During this period our efforts have been focused on **Objective 4: Mentor research nurse and community partner interactions to prioritize health needs of targeted populations and expand stakeholder representation.** Over this period we transitioned from bi-weekly meeting with the full group of CBRN research nurses to monthly meetings with smaller specialty focused coalition groups. In addition we have introduced online sessions to augment our mentoring sessions.

**Bi-Weekly Mentoring Sessions with all Research Nurses (Summer 2016)**

Since our Summary report in July, we continued the planned bi-weekly mentoring sessions using videoconferencing technology with the entire CBRN research nurse group through August. These large group sessions focused on sharing findings from the community assessments, comparing and contrasting findings across geographical locations and clinical interest areas, as well as working collaboratively to identify stakeholders to target for emerging Coalitions. Table 1 includes more detailed information regarding the mentor-facilitated meetings and goals to be achieved at each step.

<table>
<thead>
<tr>
<th>Session Topic</th>
<th>Agenda</th>
<th>Group Tasks</th>
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| Emergent Coalitions from Community Assessments | • Round Robin re: Community Assessment Summaries  
• What did you find? What are the top health needs in your communities?  
• What did you learn? What was unexpected?  
• How has this informed your thinking? | • Finalize interest areas, form groups  
• Begin to identify key community stakeholders, similarities and differences between your communities in the prevalence, etc. related to this problem  
• Next step: Incidence and prevalence of the health concern, services available to address, geographic boundaries for your group, linkages outside the community that will be necessary – who and how important are they? |
As these sessions progressed, the research nurses were guided in forming definitive Coalition groups around areas of community need. Specifically, Coalitions were formed to address the following health needs across the state: end of life/palliative care; opioid epidemic; healthy aging; women’s health; veterans’ health; mental health; healthcare access in underserved populations, joy in work issues among direct care providers; and using simulation in clinical and research settings. At the conclusion of these bi-weekly sessions, a face-to-face meeting with the full group was held in August to set the scene for reorganizing into smaller specialty interest groups for future mentoring sessions.

In-Person CBRN Meeting – all research nurses (August 26, 2016)

The Establishing Community Based Research Networks project was highlighted at the faculty meeting of the Penn State College of Nursing. This meeting includes all faculty from all campuses of the College of Nursing (n=~100 faculty members). A brief overview of the project and call out to the article published in the CON magazine (page 9) as presented by PD Penrod. Then, each participating research nurse was recognized for participation. This venue promoted the research nurses’ coalition building work to the full faculty of the CON from all campus locations across the state. Perhaps more importantly, public recognition among peers generated enthusiasm and pride in project accomplishments.
We were able to arrange a break-out session for a meeting of the CBRN team. The agenda for the CBRN meeting included:

1. **Reporting participation**: We were concerned that the research nurses’ participation in the CBRN project may be misconstrued as a continuing education endeavor. We created and disseminated standardized entries for the reporting system used in the College and for entry on the curriculum vita in order to highlight both continuing/professional education accomplishments and participation in research. This approach promotes equity among members and accurately reflects participation.

2. **Regional Needs Assessments**: Regional summaries were created by the research nurses to highlight their geographic community. These summaries are being edited for posting on the CBRN webpage of the College of Nursing.

3. **Process for Forming Coalitions**: A major portion of this meeting was spent in a discussion of the process for forming coalitions. The objective of this session was to establish expectations as the Coalition group mentoring sessions were launched. This phase of the project was noted as a pivotal point during as the focus shifted from geographic communities to communities of interest. (see Figure 1, next page). We found that creating a visual roadmap and walking through this process generated confidence and greater clarity among the research nurses. Many have marked their progress and next steps according to this flowchart during subsequent mentoring meetings.

4. **Meeting Schedules**: The process for determining coalition group meeting schedules was discussed. Specialty-focused coalitions include: end of life/palliative care; opioid epidemic; healthy aging; women’s health; veterans’ health; mental health; healthcare access in underserved populations, joy in work issues among direct care providers; and using simulation in clinical and research settings. (Note: these are referred to as “coalitions” or “coalitions groups.”) We required that each coalition coordinated members’ schedules within the group to determine best days/time in order to foster a sense of collaboration. This approach resulted in streamlined communications and eased scheduling with Co-Leaders Penrod and Hill.

5. **Upcoming Events**: A brief discussion regarding the Community Partner Training (originally slated for February 2017) ensued. The group expressed concerns that progress in coalition building would be delayed over the holidays and February may be early. In addition, concerns regarding winter travel were expressed. This discussion prompted our subsequent decision to delay the Community Partner Training until late March/early April. This delay will not affect deliverables and is necessary to promote attendance at the event.
CBRN Coalition Building Process
(Fall 2016)

1. **Group work:**
   i. Focused talking points for all group members—key messages re: issue
   ii. Identify range of potential stakeholders—types of people (not names)/roles
   iii. Social Ecological Model will guide network considerations (Individual → Close relationships → Community settings → Societal factors)
   iv. **Focused needs/research questions are not formulated yet—this is done with the coalition members**
   v. **All coalitions must have patients/consumers represented (think treated patients, caregivers, community groups, support groups)**

2. **Individual work:**
   i. Augment talking points with community specific points
   ii. Attach names to the stakeholder roles
   iii. Determine key stakeholders in your region (e.g., who is influential in this arena? With whom do you have relationships that would facilitate access?)
   iv. **No contact yet—this is thinking/planning work**

3. **Group re-convenes:**
   i. Revisit the stakeholder network:
      1. Are key stakeholders represented across the network of communities?
      2. Do any members have options to fill these slots?
      3. Have new stakeholders been identified?
   ii. Confirm contacts expected of each member/set timeline
   iii. Review messaging
   iv. **Make contact**

4. **Initiate Relationships with community partners:**
   i. Schedule introductory meeting
   ii. Introduce: CBRN project (we will provide talking points); Yourself; Your area of interest
   iii. This meeting is exploratory—get to know the stakeholder—ask questions about their services/role/insights surrounding your issue
   iv. **There is no firm ASK—**
      1. If you think this person would be a great contributor/partner—it is fine to ask if s/he would be interested in continued conversations (but no promises yet)
      2. If you do not think this stakeholder is ideal for the coalition or they say they cannot commit to anything new—express thanks for insights and ask if you may stay in touch as the project develops in case they can contribute.
   v. Stakeholder analysis: names/roles/evaluation
   vi. Examine potential contribution to coalition
   vii. Re-examine messaging...new questions
   viii. Plan subsequent meetings....build relationships to engage partners in February training session

5. **Group re-convenes to report on individual meetings/ discussion configuration of coalition**
Monthly Mentoring Sessions with Coalition Groups (Fall 2016)

Beginning in September, all Coalition groups met with their mentor (either J. Penrod or N. Hill) for monthly videoconferenced sessions, in addition to their own independently-held meetings with the Coalition and community stakeholders or groups. Mentored sessions were held monthly. A standardized agenda was used to coordinate mentoring meetings.

Meeting 1: Articulating the Shared Vision (September)

Since this was the first coalition group mentoring session, roles were discussed. The mentor’s role (Penrod & Hill) was described as: stimulating ideas, thinking and action; providing guidance to meet project objectives; supporting individual development; and providing additional consultation as needed. The discussion then focused on the specialty coalition members’ roles and expectations. Given the geographic dispersion of members, the coalition groups provide a platform for sharing best practices, discussing challenges, and stimulating new ideas. This approach was best illustrated in a discussion of the complement of stakeholders identified for the specialty, as peers worked together to extend/refine their conceptualization of potential partners.

Online Session 1: Elevator Speech & Social Ecological Model

In preparation for the next mentoring session, the research nurses completed independent work on crafting an elevator speech and understanding the Social Ecological Model. The instructions for the exercise follows:

All:

There are two topics that we would like you to review prior to our next Mentoring Meeting. These are not onerous reviews, but are critical to your progression.

ELEVATOR SPEECH: Please review two short write-ups on Elevator Speeches or Pitches. You will find that the messages are parallel, but worded a bit differently:

The first is by MindTools, available at: https://www.mindtools.com/pages/article/elevator-pitch.htm

The second review was published in Graduate Connections Newsletter [http://www.unl.edu/gradstudies/current/news/articles], from the University of Nebraska-Lincoln—thanks for sharing, Mike Evans.

We also call your attention to a YouTube video by Michelle Golden (https://www.youtube.com/watch?v=2N03L6OaxeE ).

This TEDx Talk helps you to think more broadly about interacting with others without pushing your commercial agenda and prompting a wall of dismissal. We believe this presentation is valuable in highlighting some key features of the larger interactions and relationships that will be useful as you progress.
2. SOCIAL ECOLOGICAL MODEL (SEM): This framework is useful in thinking about the network of stakeholders associated with your area of interest. A short YouTube video provides a nice overview (https://www.youtube.com/watch?v=3UsVD17mZ4U). The video is brief, but relevant to our work.

ASSIGNMENT: Prior to the next meeting, frame your elevator speech around your coalition interests. We will set up a few different scenarios and ask you to make your “pitch” or initiate a relationship in a very short time frame. Each person in your coalition group will be asked to perform their pitch during our next call.

Regarding the SEM—think on this. We will be discussing your stakeholder network and hope that this model will help you think broadly. This does not mean that you need a coalition member from each segment of the model—you just need to think about the relationships inherent to your area, for now or for the future.

As always, we look forward to seeing/talking with you soon during a regularly scheduled mentoring meeting. If you need anything in the meantime, please be in touch with either of us.

Best,

Janice and Nikki

Meeting 2: Talking Points and Stakeholders (October)

At this session, we focused on elevator pitches/speeches. We used role-playing to provide each research nurse an opportunity to give her/his elevator speech and critiqued the performance. Key points were clarity of messaging, enthusiasm, and brevity. We focused on using this strategy to open communication and connect with a potential partner. Following the individual responses, the group discussed key talking points related to the specialty coalition. Next, we transitioned into a discussion of stakeholders organized around the Social Ecological Model. Contacts with potential community partners have begun and members reported on these introductory meetings. The Process for Building Coalitions (described above) was reviewed to coordinate the members’ progress, particularly initiating relationships with community partners.

Meeting 3: Open Session on Introductory Meetings (November)

This session focused on the members’ initial contacts with potential community partners. Introductory meetings with key stakeholders were held and experiences were shared. This session maximized the effect of group mentoring as peer influence supported and stimulated each member’s progress to date. Based on these introductory meetings, the stakeholder analysis was revisited to review the composition of emergent coalitions. It was recommended that each coalition group have 6-8 participants to begin the next phase of the study.

Online Session #2: Comparative Effectiveness Research
Good morning everyone,

During our May conference we introduced Comparative Effectiveness Research (CER) and its importance to the PCORI mission. For our independent study this month, we’re going to focus on developing a more in-depth understanding of CER and its potential role in your Coalitions.

Tufts Clinical and Translational Science Institute (CTSI) has excellent resources for engaging community stakeholders in CER. Please plan to fully review this content prior to November 30th. In addition to using this information as you connect with stakeholders, you will adapt it in order to educate stakeholders at our spring conference.

1. Visit Tufts CTSI website (http://engage.tuftsctsi.org/index.htm) and re-orient yourself to CER and its role in translational science.

Click on the Learning Modules tab and review all components (What, Who, Why, Where, & How) of the Overview Module.

Pay special attention to the HOW section which focuses on engaging stakeholders.

Discuss in your Coalition group how you might refine your current engagement strategies based on this content.

2. Return to the Tufts CTSI website (http://engage.tuftsctsi.org/index.htm) and click on the ILEARN link at the top left.

Register for the Tufts CTSI interactive education website.

Many video courses are available here. For now, please choose "Comparative Effectiveness Research (CER) Survey Course."

View the Unit 1: Introduction Video (click the Non-CME button next to this course to access the video).

What’s Next?

- November/December Coalition Mentoring meetings (if you have not yet organized this meeting with your Coalition and mentor, please do so ASAP)

- Quarterly Learning Needs Assessment and Social Network Analysis forms to complete will be sent on November 30th and must be returned before the end of the semester

We look forward to talking with you soon during our mentoring meetings. If you need anything in the meantime, please be in touch with either of us.

Best,

Janice and Nikki

**Participation:** All research nurses have participated fully in the mentoring sessions during this period. Excused absences were very infrequent and in these cases, individual follow-up sessions were held with other collation members or the mentor.
Summary

Our project has transitioned from preparation to action in this period. Preliminary project activities prepared the research nurses to understand community engagement and processes of forming coalitions. The research nurses identified their specialty interests and we clustered them in specialty-focused groups to guide the formation of community-based coalitions. Mentoring has shifted from the full CBRN research nurse group to targeted sessions with each coalition group. A full complement of stakeholders has been identified; potential community partners identified; and introductory meetings are in progress. Enthusiasm and excitement continues to be robust—these nurses are emerging as confident leaders.