

Before We Expand

A Community Partnership Decision

STUDENT PACKET | 90-minute leadership simulation

Original fictional teaching case. All organizations, people, figures, statements, and outcomes are invented. This is not a report of a client engagement, a public-health intervention, or measured student results.

The decision

Bridgewell Connect is a fictional nonprofit offering nonclinical information sessions about local health and community resources. An eight-week pilot at one site reached 60 unique adults. A voluntary follow-up survey received 18 responses; 12 respondents reported feeling clearer about a next step. There was no baseline survey or comparison group. No completed referrals, improved service access, or health outcomes have been measured.

A funder is considering a grant of up to \$24,000 for the next eight weeks and prefers expansion to three sites. The grant is not signed, no money has arrived, and the funder representative cannot approve changed terms alone. The nonprofit's board must authorize the final plan.

Operations has 160 coordinator hours available across those eight weeks. A community liaison has heard requests about translation, session times, and transport from three residents. These comments identify questions to investigate; they are not a representative survey or consent from everyone affected.

Options for the next eight weeks

Option	Total cost	Coordinator time	Access support included
A: Three sites	\$24,000	216 hours	\$1,000
B: Two sites	\$22,000	152 hours	\$4,000
C: One site + redesign	\$12,000	96 hours	\$3,000

All options cover the same next eight weeks. Costs are total program estimates, including the listed access-support budgets and coordinator costs; do not add those budgets again. Hours are coordinator time, not total organization staffing. Any unused grant allowance is not automatically unrestricted cash. Options B and C require the funder to approve a different scope. No option has yet been authorized.

Your task: Recommend expansion with conditions, redesign, or delay. Explain whose input can change the decision and what must be settled before a commitment.

PRACTICE ROLES & SHARED FACTS

Everyone sees the same case facts. No role has secret information, and no new facts are released later. Use questions to learn priorities, not to invent money, staffing, or permission.

Project lead

Facilitate the conversation and recommend a plan to the board. Ask each participant about a constraint, state a tradeoff, and identify what still requires agreement. You cannot sign the grant or assume that silence means consent.

Funder representative

You value timely delivery and initially prefer three sites. You can take an alternative to your grants committee, but cannot promise approval or money. Ask what a smaller plan would test and what evidence would justify expansion.

Community liaison

You spoke with three residents about translation, timing, and transport. Do not claim to represent every resident. Ask who has not been heard, how they can participate, and how their input could change the plan.

Operations coordinator

The available capacity is 160 coordinator hours over eight weeks. Explain the staffing implications of each option. Do not invent volunteer labor, extra hours, or a cost-free workaround. Ask who owns scheduling, access support, and follow-up.

Observer

Record one question in the project lead's words, the answer, and what the lead did with it. Note one evidence limit and one next action. Give specific feedback about behavior, not personality. You are not the grader.

How the rotations work

Use groups of five. Across five eight-minute rounds, everyone takes every role once. Each round has four minutes of conversation, two minutes of observer feedback, and two minutes to rotate. The project lead should hear from the three stakeholder roles. Unresolved disagreement may remain; a useful next step does not require pretending to have consensus.

An equivalent written-dialogue activity may be arranged with the instructor. No one must disclose a private workplace or health experience or speak for an identity group.

INDIVIDUAL ASSIGNMENT & FEEDBACK RECORD

Prepare, practice, revise

Before class: Read this packet. No written initial response is due in advance. At minutes 0–8, write up to 100 words and two clarifying questions. Keep the draft so you can compare it with your revision.

Within 48 hours: Submit an individual implementation brief of up to 300 words, a reflection of up to 100 words, and the observation record from your turn as project lead. Include your recommendation; evidence limits; a staffing and funding check; missing voices; an action, owner, and review date; and one objection you addressed.

In the reflection, identify a question, its answer, and one change after feedback, or explain why your original choice remains defensible. Group practice supplies feedback; it is not a shared grade.

Observer record

Project lead / observer / round:

Question asked:

Answer received:

How the project lead used that answer:

Evidence limit kept visible:

Next action, owner, and review date:

One strength and one revision to consider:

What will be assessed

Evidence accuracy 20% | Inquiry and responsiveness 25% | Power and participation 20% | Feasibility and accountability 25% | Revision and reflection 10%. The instructor uses the same criteria for different defensible recommendations and for an agreed written alternative.

Assess the work, not confidence, accent, speaking speed, or agreement with the instructor. Practice drafts receive feedback. When used in the proposed course, the final case brief is the implementation-brief portfolio component, not a second major assignment.

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INSTRUCTOR GUIDE | Use with the separate student packet

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Learning objectives

- Distinguish reported feedback, participation, and demonstrated outcomes.
- Ask a useful question and show how the answer affects a recommendation.
- Identify who controls a decision, whose voice is missing, and how participation can be broadened.
- Compare a plan with cash, staff capacity, and approval constraints, then assign a next action and review date.

90-minute facilitation plan

Time	Activity	Facilitation
0–8	Initial position	Each student writes up to 100 words and two clarifying questions in class. No initial written submission is required before class.
8–18	Evidence and feasibility	Pairs check the survey denominator, compare hours with the 160-hour limit, and identify which approvals remain unresolved.
18–24	Prepare roles	Form groups of five. All roles share the same facts. Choose questions; do not invent additional case facts.
24–64	Five practice rotations	Each eight-minute round uses four minutes of conversation, two of observer feedback, and two to rotate. Every student takes each role once.
64–80	Individual revision	Draft an implementation brief with a condition, action, owner, and review date. Address an objection and identify one change after listening.
80–90	Debrief and exit ticket	Compare contrasting recommendations. Ask which constraint remains and what evidence would change the decision. Final work is due within 48 hours.

Timing: $8 + 10 + 6 + 40 + 16 + 10 = 90$ minutes. Share only the student packet for preparation; keep this guide for facilitation. The 90-minute demonstration can span meetings if the program's contact schedule requires it.

ANALYSIS & ONE DEFENSIBLE RESPONSE

Check the evidence before choosing a plan

- $18 \div 60 = 30\%$ survey response. $12 \div 18 = 66.7\%$ of respondents reported a clearer next step, not 66.7% of all attendees. The 12 reports equal 20% of attendees, but nonresponse is not a negative response.
- The survey is voluntary and has no comparison or baseline. Reported clarity does not establish completed referrals, improved access, or a causal health benefit.
- Option A exceeds available coordinator time by 56 hours ($216 - 160$). Option B leaves eight hours; option C leaves 64 hours. A small remaining buffer is not proof of delivery resilience.
- All stated cash estimates fit within the \$24,000 ceiling, but the grant is unsigned. B and C need revised terms; A still lacks staffing. Access-support costs are already included. No option is an unconditional ready-to-launch plan.
- Budgets and hours are planning assumptions, not predictions of impact. Do not infer that the higher access-support budget automatically solves the residents' concerns.

Illustrative implementation brief

I recommend a conditional two-site test, not an immediate launch. Its \$22,000 estimate and 152 coordinator hours fit the stated limits, but eight spare hours provide little contingency. Operations should confirm the schedule and access-support plan. The liaison's three conversations identify issues, not community-wide approval. Within seven days, the project lead should arrange accessible ways for other residents to comment and document how that input changes the proposal. The funder representative should seek written approval for the revised scope before the board authorizes spending. Pilot feedback is encouraging: 12 of 18 respondents felt clearer about a next step. It does not establish improved access or health outcomes. At the week-four review, the coordinator should report delivery, unresolved access concerns, and referral-follow-up information gathered with permission. The board can then continue, redesign, or pause.

Other defensible choices: C may be justified when listening and redesign should precede expansion. A requires a costed, approved response to its 56-hour shortfall. Grade the evidence and conditions, not the letter chosen.

INDIVIDUAL ASSESSMENT & FEEDBACK

Assess the revised brief, reflection, and interaction record. A peer record is evidence to examine, not a peer-assigned grade; follow up where it is incomplete or inconsistent. A written alternative must show a question, the supplied reply, and the student's response.

Evidence accuracy | 20%

Excellent (4): Uses the correct sample and denominator; separates feedback from service access or health outcomes and identifies funding uncertainty.

Competent (3): Reports the central facts accurately but leaves one important evidence limit unclear.

Inquiry and responsiveness | 25%

Excellent (4): Asks a relevant question, uses the reply, and records how the recommendation changes or why it remains defensible.

Competent (3): Asks a useful question but only partly uses the reply.

Power and participation | 20%

Excellent (4): Names decision authority, missing voices, and a feasible way for affected people to influence the next decision without treating one liaison as everyone's voice.

Competent (3): Recognizes competing interests but participation or decision rights need more detail.

Feasibility and accountability | 25%

Excellent (4): Addresses staff hours, funding terms, access support, an action owner, and a review point; states unresolved approvals as conditions.

Competent (3): Proposes a reasonable next step but leaves one material resource or approval condition unresolved.

Revision and reflection | 10%

Excellent (4): Explains a specific revision after feedback, or a reasoned decision not to change, using the interaction record.

Competent (3): Identifies feedback and a plausible response with limited explanation.

Scoring: 4 = excellent; 3 = competent; 2 = partly meets the competent description; 1 = unsupported or materially flawed; 0 = absent. Sum (score ÷ 4 × criterion weight) for a total out of 100. Report one supported strength and one priority revision. Students can retain a position when they address the feedback explicitly.

TEACHING NOTES & COURSE ALIGNMENT

An observable example of listening

Project lead: Who has not yet been able to comment on the proposed sessions?

Community liaison: I have only spoken with three residents. I do not know whether the proposed times work for people who have not attended.

Project lead: Then we should not call these arrangements community-approved. Before the board decides, let's offer a translated, low-burden way to comment and check the proposed times with people beyond the pilot group.

Annotation: The question identifies an evidence gap; the reply corrects the scope of representation; the response changes the approval process. This supports inquiry and participation criteria. It does not earn a whole-case score by itself: staffing, funding, accountability, and reflection must also be present.

A compact portfolio, not duplicate assignments

The proposed Influence, Empathy & Collaborative Action microcourse has four stages across eight weeks: purpose and perspectives; influence and partnership; disagreement and constraints; revision and handoff. The sample fits the third stage.

Proposed course grading: Listening plan 20%; partnership dialogue 20%; team agreement 15%; implementation brief 30%; integrative reflection 15%. Drafts are ungraded practice. Completed pieces are graded once. The final reflection is assessed for integration, not for grading the same brief a second time. Final content and workload require program agreement.

Access, scope, and independent inquiry

Use accessible text and key terms before class, written preparation, rotating roles, and captioned materials online. In large sections, monitor selected groups and collect an individual exit ticket from every student. Revisit misconceptions before final assessment. Role-play is not community consultation or proof of health impact. No confidential or personal data are needed. Any permitted AI help must be disclosed and checked.

Independent readings and author resources

[Berkeley Public Health: Changemakers curriculum](#)

[Berkeley Ombuds: Tips, Tools & Techniques](#)

[Berkeley CTL: Course-level learning objectives](#)

Pair selected passages from The Conscious Leader and Pitch Perfect with independent readings. Students may question both. Institutional references indicate source material, not endorsement. Public program information checked October 18, 2026.