



Questions & Answers

PCORI in Practice Webinar Series: *Patient & Stakeholder Engagement in Research: Engagement Challenges, Strategies, and Resources*

Q: How did you represent the management point of view, such as scheduling, supervision, pay, and so forth that might affect burnout?

Dr. Michelle Salyers, Principal Investigator (Transcribed):

In both sites, we had senior leadership on the research team, so they were involved in helping support clinicians to be involved. We also built in some payment to both sites to account for the time that clinicians were spending on going to the research training, being involved in the training, and filling out the questionnaires so that each of the agencies would have reimbursement for that so that they, as organizational leaders, would feel like they could encourage all of their staff to participate.

Tim Gearhart, Clinician Stakeholder (Transcribed):

I know a lot of the findings were directly reported to executive level leadership so they were taken into account when developing policies and procedures that directly impact staff. So, [the research findings] really were woven into conversations about policy and the organization.

Q: To the awardee and partner, how did you get connected and decide to be engaged for your topic of interest?

Jean Benzinger, Study partner (Transcribed):

We [Jean and her son] were at a clinic visit at Children's Hospital, and we were approached by our endocrinologist to take part in it.

Q: Who did you find to be good facilitators at your stakeholder meetings?

Dr. Michele Salyers, Principal Investigator (Transcribed):

For the Indiana site, we did not have a separate facilitator. We didn't have an advisory board that was separate so our research team meetings included all of the stakeholder partners and researchers and, typically, our project manager attended with the agenda and would get things started. So we didn't have an official facilitator.

PCORI in Practice Webinar Series: Q&A

During the webinar's Q&A session, panelists responded to audience questions, which are transcribed here. You will also find additional responses to questions that were not answered during the webinar. To view the full webinar, including the Q&A portion, the recording is available: [here](#).

Featured Projects:

[The Impact of Burnout on Patient-Centered Care: A Comparative Effectiveness Trial in Mental Health](#)

- Michelle Salyers, PhD (Principal Investigator)
- Tim Gearhart, MSW (Clinician Stakeholder)

[Family-Centered Tailoring of Pediatric Diabetes Self-Management Resources](#)

- Elizabeth Cox, MD, PhD (Principal Investigator)
- Jean Benzinger (Parent Advisory Board Member)



Dr. Elizabeth Cox, Principal Investigator (Transcribed):

We did have an advisory board- multiple ones. We had a diverse array of people with specific expertise in the type of stakeholder engagement population we were looking for. For example, with our kids and teenagers, we were able to partner with a child life specialist at both of the two participating Children's hospitals, who facilitated that. On our Executive Board, we had a member of the research team who had skills and experience in this area so she facilitated those. Then, with our adults we had some experts in adult education design and facilitation who helped us with that. Overall, we had a former event planner and project manager who facilitated the organization of all of those meetings.

Q: In a typical research project, is there an individual playing the role of Project Manager?

PCORI response: Yes, research projects typically have at least one director, manager, and/or coordinator. Increasingly, projects have staff dedicated to engaging research partners. Half of PCORI awardees report that a research partner (i.e., patient and/or other stakeholder) is a co-investigator. Nearly 90% of awardees report engaging partners as research team members.

Q: What strategies were successful to help accommodate childcare needs and transportation?

Dr. Elizabeth Cox, Principal Investigator:

Each of our advisory board meetings was planned about 4-6 weeks in advance. Our advisors preferred this process because it allowed accommodation of their varying schedules and planning for childcare needs, such as arranging a play date during the meeting time. To achieve this planning, our engagement coordinator polled the advisors via email. In addition, many families had both a child on an advisory board and a parent, which reduced need for childcare and for additional trips to meetings. Meeting locations had available, convenient, and free parking. These locations were chosen based on familiarity (e.g., near the diabetes clinic) or as central locations that minimized travel burden. Prior to the start of the meetings, research staff ensured the advisory board compensation would cover the cost of travel. During study activities, research staff also provided entertainment such as age-appropriate games on iPads for other children who may come along.

Q: Are there any resources that could be shared to "contractors" for awarded projects?

PCORI response: For resources shared within this webinar, please see slides 48, 50, 51, 53, 59, 61, 62 within the [PDF version posted on PCORI's website](#). The Engagement page of the PCORI website has additional resources found here: <https://www.pcori.org/engagement/what-we-mean-engagement>

Q: Where can we learn more about the BREATHE project tools/resources that we might be able to use?

For more information on training materials, please contact Dr. Michelle Salyers at mpsalyer@iupui.edu or Gary Morse at gmorse@placesforpeople.org