Exploring the Doctor of Nursing Practice project facilitator/mentor role

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ABSTRACT

Background: The Doctor of Nursing Practice (DNP) facilitator/mentor is a collaborative member of the project team, yet little has been reported about this role. This qualitative study explored the experiences of DNP project facilitators.
Methods: Focus groups were conducted using a purposeful sample of project facilitators. Focus group questions were developed using Gitlin, Lyons, and Kolodner's five-stage model of collaboration. Data were transcribed and content analyzed using Kruger and Casey methods.
Results: Three focus groups included 21 facilitators who were affiliated with an academic health system. Six themes emerged: (a) exploring student interest, (b) establishing a collaborative fit, (c) connecting with key stakeholders, (d) overcoming barriers, (e) role clarity, and (f) interaction.
Conclusion: DNP project facilitators have an important role not only in students' formation, but also in contributing to the academic—practice partnership. The importance of the facilitator role as the student progresses through their DNP project cannot be overstated.

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Introduction

Doctoral education, whether research or practice-focused, is distinguished by the completion of a scholarly project that demonstrates synthesis of the student's work and lays the foundation for future scholarship (AACN, 2006). The Doctor of Nursing Practice (DNP) project is the scholarly product required by all DNP programs (AACN, 2006) and typically addresses problems in real world settings (AACN, 2015; Melnyk, 2013). For DNP projects to be successful, students need collaborative relationships that foster educational and practice experiences (AACN, 2015; Carlson, Staffileno, & Murphy, 2017). According to the American Association of College of Nursing Report from the Task Force on the Implementation of the DNP (AACN, 2015), programs should follow the Academic-Practice Partnership guiding principles developed by the AONE Task Force of Academic Practice Partnerships (AACN, 2012) to support students educational and practice experiences. These relationships are particularly important given the: (a) complexity of the health care environment, (b) growing number of DNP programs and graduates requiring academic—practice expertise and shared resources, and (c) need to provide students the

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opportunity for project planning, implementation, and evaluation (AACN, 2017; AACN, 2015; Staffileno, Murphy, & Carlson, 2017).

Background

While the DNP project is considered the culmination of DNP education, challenges exist with respect to: program quality, variability of the final scholarly product, and established criteria for developing and evaluating the final product (Dols, Hernandez, & Miles, 2017; Roush & Tesoro, 2018). Additionally, the growing number of DNP programs and student enrollment (AACN, 2017) adds concern for faculty who are working to develop DNP project guidelines and structure that balance faculty resources with the need to promote scholarly formation of all DNP students (Carlson et al., 2017; Murphy, Staffileno, Hinch, & Carlson, 2018). In 2015, the AACN published guidelines for the DNP project which is important for ensuring scholarly formation and rigor of this degree (AACN, 2015). However, there still remains wide variation related to the DNP scholarly project and composition of the project team (Carlson et al., 2017; Roush & Tesoro, 2018). This is troublesome given that DNP students require a practice site and support within the setting to develop, implement, and evaluate their project (Brown & Crabtree, 2013; Fitzgerald, Purath, Van Son, Duvall, & Eddy, 2017). Interestingly, very little is reported on the composition and effectiveness of the DNP project team. Carlson et al. (2017) reports that a team composed of the DNP student, two faculty members, and a facilitator (or practice mentor) within the practice site is an efficient and effective structure. However, we are unaware of any literature describing the experience and perceptions of the DNP facilitator/mentor. As we continue to evaluate and revise DNP curricula and DNP project guidelines, exploration of the facilitator role is important to further build and sustain relationships with realistic expectations and processes for clinical partners related to the DNP project.

As recommended by the Report from the Task Force on the Implementation of the DNP (AACN, 2015), the structure of the DNP project team may consist of one or more students, a PhD or DNP faculty member, and a clinical site facilitator, sometimes referred to as a practice mentor. The DNP facilitator may or may not be affiliated with the university and additional formal and informal facilitators may join the project team as needed. Recently, Dols et al. (2017) invited 257 DNP program directors to participate in a descriptive survey concerning faculty practices and challenges surrounding the DNP project. Of the 90 respondents, the majority of project oversight was provided by nursing faculty and outside members (35.6%), or nursing faculty and mentor/preceptor (21.1%). At our College of Nursing, in the Adult-Gerontology APRN program, the DNP project team is formed with two faculty members

and a facilitator/mentor (Murphy et al., 2018). The DNP facilitator has been identified as a key member of the project team to reinforce the collaborative academic-−practice link that is vital for promoting the advancement of both practice and education goals (Brown & Crabtree, 2013; Fitzgerald et al., 2017; Frantz, 2013), yet little is known about this important role. Therefore, the purpose of this study was to: (a) explore the DNP facilitator role by examining their experiences and (b) solicit facilitator feedback to better understand how to effectively and efficiently promote progression of DNP student projects.

Methods

Study Design, Sample, and Setting

This descriptive, qualitative study elicited insights, attitudes, and beliefs by collecting data from three focus groups. A purposeful sample of participants was eligible if they had experience with facilitating at least one Adult Gerontology DNP student project. Sample size was determined by the number of DNP facilitators with the intent to include 6 to 10 participants per one of the three scheduled focus groups (Carlsen & Glenton, 2011; Trotter, 2012). Focus groups were conducted at a large metropolitan area academic health system. This study received institutional review board approval.

Framework to Build Collaborative DNP Project Teams

Interdisciplinary and collaborative teams are essential to address the complex needs of patient populations in today's health care environment. Therefore a collaborative approach to understand these complex issues and to develop innovative and timely solutions require academic faculty and clinical provider cooperation. The focus group questions for this study were developed from the literature and followed a five-stage model of collaboration (Eaton, Gordon, & Doorenbos, 2017; Gitlin, Lyons, & Kolodner, 1994) which encompasses both team-building and social exchange theory constructs (D'Amour, Ferrada-Videla, Rodriquez, & Beauluieu, 2005; French & Bell, 1999). The model involves five stages: (a) assessment and goal setting, (b) determination of a collaborative fit, (c) resource identification and reflection, (d) project refinement and implementation, and (e) evaluation. These five stages were used to formulate our aims and focus group questions. Furthermore, these stages align with components of the DNP project as it evolves from problem identification to implementation and evaluation. Fourteen questions were developed based on each stage of the model (two to three questions per stage) and reviewed by this research team who has extensive DNP-related experiences and content expertise. A focus group script was

created that addressed the main aims of the study and contained the 14 questions.

Recruitment

A list containing the names of DNP facilitators meeting inclusion criteria was established and a recruiting e-mail was sent to 56 prospective participants. The initial email described the purpose of the study, estimate of time commitment, and an option to select one of three dates/times for attending one of three scheduled focus groups. A follow-up recruiting email, 1 to 2 weeks afterwards, was sent to DNP facilitators who had not yet responded to the initial inquiry. A response email from the investigators was sent as an Outlook invitation to confirm receipt of interest and provide focus group date, time, and location.

Procedures for Data Collection

Over a 2-day period, three focus groups were scheduled, one at noon and two in the late afternoon. Three days prior to the focus group, a reminder email was sent to prospective participants, this email included a copy of the informed consent so they had an opportunity to review the information again beforehand. Two focus groups were conducted in a classroom on the main campus of the university and the third focus group was conducted in a conference room at one of the health system's community hospital. These two locations were chosen to accommodate DNP facilitators work sites and meeting accessibility. At both locations, tables were arranged in a circular format to allow participants to see one another and foster a discussion-like atmosphere. Participants were encouraged to ask questions about the study prior to signing the informed consent. Participants were also asked to complete a demographic form requesting information concerning: their credentials, role at their organization/practice site, number of years as a DNP facilitator, number of projects they facilitated, and how they were identified as a DNP facilitator.

An experienced focus group facilitator (E.C.) led all three discussions to ensure consistency in delivery. The focus groups ran approximately 90 min, participants wore name tags and introductions were stated at the onset. The focus groups were audio-taped, and one investigator was designated as the scriber. Refreshments and a light meal were provided and participants received a $25 Amazon gift card and, if needed, a parking voucher.

Data Analysis and Interpretation

Focus group data were analyzed using the methods proposed by Krueger and Casey (2015), an approach we have successfully used in our previous work (Staffileno et al., 2017). For consistency, the same investigator scribed notes at each focus group, reviewed the audio recordings, and transcribed verbatim. To protect confidentiality, no participant names were included on the transcription. A classic approach for analysis was used that consisted of sorting and arranging the data by comparing and contrasting themes. As part of the initial step coding process, two investigators, who did not attend the focus groups, sorted transcript comments by question. This was done to ensure consensus and to minimize the possibility of interpretation bias. The second step of the coding process was done by placing similar labels on similar comments, thereby establishing categories. The coded data were discussed among the four members of the research team to further ensure a consensus that coding was representative of the experience studied. As part of the third step of the process, coded comments were cut and placed under respective questions. This facilitated determination on how much weight/emphasis to give to themes. Lastly, prioritizing analytic themes was done by clustering comments with respect to: (a) frequency—how frequent a concept was mentioned, (b) extensiveness—how many people mentioned the concept, and (c) intensity—how much passion or force was behind the comment (Krueger & Casey, 2015).

Findings

Thirty DNP facilitators responded to the invitation email indicating interest in participating in a focus group. Two DNP facilitators expressed interest, but had scheduling conflicts with the proposed focus group dates. Of the 28 DNP facilitators who were scheduled to participate, there were seven cancelations resulting from: (a) two were called into an emergent clinical meeting, (b) three were sick, (c) one had a location conflict, and (d) one failed to show up. A total of 21 DNP facilitators participated in one of the three scheduled focus groups with a corresponding breakdown of $n = 6$, $n = 9$, and $n = 6$, respectively. The participants were affiliated with the academic health system with two-thirds practicing in acute care and one-third in primary care settings. As shown in Table 1, nearly half of the

Table 1 – Participant Characteristics (*n = 21*)	
Credentials	
PhD, RN	3 (14%)
DNP	5 (24%)
MSN	8 (38%)
Pharm D	2 (1%)
Other	3 (14%)
Years as a facilitator	2.7 ± 2.1
Number of DNP projects as a facilitator	2.5 ± 1.5
Identified to be a facilitator by[*]	
Volunteered	13 (62%)
Assigned by leadership	4 (19%)
Recruited by Program Director	10 (48%)
Solicited or asked by the student	12 (57%)

Data presented as *n* (%) or mean ± SD.

[*] Categories not mutually exclusive.

participants were masters-prepared, had facilitated 2 years or more, and had facilitated at least two DNP student projects. Over half of the participants either volunteered or were solicited by a student to be a DNP facilitator.

Six broad themes emerged from the focus group analysis: (a) exploring student interest, (b) establishing a collaborative fit, (c) connecting with key stakeholders, (d) overcoming barriers, (e) role clarity, and (f) interaction. While these themes are not mutually exclusive, the first five themes align with components of the five-stage model of collaboration, and the sixth theme is interwoven throughout. A description of the themes and their subcomponents are presented.

Exploring Student Interests

The first theme that emerged relates to the time spent by facilitators to learn about students' interests, which offered an opportunity for assessment and goal setting, and often occurred over a series of communications. One facilitator described the initial meeting with a student where she spent most of her time. "I've had three students. In all three students I try to establish, what they want to get at and what they want to do. I feel that this is probably the most meaningful part of what I do." Another facilitator stated that knowing students interests was an important way to help identify a project. "I like to find out what their interests are and a potential project at my project setting." Facilitators often used open ended questions when first meeting students, as described: "When I meet with a student initially, it's to find out: 1) what is the big picture, 2) what are their interests, and 3) what are their thoughts about the project and what they may be looking into, so I can guide them down the right path and what their interests are related to. So it's nice, open-ended questions." Facilitators expressed value in learning student's interests and passions at the onset to foster the collaborative experience.

Establishing a Collaborative Fit

A second theme that emerged aligns with determination of a collaborative fit. Facilitators described that several components of this theme relates to the feasibility, scope, sustainability, timing, and evaluation of the DNP project. For example, one facilitator stated: "For me it's about whether the project is practical and practice able. Who are you going to rope into working with you to get the project done?" In other words, being realistic as to what was actually doable. Another facilitator commented that students sometimes come into the practice site with too broad or narrow a focus to meet the needs of the organization and/or patient population. Identifying the needs of a particular patient population is as important as "…what is feasible to do in two years?" As one facilitator expressed, "often times students don't have any idea what's

currently in place so they need help with the scope of their project."

Facilitators noted that timing of the DNP project was another key component of the collaborative fit. The timing of the DNP project was two-sided, timing for the clinical site and timing in relation to the students' program. Furthermore, in some cases the perception about the project timeline was divergent among facilitators. For instance, "….there are things in the institution that need to roll out now, but we don't have a year to get it done as a DNP project. Sometimes we have to move on something because we don't have time, it's time sensitive." Another facilitator expressed frustration "…because you are looking to impact change, but in my world, the change needs to happen now, it can't wait a year and half from now." In contrast, one facilitator perceived the project timeline as being too short, "…how will anything meaningful be done? It's not going to be anything meaningful given the length of time you have." With respect to students' timeline, one facilitator reported that students were concerned about graduating on time. This facilitator further described that "because they are going for the Acute Care DNP, the students make it very clear they need to stay on track to graduate, and they will. We help them to stay on track, they are all very motivated."

Another area identified as a component of the collaborative fit of the project pertains to sustainability. Facilitators described different experiences concerning how and when sustainability was addressed in relation to the DNP project. For example, "I like when the program pre-plans the next steps of the project and sustainability so that another student will take it to the next level, and the next level, or another part of the project." Another facilitator commented: "We try and build on projects to make them better and sustainable." "Some students get lost in the project and don't think about the future and only think about the now. We try and maintain parts of the project after they're gone but sometimes there isn't the oversight." Interestingly, sustainability often links with the feasibility and timing of the project. For instance, one facilitator described "sustainability happens when another student picks up the project…because the nature of the work they are doing is not going to be fully completed by the time they are done with the program." This was further conveyed when a facilitator elucidated that "…one semester is not enough for sustainability but I had three students which helped." In this instance, the facilitator described an experience with a project that continued because it was the focus of three consecutive students.

Project evaluation was identified as a component of the collaborative fit particularly in relation to "…identifying in the beginning what outcomes the student is trying to achieve." Facilitators illustrated the value of spending time with students about project evaluation and identifying metrics that were accessible at the clinical site. For example, one facilitator stated "having conversations with students about

what metrics to use, what evaluation tools, how to survey providers, how to survey staff? If you are going to do a project, you need to find out if it's working or not. If the goal is to roll something out to other units, then you first need to find out if the project is working and if not, why it's not working?" Facilitators also expressed the importance of considering process metrics, especially if a project is not fully implemented prior to a student graduating, or if one of the planned metrics is not captured for one reason or another. Process metrics provide some evaluative aspect of the project and facilitators expect something to be gained from a project as an outcome of the collaborative experience.

Connecting With Key Stakeholders

A third theme that emerged relates to connecting with key stakeholders and aligns with resource identification. Facilitators experienced a variety of approaches for linking students with stakeholders and resources, and viewed this as an instrumental aspect of the project by serving as a guide or conduit for information. For example one facilitator commented: "I would usually do it via email, like hook them up with someone and copy them on the email and say, I am copying the student, and this is what they need, would you help?" Furthermore, one facilitator "…would introduce the student to the director of nursing at the facility or person she would be working with." This facilitator further described the experience as: "… being a bridge or facilitating those initial meetings and introductions and talking about this exiting DNP project." Another facilitator described the process as: "…getting on agendas and meetings might have an impact on whether their project is successful … and introducing them to committee chairs and stuff like that to facilitate moving that through." Advising students about key stakeholders and where to access data was further illustrated by a facilitator saying: "Having that institutional savvy piece, like knowing who to connect them with. I think it's a big piece of this role, like how to find the data, what committees they need to connect with early on has been important." This view was further supported by another facilitator expressing: "There is a ton of data in Epic, it's getting to the right person who can help mine it' and 'pointing them in the right direction."

In some instances, there were misperceptions concerning stakeholders and available resources for implementing a project as described by one facilitator: "Students came with the solution but not the problem. We had to back them up and identify the problem and do that environmental scan. In some cases, the unit could not take on the problem …the student needed to first understand what they were going to do and meet with the unit director to understand what they were implementing, was it a survey, education, or bringing in a new ventilator? Seemed like the expectation of the student surpassed what the unit could provide in terms of the timeline and how they approached it." This experience was further highlighted by another

facilitator reporting: "Seems that every student wants to do a survey of the nurses and the nurses get so overwhelmed." Facilitators agreed on the importance of making those initial connections and guiding students to what resources may or may not be reasonable given the context of the environment.

Overcoming Barriers

A fourth theme that emerged relates to overcoming barriers. Facilitators described this process as an opportunity to address challenges that emerge during the project and guide students to move forward, in other words, project refinement. Facilitators reported experiences in which they coached, intervened, and/or provided emotional support as part of this process.

One facilitator described her experiences with coaching students as pointing out the barriers before they happen: "There is an etiquette about the project that you need to consider. Identify the key stakeholders ahead of starting the project. Meeting with the unit director. Who are the people who are key resources? If you are going to write a policy, need to talk to the policy committee, and realizing how long things will take." Another facilitator explained: "I try to help them reflect, and certainly help if there is a piece of the project that they are not able to solve. For example, looking at who they should reach out to and how they can be more specific. I try to make suggestions if some of the data, in my mind, are off or if I have a question." Coaching students was further described by this facilitator as: "I went to the presentations and focus groups the student was doing and then we met afterwards. When it was determined she wasn't getting what she needed, we tweaked. We talked about rewording a few things."

In some instances, facilitators took a more active role to help students overcome barriers, as reported: "I had to intervene with the staff on a couple of projects because they were not respecting the student enough, in terms of, they didn't buy into what the student was implementing, so I had to bring them together." Another facilitator stated that sometimes it is intervening on the student behalf: "For example, it may be just sending a simple email to someone and they say back to me, oh yes I just forgot. So it's just a simple thing." Often facilitators expressed being a champion for their students' project. One facilitator described: "I try to break the barriers for them. I try to lead the way, overcoming hurdles with implementing and evaluating projects. There is nursing buy-in, physician buy-in, and pharmacy buy-in. There is multidisciplinary buy-in and this project is needed so I try to facilitate that for them, be a champion for them." Sometimes tackling barriers involves serving as a mediator between staff and students as reported by this facilitator: "I had to teach the student to have an appreciation for peoples' jobs. You can't expect staff to fill out a four page survey on heart failure. The student met a lot of resistance so I had to play the mediator."

Through various phases of the project, facilitators described students as feeling overwhelmed and requiring additional support and reassurance. One facilitator commented: "I had one student who wanted to throw up her arms and cry, we had to go back to her advisor and try to get her back on track." Another facilitator explained: "A lot of what we do is that emotional support. I try and explain that on papers there may be rewrites." Another facilitator stated: "I agree, if there is a lot of emotional support. Some students feel like they are behind and that they don't have enough data. I tell them, no you have just as much as you need and try to work with the process and it will work out."

Role Clarity

A fifth theme that emerged relates to role clarity which includes role expectations and realizing project outcomes. In essence, this theme aligns with evaluation of the collaborative process and determining whether project outcomes were reached. Several facilitators commented about the functions of the project team and noted the importance of roles as evidenced by the following: "Defining the role and the responsibilities of the facilitator so there is greater understanding of what the facilitator does, what the advisor does, what the student does." "I would like better expectations of the role so I can be helpful and guide the student. I want to make the student successful." Facilitators wanted a better understanding of the DNP curriculum and student expectations, as illustrated by the following comments: "I think there is a lot of confusion on the role of the facilitator. Without the background of the curriculum, courses, and what's expected at the end of the semester, it's hard to know how to guide them and if we should speed up or go back a little bit. It is concerning that projects are so variable with some having rigor and others don't." Furthermore, at the beginning of the partnership, facilitators felt it would be beneficial to have more structure around timeframes and expectations about the final product so they could guide students. One facilitator commented: "It would be helpful to know what the end result should look like, is the final product a paper? What does it look like so I can help get the student there?" Several facilitators expressed that DNP projects were overall successful with impactful outcomes. One facilitator reported that several student projects were still in place with improved outcomes at the clinical site, as noted: "I had a great student that implemented a music project that has dramatically impacted clients."

Interaction

Interaction was the sixth and final theme that emerged from the data and was consistently integrated through many aspects of the facilitators' experiences. Components of this theme were characterized as interactions between facilitator and student, and facilitator and faculty. Facilitators described their interaction with students in three ways, regular, evolutionary, and informal. One facilitator stated: "At the beginning I set out expectations and set up regular in-person or via email communication. Most of my students are employees so I may see them. I do set that as an expectation for frequent communication, email and in-person to get regular updates." Another facilitator expressed: "The most successful students, we meet at the beginning of the term and outline a plan." In comparison, interacting with students fluctuated depending upon phases of the project, and facilitators referred to this pattern as evolutionary. For example, one facilitator commented: "I think meeting times change as we go through different phases of the project. As we've gotten to the results section, then we meet more regularly." Another facilitator stated: "I think it tends to be evolutionary. When we sit down and talk about what they want to do, here is the next step you need to take and when you get that done, then we need to meet." Some facilitators expressed there were periods of gaps or informal interaction with students as reflected by the following: "I feel like the student was there initially and then there were gaps." "Seems like there are a lot of gaps. So the upfront time was really concentrated but once the project was going, we didn't have regularly set up meetings." A number of facilitators felt that it was the student's responsibility to initiate communication.

Facilitators also described their interactions with faculty as regular, variable depending upon the student, or minimal. With respect to regular faculty interaction, facilitators reported the following: "The faculty on my projects call in and participate in the meetings." Some faculty are very involved. "We've been real clear that the student should include everyone involved so they are in the loop and people aren't missing pieces of the project." "We've had faculty sit in on the initial meetings … so there is more interaction." Other facilitators described their interaction with faculty as variable and often dependent upon student circumstances. For example, one facilitator reported: "There was one instance with a student in which I needed to speak with an advisor because the student was struggling." Another facilitator stated: "I recently had a phone call with the advisor just because the student had some questions and so we could all be on the same page. Other than that, I hadn't had any prior contact." Some facilitators experienced minimal interaction with faculty but expressed the desire for more involvement as a team, as evidenced by the following comments: "It would have been helpful to have that initial touch point with faculty." "My interaction varied a lot. A couple advisors would check in with me. Most of the time, however, only one or two contacts." Some facilitators described faculty interactions were primarily through emails. One facilitator reported: "Usually I don't have any contact with the advisor directly… but keeping everyone in the loop is important, especially with the facilitator and stakeholders on the projects so there isn't any circling back."

Discussion

The intent of this study was to explore the role of the DNP facilitator. We are not aware of any other report describing the DNP facilitator role and experiences. This study has the advantage of being based on Gitlin et al. (1994) five-stage model of collaboration which connects our findings with the how and the why of collaborative relationships. Furthermore, this information is important for strengthening collaborative experiences for our DNP students and clinical site partners. We observed several important findings and aim to provide recommendations to strengthen academic−practice relationships.

First, establishing a collaborative fit was identified as an essential aspect of the DNP facilitator role and experiences. Factors such as feasibility, scope, sustainability, timing, and evaluation of a project are important for the success of academic−practice relationships as well as the students. Our findings suggest DNP facilitators are instrumental in navigating both the project focus and structure, and in building open communications within the clinical environment. These activities are crucial to ensure students' successful integration within the practice site. Timing of the project and proposed implementation is an important consideration for facilitators and has been noted in the literature (Brown & Crabtree, 2013). Dols et al. (2017) reported that finding clinical sites for students to implement significant practice and policy changes over a specified timeframe can be challenging. This relates to identifying mutual interest among project team members and determining whether collaboration is feasible (Eaton et al., 2017; Gitlin et al., 1994). One strategy to ensure a collaborative fit may be through establishing a list of predetermined projects at the clinical sites, which ultimately meets the needs of both the clinical site and students' academic requirements. Literature reinforces the importance of collaborating with practice partners to identify problems with tangible links to clinical, quality or strategic issues (Brown & Crabtree, 2013; Carlson et al., 2017; Frantz, 2013). Additionally, Dols et al. (2017) recommends engaging practice sites and facilitators early on in the students' program to help with identifying projects.

Second, role clarity was identified as a significant factor impacting the collaborative relationship. It is interesting to note that facilitators desire more information about the expectations of their role, students' courses, and of the DNP project. Furthermore, they want to participate in proposal and final presentations. Our Adult-Gerontology program directors were cognizant of facilitators' busy clinical schedules, therefore by design, the amount of information conveyed was streamlined to avoid overburdening them. Inviting facilitators to participate in student proposal and final presentations is one strategy to engage them in DNP key milestones. Another strategy is to offer a facilitator orientation that includes the DNP project guideline, curriculum, student timeline, and expected learning outcomes. Perhaps such an orientation could be offered through an online module to afford greater convenience and a blog or discussion board could be included to create a sense of community and connectivity among facilitators. As mentioned by Gitlin et al. (1994) the collaborative process requires an understanding of team roles and expectations. The sense of differentiation of individual contributions to the team fosters a culture that supports collaborative partnerships. Our findings indicate that facilitators want to be evaluated to have a sense of how they are doing. In essence, this is a reflective process that would strengthen facilitator knowledge and improve the collaborative process. Similar to onboarding clinical preceptors, perhaps dedicating resources to ensure project facilitators have a formal orientation and ongoing evaluation is warranted (Frantz, 2013).

Third, interaction was a dominant construct having an influence on facilitators' experiences. The interactions occurring among facilitators, students, and faculty form the basis for understanding the exchange and negotiation that transpires as part of the academic−practice partnership. Our findings confirm the importance of these interactions, because at the core of this partnership, a reciprocity emerges as part of the process, which ultimately leads to beneficial outcomes for all individuals (Gitlin et al., 1994). With faculty and facilitator guidance, students develop clinical inquiry competencies and translation of evidence to practice settings (Brown & Crabtree, 2013; Eaton et al., 2017; Magyary, Whitney, & Brown, 2006; Volkert & Johnston, 2018). Importantly, negotiations ensue during the process to maximize student experiences with resultant benefits for practice sites, such as developing solutions to clinical practice questions. Recommendations to further strengthen the academic−practice partnership includes: developing regular and structured meetings throughout the term with project team members; establishing more communication between the faculty and facilitator prior to accepting the student at the clinical site; creating a formal evaluation of the student or check-point at mid-term and at the end of the term with project team members. Having structured interactions with facilitators has been reported as an approach to effectively evaluate students' progress of the project and performance at the practice site (Fitzgerald et al., 2017).

Limitations

While our study provides unreported insights and experiences about the DNP facilitator role, there are limitations to note. First, the sample size is relatively small. Second, the perspectives presented reflect experiences with one college of nursing, and among Adult Gerontology DNP facilitators. While some of these facilitators may have partnered with graduate students from other institutions, the majority are affiliated with our academic health system. Resultantly, our study only focused on our college of nursing

academic−practice relationships. While these factors may limit the generalizability of our findings, it should be noted that facilitators were of varied disciplines, which contributes the richness of our findings.

Conclusion

We found that the facilitator role is a key member of the project team. Although we had assumed this to be the case, receiving confirmatory evidence was enlightening and demonstrated the numerous actions and influences provided by the facilitator that result in successful student learning. The importance of the facilitator, as the student develops, implements, and evaluates their DNP project, cannot be overstated. This work supports this statement (AACN, 2015) indicating the significant role played by the facilitator in the DNP project process. Furthermore, facilitators have a pivotal role in within the academic−practice partnership to promote positive outcomes for both DNP students and clinical sites.

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Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.out look.2019.01.005.

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