



Alberta College of Family Physicians Collaborative Mentorship Network Evaluation Report

April 2021

Report produced by  **ThreeHive**
CONSULTING

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Executive Summary

Background

The Alberta College of Family Physicians Collaborative Mentorship Network (CMN) for Chronic Pain and Addiction connects family physicians and interdisciplinary primary health care team members in Alberta who are treating patients with chronic pain and/or substance use disorders. The CMN aims to provide front-line primary care teams with access to evidenced-based resources, tools, and mentoring opportunities.

Evaluation Purpose

As part of funding received from Health Canada, the CMN is evaluating its impact on its membership. The evaluation aims to understand (1) who is involved in the network and how they are participating in it, (2) whether the network led to increases in members' knowledge of and confidence in treating chronic pain (CP) and substance use disorders (SUD) and (3) led to improvements in practice, and finally (4) if mentees and mentors are satisfied with their mentoring relationship.

This report uses information gathered from four sources:



Administrative data



Post-event surveys



Annual membership survey



Interviews with mentees and mentors.

Findings

Who is participating in the network?

CMN members are mostly physicians with a recent increase in allied health care professionals, especially pharmacists. More than half of members are involved with a PCN and work in urban settings. Members are a combination of newer and more experienced practitioners. Lack of awareness of the network and time to participate are the two biggest barriers to recruiting new members. Spreading awareness through to colleges and licensing bodies and word of mouth have been successful recruitment strategies so far.

How are members participating in the network?

The monthly collaboration forums and the mentoring opportunities are the most popular CMN activities. The collaboration forums are well received and provide an opportunity for learning and discussion. While the resources and tools are helpful, they are not well accessed and many members may not be aware of what is available. The discussion board has not gained much traction.

Have members changed their practice?

Some members were able to considerably change their practice, especially to better manage patients, use patient-centred language, and provide trauma informed care; however, less than 10% of members reported making large changes in most topic areas. Practice change is influenced by external factors including lack of time, the COVID pandemic,

budgetary cuts, and remuneration constraints in primary care. However, change in practice is a slow and incremental process, and CMN members gained knowledge and confidence in several topic areas. Promisingly, members have high intentions of changing their practice based on the information, resources, and tools being provided by the CMN. As the evaluation continues, we would expect to see more members applying their knowledge and skills and changing their practice.

How is mentorship going?

Over half of members participate in mentoring and most were satisfied with their mentoring relationship. Time constraints and unclear expectations were barriers to developing a strong relationship, while good communication and collaborative problem-solving improved relationships. Overall, the terminology used to describe the relationship was less important than having clear expectations and support from the CMN to ensure a successful relationship.

Recommendations

The evaluation report concluded with several recommendations for each section. The full recommendations are provided in the *Discussion and Recommendations* section of the report (pages 25-28). An overview of the recommendations are provided here.

Membership

- Continue to work on strategically targeting other allied health professionals through their colleges, licensing bodies, and professional bodies.
- Encourage members to invite their colleagues to the network.
- Develop clear and targeted communications about the CMN.

Participation

- Experiment with varying the timing of the collaborative forums to determine when the optimal time(s) are for engagement.
- Continue to post the forums on YouTube to provide on-demand content for members who are unable to participate in the events in real-time.
- Continue to search out partners for the forums, similar to the PCN pain rounds.
- Promote the forums with partner organizations and cross promote other webinars or related learning opportunities for members.
- Highlight the tools and resources available to members.
- Develop specific strategies designed to encourage member participation in the discussion board.
- Create and highlight content that is applicable and relevant to allied health care professionals.

Practice Change

- Create a space for members to share region-specific information about programs and local resources.
- Tailor topic areas to meeting members' needs.

Mentorship

- Consider developing group mentorship opportunities.
- Clearly define the roles and expectations of mentors and mentees.
- Clarify the purpose and goals of the mentoring initiative to ensure that members are clear.
- Periodically check in with mentors and mentees to support the development of positive mentoring relationships.

Conclusion

The findings from this evaluation indicate that the CMN is moving in a positive direction, providing useful resources and tools for its members and mentoring is generally going well. Members are gaining confidence and knowledge in key areas and changes in practice are beginning to occur. Providing clear guidelines and expectations around mentoring will improve the mentorship initiative. Continued evaluation will help to ensure that the changes and efforts of the CMN continue to provide benefits to the members.



Introduction

Background

The Alberta College of Family Physicians (ACFP) created a Collaborative Mentorship Network (CMN) for Chronic Pain and Addiction to connect family physicians in the province who are treating patients with chronic pain (CP) and/or substance use disorders (SUD). Recently, the network expanded to include other allied primary health care team members, such as pharmacists and social workers. The CMN aims to provide front-line primary care teams with access to mentors, evidence-based tools and resources, and knowledge translation opportunities.

Health Canada has provided the CMN with funding from June 2020 to July 2023. The evaluation agreement contains some specific evaluation and monitoring requirements.

Evaluation Purpose

This report presents the evaluation findings from the first six months of evaluation. The report answers four main evaluation questions, including those required by Health Canada. The evaluation questions are:

- (1) To what extent has the CMN reached its intended beneficiaries?**
- (2) To what extent did involvement in the CMN lead to improvements in practice?**
- (3) To what extent did the CMN increase participants' knowledge of and confidence with treating chronic pain and substance use disorders?**
- (4) How satisfied are mentees and mentors with their mentoring relationship?**

The reports begins by describing who is participating in the network and how they are participating in it. It then examines how members are using the network's resources and tools. Next, the report examines whether or not the network is creating the necessary changes in knowledge, confidence, and intent to change practice along with measuring actual change in practice. Finally, the report examines the mentoring aspect of the network.

Methods

Four sources of data were used to inform the findings of this evaluation:

- (1) **Administrative data**
- (2) **Post-event surveys**
- (3) **Annual membership survey**
- (4) **Mentee and mentor interviews**

A brief summary of these methods is outlined below, with full details provided in Appendix A (pages 29-30).



Administrative data — CMN staff maintained a database of information about members and their event participation. The database included demographic information, how members heard about the network and their involvement in mentoring. Administrative data also included information about webpage and YouTube visits.



Post-event surveys — CMN staff posted a link to a post-event surveys after all CMN events, including the monthly collaboration forums. The surveys collected information about the event experience, as well as what participants learned and if they intended to change their practice based on what they learned. A total of 34 respondents completed a survey after an event. The Calgary PCN Pain Rounds also administered a post event survey, although this one was different than the CMN collaboration forum surveys. The PCN shared the survey results with the CMN and some of those results are reported here.



Membership survey — An annual member survey was sent to all current members in January 2021. The survey asked about members' experiences with CMN activities and resources and whether they have made an impact on health care provider practice. The survey was sent to 121 members in January 2021. A total of 32 members began the survey, but only 26 members completed the survey questions, giving a response rate of 21%.



Interviews — Interviews were conducted with 8 mentees or mentors. The interviews asked about their experiences with the information, resources, and tools provided by the CMN and their mentorship experience.

Findings

The results walk through four main sets of findings: (1) who is participating in the network, (2) how are members participating in the network, (3) did involvement in the network lead to increased knowledge and confidence in topic areas and intention to change and actual change in practice, and (4) how mentoring is going.

Who is participating in the network?

Overview

Since December 2018, 220 members have joined the CMN. The majority of CMN members are family physicians, who were the original target of the network up until September 2020, when the network expanded to include other allied health professionals. One quarter of members are pharmacists, followed by nurse practitioners. Other member characteristics:

- Half are involved with a PCN
- Nearly half are from Calgary or Edmonton and just over half reported working in urban locations
- The majority of respondents have been practicing less than five years or more than 16 years

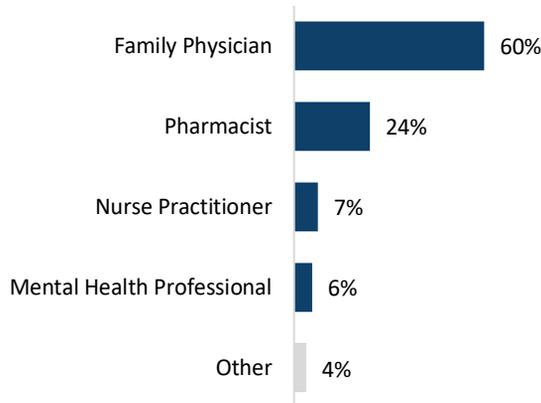
Barriers to recruiting members included lack of awareness of the CMN and a stigma around treating patients with chronic pain or substance use disorders and prescribing opioids.

Successful recruitment activities included spreading awareness through word of mouth and professional organizations such as colleges or licensing bodies and the PCN.

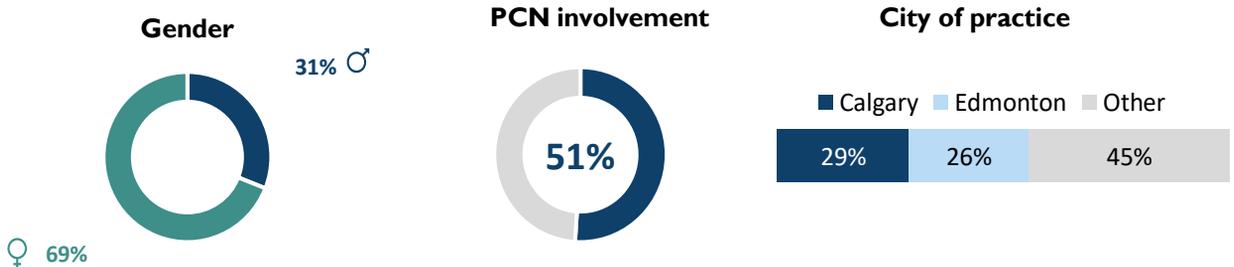
Two hundred and eleven members have joined the network from December 1, 2018 to March 3, 2021, and 202 are currently active members. The date that the member joined was only available for 197 members. Spikes in memberships occurred after specific recruitment activities.



More than half of the network's members are family physicians (60%), followed by pharmacists.

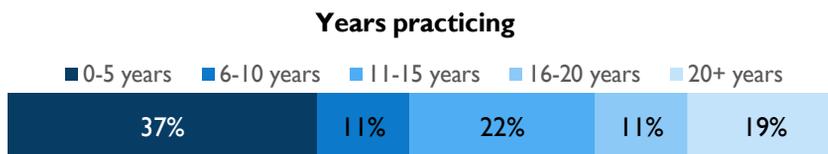


Other demographic characteristics from the administrative data showed that the majority of members are female, are involved with a PCN, and are based out of Calgary or Edmonton.



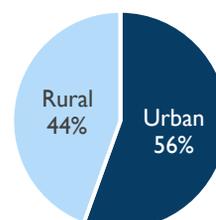
100% of members mainly speak English at work, although some also reported speaking French or Spanish as well.

Members who completed the **annual mentorship survey** provided more demographic information. Most respondents have been practicing less than five years (37%) or more than 16 years (30%).



Just over half of respondents practice in urban locations.

Practice location



What are the barriers and challenges to member recruitment?

In the interviews, participants identified a general lack of awareness about the CMN as a barrier to recruiting new members.

“I think a lot of other professionals just aren’t aware of it. It’s not well advertised, there isn’t something that’s necessarily being sent out effectively.”

As physicians and allied health care members belong to different groups, the CMN may have to cast a wide net to reach new, interested members. Some members felt the network should work to break down the stigmas associated with treating these complex patients. They noted that their colleagues are concerned that treating these patients will be time consuming or are hesitant about prescribing opioids. One participant suggested that the CMN is mostly reaching like-minded individuals who are committed to serving these patients.

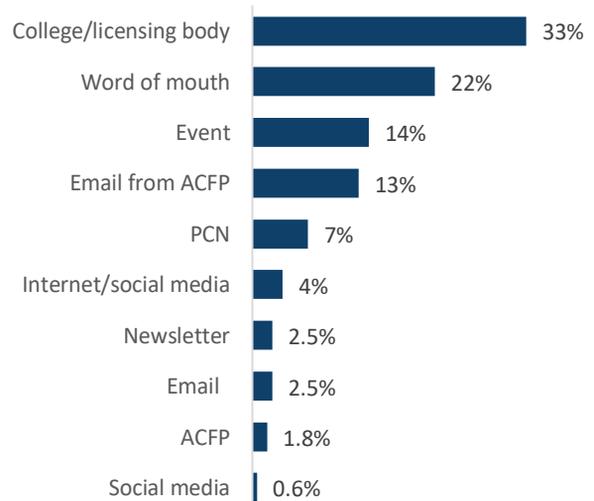
“Here we are, we’re preaching to the converted...Those who are actively involved in this network are generally the ones who are really keen on offering the highest quality, most evidence-informed decisions and care.”

External factors also impact recruitment, including the COVID-19 pandemic and the current political climate for primary care in Alberta. Health care practitioners lack the time to participate, and some are not compensated for attending educational events.

What recruitment activities have worked well?

In the **administrative data**, participants identified how they heard about the CMN. For most participants, it was through either their college or licensing body (e.g. Alberta College of Pharmacy) or through word of mouth. Recruitment through the colleges and licensing bodies with the CMN’s latest recruitment efforts.

In the interviews, participants noted that referral through word of mouth was beneficial as it allowed them to have a personalized understanding of the network and the benefits it offered.



"Word of mouth – we kept on finding ourselves in situations where [people are] asking questions and really keen on improving practice and I said well, 'You know, have you heard of [the CMN]? ... This is the website. Go on, sign up and I think you’ll really enjoy it.' So word of mouth is huge."

Suggestions for recruiting new members

Interview participants provided suggestions to engage new members. The overall theme was that recruitment effort should be targeted, conveying a concise message about what the network is and what it can offer to the specific target group. Specific suggestions included:

- Engage more with rural physicians
- Engage with medical students
- Use a targeted approach to recruit new members
- Share member's success stories
- Promote at continuing education events
- Promote the network with professional bodies such as AHS and PCNs
- Offer and communicate incentives to participating

Interestingly, although 44% of members practice in rural communities, members suggested engaging more with rural physicians. Members working in rural communities may be unaware of each other and more work could be done to connect these members to each other.

Interview participants were supportive of the recent inclusion of allied health professionals in the network.

"I think we've spent so much time on educating physicians on opioid use disorder or managing chronic pain...like all of the other bits of health care have been excluded on that. And so you have one profession who's knowledgeable but everything we do is collaborative care. So I think it's really good that they've made that change here in the last year."

Members suggested that the network should do more to promote the inclusion and recruitment of allied health professionals. They suggested asking physicians to promote the network to their own interdisciplinary team members and to continue with targeted awareness and recruitment campaigns. Members highlighted the importance of specifically engaging with the allied health professionals to understand their needs and learning goals and develop or promote targeted information for them.

"The other thing is to touch base with [the allied health care professionals] and see how they are doing and see what their needs are, what are they here to learn and how we can support them. I mean just having that open communication so that sometimes people are afraid to ask questions, so making it a safe environment and non-threatening."

Promoting the same respectful, non-judgmental environment that currently exists in the network for physician members is important to successfully including allied health professionals.

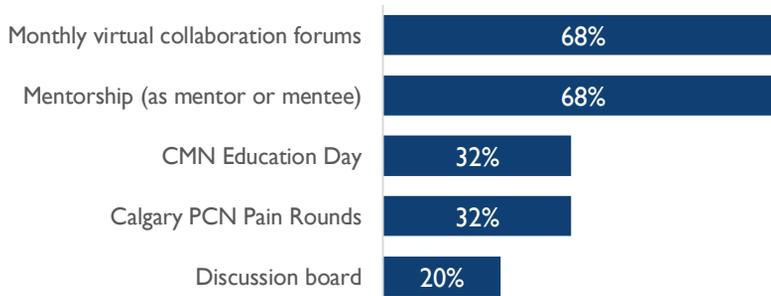
How are members participating in the network?

Overview

The monthly virtual collaboration forums and mentorship are the most popular CMN activities. The collaboration forums and pain rounds provided relevant and practical information on useful topics and members were satisfied with their experience with these events. Members felt like the resources and tools were useful, but many members forgot that they were available. The discussion board is generally not well used by members and some are unsure of its purpose.

The members provided many suggestions for future forum topics, ways to promote the resources and tools, and suggestions for improving the discussion board.

In the annual survey the monthly collaboration forums and mentorship opportunities were the most popular CMN activities, while the discussion board was used the least often.

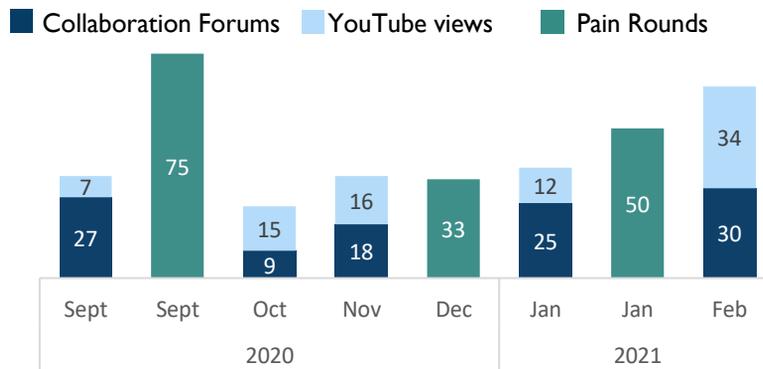


These activities are examined as events and tools and resources. Mentorship is covered in depth in the final section in the results.

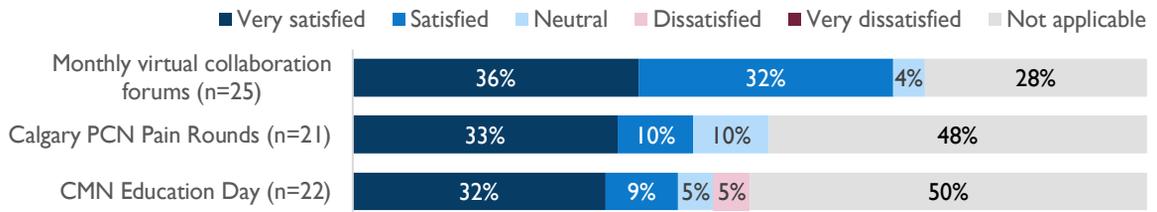
Events

The CMN hosts events such as the monthly virtual collaboration forums and the CMN education day and partnered with the Calgary PCN on several Pain Rounds. There were 5 collaboration forums from September 2020 to February 2021, with a total of 109 participants. The collaboration forums were also posted on the ACFP YouTube channel which is only accessible to members. The number of views increased over time, with the most recent forums having the most views.

Calgary PCN Pain Rounds tended to have more participants although only 20% of these attendees were CMN members. The most popular pain round was the Sept 30th pain round on medication alternatives for pain management. The most popular collaboration forum was on February 18th, about buprenorphine naloxone.



In the **annual survey** members rated their satisfaction with CMN events. Respondents were most satisfied with the monthly collaboration forums, followed by the pain rounds.

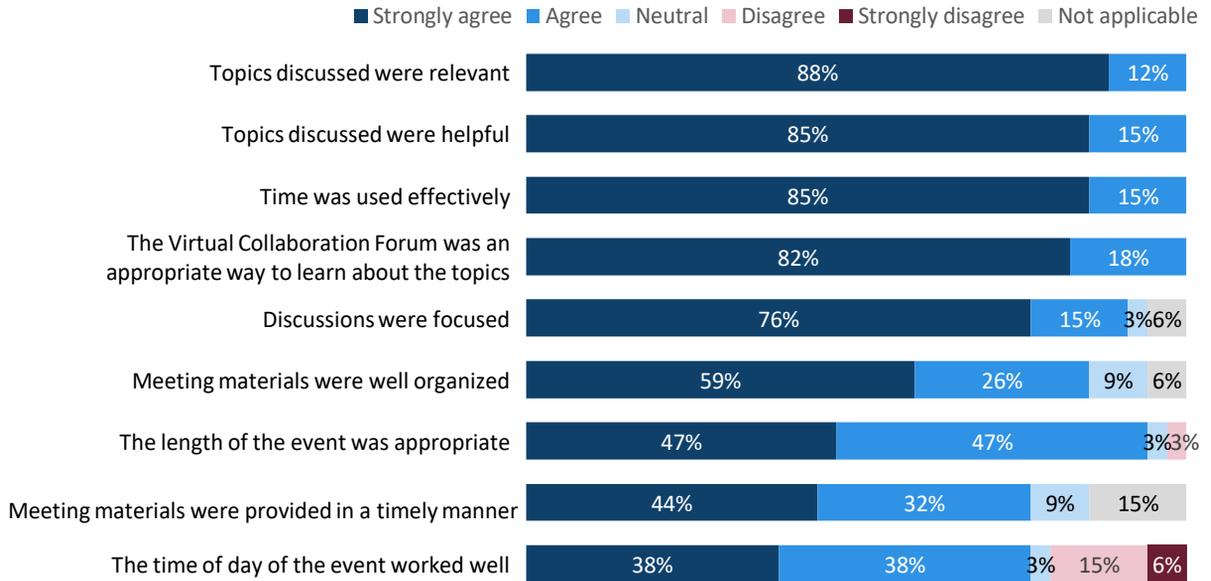


Respondents in the **annual survey** said that the events provide relevant and practical information as well as good networking opportunities. **Interview respondents** agreed, highlighting that they found the speakers knowledgeable and engaging and that the presentation topics were helpful and relevant, especially when they provided practical tips and scenarios.

"The webinars that are held monthly are very valuable. They increased in value as time has gone on, so I really appreciate those opportunities...Really, really high value add for that one hour."

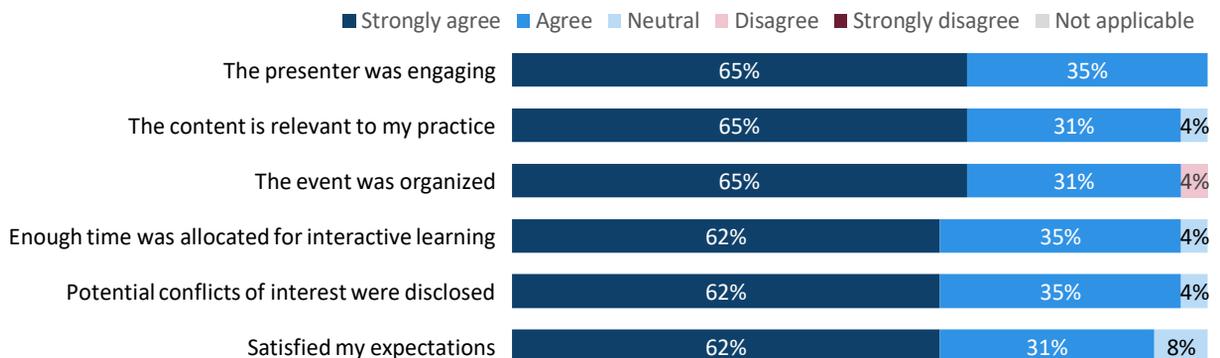
The interview respondents said that the events provided good interaction despite being virtual and provided an opportunity for members to discuss and become more comfortable with difficult topics.

In the **post-event surveys for the collaboration forums**, 100% of respondents said that the topics were relevant, discussions were helpful, time was used effectively, and the collaboration forum was an appropriate way to learn about the topics.



Twenty-one percent of respondents disagreed that the time of day of the collaboration forums worked well. In the **interviews**, respondents said that the timing of the forums is inconvenient. Some suggested lunchtime or evening events, starting after 6pm, while others were satisfied with accessing the content after the event when they had time (e.g. on YouTube).

The **PCN Pain Rounds** used their own post-event survey, so the questions are not directly comparable to those in the collaboration forum. Across the three pain rounds, only 20% of participants were part of the CMN. Post-event surveys from the pain rounds found that the presenters were engaging, the content was relevant, and enough time was provided for learning.



In the **survey** comments and **interviews**, respondents said that the content was practical and relevant and the speakers were knowledgeable and presented the information well.

The main barrier to attending the events was a lack of time.

In the **interviews, post-event and annual surveys**, members provided suggestions for future topics. These included:

- Navigating complex patients with both CP and SUD
- Pharmacological treatments for patients with both CP and SUD
- Behavioural approaches to treating SUDs
- Strategies for treating and managing CP
- Alcohol use disorder specific information
- Methamphetamine abuse treatment
- Strategies for treating different demographics (i.e. the current focus is on the middle-age population; youth and elderly are often left out)
- Including the patient's perspective
- Identifying medication misuse
- Current and changing trends in prescribing medications with potential dependency
- Knowledge sharing from allied health professionals about resources and programs
- Sharing resources and events in the community
- Managing patient expectations

“And I think if we have patients who can talk about their own experiences and say what helped them, which doctor really they found of help because that doctor understood their perspectives better and what didn't work for them. So that will be a good learning for all [members].”

Tools and Resources

Tools and resources include those available on the webpage as well as the discussion board.

Data from the website traffic shows that from October 15, 2020 to February 28, 2021:

- **The website had 2318 unique visitors**
 - The top viewed pages were: the 'Main', 'Join' and 'Events' page
 - The average time spent on a page was 1 minute and 38 seconds
- **17 members** accessed the resource section of the website a total of 55 times,
- **4 members** accessed the discussion boards
- The **YouTube channel had 310 views:**
 - The recruitment video had **194 views**
 - As mentioned in the events section, the collaboration forums had a combined **116 views**



In the **annual survey**, only 20% of respondents (n=5) said they used the discussion board. Three of the five were satisfied with their experience and two were neither satisfied nor dissatisfied.

Members commented that they felt that discussion board is under-utilized; for some, they forget that it exists or are unsure of its purpose.

In the **interviews**, members highlighted that the resources and tools provided by the CMN were helpful. Specific resources that were highlighted included the POMI questionnaire, guidelines for initiating suboxone, tools for pain, and other guidelines. Members liked short resources, such as one-pager overviews. Members provided suggestions for additional resources that would be helpful, including:

- Location-specific resources
- List of CMN members so members could reach out to each other
- More checklists

Members provided suggestions for future tools. They suggested that the CMN create a newsletter with resources and updates. They felt that some resources and tools may be under-utilized as members may not be aware of them or aware of when they would be appropriate to use.

“Perhaps communication like as to what resources are available and how do you access them...I think a lot of times physicians feel they're alone in this business and they have to tell the patient everything and that's a bit overwhelming...I suspect those resources are out there but like unless you're accessing and sending people there every day you forget.”

Others felt that podcasts would be an appropriate method of sharing information including turning the collaboration forum recordings into podcasts for more on-demand content.

Did involvement in the network lead to changes in practice?

Overview

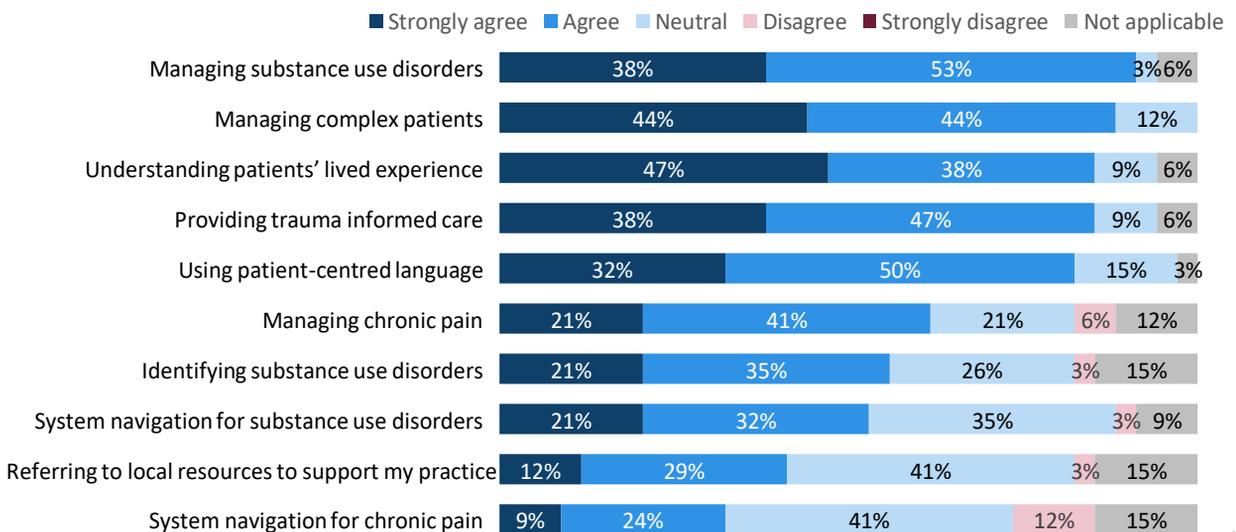
Areas that members reported learning about were the same areas where they felt more confident in and intended to change their practice. These areas were: managing SUD's, complex patients, understanding the patient's experience, trauma-informed care, and using patient-centred language. Conversely, members felt they learned less, were less confident in, and were less likely to change their practice in four main areas: system navigation for SUD and CP, referring patients to local resources, and managing complexity in patients with SUD. Actual practice change was much smaller than intention to change practice but followed similar patterns. Members reported providing more collaborative care with interdisciplinary team members, using non-pharmacological treatments for CP and referring patients with SUD and CP to specialists less often.

Barriers to implementing practice change were mainly external factors such as the COVID-19 pandemic and current government relations; however, members did provide some areas where the CMN could provide support.

Did members' knowledge of targeted topics increase?

In the **post-event surveys**, CMN members were asked whether they learned something new during the session and whether they thought they would be able to change their practice. The same five concepts came up in both questions, in slightly different orders.

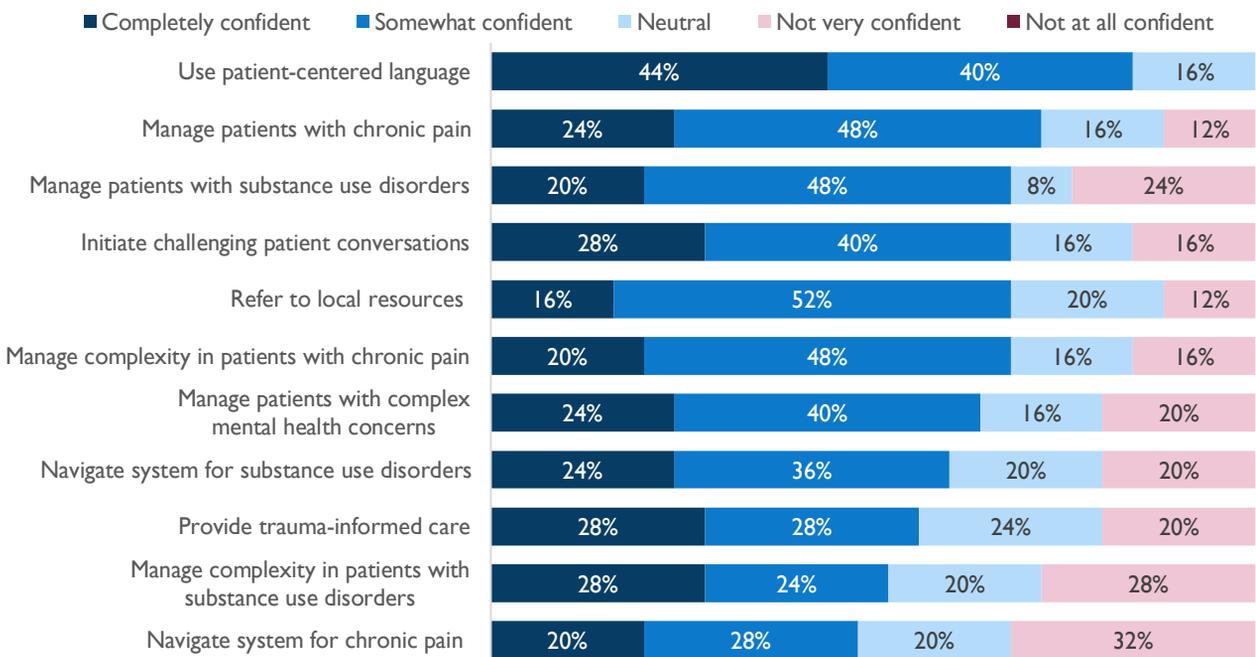
Most respondents said they learned something new about managing substance use disorders (91%), managing complex patients (88%), understanding patient's lived experiences (85%), providing trauma informed care (85%) and using patient-centred language (82%).



Collaboration forum attendees felt they learned the least about identifying SUD (56%), system navigation for SUD (53%), referring to local resources (42%), and system navigation for chronic pain (34%).

Did members' confidence increase?

In the **annual survey** CMN members were asked how confident they were in their skills. Members were most confident in using patient-centred language (84%) and managing patients with chronic pain (72%).



Members were least confident in their ability to navigate care for patients with SUD (60%), provide trauma informed care (56%), manage complexity in patients with SUD (52%), and navigate the system for patients with CP (48%).

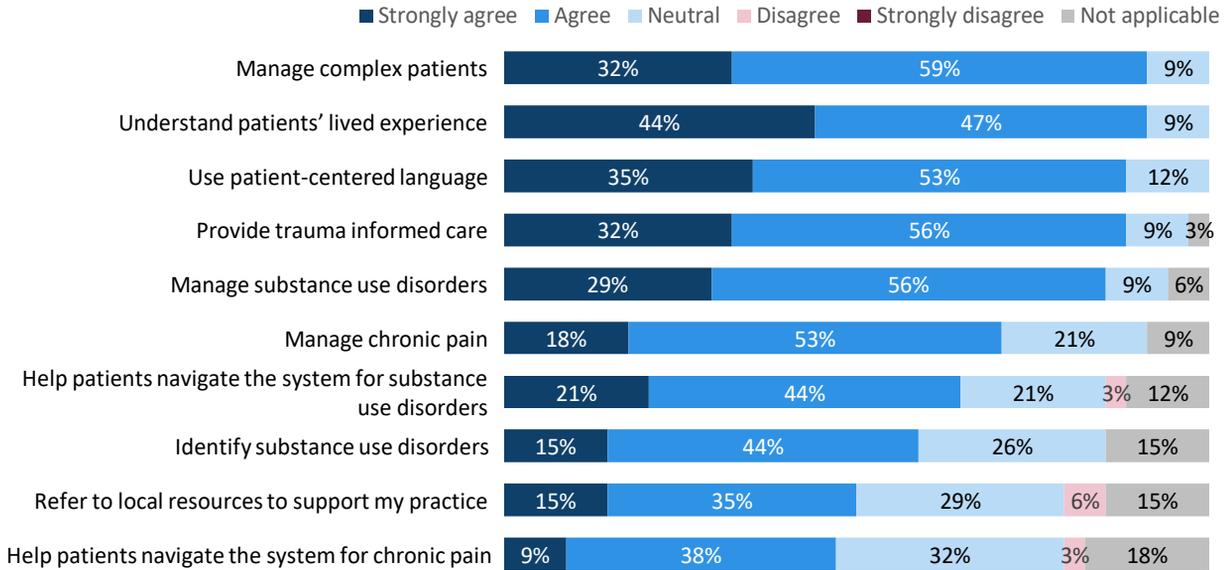
In the **interviews**, members reported having increased confidence due to the peer support in the network, both through attending events and mentorship.

“There’s just a little bit more confidence in that I am doing the right thing because when I speak to my colleagues, they support what I practice, so I think my confidence is boosted which of course helps when you’re dealing with patients...I think a lot of times physicians feel they’re alone in this business and they have to tell the patient everything and that’s a bit overwhelming.”

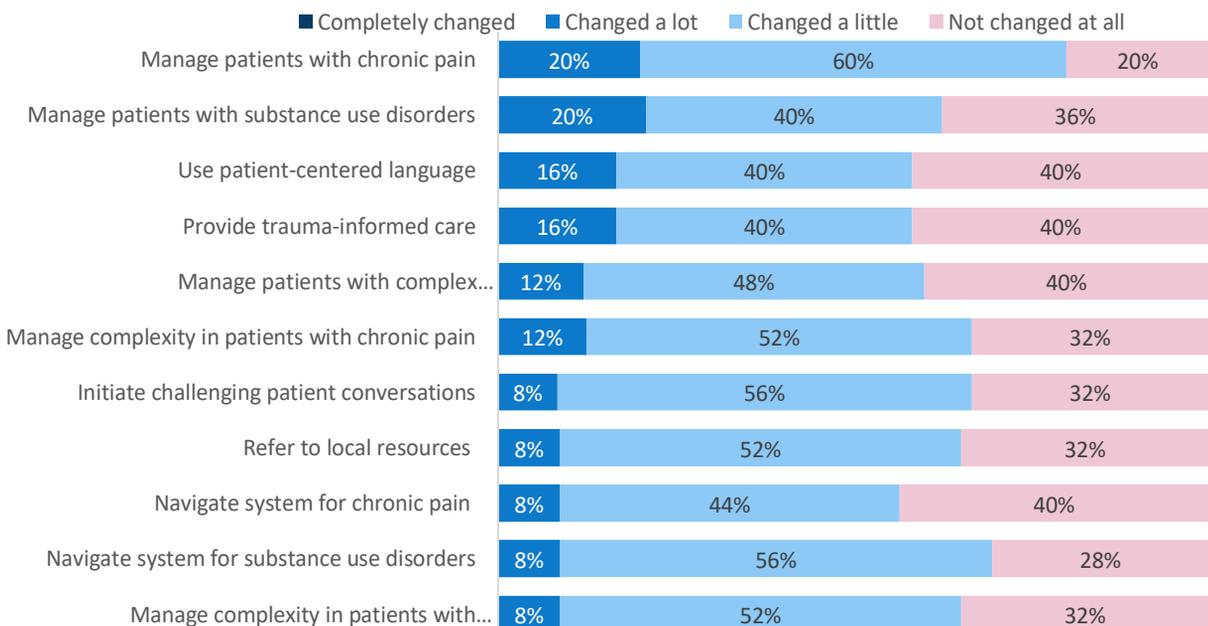
Members noted that they feel supported to make incremental changes in their practice and were better able to recognize the limitations of interventions they can apply in practice.

Did participants make improvements in their practice?

In the **post event surveys**, members said they felt like they would be able to change elements of their practice including managing complex patients (91%), understanding patients' lived experience (91%), using patient-centred language (88%), and providing trauma informed care (88%).

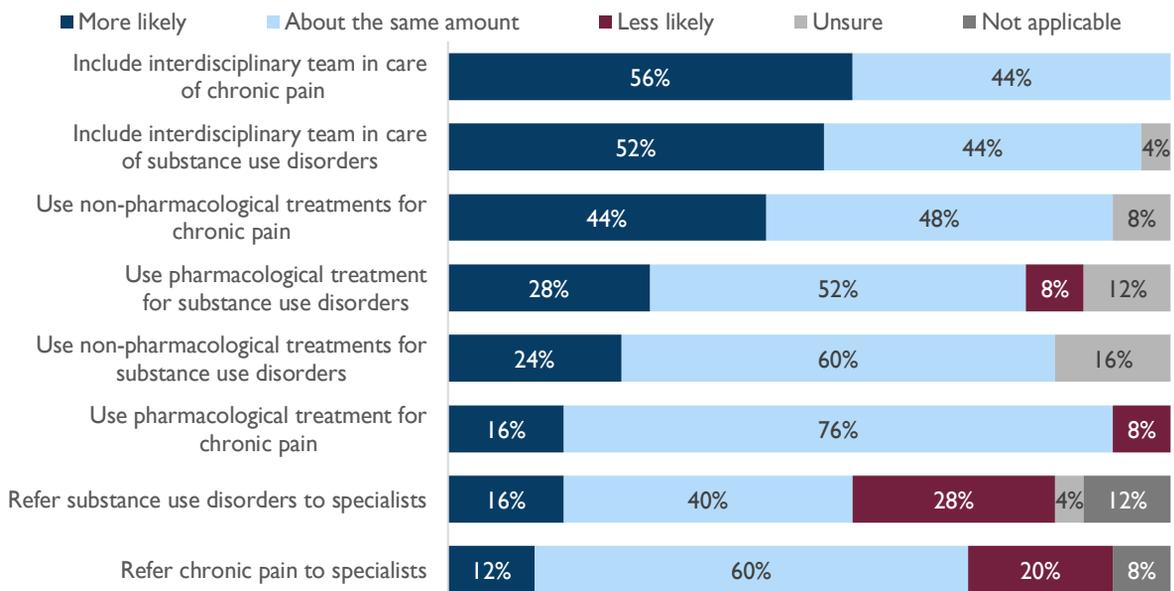


In the **annual survey**, when asked if they changed their practice as a result of their participation in the CMN. Members said they changed how they managed patients with substance use disorders (20%), used patient-centred language (16%), provided trauma informed care (16%).



Members reported the least changes in their practice in initiating challenging patient conversations, referring patients to local resources, navigating the system for patients with CP and SUD, and managing complexity in patients with SUD (8% said they changed their practice for all of these).

In the **annual survey**, members also rated how likely they were to do certain tasks in 2020 compared to 2019. Fifty-six percent were more likely to include interdisciplinary team members in the care of patients with CP and 52% were more likely to include them in the care of patients with SUD. Forty-four percent were also more likely to use non-pharmacological treatments for CP. Members were less likely to refer patients with SUD or CP to specialists (28% and 20% respectively).



In the **interviews**, members shared how they had changed their practice as a result of their involvement in the CMN. One member described changing their practice like an evolution, requiring information and time to slowly make changes. They felt that the CMN provided the supports for them to undergo the change process.

“I think it's a bit of an evolutionary process, the whole thing. And if you don't have that mentorship network the evolution is much more difficult to undertake. So it supports the evolution of excellence in those areas.”

What challenges remain in implementing practice improvements?

In the **annual survey**, members said that lack of time for education, the COVID-19 pandemic requiring their attention, and lack of resources available in the community were challenges in implementing changes in their practice.

In the **interviews**, members identified challenges in making changes in their practice. A few of these challenges were those the CMN may be able to assist with, including being unable to attend events at the current times offered, a lack of support and cohesion among rural practitioners, and a lack of local resources to assist practitioners, especially those helping them address the social determinants of health.

"...that's the one part of where I find that the Network hasn't been as helpful for myself as I would have hoped is with that linking with community resources, things like, finding places to live for patients or navigating the social assistance funding program."

Members needed more resources to help address systemic barriers for patients, such as access to food or the ability to pay for pharmacological and non-pharmacological treatments. Providers also experienced resistance from the patients – both in making changes and in their willingness to work with multidisciplinary teams. Practitioners wanted more training on how to support their patients.

Outside of the CMN, lack of time and confidence due to limited experience were key challenges members identified in changing practice. Practitioners highlighted that the current COVID-19 pandemic, budgetary cuts, and changes to primary care were impeding their ability to make changes.

"So challenges in a busy family physician office are always going to be time especially with the certain budgetary cuts and things that have happened. The time constraint is felt even more poignantly if I can put it that way."

Members also noted that the current remuneration systems did not adequately compensate physicians for the time spent with complex patients, especially for behavioural interventions. Furthermore, providers highlighted a general lack of capacity to manage complex patients. They felt that the stigma within the medical profession around treating patients with SUD or CP meant that few providers were willing to take on these patients. Long wait lists for specialist care and increasing numbers of patients requiring complex care left providers feeling overburdened, unsupported and burnt out.

"It becomes a burnout issue for providers. Because they're just overwhelmed. It's hard work treating pain and addictions. It's psychologically difficult. Exhausting."

How is mentoring going?

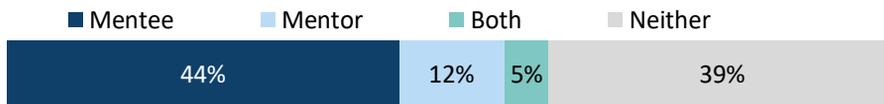
Overview

Over half of CMN members are involved in a mentoring relationship and two thirds of those members were satisfied with their relationship.

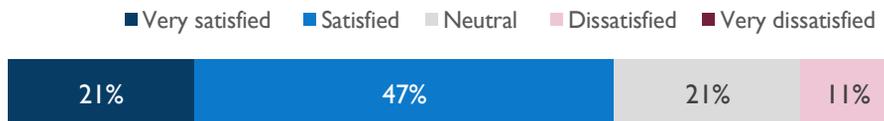
Successful mentoring relationships had good communication, collaborative problem solving, and a bi-directional, non-judgemental relationship. Time constraints and unclear expectations were the main challenges faced in the mentoring relationship.

Members were divided about whether the mentoring terminology should be changed to peer-to-peer relationship; most had no preference but of those who did, peer-to-peer support was slightly more preferred. Members felt that having clear expectations set out for the relationship was most important.

Administrative data shows that over half of network members were involved in mentorship, with ten new matches being made between October 15, 2020 and February 28, 2021.

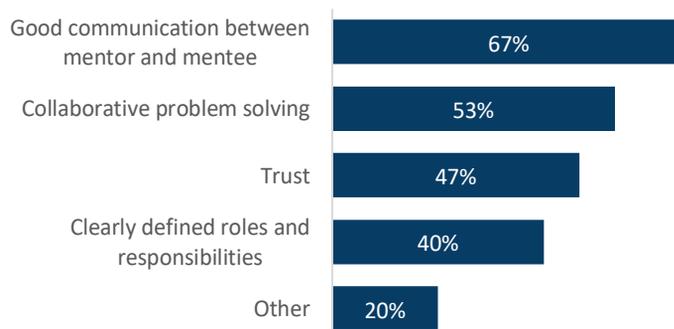


In the **annual survey**, 48% of respondents were mentees and 28% were mentors. Of those, 68% were very satisfied or satisfied with their mentoring relationship.



What factors contribute to successful mentoring relationships?

In the **annual survey**, good communication between mentor and mentee was the top factor in an effective mentoring relationship, followed by collaborative problem solving, trust, and clearly defined roles and responsibilities. Other factors included sharing resources and building a good rapport.



In the **interviews**, having open communication, encouraging mentees to drive the mentoring relationship, and having both mentees and mentors support each other in a bi-directional relationship was important.

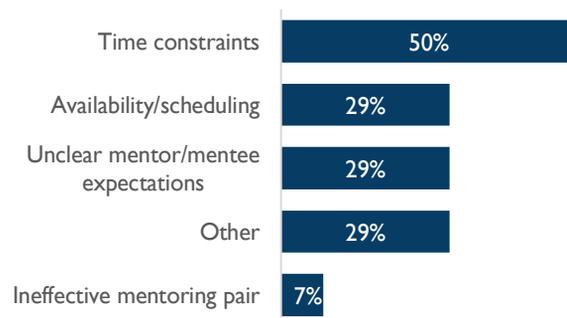
“It’s a great learning opportunity when you’re mentoring because of the bi-directional flow of information and learning.”

In order for these things to occur, members noted that the mentoring relationship needed to be non-threatening and non-judgemental.

“Being non-judgemental and willing to share your experiences would help develop a good relationship and good listening skills of course.”

What challenges exist in mentoring relationships?

In the **annual survey**, time constraints were the biggest challenge in mentoring relationships, followed by difficulties matching availability or schedules, and unclear mentorship expectations.



In the **interviews**, members echoed the challenges from the annual survey. They noted that due to COVID-19 and other competing priorities it was difficult for mentors and mentees to coordinate schedules to meet.

“I mean timing is a big barrier, just to match that time, just to find that correct time.”

Furthermore, members had a hard time making a virtual connection, especially as most connections are currently virtual. For some, being matched with a mentor/mentee in a different region was a challenge as they were looking for local resources and information.

Members also identified that they wanted more clarity about the mentor-mentee relationship and expectations. Some mentors felt that they were being used like a consult service for mentees to call with time-sensitive questions rather than developing on-going knowledge sharing and learning relationships.

“This is not a consult thing because what I’m finding is sometimes mentees have difficult patients and they will use it as a consult to a physician. But the idea is not about just consulting for one patient, the idea should be general learning concepts, strategies.”

Members also wanted clearer guidelines outlining the purpose of the mentoring relationship.

Furthermore, communication was a challenge. Neither party was clear on who was responsible for driving the communication and initiating check-ins. Some mentors or mentees felt there was a lack of engagement from their counterpart.

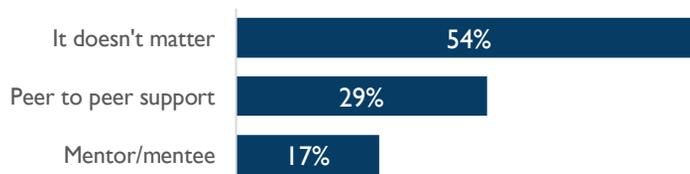
“I think it’s also really important for the mentees to reach out to the mentor...it really is driven by the mentees needs, which I think is appropriate.”

For some mentees, the relationship felt formal or restricted by hierarchy; especially when allied health professionals were matched with physicians.

Members provided suggestions to address these challenges including providing group mentorship opportunities to allow a larger group to learn from each other, providing expectations for the mentoring relationship, and supporting mentors by checking in and providing guidance on how to mentor to help support the relationship.

Mentoring Terminology

In the **annual survey** members were asked if they had a preference for which terminology was used. Just over half of respondents did not have a preference. Of those with a preference, peer-to-peer support was slightly more preferred over mentor/mentee.



In the survey comments and in the **interviews**, those without a preference said the purpose of the relationship and the process wouldn't change based on the terminology. For these members, setting the expectations were more important than the specific terminology.

“I think helping people understand how the mentoring relationship might work is more important than the terminology.”

Those who preferred peer-to-peer support did so because it removed the hierarchical connotations in the relationship and was more inclusive. Members noted that both the mentor and mentee learn from each other, this nuance is lost in the mentor/mentee terminology.

“I like the peer support word better because then people feel less threatened and I mean so more people are likely to engage in that.”

Some members with experience worried they were not experienced *enough* to be considered a 'mentor'. Those who preferred mentor/mentee said it provided a more specific description, while peer support was vague and didn't show the expertise available.

“...peer to peer doesn't necessarily show the expertise available.”

Discussion and Recommendations

Overall, the CMN is doing a good job of recruiting members and providing useful content and mentoring experiences. Members are generally satisfied with their experience with the network.

The CMN has seen a gradual increase in memberships with peaks corresponding to targeted outreach. Continuing to expand the reach of the network is important to its success. Some members felt that the CMN was “preaching to the converted” and more work needed to be done to reach out to those who are not actively seeking to include patients with SUD or CP in their practice or improve their management of these patients. The CMN can work to break down the stigma and perceived barriers to treating patients with CP or SUD among health professionals. Some members felt they were beginning to face burnout and felt that there were more patients with SUD or CP than they were able to treat. Increasing the reach of the network may help to educate and support more health care professionals to treat these patients and spread out the workload. Bringing in more allied health care professionals may also help to promote coordinated team care.

While the main membership is still physicians, there has been a swift rise in allied health professionals since the network expanded in Sept 2020. This is likely due to a targeted communication to the Alberta College of Pharmacy and other colleges or licensing bodies.

▶ **Recommendation:** Continue to work on strategically targeting other allied health professionals through their colleges, licensing bodies, and professional bodies (i.e. AHS, PCNs).

Word of mouth was the second most common way that CMN members heard about the network, followed by hearing about the CMN at events.

▶ **Recommendation:** Encourage members to invite new members to the network. Events or promotions such as “invite a colleague” or “invite a team member” day or specific requests to share the network may be beneficial.

Members highlighted that often their colleagues were unaware of the network and the benefits of joining.

▶ **Recommendation:** Develop clear and targeted communications about the CMN. Provide tailored approaches to recruitment, including sharing success stories from members.

Members identified topic areas that may be relevant and applicable to allied health professionals. The CMN will need to work to ensure that they provide work to specifically include these members in the network, especially as their interests and needs may be different than that of physicians. Identifying areas of overlap may also help to promote teamwork among physicians and allied health professionals.

- ▶ **Recommendation:** Create and highlight content that is applicable and relevant to allied health care professionals to encourage their participation and foster their inclusion.

Once involved in the network, members are mostly participating in the monthly virtual collaboration forums and mentorship opportunities. The virtual collaboration forums and PCN pain rounds were popular and provided relevant and high-quality content. Members appreciated the opportunity to engage in dialogue and network at these events as well. The most common complaint was that the time of the forums was not convenient.

- ▶ **Recommendation:** Experiment with varying the timing of the forums to determine when the optimal time(s) are for engagement. Participants suggested early evening.
- ▶ **Recommendation:** Continue to post the forums on YouTube to provide on-demand content for members who are unable to participate in the events in real-time.

Some members felt that if more people were aware of the collaboration forums, more people would attend.

- ▶ **Recommendation:** Continue to search out collaborations for the forums, similar to the PCN pain rounds.
- ▶ **Recommendation:** Promote forums with partner organizations and cross promote other webinars or related learning opportunities for members.

While members found the tools and resources provided on the CMN's website helpful, not many members were accessing them through the website. This may be in part because the member has downloaded the tool and uses it without needing to continually visit the CMN website. However, in the interviews members said they felt that the membership may not be aware of the tools and resources available.

- ▶ **Recommendation:** Highlight the tools and resources available to members. Use a tool such as a newsletter to highlight new, updated, or timely resources may draw members to the webpage and lead them to finding appropriate resources.

Similar to the resources and tools, members felt the discussion board was not well used. Members were unsure of the purpose or utility of the discussion board.

Recommendation: Develop specific strategies designed to draw member participation in the discussion boards. As there is little traction or discussion currently, the CMN may need to create opportunities to draw members in with incentives to stimulate discussion, such as ‘Ask Me Anything’ style question and answer sessions.

The CMN aims to improve member knowledge of, and confidence in, several topic areas. They hope to inspire change in member practices related to the knowledge and skills they gain. The areas where members reported learning the most were also those where they gained the most confidence and where they intended to change their practice. Conversely, there were some topic areas where less members felt they learned something new or felt confident in. These areas saw little reported changes in practice. The largest improvements were seen in managing patients with SUD and CP, understanding the patient experience, providing trauma informed care, and using patient-centred language. Members struggled with system navigation, referring patients to local resources, and identifying or managing complexity in patients with SUDs. One of the largest challenges for members was finding community-specific resources and tools. The problem with providing system navigation and local resources is that the resources and programs are region-specific and are constantly changing. CMN are involving interdisciplinary team members more, using more non-pharmacological treatments for CP, and referring less patients to specialists.

Recommendation: Create a space for members to share region-specific information about programs and local resources. Creating region-specific groups and discussion board forums for discussing local resources and programs is one such example.

Recommendation: Tailor topic areas to meeting members' needs.

Members highlighted the non-judgemental support from their peers was crucial in helping them change their practice. This practice change is slow and incremental. The most common barriers to practice change were external factors such as physician remuneration for behavioural interventions, the COVID-19 pandemic, lack of time, and lack of resources in the community. The CMN should not be discouraged by the low levels of practice change reported by members related to specific knowledge areas. The evaluation demonstrates that the CMN is providing a supportive environment which is helping members improve their practice. Changing practice takes time and the evaluation indicates that members are moving towards practice change.

Mentoring is an important part of the CMN. The majority of members were involved in mentoring relationships and were satisfied with those relationships.

Good communication, a collaborative approach, and clearly defined roles and expectations were important to successful mentoring relationships. Stronger relationships were formed when the relationship was non-judgemental and bi-directional, with mentors and mentees learning from each other. Mentoring relationships struggled due to time constraints and competing priorities.

▶ **Recommendation:** Consider developing group mentorship opportunities which can reduce the burden on an individual to maintain an ongoing relationship and would allow the group to learn from each other.

Additionally, mentoring relationships struggled when the expectations were unclear. In some cases, the mentors felt like an on-call consultation service for cases rather than a resource to share knowledge and expertise on a broader level.

▶ **Recommendation:** Clearly define the roles and expectations of mentors and mentees. Provide mentors and mentees with resources to help them define their roles and expectations.

Overall, members didn't have much of a preference for which terminology was used to describe the mentoring relationship. The specific terminology was less important than having clearly defined expectations and roles.

▶ **Recommendation:** Clarify the purpose and goals of the mentoring initiative to ensure that members are clear.

▶ **Recommendation:** Periodically check in with mentors and mentees to support the development of a positive mentoring relationships. Provide mentors with guidance and support.

Conclusion

The CMN is moving in a positive direction, providing useful resources and tools for its members and mentoring is generally going well. This evaluation provides some recommendations and areas for future focus to continue improving the network for its members.

Appendix A: Methods

Four sources of data were used to inform the findings of this evaluation:

- (1) Administrative data
- (2) Post-event surveys
- (3) Annual membership survey
- (4) Mentee and mentor interviews

Administrative data

CMN staff maintained a database about their members and their event participation. The database included demographic information, how members heard about the network and their involvement in mentoring. Administrative data also included webpage and YouTube visit data. The data were descriptively analyzed using Microsoft Excel.

Post-event surveys

CMN staff posted a link to a post-event survey after all CMN events, including the monthly collaboration forums. The surveys collected information about the event experience, what the participants learned, and if they planned on changing their practice. The quantitative data were descriptively analyzed using Microsoft Excel. The qualitative data were analyzed by survey question and by evaluation question.

Membership survey

An annual member survey was sent to all current members in January 2021. The membership survey asked about their experiences with CMN activities and resources and whether they have made an impact on health care provider practice. All members of the Collaborative Mentorship Network as of January 12th, 2021 were invited to take part in a survey which was open from January 12th, 2021 to January 31st, 2021. Members were invited via a communications e-blast on January 12th, 2021. A reminder e-blast was sent on January 18th, 2021 and CMN members were reminded of the survey again during the January 21st, 2021 virtual collaboration forum and a link to the survey was posted in the community discussion board. Members were also invited to enter a prize draw for two Visa gift cards. The survey was sent to 121 members in January 2021. A total of 32 members began the survey, but only 26 members completed the survey questions, giving a response rate of 21%.

The quantitative data were descriptively analyzed using Microsoft Excel. The qualitative data were analyzed by survey question and by evaluation question.

Interviews

Interviews were conducted with mentees or mentors who joined the CMN before October 15th, 2020. The interviews asked about their experiences with the information, resources, and tools provided by the CMN and their mentorship experience. The CMN reminded mentees and mentors about the interviews through an e-blast, with personalized follow up messages to all mentors and mentees through email, and a follow up e-blast. Interviews were scheduled through Calendly, CMN staff were unaware of who participated. Interview participants were entered in a prize draw for a Visa gift card to encourage participation. A total of eight members were interviewed. Interviews were qualitatively analyzed using prior themes from the evaluation questions. The data were also examined for new or emerging themes.