BC PARTNERS-CAMPUS PROJECT

BC Partners for Mental Health and Addictions Information

CREATING CAMPUS COMMUNITIES OF PRACTICE

WORKSHOP FACILITATED BY ETIENNE WENGER, FEBRUARY 8-9 2008 VANCOUVER

REPORT DRAFTED BY: NANCY HALL AND SARAH WIEBE
CANADIAN MENTAL HEALTH ASSOCIATION

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FOREWORD

The BC Campus Project is three years old. In 2005, it was initiated by the BC Partners for Mental Health and Addictions, a group of non-profit agencies funded by the Provincial Health Services Authority with the mandate to work to increase the knowledge, skills and abilities of British Columbians in promoting good health and responding to issues related to mental health and addictions on BC campuses.

The project began as collaboration between four BC campuses – The University of Victoria, Douglas College, Thompson Rivers University and the University of Northern British Columbia – and the BC Partners agencies. In the second year it was expanded to include four more campuses: Selkirk College, British Columbia Institute of Technology, Simon Fraser University and Vancouver Community College.

The third year presented us with an opportunity to reflect on our practice. The project received good feedback from the early participants, many of whom benefitted from matching funds to attend conferences and to create small scale local projects. However, the new project leaders also faced questions from other campuses not yet in the circle: "Why just these eight campuses?" The project advisory group also seemed to be a bit distant from the practice. If we believed in collaboration, why were the Advisory Members only BC Partners and where were our campus partners in steering the ship?

In addition, the funders of the BC Campus Project asked the project advisory group to come up with a logic model to facilitate evaluation. This proved to be a challenge. What outcomes were we trying to achieve and what was our understanding of how change might happen?

And as we were asking these questions, somehow, the concept of community of practice arrived on our doorstep. This was exactly what we were trying to create with our Campus Project! A vibrant learning community dedicated to excellence in mental health and addiction practices. Rather than driving change from the top down, we wanted to respond to the interest and needs of the practitioners working on the front line of BC campuses.

It was with this spirit that we approached Dr. Wenger to facilitate our Community of Practice launch workshop and invited all BC campuses to participate in our learning community. This report details the discussions at our meeting. We were thrilled by the variety of participants who attended, including students, resident advisors, professors, researchers, counselors, human rights advisors, security guards and representatives from the BC Partners for Mental Health and Addictions Information.

Thanks to all who attended and especially Sarah Wiebe for her excellent organizational skills, Pam Whiting as Co-Chair for the Conference, Dan Reist for his lunch time inspirational talk on health promotion and Dr. Etienne Wenger for his skilled facilitation to help us understand the possibilities of a learning community for our unique interests. The future looks great! Do stay tuned.

Respectfully,

Nancy Hall Ph.D.
On Behalf of CMHA BC Division and the BC Partners

PART 1: INTRODUCTION

Sarah Wiebe, the Campus Project Coordinator, welcomed people to the workshop. Nancy Hall, the Acting Director for Policy and Research at the Canadian Mental Health Association introduced the concept of "Communities of Practice" as: groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. She introduced the workshop facilitator, Etienne Wenger, as a thought leader and international guru in developing communities of practice.

This two-day workshop aimed to explore the possibility of a community of practice related to mental health and addiction issues on BC campuses.

The workshop's reach expanded beyond the eight original campuses involved in the project to include members from campus communities at the University of British Columbia, Kwantlen College, and interest from Malaspina College, Langara College and Okanagan College. These campus communities were joined by the "BC Partners" non-profit organizations with an interest in improving campus mental health and reducing substance misuse. See Appendix C for a list of participants.

PART 2: THEORETICAL OVERVIEW

The idea of communities of practice (CoP) is rooted in social theories of learning. The model promotes involvement throughout the community without the need for a correspondingly large bureaucratic structure. It builds on people's personal interest in the topic rather than on hierarchical top-down dissemination of knowledge. It places the emphasis on bringing practitioners together to develop collective capacities rather than on an elite center producing knowledge for others to apply. The model invites voluntary participation, connects people through dialogue, and engages them in mutual learning on issues they care about.

As Etienne Wenger described it, the term started very humbly in a new Institute for Research on Learning which had the charter of rethinking learning from a hierarchical framework to a more horizontal, social learning approach. Dr. Wenger and his collaborator were studying apprenticeship as a learning model. They started thinking of it as a relationship between a student and a master, but then they noticed that learning takes place mostly with journeymen and more advanced apprentices. The term community of practice was coined to refer to the community that acts as a living curriculum for the apprentice.

Once they had articulated the concept, they found communities everywhere, even when no formal apprenticeship system existed. Etienne described learning as a tension between a person's competence and the situations individuals find themselves in. Knowledge must be lived. As Etienne argues, you cannot separate knowledge from the identity of the person with the idea. We share knowledge because we have a sense of who we are and who we have to be accountable to. Therefore, knowledge is a social creation.

Communities of practice are usually designed to assist efforts in sharing knowledge, solving problems, or innovative ventures. The term CoP is usually used to describe a stable group of individuals who come together to interact regularly over their common ideas. This interaction may be face to face or online; it may be daily in frequency or limited to several times per year. At the workshop Etienne gave us examples of a community of practice that consisted of people with a specific disease who met online daily. He also described a community of nurse practitioners in Interior Health who got together every 4 months to carry out case clinics in person and learn together through that interaction. For more information please visit Dr. Wenger's website:
http://www.ewenger.com/

PART 3: EXPERIENCING A COMMUNITY OF PRACTICE

Etienne identified different ways communities learn. One way he has found useful is to have a presentation of a "case clinic" where community members present an idea or an initiative in progress and use this as an opportunity to stimulate discussion and experience how a community can learn from each other. He emphasized that the "case clinic" must not be perfect but rather an idea or practice in development.

Case Clinic: "Responding to A Challenge – U Vic's Suicide Prevention Action Group" Presentation by Dr. Jennifer White, Dr. Rita Knodel, Jonny Morris. This panel presentation by members of a University of Victoria-Camosun College working group elaborated issues pertaining to suicide prevention and response. The panelists were made up of members from the **Inter-Campus Suicide Prevention Action Group (SPAG)**, which include members from Counselling Services, students and faculty.

The Inter-Campus Suicide Prevention Interest Group (SPAG) is a joint, grassroots project of the University of Victoria and Camosun College. SPAG has a diverse membership representing students, staff and faculty from both campuses, all of whom have a strong interest in creating a healthy and caring campus community based on a "whole community" approach. The ultimate aims of this project are to:

- reduce suicide crises, attempts, and completions among campus community members
- promote community well-being and strengthen the social environment
- facilitate healing in the aftermath of a suicide or suicide attempt on campus

The panelists articulated how a comprehensive, multi-level, campus-wide strategy that integrates mental health promotion, early intervention, crisis intervention, treatment and post-intervention holds the greatest promise for addressing the complexity of suicide and suicidal behavior. Single-strategy, reactive, or "one-shot efforts" are known to be ineffective.

When communities take "ownership" of the issue of suicide prevention, they can capitalize on their existing knowledge, set their own priorities, and generate solutions that make the most sense for them in their own context.

The following opportunities and challenges were identified:

Opportunities

- Commitment and interest is high; not just an interest group but an action group
- Multi-sector involvement (e.g. students, faculty, professional staff)
- Grassroots, "bottom-up", multi-layered initiative; participatory model
- Opportunities for student engagement
- Vast published literature and professional resources to draw from
- Unique opportunity to combine research, practice, and policy expertise
- Excellent links with other related campus efforts (e.g. Mental Health Task Force)
- Could establish ourselves as leaders in this area
- Integration with other campus suicide prevention efforts (e.g. Camosun College)
- Great opportunity for making a contribution to the existing knowledge base

Challenges

- No ongoing dedicated funding – need to enlist those in power to buy in
- Finite human resources, action group as essentially volunteer work
- Some fragmentation of services and programs, silos and poor response
- Communication challenges; lack of tracked data available
- Stigma surrounding the topic of suicide; misperception that suicide is a low-rate issue
- Suicide deaths are statistically rare events (e.g. "it's not a serious enough problem")
- Feelings of disempowerment and loss of hope regarding institutional change
- Complexity; overwhelming nature of the problem of suicide
- Unresolved grief
- Balancing inclusiveness with practical action
- Transient population makes it difficult to sustain commitment over time
- Discourse of risk management and implications for responsibility; who is responsible? What about when the term ends and the responsibility for students technically 'ends'?
- Need system change
- Require a systematic approach to educate gate-keepers

After listening to the presenters, the group closed the exercise by giving the presenters "a gift" of ideas related to the challenges presented by the team. This was a powerful exercise that demonstrated the effectiveness of practitioners thinking together about what they do well in relation to similar circumstances in their practice.

PART 4: DESIGNING A COMMUNITY OF PRACTICE

A Community of Practice entails three parts:

1. The Domain
2. The Community
3. The Practice

A community of practice is not merely a group of friends or a network of connections between people. It has an identity defined by a *shared domain* of interest. Etienne asked the group to identify the domain of our community practice and respond to the question: what are we all about? We discussed calling ourselves: **Community of Practice for Excellence in Campus Mental Health and Substance Use.** As the community discusses its charter, it must consider its domain of interest and then think about practice activities.

Potential Community Activities

- Meetings (online, in-person)
- Projects (collaborative)
- Access to expertise (sharing practice stories)
- Cultivate a sense of community
- Identifying individual's unique gifts which will contribute to the community
- Publishing documents, resources, guides and sharing-information

Brainstorm for Learning Agenda

Etienne asked the group to identify areas for a common learning agenda and the following topics were generated:

- Accommodation of Disability
- Data Collection and Use
- Policy Review and Development
- Evidence Based Practice
- Practice Guidelines
- Campus Partnerships
- Continuity of Care
- How to Educate Students about Mental Health Issues
- Engaging Students on Healthy Substance Use
- Mental Health Promotion: Individual and Campus

- Diversity and Appropriate Care
- Stigma and Discrimination, Accommodation.
- Equip First Responders (faculty, residence advisors, security, counselors, students) with Skills to Deal with Mental Health Issues

The group then voted on the most popular topics and divided into work groups to develop a learning agenda for five key areas.

Group 1: Policy Development, Evidence-Based Practice and Data Collection

This group came to the conclusion that there seems to be a lot of good work "out there" but it is hard to find. They made the following suggestions:

- Create a centralized resource (such as a website) so people can access policies in post secondary institutions which deal with mental health and substance use issues
- Provide access to data collection tools. Presentations to faculty and administration need to be supported by data collection. Researchers should collaborate with those who provide front-line services
- Establish small working group to implement the logistics of the centralized resource. We need a group of people who know something about policy development and research who will work collectively
- Establish orientation practices for community members as membership and policies will change over time
- Arrange a conference or symposium to facilitate the conversation on policy to solidify meaning for the community

There are many policy areas, including, but not limited to: mental illness, accommodation, student discipline, violence in the workplace and crisis management. There is a need to have other parties involved, such as students, family members, risk management personnel, lawyers, etc.

Group 2: First Responders: Education and Training

This group focused on existing resources and how to create a crisis response team. This discussion included the importance of education programs, which involve a continuum of people who might self-identify to participate. The discussion also included CoP resources such as: Suicide Intervention, Mental Illness First Aid (MIFA) and a Train the Trainer approach.

In addition to crisis response, the group identified a need for appropriate and effective debriefing as every campus needs a reflective practice. Both strategizing and

implementing crisis response and debriefing practices require collaboration with pre-existing groups such as resident advisors (RAs).

People with specific skill sets and expertise are most suitable for this kind of training. For example, collaboration with non-profit organizations and community members (such as the BC Partners and CMHA branches) on how to facilitate discussions around mental health and substance use. The web site should list respective practitioners and their expertise.

One example includes implementing MIFA on campuses. Some campuses such as Vancouver Community College (VCC) have implemented this approach several times. While the program receives positive feedback, many who need the program do not attend. The course is two days long, and sometimes individuals have requested a shorter version. Nancy discussed the need for evaluation and feedback on the course. Sue MacDonald who leads the MIFA course indicated it might be possible to develop a course of relevance to the campus context.

Group 3: Issues of Professional Development and Skill Development

This group discussed issues related to professional skills development but also related to the policy context in which they work. Since graduate course fees are often triple the rate for counselors seeking further learning, accessing higher learning in BC is difficult. To address this issue, building a partnership between the Post-Secondary Counsellors Association (PSCA) and the Campus Project is ideal.

In addition, it will also be beneficial to connect to other networks – for example the Addictions Service Providers of BC – that focus on workforce development and skill development. Thompson Rivers University (TRU) is also doing some really interesting things in the area of collaboration, specifically, between the university and the health authority.

Actions Identified:

- Nancy and Sarah to connect with PSCA executive regarding potential collaboration, specifically around ongoing professional development in the mental health and addiction areas
- Need for lobby and education activities to influence decision-makers
- Explore options for intensive training in order to obtain credits for registered counselors or registered psychologists

Group 4: Mental Health Promotion, Student Engagement and Diversity

This group discussed the American College Health Survey and expressed a desire for someone to come forward and implement a broad survey specific to BC in order to have accurate and reflective data to compare between campuses. Having this data will enhance contextual aspects of mental health on campuses in BC.

This group wants:

- Survey tools for data collection (qualitative and quantitative)
- A needs assessment
- A more broad-based strategy to guide the community moving forward.
- More student engagement in this process
- Follow-up strategies

The participants from SFU mentioned that they implemented the National College Health Survey and that perhaps it would be a good idea to involve the Centre for Applied Research in Mental Health and Addictions (CARMHA) and the Network on Mental Health and Addiction. The Toronto-based Centre for Addiction and Mental Health (CAMH) study is similar to the National College Health survey in the United States. The CAMH study is however a research study paid for by the research bodies. The National College Health Survey is funded by the colleges and therefore a costly resource.

There is a great need to learn what students themselves want; perhaps the use of focus groups would be a good way to find out.

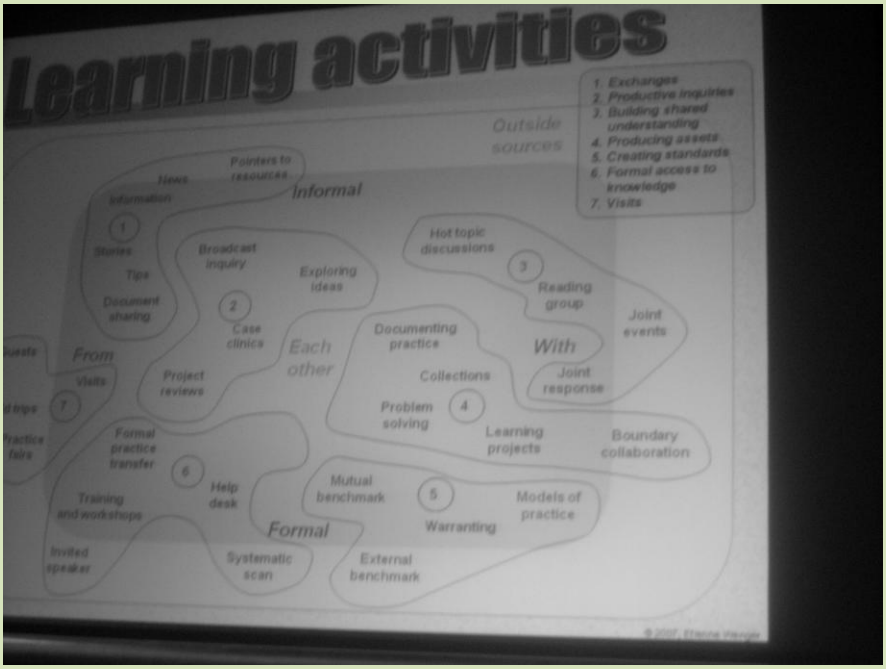
Discussion took place about how to effectively share information. This group asked several questions:

- What is the right activity to engage in mutual sharing (see Etienne's diagram)?
- There are arrays of programs that we need to know about. What is the right format for sharing? MP3 files? Instant messaging?
- What is the best use of technology?

Group 5: Campus Partnerships and Continuity of Care

The group discussed a need to develop sessions around hot topics and how to communicate with administrators. This discussion also included the possibility of funding a facilitator to do a project across campuses (perhaps a conversation café) on collective interests. The group began to share information about resources and identified a listserv that they use. They suggested that perhaps we need a list serv. The group requires dialogue on the availability and use of resources. The Campus Project should reward collaboration across campuses and not competition.

This group raised an issue similar to Group 1: there is a great need to develop hard data that identifies the context of the issues. Specifically, we need to ask: what are the issues that students bring to counselors? Heather Hyde from BCIT has developed a Report Card to administration on the "top issues you are seeing" on campuses.



KEYNOTE ADDRESS: "BEYOND BALLOONS AND BOOKMARKS"

Dan Reist started his discussion by drawing our attention to the difference between marketing and health promotion. He began with a story:

> *In 1912, Billy Sunday brought his revivalist campaign to Columbus Ohio. He aimed for cost effectiveness: the most souls saved for the buck. One preacher, Washington Gladden, was in town and he opposed Billy Sunday on several grounds. Gladdon did some baseline studies on factors such as public drunkenness and domestic abuse. A year later, when Gladdon looked at the same issues, drinking and domestic violence had actually increased following Billy Sunday's presentation. So he examined this pattern city by city in the Midwest and the same pattern of increased activities in the promised areas of reductions appeared.*

Dan asked us if we are in danger of supporting marketing of "great solutions" but not really addressing the problem. For example, our current "just say no" campaigns for alcohol and drug prevention are marketing but not health promotion. He asked us the following questions:

- What is health promotion and what is it we ought to be doing?
- What is wrong with balloons, buttons and book marks?
- Why should we care?

By way of response, Dan made several points: First, we are tax payers. The Canadian Government has just agreed to give Health Canada $30 million to run an anti-drug campaign aimed at kids 13-15. The Canadian Centre on Substance Abuse (CCSA) will come up with a marketing program to sell youth on the idea of being drug-free. However, the marketing approach does not go to the real mechanisms of behaviour change.

As a society, we think we can do what NIKE does; we want to provide an image that will get people to respond immediately. Yet, people do not make life changing shifts in values, cultures and beliefs the way they engage in impulse buying. The Americans have spent billions on "Just Say No". The General Office of Accounting has repeatedly reported this expenditure to have no evidence of working. Marketing is not the whole message.

Therefore, what should we be doing? There is a dominant assumption that we are working to change *individuals* to be something different. Health promotion is not about the individual; it is much broader. According to the Ottawa Charter, health promotion is the process of enabling people to increase control over and to improve their health.

Strategies include:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

This makes our job more challenging. How do we shape the culture, the environment and policies of our campuses? And is spending $30 million on marketing going to do the job?

PART 5: GOING FORWARD AND NEXT STEPS

Conference Co-Chair Pam Whiting started off a summary thanking Etienne and Nancy. She shared her appreciation for the great amount of work by all campuses that took place over the past few days.

The "Victorians" thanked the group for the positive suggestions they received on Friday.

Within a short space of time, participants felt they were leaving with new knowledge. Specifically they commented:

- We talked about the "elephants"
- Discussion of: why not put the issues of liability, risk management and confidentiality on the agenda?
- Need to find a way to sustain our energy and rejuvenate ourselves
- We asked the question: who else needs to be here?
- Etienne raised the issue of involving the health authorities. This followed with a discussion how the Interior Health Authority (IHA) supports Thompson Rivers University in Kamloops. Cathy Tetarenko, who is the staff person funded by IHA, described a number of programs that she works on, which include a one-day workshop for college counselors on Cognitive Behavioural Therapy (CBT). Evidently, there is really neat collaboration going on
- Discussion of going to the Provincial Health Services Authority (PHSA) to get on the agenda of the Provincial Mental Health Council to talk about support

Design Team

- 6 month-1 year commitment
- Work with Sarah as Campus Project Coordinator to lead project
- Requires joint leadership
- Members:
    - DanielaPacheva (Douglas)
    - Pam Whiting (SFU)
    - Rita Knodel (UVic)
    - Jonny Morris (UVIC)
    - Cheryl Washburn (UBC)
    - Maggie Ross (VCC)
    - CathyTetarenko (TRU/IHA)
    - Kelli Hewins (TRU)
    - Tim Dyck (CARBC)
    - Greg Beattie (UNBC)

Next Design Team Meeting to take place March 10th and May 1st to set priorities for the next year. Communities to review the following websites:

IDEA Partnership: http://www.ideapartnership.org/
JED Foundation: http://www.jedfoundation.org/
Health Canada CoP: http://www.hc-sc.gc.ca/ahc-asc/pubs/public-consult/2003pubcomm/index_e.html

APPENDICES

APPENDIX A: WORKSHOP AGENDA

Friday February 8th 2008

Noon-1:00 Light Lunch

1:00-2:00 Welcome! Overview of the Workshop and BC Partners Campus Project

Campus 'Go-Around': Opportunities and Challenges on Campus

Partners 'Go-Around": Opportunities and Challenges re Campus Mental Health and Healthy Substance Use

2:00-3:00 Session I: Introduction to Communities of Practice Dr. Etienne Wenger

3:00-3:20 Coffee/Tea Break

3:20-5:00 Session II: Experience a Community of Practice

"Responding to A Challenge – UVic's Community of Practice"

Presentation by Jennifer White, Rita Knodel, Jonathan Morris

Discussion

5:00-7:00 Reception at the Centre for Dialogue

Saturday February 9th 2008

8:30-9:00 Continental Breakfast

9:00-9:05 Welcome and Overview of Today's Agenda

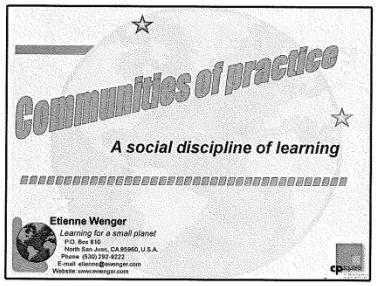
9:05-12:00 Session III: Designing our Own Community of Practice

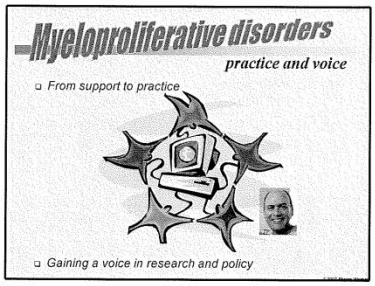
12:00-1:00 Lunch and Talk by Dan Reist, CAR-BC: "Beyond Balloons and Bookmarks"

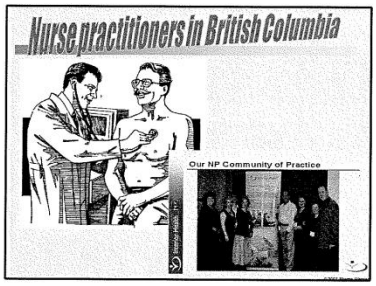
1:00-2:00 Design Continue

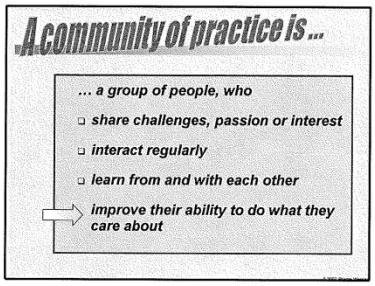
2:00-3:00 Next Steps and Evaluation

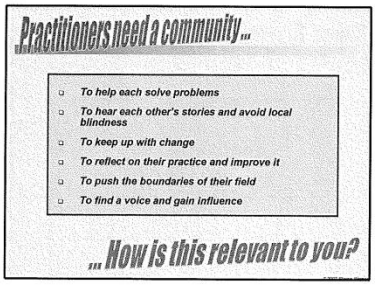
APPENDIX B: ETIENNE'S SLIDES

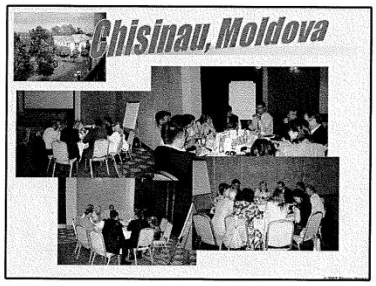












1

Quality Improvement Initiatives in Surgical Oncology

CancerCare Ontario

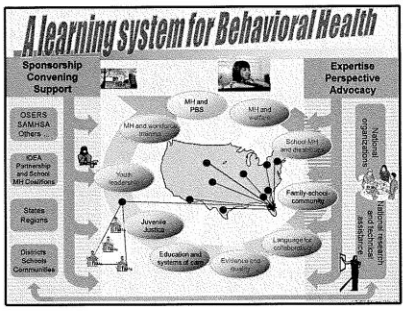
Support infrastructure

- Communication system
- Access to data
- Access to evidence review
- Project management support
- CME accreditation

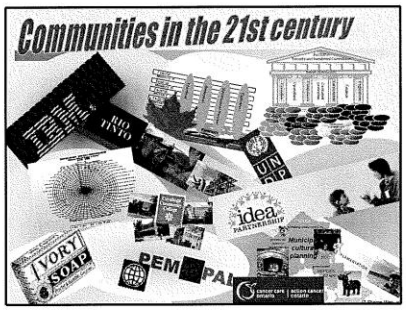
Communities of practice

- Discipline: ovarian cancer
  - 5 teaching hospitals -> clinics in underserved areas
- Regional: high-volume cancer surgery
  - Practice parameters -> multidisciplinary consultations
- Issue: laparoscopic guidelines
  - Mentoring network -> qualified surgeons

A learning system for Behavioral Health



Communities in the 21st century



A social discipline of learning

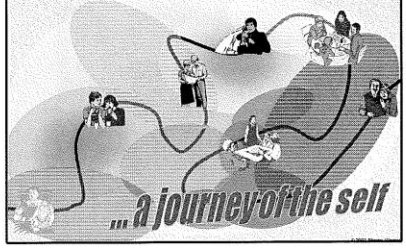
System level

- **Strategic capabilities: portfolio of domains**
  - core
  - boundaries
  - emergent
  - obsolete
- **Constellation of communities of practice**

Personal level

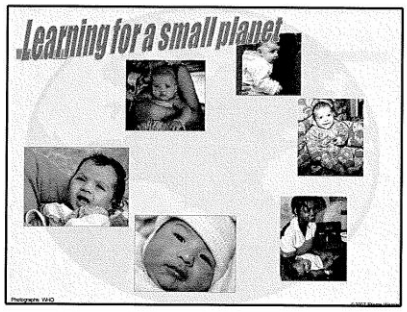
- **Learning citizenship: multimembership**
  - contributor
  - broker
  - convener
  - let go

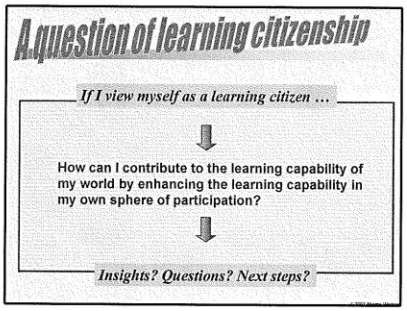
Becoming a learning citizen...

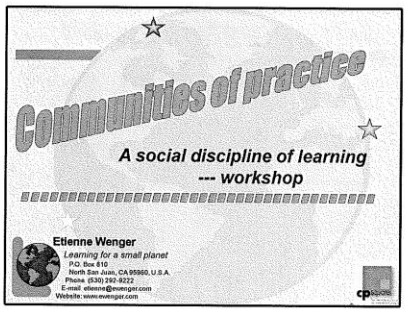


The future of learning

The 21st century
will be
the century of identity.


Learning for a small planet


A question of learning citizenship
If I view myself as a learning citizen …
How can I contribute to the learning capability of my world by enhancing the learning capability in my own sphere of participation?
Insights? Questions? Next steps?


Communities of practice
A social discipline of learning
--- workshop
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Learning for a small planet
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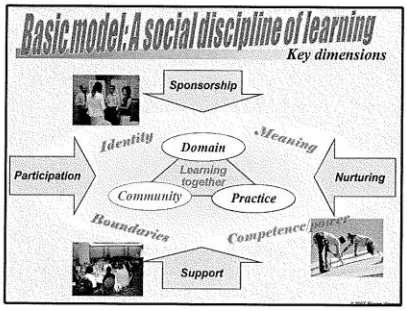
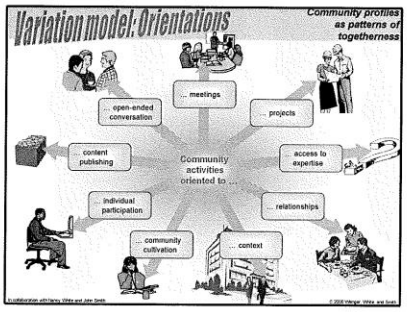
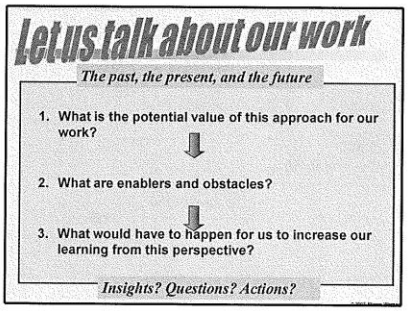
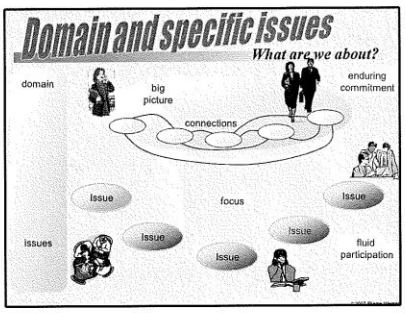
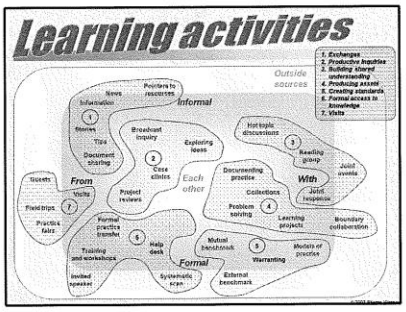
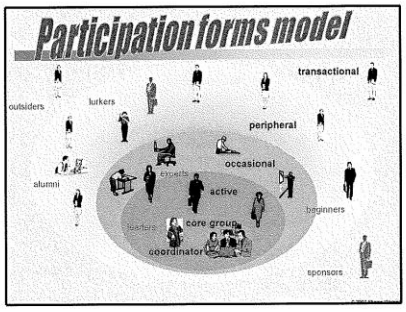

Basic model: A social discipline of learning
Key dimensions
Sponsorship
Identity
Meaning
Domain
Learning together
Participation
Nurturing
Community
Practice
Boundaries
Competence/power
Support

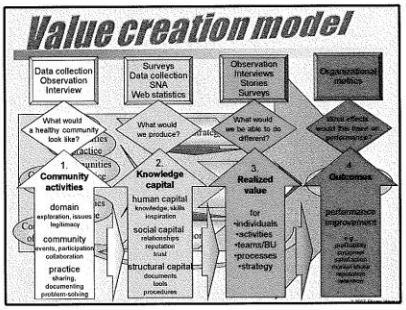

Variation model: Orientations
Community profiles as patterns of togetherness
... meetings
... open-ended conversation
... projects
... content publishing
Community activities oriented to ...
access to expertise
... individual participation
... relationships
... community cultivation
... context

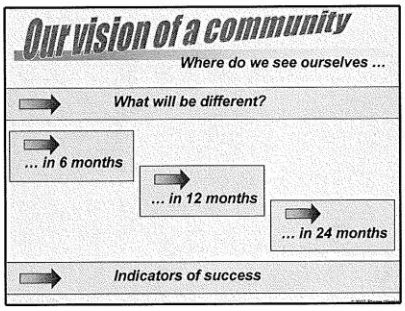

Let us talk about our work
The past, the present, and the future
1. What is the potential value of this approach for our work?
2. What are enablers and obstacles?
3. What would have to happen for us to increase our learning from this perspective?
Insights? Questions? Actions?

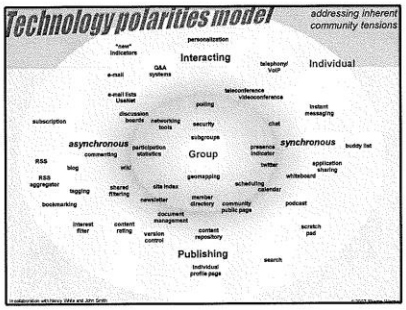

Domain and specific issues
What are we about?
domain
big picture
enduring commitment
connections
Issue
focus
Issue
Issue
Issue
Issue
issues
fluid participation

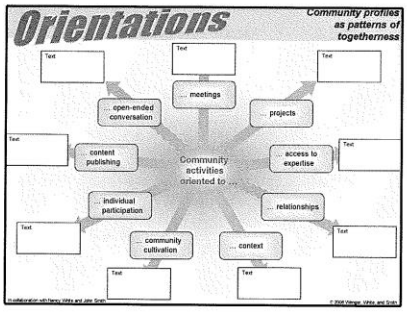

Learning activities
Outside sources
Informal
From
Each other
With
Formal

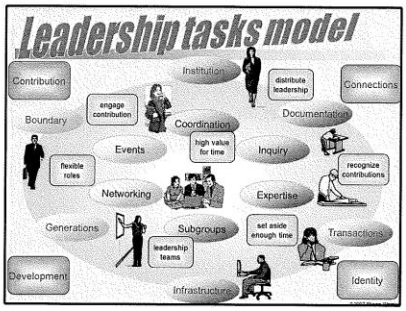

Participation forms model
transactional
outsiders
lurkers
peripheral
occasional
experts
alumni
active
beginners
core group
leaders
coordinator
sponsors

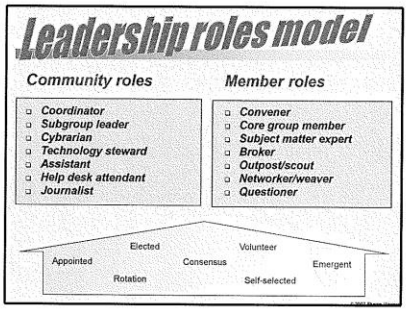

Value creation model
Data collection Observation Interview
Surveys Data collection SNA Web statistics
Observation Interviews Stories Surveys
Organizational metrics
1. Community activities
2. Knowledge capital
3. Realized value
4. Outcomes

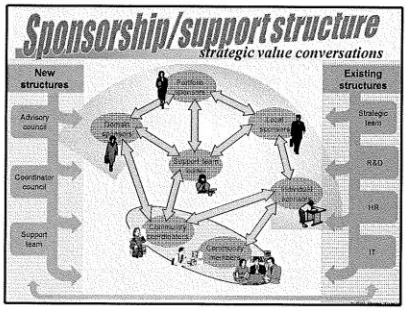

Our vision of a community
Where do we see ourselves …
What will be different?
… in 6 months
… in 12 months
… in 24 months
Indicators of success

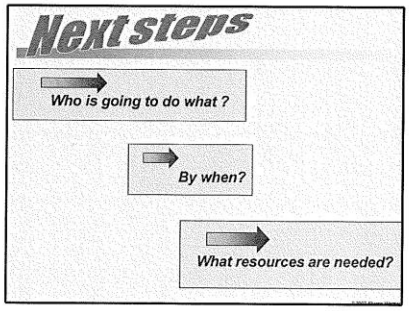

Technology polarities model
addressing inherent community tensions
Interacting
Individual
asynchronous
Group
synchronous
Publishing

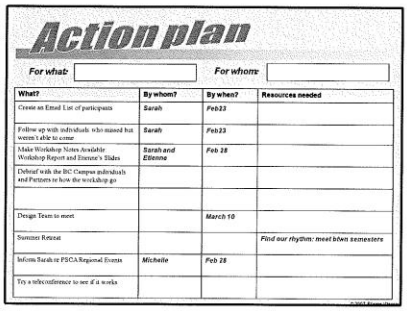

Orientations
Community profiles as patterns of togetherness
... meetings
... open-ended conversation
... projects
... content publishing
... access to expertise
... individual participation
... relationships
... community cultivation
... context
Community activities oriented to ...

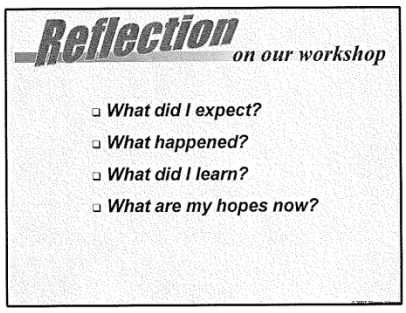

Leadership tasks model
Contribution
Institution
distribute leadership
Connections
Boundary
engage contribution
Coordination
Documentation
Events
high value for time
Inquiry
flexible roles
recognize contributions
Networking
Expertise
Generations
Subgroups
set aside enough time
Transactions
leadership teams
Development
Infrastructure
Identity

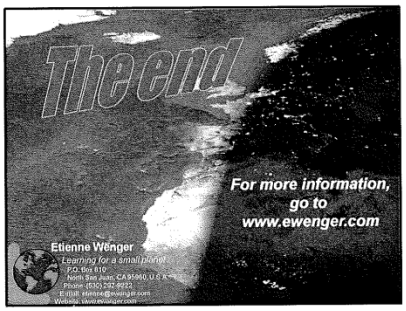

Leadership roles model
Community roles
Coordinator
Subgroup leader
Cybrarian
Technology steward
Assistant
Help desk attendant
Journalist
Member roles
Convener
Core group member
Subject matter expert
Broker
Outpost/scout
Networker/weaver
Questioner
Appointed
Elected
Volunteer
Consensus
Emergent
Rotation
Self-selected


Sponsorship/support structure
strategic value conversations
New structures
Existing structures
Advisory council
Coordinator council
Support team
Strategic team
R&D
HR
IT


Next steps
Who is going to do what ?
By when?
What resources are needed?


Action plan
For what:
For whom:
What?
By whom?
By when?
Resources needed
Create an Email List of participants
Sarah
Feb23
Follow up with individuals who missed but weren't able to come
Sarah
Feb23
Make Workshop Notes Available Workshop Report and Etienne's Slides
Sarah and Etienne
Feb 28
Debrief with the BC Campus individuals and Partners re how the workshop go
Design Team to meet
March 10
Summit Retreat
Find our rhythm: meet btwn semesters
Inform Sarah re FSCA Regional Events
Michelle
Feb 28
Try a teleconference to see if it works


Reflection on our workshop
What did I expect?
What happened?
What did I learn?
What are my hopes now?


The end
For more information, go to www.ewenger.com
Etienne Wenger

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APPENDIX C: WORKSHOP PARTICIPANT LIST

Institution	Name	Title
University of Victoria		
	Knodel, Rita	Counsellor
	O'Brian, Dave	Counsellor
	Morris, Jonny	Student
	Puszka, Fiona	Campus Security
	Scott, Brenda	Assistant to the Executive Director of Student and Ancillary Services
	Shepphard, Janet	Counsellor
	Sukhawathanakul, Paweena	Student
	White, Jennifer	Professor
Simon Fraser University		
	Lunn, Shawna	Undergraduate Student, Peer Health Educator
	Burtnyk, Michelle	Marketing and Communications Coordinator for Mental Health
	Stoddard, Mitchell	Director, Centre for Students With Disabilities
	Whiting, Pam	Director, Health and Counselling Centre
University of Northern British Columbia		
	Johnson, Robin	Campus Nurse
	Beattie, Greg	Wellness Centre Manager
Project collaborator	Walsh, Maria	Counsellor

BCIT

	Bushnell, Judy	Counsellor
	Hyde, Heather	Counselling and Student Development

Douglas College

Project Collaborator	James, Ted	Dean of Student Development
	Pacheva, Daniela	Centre for Students With Disabilities
	Strate, Sandi	Counsellor

Vancouver Community College

	Ross, Maggie	Human Rights Coordinator
	Forster-Rickard, Barbara	Instructor

Selkirk College

	MacMain, David	Student
	Parks, Don	Counsellor
	Read, Laurie	Counsellor
	Woodburn, Glynn	Disability Services Coordinator

Thompson Rivers University

	Hewins, Kelli	Residence Life Coordinator
	Lidster, David	Counsellor
	Mochizuki, Mary Ann	Counsellor
	Tetarenko, Cathy	Mental Health Facilitator

Canadian Mental Health Association		
	Dumas, Megan	Communications, Editorial Assistant, Visions
	Hall, Nancy	Conference Co-Chair
	Hamid-Balma, Sarah	Director of Communications
	MacDonald, Sue	Vancouver-Burnaby Branch, Community Education and Training
Project Collaborator	Morgan, Mridula	Bounce Back: Reclaim Your Health Project
Project Collaborator	Waever, Camia	Justice Project
BC Partners		
	Brown, David	Provincial Health Services Authority
	Dyck, Tim	CARBC
	Chittock, Brian	Jessie's Hope
	Coniglio, Connie	Jessie's Hope
	Hoffman, Rennie	Mood Disorders Asociation, BC
	Reist, Dan	CARBC
	Rogers, Vicki	Mood Disorders Asociation, BC
University of British Columbia		
	Washburn, Cheryl	Director of Counselling Services
Provincial Health Services Agency		
Project Funder	Griffin, Shannon	Senior Project Manager, BC Mental Health and Addictions Services
Malaspina - Nanaimo		
	Daost, Michelle	Counsellor
Malaspina - Powell River	Marie-Josee Piche	Counsellor - Interested in project

Kwantlen College

	Belter, Wendy	Counsellor
	Campbell, Jennie	Counselling Chair
	Konarski, Jody	Disability Advisor
	Parker, Sandi	Counsellor

Okanagan College

	Wiebe, Glendon	Chair of Counselling Centre

Langara College

	Kensett, Susan	Nurse, Health Services
	Redmond, Shannon	Nursing Instructor

University College of the Fraser Valley

	Burkholder, Eileen	Counsellor

Community

	Holland, Erin	Community Health Services Network of BC

Camosun College

Interested in Project	Bruce, Vicki	Director of Student Services
Interested in Project	Balmer, Chris	Director of Counselling
Interested in Project	Herron, Brian	International Counsellor

A Special Thanks to Our Partners: