



Collaborative Mentorship Network: Evaluation 2021-2022



ALBERTA COLLEGE *of*  
FAMILY PHYSICIANS



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## EXECUTIVE SUMMARY

The Alberta College of Family Physicians (ACFP), with the support of a Health Canada Substance Use and Chronic Pain program grant, established the Collaborative Mentorship Network (CMN) for Chronic Pain and Addiction to connect healthcare providers that treat and support patients with chronic pain and/or substance use disorders in Alberta. The CMN aims to provide access to mentors, evidence-based tools and resources, and knowledge translation opportunities. The CMN is funded by Health Canada from June 2020 to July 2023.

Over the past fiscal year (April 1, 2021- March 31, 2022), the CMN provided learning activities and educational opportunities to improve three main areas: (1) self reported practice outcomes, (2) CMN educational programs, and (3) effectiveness of the mentorship program.

The CMN contracted a third-party evaluation consulting agency to survey and interview members about the effectiveness of the CMN resources at enhancing their knowledge, increasing their confidence, and improving their practice in chronic pain and substance use. Satisfaction with the CMN communications was also assessed. Finally, members in formal mentoring relationships were asked to provide feedback on the program's utility and provided recommendations to improve their mentoring experiences.

The findings presented in the report are drawn from the annual CMN (2021/22) member survey and interviews conducted from January to February 2022. The survey response rate was 29% (N= 313, n=90). Nine interviews were conducted with members from a variety of health disciplines, including, Family Physicians, Pharmacists, Nurses, and mental and social health care providers.

## EVALUATION RESULTS

### **Survey respondents reported an increase in their knowledge about chronic pain and/or substance use disorders.**



The majority of the CMN members reported gaining knowledge from the CMN learning opportunities. Members reported sharing their learnings with colleagues. On average, 80% of the respondents agreed and strongly agreed that they increased their understanding or learned something new about chronic pain and/or substance.

### **Participants said that the CMN's learning opportunities meet members' needs.**



Most CMN members are satisfied with the CMN's learning activities and found them to be high quality, beneficial, informative, and applicable to day-to-day patient management and practice. Members suggested that the CMN continue to cover root causes and address bio-psycho-social and spiritual components of substance use and chronic pain.

### **The CMN's activities have increased members' confidence with treating and/or supporting patients with chronic pain and /or substance use disorders.**



More than 80% of survey respondents agreed that the Virtual Collaboration Forums (VCF) increased their confidence to provide care for people with chronic pain and/or substance use. Interviewees said this increased confidence came from connecting with a mentor and other professionals and being able to access resources.

### **CMN members report improvements in their practice.**



Members provided examples of how they changed their practice as a result of their involvement with the CMN, including: reduced referrals to specialists, changes in frequently used/prescribed medication for substance use, changed communication approach with patients, and implementing a more effective patient advocacy approach.

### **CMN's resources and communication meet members' needs.**



The majority of survey participants were satisfied with the CMN resources, these include, the resource library (66%), session recordings (78%), Fast Gives (Pearls infographics) (68%), and CMN articles (79%).

Respondents expressed high satisfaction with the Catch-Up Newsletter, direct emails, and coordinator touch base calls.

### **Participants in the mentorship program are mostly satisfied with the program, but challenges, such as screen fatigue and availability/scheduling persist.**



Of those members who participate in mentorship, about 80% said they were satisfied with the support provided by the CMN and their overall mentoring experience. Participants highlighted numerous benefits, such as: access to resources, directly learning from others, having support and reassurance, increased opportunity for self-learning, and a fun and exciting opportunity to teach and help others.

## CONCLUSION

The CMN learning opportunities provided in 2021/22 fulfill the desired outcomes of enhancing knowledge, increasing confidence, and improving care for individuals with chronic pain and substance use issues. The CMN's deliverables meet the diverse needs of most of the members, however, there are opportunities to address the needs of those not currently benefiting much from CMN by improving engagement and attendance.

## RECOMMENDATIONS

- Continue to tailor educational offerings to various audiences, (e.g., sessions that touch on root causes, shorter sessions).
- Continue to communicate and promote CMN's offerings, and target practitioners who might benefit the most from these resources (e.g., new practitioners).
- Encourage members to share their CMN experience with their colleagues, as a trusted reference is a powerful way to build membership.
- Identify ways to increase engagement within the Virtual Collaboration Forum, as it is not utilized to its potential.
- Identify ways for members to network and use collaborative problem solving (e.g., during a session utilize break-out rooms to encourage dialogue and flow of ideas among participants).

## BACKGROUND

The Alberta College of Family Physicians (ACFP), with the support of a Health Canada Substance Use and Chronic Pain program grant, established the Collaborative Mentorship Network (CMN) for Chronic Pain and Addiction to support healthcare providers that treat and support patients with chronic pain and/or substance use disorders in Alberta. The CMN aims to provide access to mentors, evidence-based tools and resources, and knowledge translation opportunities. The CMN is funded by Health Canada from June 2020 to July 2023.

Over the past fiscal year (April 1, 2021- March 31, 2022), the CMN provided learning activities and educational opportunities related to chronic pain and addiction, the aims were three-fold: (1) increase self reported knowledge, (2) improve clinician confidence, and (3) provide access to effective and relevant resources. The CMN hired an evaluation consultant to survey and interview CMN members and collect feedback on the effectiveness of the CMN program. This included asking members to rate their satisfaction with CMN communication methods, knowledge translation materials and, for those in formal mentoring relationships, provide feedback on the program's usefulness and ways to improve.

The results of this evaluation will inform the program administrative team on how to further advance the CMN's goals and objectives. The evaluation was conducted in January and February of 2022. Although the CMN conducted an evaluation in 2021, comparisons will not be made to past findings because the questions in this evaluation slightly differ.

## EVALUATION QUESTIONS

This evaluation answers the following six questions:

1. To what extent did CMN increase participants' knowledge of chronic pain and/or substance use disorders?
2. To what extent are CMN's learning opportunities serving members' needs?



3. To what extent did CMN increase participants' confidence with treating and/or supporting patients with chronic pain and /or substance use disorders?
4. To what extent did involvement with CMN lead to self reported improvements in practice?
5. To what extent did CMN's resources and communication meet members' needs?
6. How satisfied are mentees and mentors with the mentorship program?

**The CMN program team will use the findings to:**

- a) Identify successful program components and areas for improvement
- b) Strategically plan for the next program year
- c) Report to Health Canada, the primary funder

## METHODS

### DATA COLLECTION

The goal of the CMN annual survey was to quantify CMN members' satisfaction with resources, learning opportunities, communication, mentorship, and measure how these products/services impact their knowledge, confidence, and practice. The annual survey was administered online and distributed using email to all CMN members (n=313), between January 19 and February 19, 2022. Two reminder emails were sent to non-responders.

Recruitment for interviews occurred via the online survey. The survey's last question asked for volunteers to participate in 30-minute telephone interview. Participants who expressed interest received a scheduling link to book an interview. Nine CMN members were interviewed by telephone, interviews focused on members' experience with CMN's resources, learning opportunities, and mentoring program.

## DATA ANALYSIS

Interview data was organized using Dedoose Software while survey data was analyzed using Microsoft Excel.

## ETHICAL CONSIDERATIONS

Participation in the annual survey was voluntary, and informed consent was implied through voluntary participation. Participation in the interviews was also voluntary and verbal consent was obtained.

## LIMITATIONS

The annual CMN member survey results may not reflect the experiences of those who did not respond, meaning there could be some selection bias. The evaluation tried to overcome this bias by: (a) sending the survey to all CMN members, (b) making the survey anonymous and ensuring that the questions were non-identifying, (c) promoting the survey through the ACFP and CMN regular communication channels, (d) sending two reminder emails to members that did not complete the survey, and (e) offering a chance to win a prize for participating in the survey's completion.

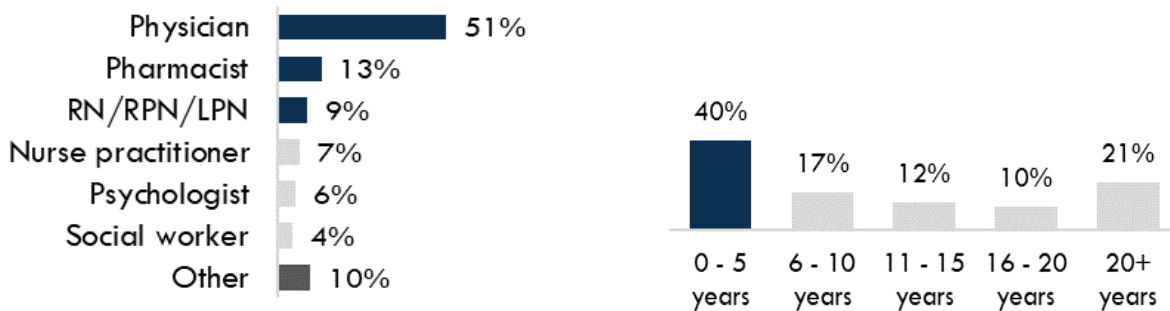
The CMN interviews may have a sampling bias where the results may not accurately reflect the experiences of those who did not participate in interviews. To reduce this bias, the CMN provided an honorarium to all interview participants. In addition, survey participants had the opportunity to respond and provide comments using an open-ended text box.

## RESULTS

### SUMMARY DEMOGRAPHICS

Ninety (n=90) clinicians participated in the survey, accounting for 29% of the total CMN membership. About half of the survey respondents were physicians (Fig. 1). Forty percent (40%) of the survey respondents reported practicing in their role for less than five years, while about a third have practiced for over 16 years (Fig 2).

FIGURES 1 AND 2: CLINICIAN TYPE AND YEARS OF PRACTICE



Sixty-seven percent of the survey respondents practice in the Calgary (39%) or Edmonton Health Zones (28%), while the remaining one-third (33%) practice in the North, South, and Central Zones combined (61%). In addition, most of the respondents practice in urban settings.



FIGURE 1. HEALTH ZONE (N = 90)

FIGURE 2. PRACTICE SETTING (N = 90)

About half of the respondents identify as female (52%) and 59% of the whole CMN membership joined in 2021.

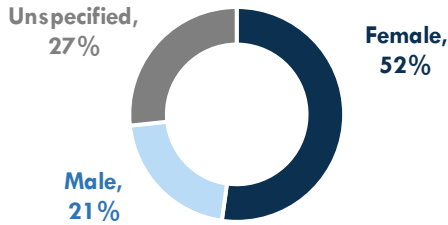


FIGURE 5. GENDER (N = 90)

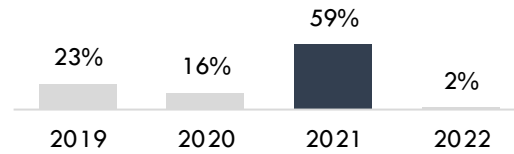


FIGURE 3. YEAR JOINED CMN (N = 90)

About a third of the survey participants had attended a Virtual Collaboration Forum (VCF) webinar (37%), took a PainBC course (33%), attended a CMN special event (32%), or participated in PCN Pain Rounds (31%), while 28% of the survey respondents reported not having accessed any CMN learning opportunity (Fig. 7).

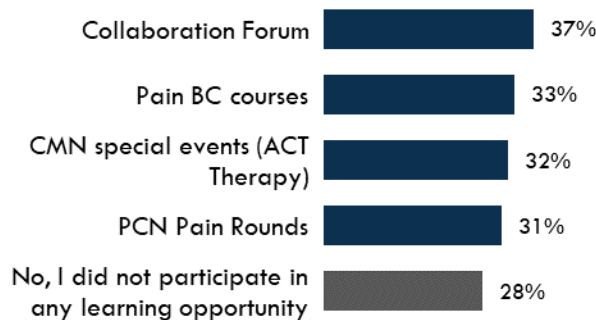


FIGURE 7. LEARNING OPPORTUNITIES ATTENDANCE (N=90)

## INTERVIEW RESULTS

Interviews were conducted with with nine CMN members, representing a variety of professions, including: Family Physicians, Nurses, Pharmacists, and mental health workers. Membership with the CMN ranged between new memberships and membership for 3 years.

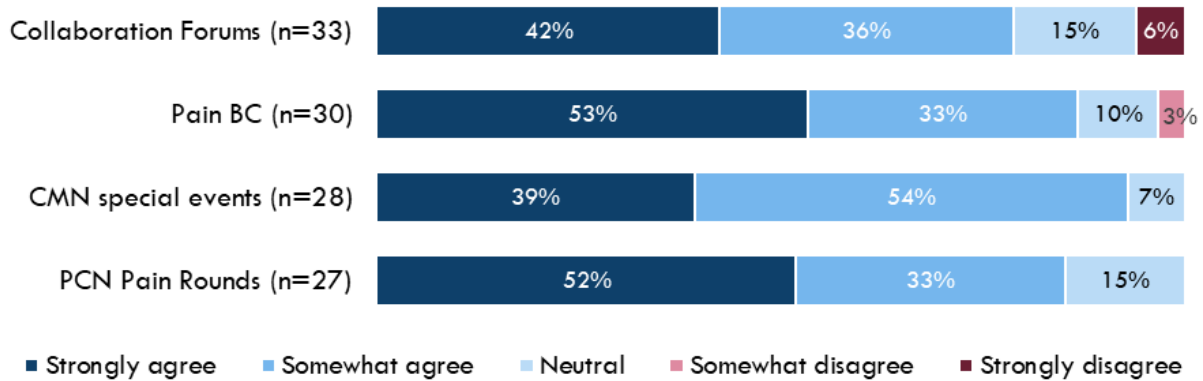
Almost all interview participants have accessed some learning opportunities and knowledge resources from the CMN. Some members participated in numerous activities, including taking PainBC courses, attending Acceptance Commitment Therapy (learning series), and regularly participating in the Collaboration Forums, while others have only attended a session or two, respectively. About half of the interview participants joined the mentoring program as a mentor, mentee, or both, and some have an interdisciplinary mentoring arrangement.

## OUTCOMES

### **1. To what extent did the CMN increase participants' knowledge of chronic pain and substance use disorders?**

The majority of survey participants said they gained knowledge from a CMN learning opportunity, some noted sharing this knowledge with their colleagues. Of those that attended a CMN event, (VCFs, Pain BC, CMN special events, and/or PCN Pain Rounds), about 80% reported that their participation contributed to new perspectives and learnings on chronic pain and/or substance use. The survey participants also reported increased overall knowledge because of their participation in a CMN learning opportunity.

FIGURE 8. CMN LEARNING OPPORTUNITIES HAVE INCREASED MY KNOWLEDGE ABOUT PROVIDING CARE TO PEOPLE WITH CHRONIC PAIN AND/OR SUBSTANCE USE



Participants provided the following examples of the improved knowledge areas:

- Access to resources from local programs
- Providing new information regarding medications (e.g., opioid prescriptions)
- Ideas for better support for chronic pain patients as they navigate the healthcare system (e.g., providing patients strategies to better communicate the support they need)
- Increased understanding of the physiological mechanics of chronic pain

Most interview participants found the CMN learning sessions beneficial, even if they were familiar with the information, they attended sessions to refresh themselves. Some participants found new perspectives that were unique or that came from a lens outside of their own.

*“I’d say it’s not always something new but there’s always bits and pieces of new information here and there.” - Interview Participant*

*“It was excellent. It’s a very high calibre training opportunity. It was very informing to my practice and so they were well suited and applicable.” - Interview Participant*

*“It’s been really informative so far. As [profession] it’s a different lens from different types of practitioners and for multidisciplinary collaborations.” - Interview participant*

Some interview participants appreciated the VCFs because they are a platform to discuss subjects not typically examined in healthcare since most medical field programs only focus on the science of healthcare. A few expressed their wish for more engagement, and participation from all CMN members in the forums.

*“More networking would be great if possible. A safe space to chat about working with this population, maybe to talk about our personal “hits and misses” - what has gone well and what hasn’t.” - Survey Participant*

## 2. To what extent are CMN's learning opportunities serving members' needs?

CMN learning opportunities serve most members' needs while a few members have identified gaps in learning. Most interview participants found the opportunities to be high quality, beneficial, informative, and applicable to their day-to-day patient management and practice. They appreciated that the contents have moved away from a physician or prescriber focus to a more multidisciplinary approach, reflect the actual health system, and provided different perspectives from various disciplines using a multidisciplinary approach.

*"I recently joined and watched the video recording of "meet the disruptors" - excellent session! I admire and applaud the bravery, vulnerability and strength that was shared at the session. A change in hearts and minds is so needed so that stigma and policy based on ideology doesn't overshadow and silence evidence-based care and harm reduction efforts." - Survey Participant*

An interview participant new to Alberta highly recommended that CMN educational offerings be advertised or included in the licensing requirement of foreign doctors through the College of Physicians and Surgeons of Alberta (CPSA). They stated the CMN learning offerings were essential when they began practicing in Alberta. The participant noted that most foreign trained physicians may not be as familiar with opioid addiction and would benefit from membership and mentorship opportunities.

*"Because foreign doctors and immigrant doctors don't deal with opioids in their country. Coming to Canada, it's a very difficult and challenging thing to do because in North America, you know, pain management has been dealt with a certain way for the last 20 years and in the other countries opioids are not even an issue. So, it's hard to inherit patients that are on opioids and then being able to assess that. It just puts the*



*foreign doctor, the immigrant doctor in a challenging position.” -*

*Interview Participant*

Although most members are satisfied with the CMN’s learning offerings, an interview participant that works with marginalized communities felt the opportunities do not discuss root causes of substance use. Similarly, a survey participant found the sessions to be too lengthy with minimal take-away points.

*“They [learning opportunities] ...don’t dig deep.” - Interview Participant*

Two members expressed opposing views on the learning opportunities accessibility. One found the evening session accessible because they do not have to change patient appointments to attend, while the other member was unable to attend because sessions were held in the evening. This indicates that members have diverse needs and the CMN should be creative with program delivery to reach and accommodate different groups.

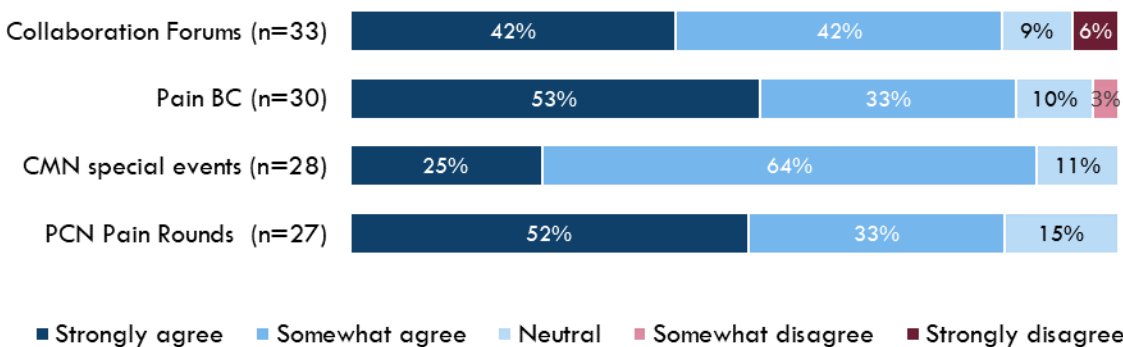
Interview and annual survey participants were asked to identify resources or possible clinical focus for future learning opportunities, the following were suggested:

- Resources for patients (e.g., information sheets or video for patients)
- Create opportunities to shadow leaders in the field communicating with patients and delivering care
- Provide opportunities to support/gain certification in chronic pain and substance use management
- Deliver workshops to develop specific skillsets in chronic pain and substance use management
- Information on rehab and ways to support and care for pain related to long-COVID
- Exercise prescription for chronic pain

- Include Leadership, Communication and Conversational type workshops to support translation of learning into practice
- Abdominal pain, autoimmune disorders, effects of stress (and what to do about it), resources in the community/utilizing a team (doesn't have to be all on the family physician)
- Offer the bio-psycho-social and spiritual approach instead of continuously focusing on the disease model
- Provide opportunity to discuss complex cases (e.g., substance use in pregnancy)

**3. To what extent did CMN increase participants’ confidence with treating and/or supporting patients with chronic pain and /or substance use disorders?**

Survey participants and interviewees both reported increased confidence levels after attending the CMN learning opportunities. More than 80% of survey respondents that attended the Collaboration Forums (84%), a Pain BC course (86%), one of the CMN special events (89%) or PCN Pain Rounds (85%) reported increased confidence to provide care to people with chronic pain and/or substance use.



**FIGURE 9. CMN LEARNING OPPORTUNITIES INCREASED MY CONFIDENCE IN PROVIDING CARE TO MY PATIENTS WITH CHRONIC PAIN AND/OR SUBSTANCE USE**

Most interview participants felt that their participation increased their confidence to take care of people with substance use or chronic pain. Examples of this include:

- Knowing that they can reach someone if they need help (their mentor and/or CMN community)
- Knowing there are lots of resources on CMN website and can access them when/if necessary
- Feel more knowledgeable because of the CMN learning offerings

*“The most important thing which I appreciate is that I know if I’m stuck there is somebody who I can call and that gives me confidence.” - Interview Participant*

*“So that just – being more confident in my knowledge helps me be able to sustain a more positive relationship with patients.” - Interview Participant*

#### **4. To what extent did involvement with CMN lead to improvements in practice?**

Members reported that their involvement with the CMN led to practice changes and improved patient management. 85% of the survey responders that participated in a CMN event reported changing their practice after attending. Additionally, those who attended a Pain Rounds webinar (81%), those who took a PainBC course (76%), and those who attended a VCF (63%) agreed that they changed their practice after participating in a session.

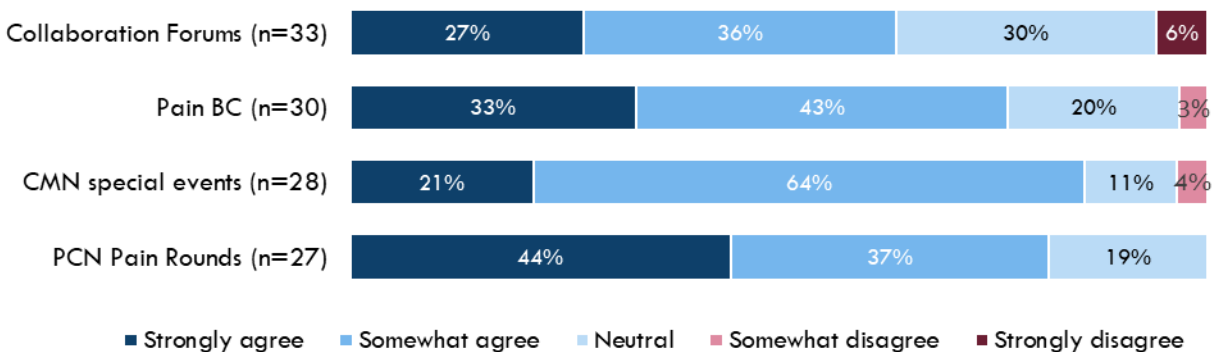


FIGURE 10. CMN LEARNING OPPORTUNITIES LED ME TO CHANGE MY PRACTICE FOR PEOPLE WITH CHRONIC PAIN AND/OR SUBSTANCE USE

Interview participants gave examples on how the information they received from a CMN learning opportunity impacted the way they manage their patients with chronic pain and substance use issues. Some examples include:

- Reduced the number of referrals to specialists because they have the resources to manage patients within their own practice
- Included the information received from CMN in patient educational sessions, equipping patients with more tailored information and resources to better navigate and understand the healthcare system
- Increased understanding of other healthcare professions, their limits and information need
- Changed frequently used medication for substance use (from methadone to suboxone)
- Changed communication approach with patients
- Implemented a more successful patient advocacy approach by choosing a more effective language and requesting for appropriate interventions

Interview responders the following to say:

*“I am more assertive with prescribing Suboxone rather than methadone ... So that’s been a change in practice. Previously I tended to start a little bit on methadone, but I am trying to offer Suboxone more frequently or at least start that as my primary choice of medication.” - Interview Participant*

*“I believe that the way to converse with these clients [with chronic pain] was made easier because of the courses that I was learning through CMN.” - Interview Participant*

**5. To what extent did CMN’s resources and communication meet members’ needs?**

More than two-thirds of the CMN members are satisfied with the CMN resources. Most survey participants were satisfied with the resources provided, including, the resource library (66%), session recordings (78%), Fast Fives (Pearls infographics) (68%), and CMN articles (79%).

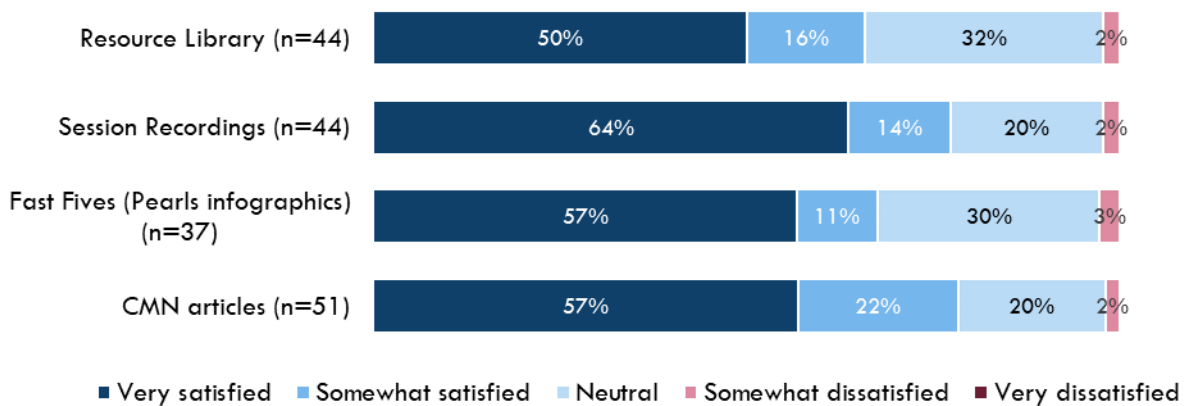


FIGURE 11. SATISFACTION WITH CMN RESOURCES

Members expressed satisfaction with the CMN’s communication approaches, mainly the Catch-Up Newsletter, ACFP E-News, direct emails, and the coordinator touch bases. About half of the respondents were neutral or dissatisfied with the blog posts and the discussion board. Many survey respondents reported that they did not access the blog posts or the discussion board, indicating that these are the least preferred or least accessed ways of communication. In contrast, direct email and the Catch-up Newsletter were rated the most preferred methods to communicate with members.

*“They [CMN] provide a variety of learning experiences and are very good at communicating these opportunities. The program makes it easy to participate and move forward. I’m very impressed.” - Survey Participant*

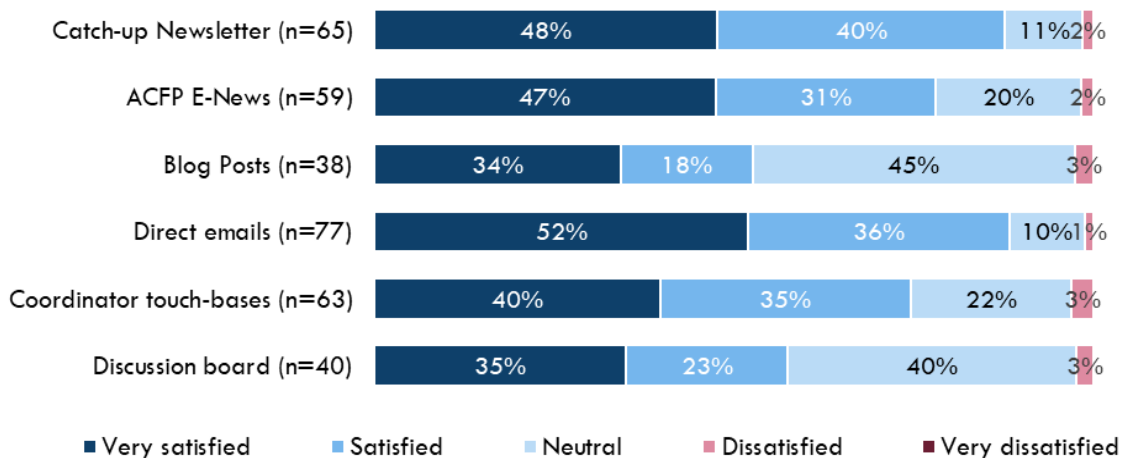


FIGURE 12. SATISFACTION WITH CMN’S COMMUNICATION

### 6. How satisfied are mentees and mentors with the mentorship program?

Twenty four percent (n=20) of the survey respondents were current mentees, while 16% (14) are mentors, and 4% (n=3) are both a mentor and mentee.

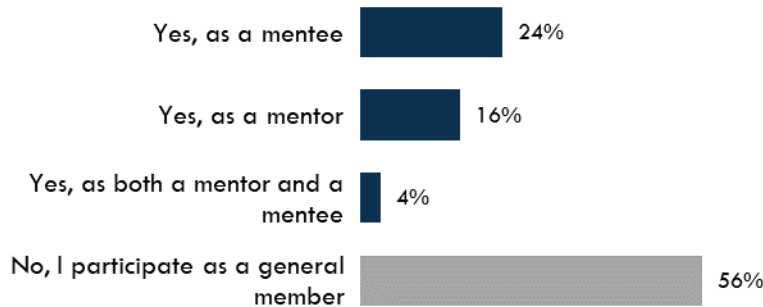


FIGURE 13. PARTICIPATION IN MENTORSHIP PROGRAM (N=85)

Overall, most of the mentorship program participants interviewed are satisfied with the support they receive on complex cases, including the information and resources given by their mentors.

*“That [CMN’s mentorship] is the only program which I’m using, ...I think mentorship program is one of the best.” - Interview Participant*

*“Our mentor has supported our team in addition to myself and has been great at sharing resources and information - nice case consults in a general sense too.” - Survey Participant*

About 80% are satisfied with the mentoring support provided by CMN and their overall mentoring experience.

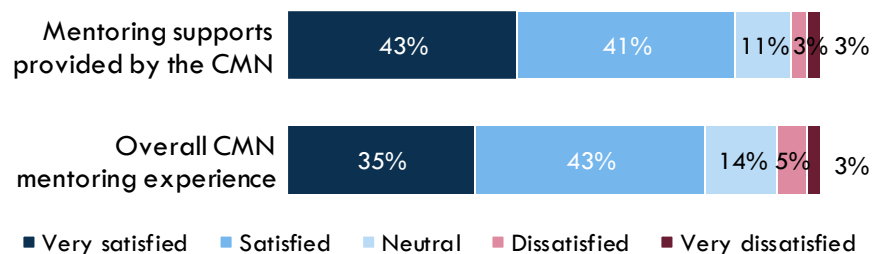


FIGURE 4. SATISFACTION WITH CMN’S MENTORING PROGRAM AND SUPPORT, (N=37)

Survey responders identified benefits to participating in the mentorship program, including:

- Found it fun and exciting to teach, share their passion and help their colleagues get comfortable in the field
- Provided a sense of purpose and giving back
- Promoted self-learning and discussing topics with mentee led to deeper understanding and reflection on the topics
- Broadened experience and exposure to different disciplines, and how it interacts with their own practice
- Learning opportunity to see how others within the discipline approached chronic pain management
- Learned about various medications, risks, benefits, and strategies for optimization
- Provided opportunity to discuss complex cases and ask questions to a more experienced practitioner
- Provided reassurance and support, which improved confidence
- Provided resources

*“I learn from my mentees and learn from the process of articulating my thoughts in response to their questions.” - Survey Participant*

*“My mentor provided me with solid tools and resources to run my own pain program. And was available when I could. I'm so impressed with this network. Very well organized, loved the care package. Very good communication and follow up. Excellent and thank you so much. You threw me the lifeline I needed.” - Survey Participant*

Most participants in the mentorship program have a trusting and collaborative relationship.



About 75% of the mentors trust their mentee and have good communication and engage in collaborative problem solving.

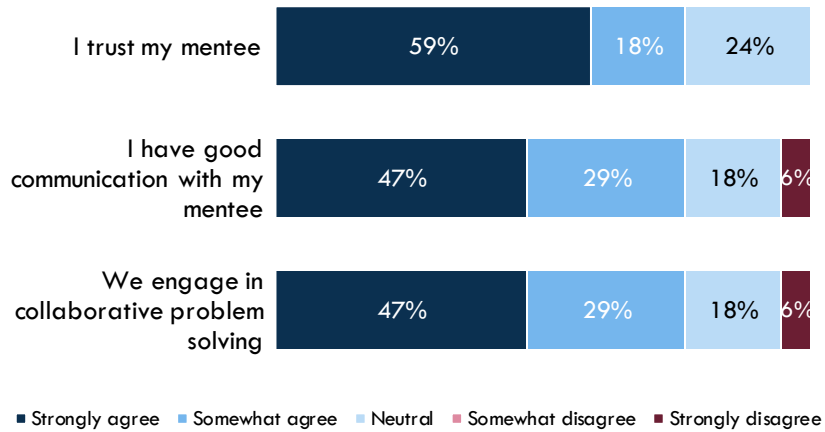


FIGURE 5. MENTEE COMPETENCY, (N=17)

Roughly 80% of the mentees trust their mentor and have good communication and engage in collaborative problem solving.

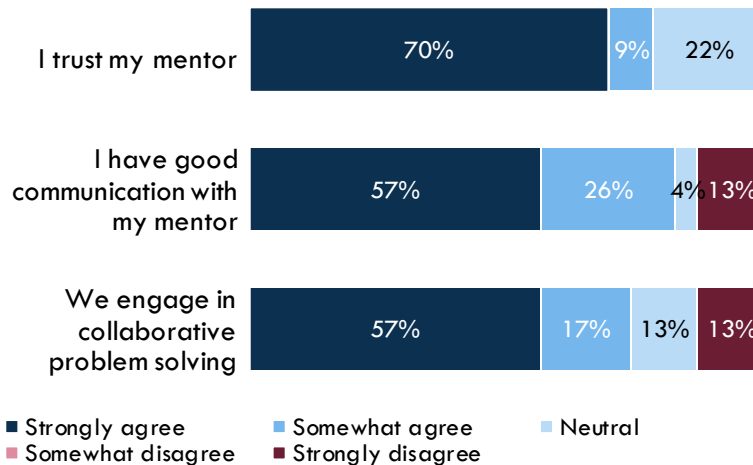


FIGURE 16. MENTOR COMPETENCY (N=23)

Some interview participants felt that the Covid-19 pandemic affected their interest or ability to participate in the mentorship program, mainly due to time and energy constraints. They added that they didn't have a chance to connect with their mentor/mentee and when they need information on a particular topic, they send text messages to individuals in their network for immediate responses.

Survey participants rated the challenges they experience with the mentoring program, identifying time constraints as the highest rated challenge while about a third of participants have not experienced any constraints.

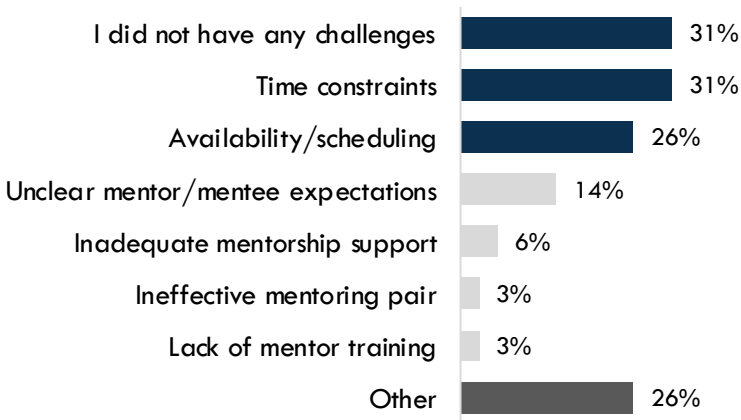


FIGURE 17. CHALLENGES WITH MENTORING PROGRAM (N=35)

Additional challenges noted:

- Mentee not reaching out to mentor
- Mentee not bringing forward questions or specific cases to discuss during meeting
- Taking a personal leave disrupted participation in the mentoring program
- Mentor and mentee have different practices, where one focuses on chronic pain and the other on substance use

Interview participants were asked to brainstorm ways to prepare CMN members to be mentors, and they identified the following:

- Encourage CMN members that are participating in the mentoring program to share their experience with their colleagues to promote awareness of the program, as testimonial/recommendation from a colleague is powerful in motivating others

*“If we have some kind of a campaign that every mentor or mentee tells a couple people that how good this service [CMN mentorship program] is and how you are benefiting it, you know, people will get more attracted to take this road rather than the emails or something like that.” -*

*Interview Participant*

- Reach out to potential mentors based on their application for the mentoring program.

*“And it did make me feel better when I got a personal email from someone that said like, ‘It’s great that you’re signing up to be a mentee but you’ve been in the area for a long time, don’t you think you could possibly mentor someone,’ and then the more I thought about it the more I was like, ‘Oh no, I guess I could’.” - Interview Participant*

- Encourage participation in the mentorship program in live webinars, Collaboration Forum, and discussion boards

Interview participants were asked if they prefer the mentor-mentee or peer-to-peer terminology. Three out of four participants expressed a slight preference to change terminology from mentor-mentee to peer-to-peer. They emphasized that the most important thing in mentorship is removing hierarchy. Therefore, whatever language or terminology is used, participants would like the program to promote collaboration and partnership and avoid top-down approaches.

Overall, participants appreciated CMN and expressed their excitement for the future as the program expands. Interview and annual survey respondents expressed their appreciation of the program and thanked the CMN team for their efforts.

*“I’m just really glad that they [CMN] are doing the work that they are. I think they’re doing a fantastic job and if they can continue to expand their scope and their presence in clinics, in hospitals so that we can provide better patient care, I think all the better. I think they’re doing great work.”- Interview Participant*

*“I think it’s an amazing program and I think as it keeps growing it’s going to just get better.” - Interview Participant*

*“This is such a valuable resource and I’m super excited to be part of it.” – Interview Participant*

*“More of these great opportunities! Thank you for all that you do as an organization!!” - Survey Participant*

## DISCUSSION

Since June 2020, CMN has provided (a) resources and tools, (b) educational sessions and courses, (c) opportunities to network and engage with other practitioners, (d) updates and information, and (d) a mentoring program to support healthcare practitioners who work in chronic pain and substance use. Overall, these offerings have improved members’ knowledge and confidence and have led to practice changes, where patients receive enhanced services as a result.

CMN member’s self-reported that they increased their knowledge and understanding on (a) addiction and substance use in general (e.g., physiological aspects of addiction),

(b) resources in the community, (c) medications used, (c) other healthcare providers treatment approaches, (d) ways to guide and prepare patients, and (e) ways to deal with complex cases. These members identified that this knowledge enhanced their abilities to improve their practices and reduced the number of referrals to specialists because they felt that they can handle complex cases better, improve communication with patients, and change prescriptions, etc.

The CMN is meeting most of its members' needs specific to communication, resources, educational offerings, and mentoring support, however, members significantly vary in their needs. Most find a suitable resource to use, some prefer to reach out to their mentor to discuss complex cases, while others rely more heavily on available courses and sessions. CMN's deliverables meet most of the member's diverse needs, while there's opportunity to improve and address needs not currently established.

Additionally, there's opportunity to improve engagement and attendance. Only one third of the survey respondents have attended a Virtual Collaboration Forum. The rate of access is even lower for the other educational offerings. In addition, engagement in discussions is minimal but members have expressed needing more active discussions.

## RECOMMENDATIONS:

- Continue to tailor educational offerings to various audiences, (e.g., sessions that touch on root causes, shorter sessions)
- Continue to communicate and promote CMN's offerings, and target practitioners who might benefit the most from these resources (e.g., new practitioners)
- Encourage members to share their CMN experience with their colleagues as recommendations are powerful tool to attract new users
- Identify ways to increase engagement within the VCF, as they are not being utilized to their potential

- Identify ways for members to network and enter a collaborative problem solving (e.g., during a session utilize break-out rooms to encourage dialogue and flow of ideas among participants)

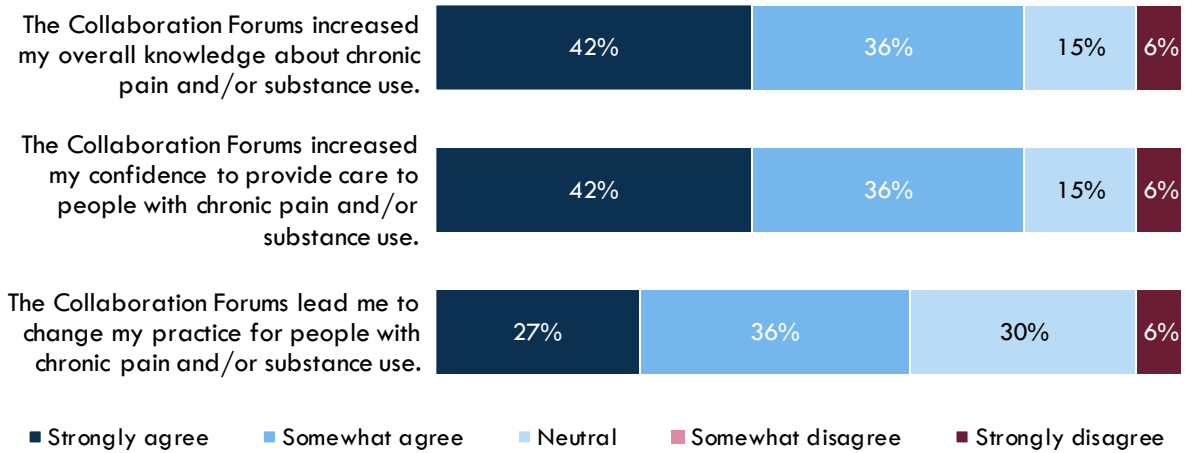
## Conclusion

In the past two years, the CMN has delivered quality resources that support healthcare practitioners in Alberta. The CMN's improvements continue to address their members' needs that provide services that monitor growth, adapt to current perspectives, find innovative solutions, build efforts in learning and collaboration to continue and establish best practices.

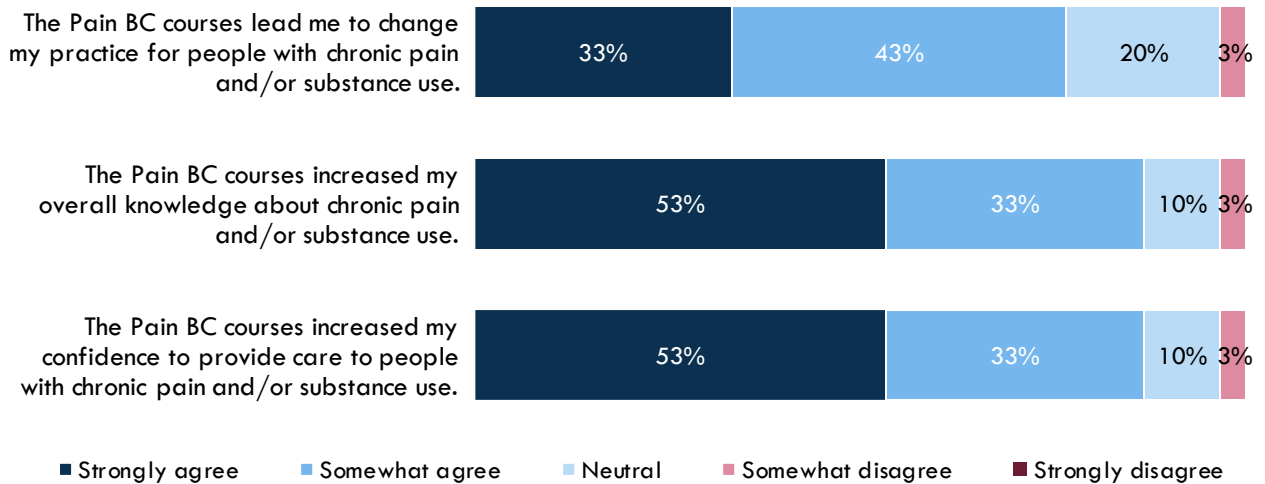
Next Steps: using the results from this evaluation, plan and implement the next year of learning opportunities.

## Appendix 1: Annual Survey Result by Type of Resource

### COLLABORATION FORUM (N=33)

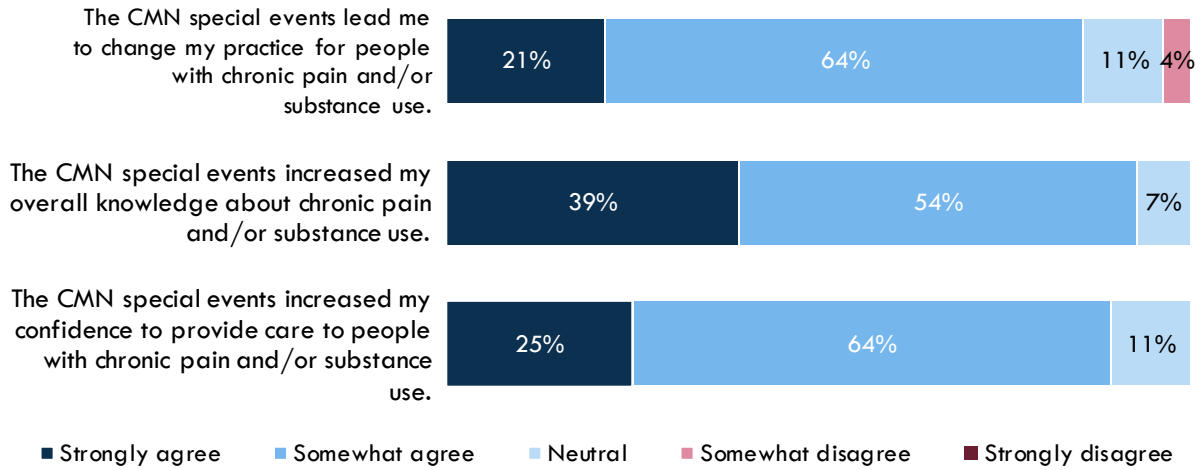


### PAINBC COURSES (N = 30)

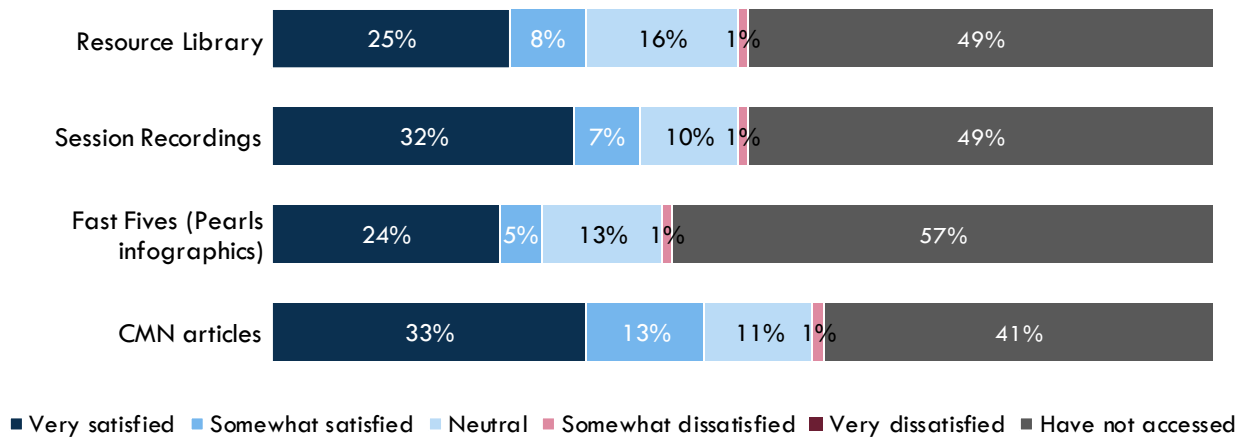




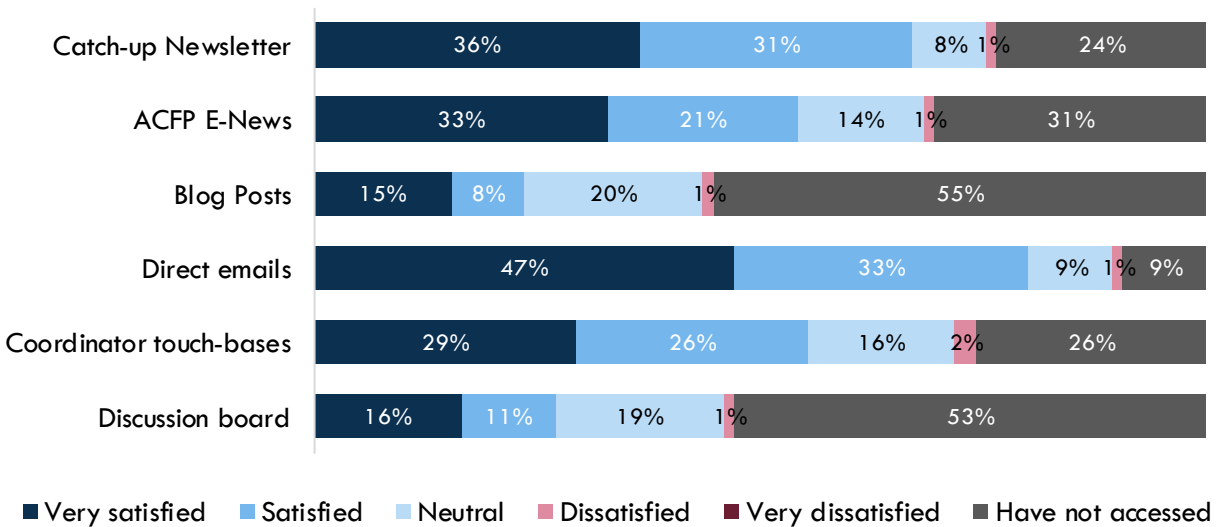
CMN SPECIAL EVENTS (N= 28)



SATISFACTION WITH CMN KNOWLEDGE RESOURCES (INCLUDES THOSE THAT DID NOT ACCESS THE RESOURCES) (N=87)



SATISFACTION WITH CMN THE VARIOUS FORMS OF COMMUNICATION (N=87)



## APPENDIX 2: ADDITIONAL TOPICS FOR EDUCATIONAL OPPORTUNITIES

### TREATMENT AND MEDICATION TOPICS

- Focus directly on OAT for chronic pain
- Group sessions for members
- How to manage addiction in a hospital setting
- How to switch from oat to kadian
- Learning opportunities for exercise prescription and pain management. In addition, pelvic health
- Information about Sublocade (injectable buprenorphine)-*“it’s saving lives!”*
- Local joint steroid injection
- More information about safe supply and hyperalgesia with mega-high opioid use in vulnerable population
- More information of novel pain medication protocols

- More opioid dependence related educational programs
- Online CME PRA
- Other options to harm reduction
- Stress and Anxiety and Coping and Managing
- Suboxone for chronic pain. An easy overview to getting patients engaged and how to dose
- Perhaps a good resource for what is covered by ABC/NIHB and what isn't, how to order some of the more complicated meds (like compounded topicals, newer forms of buprenorphine/naloxone such as Sublocade). Maybe even offering access to the training for Sublocade since I think a monthly injection would be an amazing option for some of my patients
- Dosing and prescribing guidelines or quick guide references
- Online opioid rotation calculator

## GENERAL TOPICS

- Employment opportunities in chronic pain and substance use management
- General support for mental health
- How to convince the powers that be (i.e., the UCP) that drug poisoning is real and a toxic drug supply harms everyone, regardless of if they have an addiction or not. Ideological pushback against harm reduction efforts is counterproductive. If we want to have healthy communities, we need to move past stigma and address root causes
- Maybe a portal where questions on practice could be asked or a number to text for advice on management strategies
- The political role for health practitioners during challenging times, especially with cases of political leadership which is ideology based (i.e., economics trumps human life) rather than being socially oriented

- Training and certification programs
- Weekly tips or fast facts email/text with links for additional information
- More time given to finish online courses during a pandemic
- Networking and opportunity to make connections with others who serve populations living with substance use
- Repeats of previous offerings
- Continue to discuss the harm reduction philosophy
- Support and involve more family physicians towards managing chronic opioid usage, as the burden is shifting towards pharmacist when some family physicians refuse services, this was even more exacerbated by Covid-19 as patients had more barriers to reach family physicians.
- Support family physicians to offer and provide Hepatitis C treatment, regular STI screening, PrEP (HIV prevention medication) for substance use patients
- Provide information on fibromyalgia to family physicians, so they are better able to manage and educate patients with chronic pain
- Identify ways to reach the community beyond healthcare providers (e.g., teach high-school students how to use naloxone, which is widely available at pharmacies and clinics, as part of their health class, as its potential benefit is significant)
- Ways for healthcare providers to overcome the Covid-19 and virtual care burden to promote their own personal health and wellness
- Provide the training on online or virtual pain treatment again (it was provided before and found it to be very useful) or avail the recordings
- Continually provide up-to-date information to help members keep up with new information