **Results and Conclusion:** It was created a midwifery preceptor's assessment questionnaire made of four areas of attributes which, as a total, included 33 items. Cronbach's alpha score was calculated examining the forms filled in by students and expert midwives. It was obtained an alpha score of 0.97-0.85. The result was a Pearson Correlation Coefficient $r = 0.78$.

Keywords: Midwifery; Nursing; Clinical Preceptor

1. Introduction

In Italy, the midwifery university's major lasts three years, in which students need to achieve 180 university credits in order to graduate; 112 of them are for theoretical activities, 68 are for clinical placements. One credit of theoretical activity corresponds of 15 hours of classes and 10 hours of individual study, one credit of practical activity is the equivalent of 30 hours of clinical placement (Ministerial Decree n. 70, 2004) [1]. Midwifery students have to complete 2040 hours of supervised clinical placements. The health professional allocated to the student during clinical practice is the "facilitator of the training path, who orientates the student towards professional operation, demonstrating models linked to professional membership profile" [2]. In Italy is not required a specific training to be a clinical midwife or nurse preceptor.

International literature both identifies "preceptor" [3,4] and "mentor" [5-7] as terms to indicate an experienced midwife engaged in the practice of midwifery who is competent and willing to teach, observe and assess midwifery students during their practical/clinical learning [4]. In this study we chose to use the term preceptor to indicate the person allocated to students during their clinical placements.

2. Background

Clinical placements are fundamental to midwifery students [3,7,8] and the relationship between the student and the preceptor influences the student's learning and integration between theoretical information and practice [9,10]. The Nursing and Midwifery Council [11], the International Confederation of Midwives [12] and the World Health Organization [13] strongly recommend that, in order to gain competence and proper practice within the area of midwifery practice, clinical placements need to be supervised by a designated preceptor. It is important that a preceptor has all the right attributes that can favour the student to engage themselves during practical training [14].

The aim of this study is to create and validate a tool designated to evaluate the attributes of a midwifery preceptor.

In the Italian context, there are no validated tools to evaluate the attributes of a preceptor and this study, creating a questionnaire form that students will fill in, aims to identify and measure the right attributes of a preceptor by underling and valuating the responsibilities of future health professionals [15].

3. Methods

The aim of this study is twofold. Firstly, it wanted to create a tool to be used by midwifery students in order to assess their preceptors, and secondly it aimed to validate the tool created. In order to achieve these goals, seven steps have been followed.

To achieve the first aim, the first three steps, of the overall seven steps previously mentioned, have been used; first of all, a literature review of the existing works about evaluation tools of midwifery preceptors has been done. The second step was to organize a focus group of midwifery students, in order to confirm or change areas of attributes tested in a preceptor, previously identified through step number one, and to identify underlying items of areas of attributes. Step number three was to submit areas and items identified by the students to a group of expert midwives through a meeting.

3.1. Step number one: literature review.

This research was carried out searching on databases of the National Library of Medicine (MEDLINE) with interface PubMed, and the Cumulative Index of Nursing and Allied Health Literature (CINHAL) setting a time limit of 10 years. The search string was: `midwif*[ti] OR midwiv*[ti] OR midwifery AND mentors OR preceptor ship OR`

preceptor*[ti] OR bachelor*[ti] OR mentorship[ti]. Results obtained were then analysed and triangulated by researchers who were able to identify areas of a preceptor's attributes.

3.2. Step number two: focus group.

Some midwifery students from the Lombardy region were invited to participate in a focus group. They were chosen by purposive sampling considered as experts by those students who had had at the end of their second and third year a clinical placement evaluation score $\geq 28/30$ (in Italy 30 is the highest mark). The focus group was carried out after classes, at university, paying attention to confidentiality. It was used a questions' grid (Table 1). Conversations were recorded and transcribed. Anonymity for the participants was guaranteed using pseudonyms. The transcript analysis was made by three researchers using Kanizsa's method [16]: it sets data's saturation when there is a repetition of identical/similar words, meanings, expressions. Results, obtained with data saturation, were defined by three researchers and then triangulated with participants of the focus group [17].

Table 1. Focus group grid.

-
1. What do you think a preceptor should be like?
 2. Literature indicates a preceptor must have professional skills, interpersonal skills, pedagogical skills and personal qualities. Do you agree with these four categories of attributes?
 3. Would you add or remove any of the categories of attributes?
 4. What skills do you think a preceptor should have for each areas of competence that has been identified?
-

3.3. Step number three: meeting between expert midwives.

A group of expert midwives was selected through a purposive sampling for the meeting. They all had 10 years of experience at least in one of these fields: teaching, preceptorship, clinical management, practice development.

3.4. Step number four, five, six and seven: compilations by students and experienced midwives.

The remaining four steps of the study were done to achieve the second aim of the study which was to scientifically validate the toll created. Step number four was to ask midwifery students of University of Milan, during the academic year 2018-2019, to fill in the form, in order to select preceptors with a numeric score ≥ 4 .

To proceed to step five, similar items (spy items) were put in each form.

Step number six consisted on asking the students to assess their global experience with the preceptor on a visual analogue scale (VAS), at the end of the form.

The last step, number seven, was to ask expert midwives to fill in the forms of preceptors, already assessed by students, who obtained a numeric score ≥ 4 .

3.5. Measures

Students were asked some personal data: gender, age, year of the course. Expert midwives were asked: gender, age, years of teaching, preceptorship and/or clinical management. To measure the items in the assessment form, a 4-points Likert scale was used. The VAS was drawn with a line that was 10 cm long: on its left extremity, there was the wording "not satisfactory", on its right one, the wording "very satisfying". Values were calculated measuring the distance in centimeters from the marked point to the "not satisfactory" one.

An excel database was created to transcribe all the values from Likert scale and VAS.

3.6. Statistical analysis

Statistical analysis was carried out using software SAS ver. 9.2 (SAS Institute Inc. Carry, NC, USA). Consistency between items was measured with Cronbach Alpha for forms filled by students and the ones filled by expert midwives. Cronbach Alpha is based on the ratio between variability of single scores and variability of their sum. Its values are > 0.90 excellent; between 0.80 0.90 good; between 0.70 and 0.79 fairly good; between 0.60 and 0.69 satisfactory; < 0.60 inadequate.

Correlation between normalized values and VAS of each form (both filled by students and midwives) were figured with scatter plot and measured with Pearson Correlation Coefficient (r).

3.7. Ethical considerations

The study was carried out under the Declaration of Helsinki (last review: Seoul October 2008).

The Ethics Committee approved the study (No. 57/13) and written consent was obtained from all participants. Data was treated confidentially and student's and midwifery's words were reported without disclosing their identity.

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

4. Results

4.1. Creation of clinical preceptors' assessment tool

Step number one allowed to select 6 articles: 3 qualitative studies [4-6], 2 grounded theories [3,9], 1 review [7]. These 6 studies allowed to summarise 4 areas of competence of a preceptor: professional skills, interpersonal skills, pedagogical skills, personal qualities. This analysis was confirmed by results from focus group.

Ten focus group took place in four Universities of the Lombardy region: 4 in University of Milan, 2 in University of Milan Bicocca, 2 in University of Brescia, 2 in University of Pavia. For each University there was the same number of focus group for students of the second and third year of course. Each focus group had from 7 to 15 Italian students, for a total of 88 students. Characteristics of students who took part in focus group are in Table 2. Focus group lasted from 44 to 63 minutes (average 52 minutes) and they were conducted by a researcher. They confirmed the four areas of competence

previously individuated through literature review and also individuated 31 items thanks to data saturation [18]. Data saturation was obtained using Kanizsa's method [16].

Table 2. Characteristics of the participants of focus groups [student n = 88] and of meeting between senior midwives [expert midwife n = 8].

Variables	Participants focus group (N =88)	
	N	%
Gender		
F	87	98.9
M	1	1.1
Age		
20-21	33	37.5
22-23	30	34.1
23-24	17	19.3
25-26	4	4.5
27-28	2	2.3
>29	2	2.3
Year of course		
Second	42	47.7
Third	46	52.3
Variables	Participants meeting (N =8)	
	N	%
Gender		
F	8	100.0
Age (years)		
40-44	1	12.5
45-49	3	37.5
50-54	2	25.0
55-59	2	25.0
Experience (years)		
Teaching		
No teaching	4	50.0
10	2	25.0
11-20	1	12.5
≥21	1	12.5
Preceptorship		
No preceptorship	0	00.0
10	2	25.0
11-20	2	25.0
≥21	4	50.0
Clinical Management		
No clinical management	3	37.5
10	1	12.5
11-20	2	25.0
≥21	2	25.0

The 4 areas and 31 items identified were analyzed by a meeting between expert midwives (step number three). Meeting involved 8 expert midwives, whose characteristics are reported in Table 2. Meeting took 96 minutes, was conducted by two researchers and allowed to draw up the definitive format of the preceptor's assessment form. The ultimately form is made up of 4 areas of attitude and 33 items of competence because the expert midwives decided that items n. 10, 24 and 28 had to be similar in order to evaluate the internal coherence of the form (spy items). Expert midwives established that each item had to be expressed with a positive value and Likert score from 1 to 4. Score 1 was if preceptor had "very little" for that characteristic, score 2 for "little", score 3 if preceptor had "much" for that characteristic, score 4 for "very much". The midwifery preceptor's assessment form is shown in Table 3.

Table 3. Midwifery preceptor's assessment tool.

Tick your year of course: I II III

Dear student we ask you to give a score for each of the 33 items regarding the preceptor you have been assigned to Score

Name and Surname of the preceptor _____

Scores for items: 4= very much 3 = much 2 = little 1 = very little

1. PROFESSIONAL SKILLS

1. Is able to provide explanations

2. Makes use of scientific evidence during clinical practice

3. Integrates theory and practice

4. Provides explanations when clinical practice deviates from scientific evidence and/or protocols

2. INTERPERSONAL SKILLS

5. Has good communicative skills

6. Is respectful

7. Makes you comfortable

8. Considers you as a member of the team

9. Encourages you to ask questions

10. Gives you feedback during practice

11. Assess you on a professional level, not on a personal one

3. PEDAGOGICAL SKILLS

12. Shows you how the ward is organized at the beginning of your clinical placement

13. Knows what your learning objectives are

14. Compares with you on your expectations and your learning objectives

15. Puts you at the centre of the tutorial relationship

16. Valorises your past knowledge and experience

17. Provides you with learning opportunities

18. Helps you to believe in your potential

19. Spurs you to autonomy

20. Supervises you during your new experiences without interfering

21. Facilitates your awareness in professional responsibility

22. Helps your critical thinking

23. Appreciates activities you perform correctly

-
24. Is objective in providing feedback
-
25. Helps you in debriefing
-
26. Helps you in having a global vision of clinical situations
-
27. Accepts your mistakes and corrects them in the most helpful way
-
28. Compares with you and shares the valuation during placement and once it is ended
-

4. PERSONAL QUALITIES

29. Is punctual when a shift starts
-
30. Admits his/her own limits
-
31. Shows passion for his/her job
-
32. Shows enthusiasm in teaching
-
33. Is a professional model that inspires you
-

GLOBAL JUDGMENT

In the box below, tick with a **X** the point which corresponds to the judgment you give to your preceptor



4.2. Validation of clinical preceptors' assessment tool

For the academic year 2018-2019, 360 preceptor's assessment forms were filled in and preceptors who were evaluated ≥ 4 times were 10, for a total of 47 forms filled by students (step number four). Each of the 10 preceptors who were evaluated ≥ 4 times was also evaluated by 5 of the 8 expert midwives (Table 3), for a total of 50 forms filled in by senior midwives.

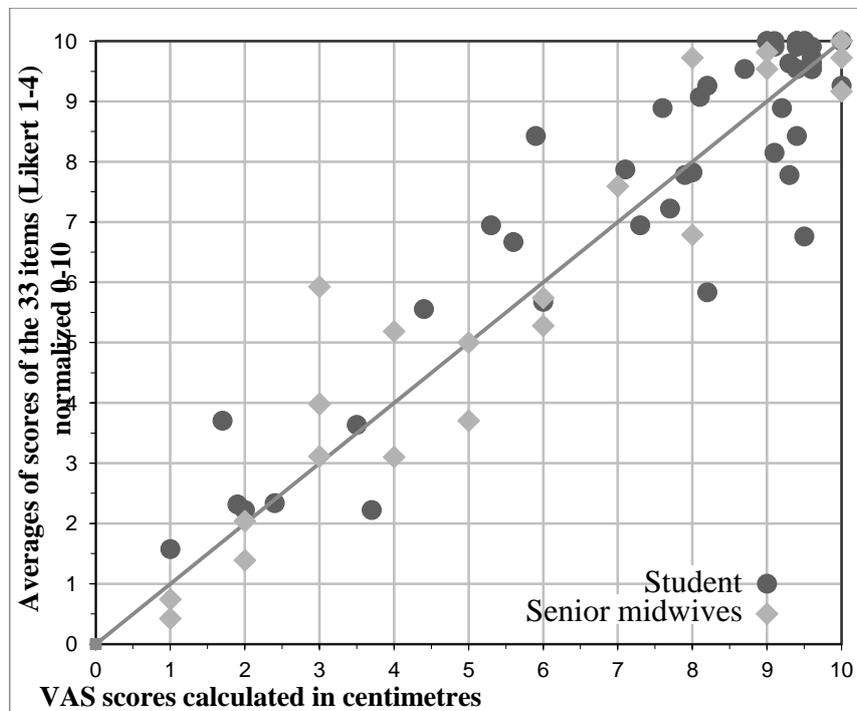
Cronbach alpha calculated on both forms filled in by students and expert midwives (with specific scores for spy items) obtained excellent and good values, rarely they were fairly good, in a way that was superimposable between those filled by students and those from expert midwives. (Table 4).

Table 4. Cronbach Coefficient Alpha calculated on forms filled in by students [n. 47] and expert midwives [n. 50].

Deleted Variable	Cronbach Coefficient Alpha with Deleted Variable							
	Student				Expert midwives			
	Raw Variables		Standardized Variables		Raw Variables		Standardized Variables	
	Correlation with total	Alpha	Correlation with total	Alpha	Correlation with total	Alpha	Correlation with total	Alpha
Professional skills	0.82	0.93	0.83	0.93	0.94	0.96	0.93	0.96
Interpersonal skills	0.85	0.92	0.84	0.92	0.96	0.96	0.96	0.95
Pedagogical skills	0.90	0.90	0.90	0.90	0.95	0.96	0.94	0.96
Personal qualities	0.85	0.92	0.85	0.92	0.90	0.97	0.89	0.97
Item 10	0.78	0.71	0.79	0.72	0.95	0.95	0.95	0.95
Item 24	0.71	0.79	0.71	0.79	0.93	0.97	0.93	0.97
Item 28	0.65	0.84	0.65	0.85	0.95	0.95	0.95	0.95

Lastly for the forms of the 10 preceptors who obtained from students ≥ 4 evaluations a comparison between the averages of scores of the 33 items (Likert 1-4) normalized 0-10 and VAS scores calculated in centimeters was made, obtaining a Pearson Correlation Coefficient $r = 0,78$ (Figure 1).

Figure 1. Pearson Correlation Coefficients: for the forms of the 10 preceptors who obtained from students ≥ 4 evaluations a comparison between the averages of scores of the 33 items (Likert 1-4) normalized 0-10 and VAS scores, given by students and senior midwives, calculated in centimeters was made, obtaining a Pearson Correlation Coefficient $r = 0,78$.



5. Discussion

This study had two aims: to create a midwifery preceptor's assessment form and to validate it: both of them were realized. The form showed a high internal coherence degree and identified four areas of competence of a midwifery preceptor who can be considered very good at clinical tutorship.

The first area of attitude of the form discloses as relevant quality of a preceptor the professional skill [6,7]. Preceptors have to keep their competences up to date [13,19,20] so that students do not perceive discrepancies between theoretical notions and clinical practice [21]. In the event that clinical plans are different from best practice a preceptor must be able to justify this [22,23]. Focus group confirmed how important is for students to be placed side by side to a preceptor who is a professional model to be inspired by and who works following the clinical practice indicated by Midwifery University Course [1,19,24].

The second area of competence disclosed from literature, focus group and meeting between expert midwives, underlines how effective communication and empathy of a preceptor do positively influence the clinical placement experience of a student [7,9]. A preceptor must be helpful in listening to a student's questions and making him ask questions [5] and must use an accurate communication to answer back [7]. In addition, a student must feel himself/herself assessed on their expected skills (training objectives), not on personal personality traits [6,25].

Pedagogical skills area highlighted some behaviours that can facilitate learning: to put confidence in a student's capabilities so that he can trust their potential [6,11,25]; to provide opportunities for learning based on year of course [19]; to supervise a student to gradually make them achieve more autonomy [23,26]. Literature, students and senior midwives all consider very important a preceptor at the beginning of clinical placement to show the student how a ward is organized so that undergraduate can settle in more easily [7]. A preceptor must know very well what are the goals a student must achieve according to the University Course [19,26] and has to work to make him reach them in order to plan their learning in an effective way [7].

6. Conclusion

This study confirmed what literature highlighted: that it is very important to provide constructive comments and feedback to students during and after their clinical placements [5,7,14,27]. A feedback can be given anytime during placements, provided that privacy is kept and that professional development is promoted [3,25].

The last area of attributes with its five items identified personal qualities a preceptor should have. Preceptors must be able to recognize their limits [5]; have passion for the profession and show enthusiasm in sharing their knowledge with students [4,28]. The professional model embodied by a preceptor is crucial as a student will try to reproduce it [5,29].

The midwifery preceptor's assessment form created through this study was confirmed in all parts by expert midwives. They demonstrated all that was shared by students' experiences.

The achievement of the creation of the midwifery preceptor's assessment form fills a gap in the evaluation system of Italian Midwifery Courses and will be able to level the requirements of a preceptor [30]. Researchers hope these requirements will become focus of courses or masters for midwives who intend to study to become qualified preceptors.

Supplementary Materials: The following are available online at www.mdpi.com/xxx/s1, **Figure S1:** Pearson Correlation Coefficients: for the forms of the 10 preceptors who obtained from students ≥ 4 evaluations a comparison between the averages of scores of the 33 items (Likert 1-4) normalized 0-10 and VAS scores, given by students and senior midwives, calculated in centimeters was made, obtaining a Pearson Correlation Coefficient $r = 0,78$, **Table S1:** Focus group grid, **Table S2:** Characteristics of the participants of focus groups [student $n = 88$] and of meeting between senior midwives [expert midwife $n = 8$], **Table S3:** Midwifery preceptor's assessment tool, **Table S4:** Cronbach Coefficient Alpha calculated on forms filled in by students [$n = 47$] and expert midwives [$n = 50$].

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