

ALBERTA COLLEGE OF FAMILY PHYSICIANS

Collaborative Mentorship Network (CMN)

EVALUATION REPORT



Executive Summary

Introduction and Evaluation Approach

The Collaborative Mentorship Network for Chronic Pain and Addiction (CMN) was an initiative by the Alberta College of Family Physicians (ACFP) to connect diverse health care providers who are treating and supporting patients with chronic pain (CP) and/or substance use disorders (SUD) in Alberta. The CMN supported these health care providers with access to various professional development activities and resources such as mentors, evidence-based tools, and knowledge translation opportunities.

This is the final evaluation report for this initiative. From January to February 2023, Three Hive Consulting measured the advancement of the CMN's goals and objectives, the medium-term outcome achievements, and examined whether any changes resulted from CMN's work. The findings presented in this report conclude with suggestions for how the CMN could continue its activities after the end of its funding from Health Canada. Data was collected from the annual CMN member survey and interviews with self-selected CMN members.

Evaluation Results

1. CMN has helped members to form a professional network of like-minded practitioners.

Members have expressed that peer-to-peer learning activities like the mentorship program and workshops helped facilitate their professional learning and informed them of other resources. Most members said they did not have a robust network of colleagues in chronic pain and/or substance use disorders. This was often one of the chief reasons why members sought out the CMN and was seen as a major benefit to participating. In particular, the interprofessional aspect of CMN was viewed as a valuable factor to members' learning.

"Like, when a social worker talks about the cases he deals with, when a physician working in a pain management clinic talks about the issues he's dealing with, they are really useful. Because everyone is bringing in their expertise, the cases they have seen and the struggles they have seen with patients. So, it kind of connects the dots."

– CMN Member

2. Involvement with CMN has led to improvements in practice.

Participating in the CMN has equipped members with the necessary information and resources to make them feel more confident in their practice. In turn, this has led to an increased ability in members to share information with colleagues and patients about chronic pain and/or substance use disorders. As a result, many members have reported a positive impact on their practice. However, not all members have been able to improve their practice with what they've learned because of a lack of direct relevance to their practice or barriers to implementation at work.

"And the feedback that I get from patients is, 'You know this is the first time that I've talked to somebody about my pain. And I actually feel like I have been heard and understood.' So, I would take those as –strong indicators that the resources that I'm reaching into at the CMN are producing changes in my practice that are effective. Because there is no sort of systematic tracking and research that I'm doing ongoingly with my practice."

– CMN Member

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3. CMN has increased members' knowledge of chronic pain and/or substance use disorders.

Through the CMN, members have learned new things about chronic pain and/or substance use disorders, along with gaining a deeper knowledge in topics they already knew. The increase and/or confirmation in knowledge has led to members having greater confidence in their practice. In particular, members reported an expanded perspective on non-pharmaceutical treatments for patients.

"It's a huge life saver for not only me, but for [my work]. Because all the education there and then the supportive mentorship, like, 'Hey you are going in the right direction,' because the guidelines can be pretty grey, especially with the number of different diagnoses that we see."

– CMN Member

4. Most members reported positive experiences with the mentorship program but many also reported facing challenges with accessing the program or communicating with their matches.

Availability of matches continued to be a problem amongst members who participated or signed up to participate in the mentorship program. Those who were able to participate as a mentor or a mentee faced challenges because of scheduling issues or general unresponsiveness from their matches.

"The one [mentee] I had in [city], they just had some questions on some clients with addictions and chronic pain. So, I gave them lots of resources. And I was like, 'Anytime you need [something], reach out to me.' And they haven't reached out since. And I've done some check-ins and they're just saying they're fine. They're good to go. And then there was two I had that just didn't respond."

– CMN Member

Successful mentoring relationships resulted in increased knowledge, skills, connections, and abilities. Most participating members felt adequately supported by CMN.

5. Members would prefer that the CMN continue to offer educational content and resources in the form of lectures, workshops, and the website.

Many members expressed that they find a lot of value in educational content and resources like lectures, workshops, and the website that CMN offers and would like to see it continue. There was a preference for content that allowed members to interact and learn from one another.

"But to me clinically, I really enjoyed the mentorship program. And I really enjoyed listening to the forum presentations and looking up the resources when I need to. I know that this information is available to me on their website, I can always go in and have access to it. So, I hope that they - like it needs to be updated, obviously, because you need people that will keep updating that resource. So, I'm not sure how that's going to look if they don't have funding. But it's definitely valuable to me. I would like to see it continue, if possible."

– CMN Member

Based on the latest data, engagement in CMN's monthly Virtual Collaboration Forums (VCF) has increased. The most popular VCF since November 2021 was 'Innovations in Addiction Medicine.' Attendance for ECHO sessions, however, declined over time. The most attended ECHO event in the same period was 'Signs of OUD & Pearls to Manage Patients on Long Term Opioids.'

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6. Overall, members expressed their appreciation for the CMN and the team, as well as hope for the continuation of some CMN activities.

Some non-physician members also stressed that they would not have been able to access these professional development resources outside of CMN and shared that they hope the programming can continue.

"I just want to tell them that it was great. I did their evaluation. I think they did a really good job. I think it was a fantastic initiative, and so refreshing to see that initiative. Like, it was very hopeful; I did have a lot of hope to see that physicians' collaborative mentorship. It's just like, 'Yes, let's work together on this.' That just made my - like, I love it. I'm so proud to be part of it. And it's - darn, it's going. Now I'm all alone."

– CMN Member

Conclusion

- CMN has successfully supported health care practitioners of diverse backgrounds to grow their knowledge and improve their practice.
- CMN has been an overall positive experience for many health care practitioners and has allowed them to connect with each other and form a network that was not available outside of this programming.

Recommendations

- ✓ It is recommended that ACFP continues offering the website as a repository of resources, even if it cannot be updated with new content. Identifying ways for members to continue connecting and sharing knowledge without the support of an official staffing complement would be beneficial.
- ✓ It is recommended that ACFP continues to keep members informed of the future of its programming and invite suggestions for how to continue priority activities for the future.
- ✓ It is recommended that ACFP explore potential alternatives to the current funding in the form of partnerships with other organizations that could help run its programming.

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Background

The Collaborative Mentorship Network for Chronic Pain and Addiction (CMN) was an initiative by the Alberta College of Family Physicians (ACFP) to connect diverse health care providers who are treating and supporting patients with chronic pain (CP) and/or substance use disorders (SUD) in Alberta. The CMN supported these health care providers with access to various professional development activities and resources such as mentors, evidence-based tools, and knowledge translation opportunities.

This is the final evaluation report for this initiative. From January to February 2023, Three Hive Consulting measured the advancement of the CMN's goals and objectives, the medium-term outcome achievements, and examined whether any changes resulted from CMN's work. The findings presented in this report conclude with suggestions for how the CMN could continue its activities after the end of its funding from Health Canada. Data was collected from the annual CMN member survey and interviews with self-selected CMN members.

Evaluation Purpose

In this final evaluation report, the focus is on the advancement of CMN's goals and objectives, the medium-term outcome achievements, and any resulting impact from CMN's work. Data for this report was collected from January to February 2023 using an online survey and one-to-one interviews with an external evaluator. Additional data came from the post-event surveys administered by the ACFP after CMN events. Comparisons to past evaluation findings will not be made because the questions explored in this report are slightly different. However, the report does make broad reflections and recommendations considering the entire scope of the program and its conclusion.

This evaluation answers the following main questions:

- 1. To what extent has the mentorship network reached its intended beneficiaries?**
- 2. To what extent did involvement in the mentorship network lead to improvements in practice?**
- 3. To what extent did the network 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?**
- 5. What components of the CMN should be carried forward and how?**

These findings will be used by ACFP to a) highlight successful program components and challenges encountered, as well as be used to b) report to its funder. While ACFP is the primary intended user of this evaluation, the funder – Health Canada – also has an interest in learning from these program results.

Methods

Data collection

Data sources for this report included the CMN Member Master List, post-event surveys administered by ACFP after CMN events, the CMN Annual Survey, post-event surveys, and individual interviews with self-selected CMN members. The CMN Member Master List and the results of the post-event surveys were provided to Three Hive Consulting by the CMN. Data from the CMN Annual Survey and the interviews with CMN members were collected directly by Three Hive Consulting.

The goal of the CMN Annual Survey was to capture the member experience with CMN's resources, learning opportunities, communication, and mentorship program. The survey also sought to understand whether these services/products have impacted members with their knowledge, confidence, and practice. The Annual Survey was made available online and distributed via email to all CMN members. The survey was open from January 26, 2023 to February 28, 2023.

Recruitment for the interviews occurred via the same email linking the online survey to all CMN members. A scheduling link to book an interview was included alongside the online survey link. Interviewees were also recruited via the online survey. The end of the online survey invited members to consider booking an interview time via a scheduling link. Interviews were conducted over Microsoft Teams with seven CMN members from January to February 2023. The interviews asked members to share their experience with CMN's resources, learning opportunities, mentoring program, and their thoughts on how they would like to see CMN continue after the end of the Health Canada funding.

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 at the beginning of each interview.

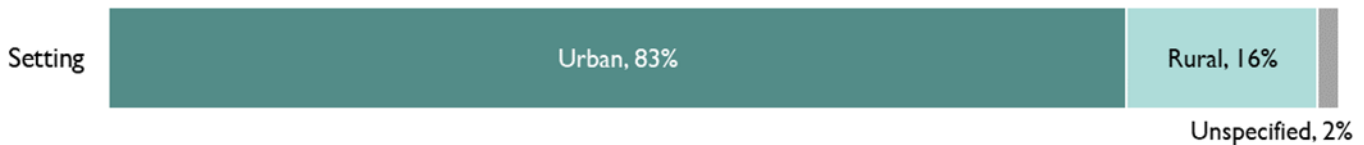
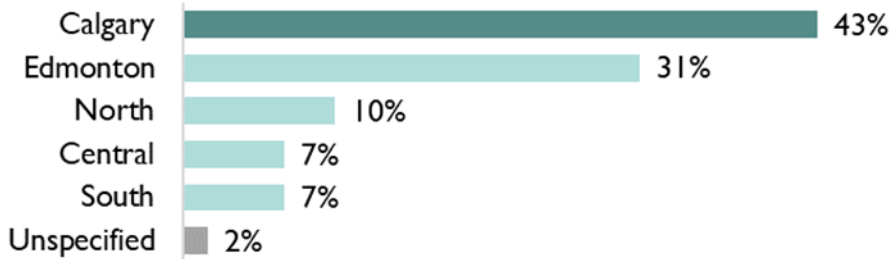
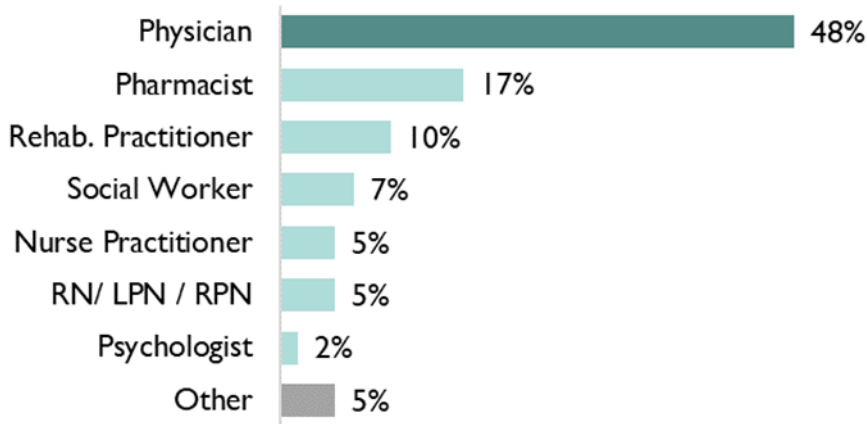
Limitations

There may be a sampling bias in the annual CMN member survey and the interviews due to a self-selected sample. Consequently, the results may not accurately reflect the experiences of those who did not participate. Efforts to mitigate and address this bias in the survey included: a) sending the survey to all CMN members, b) ensuring that the survey is anonymous and that the questions are also non-identifying, c) reminding members to complete the survey via regular CMN communications, and d) offering incentives to fill out the survey in the form of a chance to win prizes for participation. For the interviews, an honorarium was offered to all interview participants to mitigate and address this bias.

Results

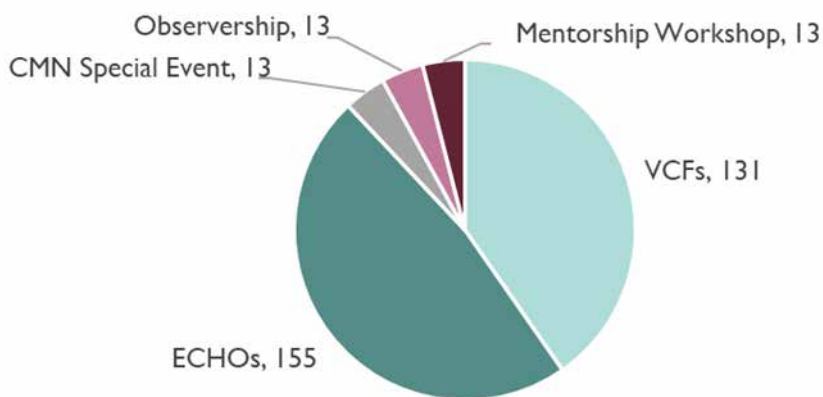
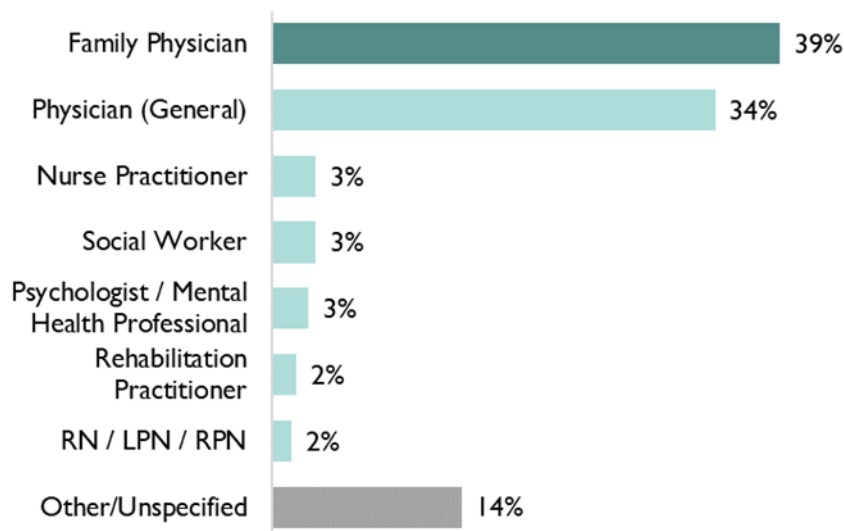
Annual Survey Participants' Demographics (N=58)

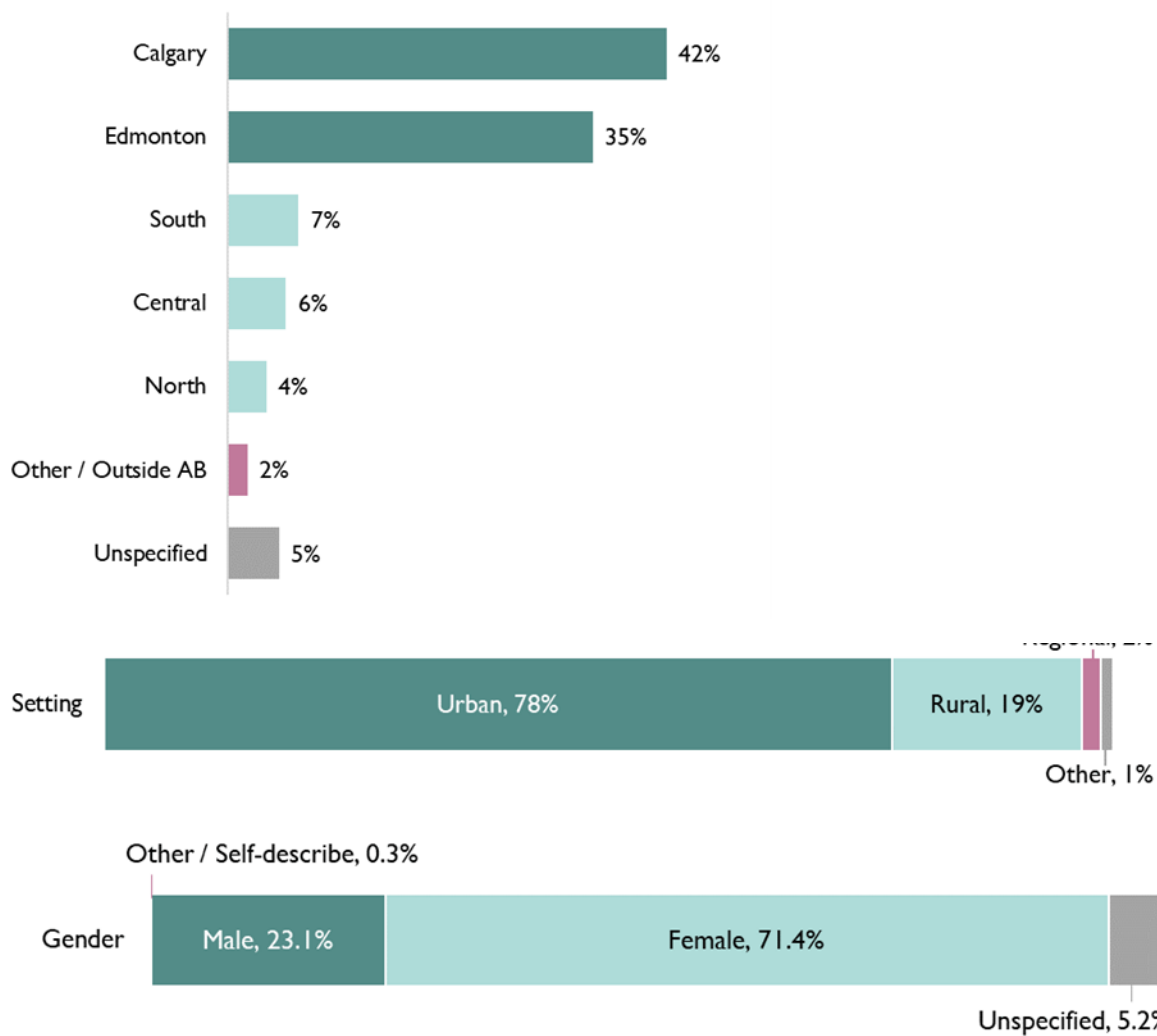
Nearly half of the annual survey participants were physicians. Most participants were based in urban settings, with nearly half of all participants practicing in the Calgary Zone. Over one-quarter of participants did not specify their gender; of those who did, around three-quarters identified as female, and the rest identified as male. No participants indicated that they identified with a different gender.



Post-Event Survey Participants' Demographics (N=325)

A total of 325 responses were collected across post-event surveys. The majority of responses came from post-ECHO and post-VCF surveys, with the remainder coming from CMN Special Events, the Observership Program, and the Mentorship Workshop event surveys. About three-quarters of respondents who completed the post-event surveys were physicians. Most respondents practiced in urban settings in either Calgary or Edmonton. Of the nearly 95% of respondents who specified a gender identity, three-quarters were female and less than 1% identified with a gender other than male or female.



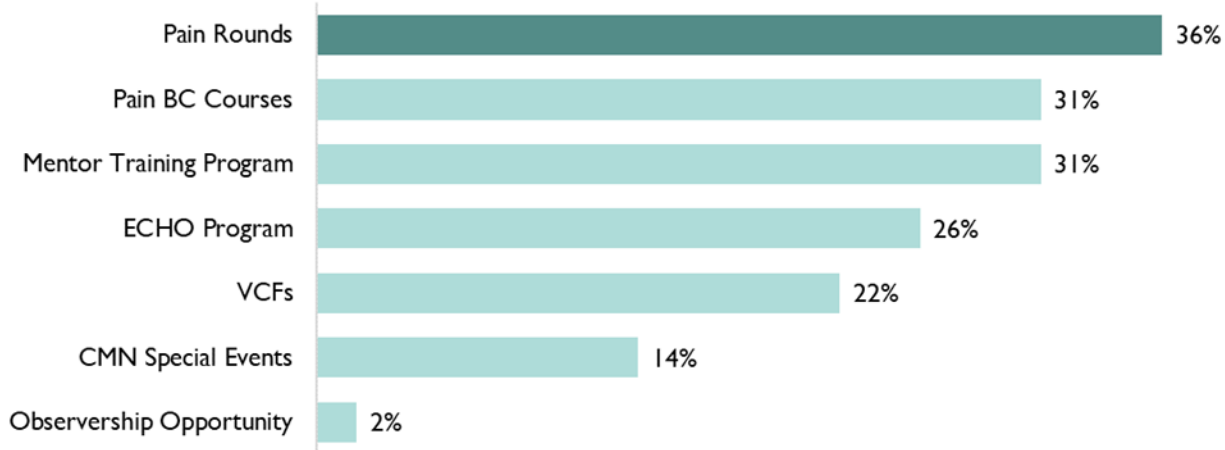


Attendance at learning opportunities

Nearly **three-quarters** of annual survey participants said they had attended one or more learning opportunities offered by CMN this year.

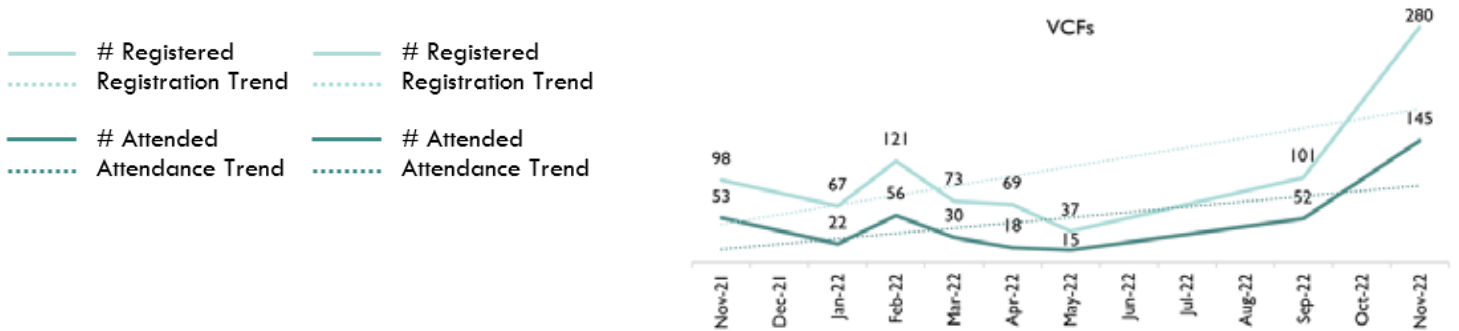


Pain Rounds were the most popular learning opportunities, with over one-third of annual survey participants saying they attended. Just one annual survey participant indicated taking part in the Observership Program this year.

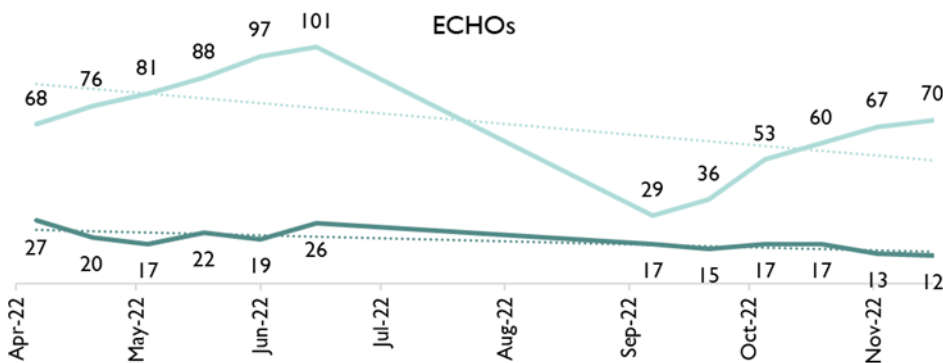


Over time registration and attendance have increased for VCFs but declined for ECHOs. The most popular VCF since November 2021 was ‘Innovations in Addiction Medicine’ in November 2022. For ECHOs, the event with the most registrants was ‘Signs of OUD & Pearls to Manage Patients on Long Term Opioids’ in June 2022, while the most attended session was ‘Talking to Patients about Pain’ in April 2022.

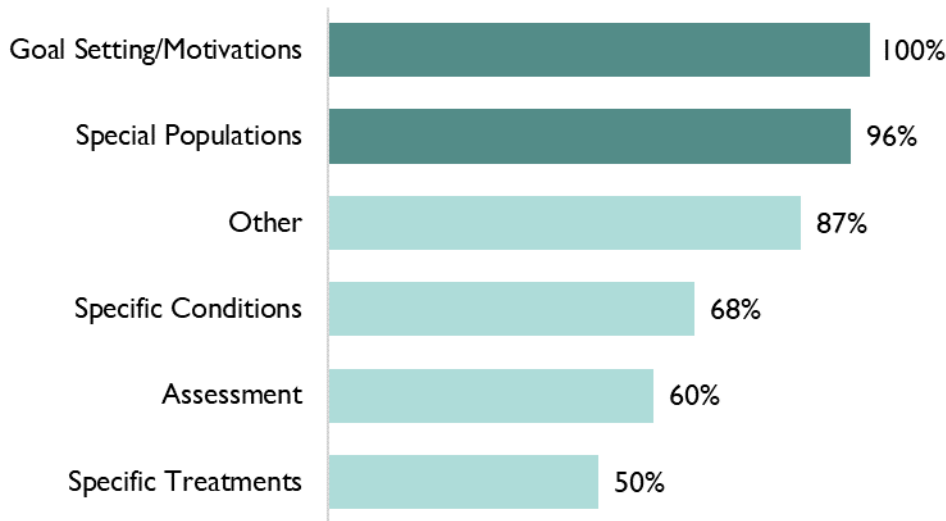
VCFs ran from November 2021 to November 2022.



ECHOs ran from April 2022 to December 2022.



Data from post-event surveys show that most respondents were content with the timing of VCF and ECHO events. Most respondents indicated that the topics discussed during these sessions were relevant to their practices. The most relevant topics discussed across VCF and ECHO events were around patient goal setting and motivation and managing chronic pain and/or substance use in special populations. A summary of specific presentations included in these categories is available in Appendix 3.



Interviewee Demographics (N=7)

The seven interview participants were of various health professional backgrounds that included physicians, nurses, social workers, and pharmacists.

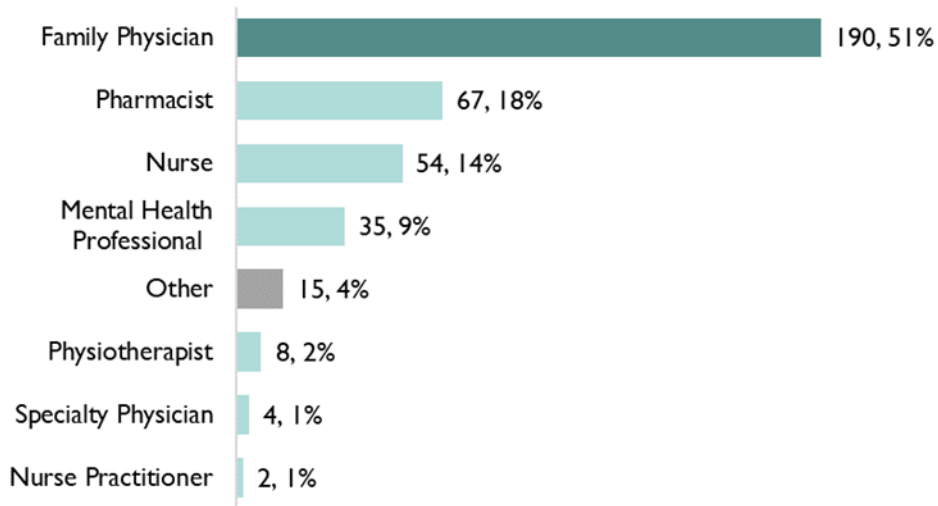
Attendance at learning opportunities

All interview participants had accessed the webinars. Most of the interview participants had also accessed other learning opportunities and knowledge resources such as the Pain BC course, the mentorship program, workshops, and the website. Mentorship relationships included both intra- and inter-professional arrangements. Mentors and mentees were both present amongst the interview participants.

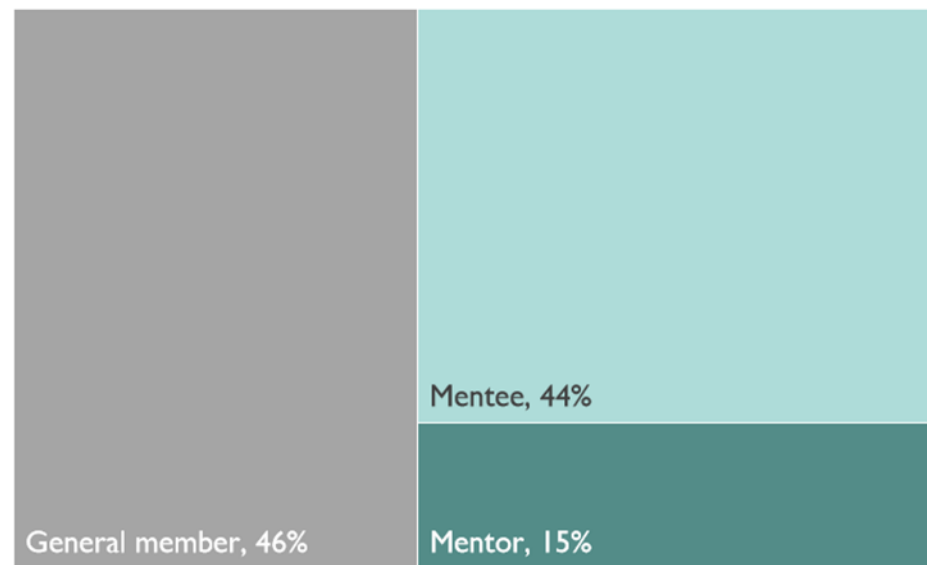
To What Extent Has the Mentorship Network Reached Its Intended Beneficiaries?

The current make-up of the CMN is half family physicians and half other professions.

Based on the CMN master list, there are currently 376 active CMN members. Half of all members said they are family physicians, while the other 50% are spread across other professional roles.



In total, 203 members (54%) participated in a mentorship role while the rest were general CMN members. Of those in a mentorship role, about 20% were mentors, 70% mentees, and almost 1-in-10 mentorship participants were both mentors and mentees.



*Percentages include individuals who are both mentors and mentees.

The interprofessional make-up of the CMN is one of its strongest assets. Some interview participants expressed that learning from colleagues from different professions has helped them to expand their knowledge and perspectives on chronic pain and/or substance use disorders. One interview participant expressed that they find the interactions to be a more valuable learning experience than just watching the webinars.

"It's really neat. We have unique opportunities to connect with other people from other health care professions, and then kind of see their viewpoints. And what I like most is when we have these networking events where we can kind of get a better understanding of what people do in regards to chronic care management from other perspectives."

– CMN Member

"Sometimes the webinars tend to be more basic information, and then sometimes I feel like if you have any interest in things that sometimes you can learn about it on your own basically. But then you know, it's more the interactions in terms of talking with other people, where you might learn more about certain things, if that makes sense."

– CMN Member

"They [webinars] have really interesting topics. And a lot of the topics are also not presented by just physicians. A lot of them might be like, social worker or nursing backgrounds, or different fields in the area of medicine, which is great to see. Because your work and your career reflect what your experiences are and what you do to your patients, so I've always found them really interesting."

– CMN Member

Members are finding a professional network of like-minded practitioners through the CMN.

Most of the interview participants said that they did not have a professional network with whom they can discuss chronic pain and/or substance use disorders. The subsequent feeling of isolation in their work was what led them to seek out the CMN. It was within the forum of CMN that they were able to make those helpful professional connections.

"When I first started, I felt pretty alone in the field. So, then I was trying to get connected into other resources. There's got to be other people working in chronic pain this way. So, I knew the Chronic Pain Centre. But honestly, I just came across the CMN through Googling and searching what else is going on here."

– CMN Member

"But it's just, when you're working out here, you feel very much isolated. And it [CMN] was an opportunity to connect with colleagues about really – and share information. And that is, for me, invaluable. It's so important to keep feeding us information and talking about it, and having a forum that intersects all the collaborative network. That is so helpful. It's not just nurses, it's not just physio, it's not just the doctors, it's all of us working together. To me, that just makes me really happy. And it's invaluable."

– CMN Member

To enhance the feeling of connectedness, some interview and survey participants expressed a desire to attend in-person CMN programming. Due to the CMN being a province-wide initiative that continued into the COVID-19 pandemic, much of its programming relied on remote participation.

"I mean, I think there's pluses and minuses about webinar experience and whatnot. So it's, you know, there's definitely the convenience factor. But sometimes things are more interactive in person."

– CMN Member

"Encourage in-person meeting rather than phone calls or virtual meetings. It would be nice to promote in-person supports, when possible."

– CMN Member

"I like the idea of a model where there are some webinars. That there's some delivery remote. And I do like the opportunity to get together and network. Because you're more inclined to reach out to somebody that you've met after having had a conversation. And that might simply be me, but I think it could be generalised beyond to other practitioners as well. It's that when you've had the opportunity to meet people, hear people speak, or exchange, like connect as human beings, you're more likely to reach out to them. So, I think that those in-person opportunities would really support the expansion, or the cohesiveness of the network."

– CMN Member

To What Extent Did Involvement in the Mentorship Network Lead to Improvements in Practice?

Members have been using the information and resources learned from the CMN to make improvements in their practice.

This has involved sharing information with colleagues and patients at work to create positive changes both directly and indirectly. Interview participants said that they share information formally and informally. Examples of sharing formally have looked like organizing a workshop or posting information on a bulletin board. Informal sharing has looked like hallway conversations. Sometimes, information sharing is proactive, with the intent to promote greater knowledge of chronic pain/substance abuse. Other times, interview participants have been able to refer to CMN resources in reaction to a need in their workplace.

"So, presently at one of the clinics that I work at, I have on the bulletin board a number of infographs and pieces that have been shared with me through the Collaborative Mentorship Network. And consistently, when I'm able to, I attend trainings that they have available to expand my knowledge because I use conversation in the hallway with physicians or other practitioners to continue to expand that collective knowledge with the hopes of influencing changes in practice."

– CMN Member

"So, if I'm stuck with a clinical question, if I'm stuck with the doctor asking me something I'm not sure about, it's [CMN website] definitely one of my lists that I go to. I go in, I check the resources available, and see what's relevant to my question, and I dig out their information. I think I did that once, actually, in my practice. And that was really helpful. I was able to find the information I was looking for right away."

– CMN Member

Some interview and survey participants shared that implementing the learnings from the CMN in their practice has resulted in positive patient feedback as well as positive clinical outcomes and increased patient confidence.

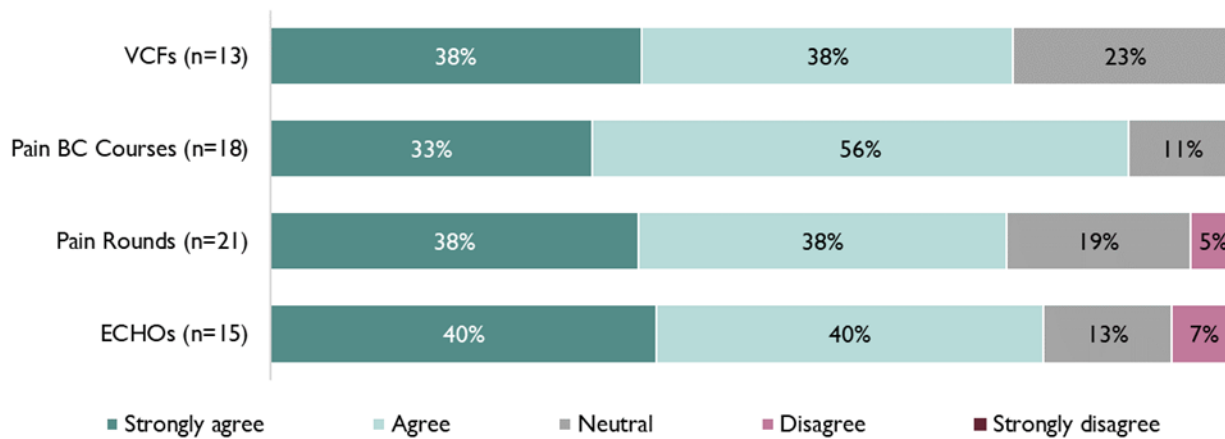
“So many times, I’m working with patients that, let’s say – this happens a lot with Fibromyalgia – they’ll have it diagnosed over 10 years ago. And I’ll ask, ‘What’s the cause of your pain? What’s going on in your body?’ And then they have no idea. And then through education, we’re able to help explain the nervous system. [...] And they’re able to leave with a bit more confidence and understanding about their pain. And what that translates to is less fear. So, then they’re able to move around a bit more with confidence. [...] So yeah, I think education is a treatment in chronic pain, and CMN has furthered that as a treatment. They’re giving a lot of clinicians confidence and support navigating the various guidelines in the field.”

– CMN Member

“My mentor has given me confidence amidst the complex field of Chronic Pain. Clinical guidance, case studies, and discussing pain research were all beneficial activities we employed. Without my mentor, our program along with my own individual practice would not have grown to the level it currently is. Ultimately, the CMN has led to our chronic pain patients having increased education, self-management, and positive clinical outcomes.”

– CMN Member

In the CMN annual survey, over two-thirds of respondents ‘agreed’ or ‘strongly agreed’ that the session they attended lead them to make changes in their practice for people with Chronic Pain and/or Substance Use.



However, members have also encountered barriers in improving their practice.

Some interview participants have expressed that it has been difficult to find appropriate opportunities to apply CMN learnings, even if they are relevant to their current practice. Some of the reasons cited included the nature of their work environment, complex patient cases, or resistance from colleagues and patients.

“I’ve tried it out on a couple of people. But there’s so much – it didn’t really take off. Because participants are not often in a place to deal with the chronic pain when they’ve got financial issues, housing issues, mental health issues... Those things come to the forefront. And chronic pain is just – it’s like the background noise that they just silence while they’re busy doing other stuff. [...] They’re not ready to hear it. So, I have tried. I have created. I have learned stuff. And I’m trying, but it just didn’t work very well.”

– CMN Member

“I definitely try to implement the changes [learned from CMN], but it’s also difficult at times because my practice, it’s kind of, let’s say some of the interactions are kind of like a coffee shop interaction. Where you see that patient for that short-time encounter. You’re not too sure if you’ll ever see them again.”

– CMN Member

To What Extent Did the Network Increase Participants' Knowledge of, and Confidence with, Treating Chronic Pain and Substance Use Disorders?

Members are more confident in their knowledge of chronic pain and/or substance use disorders, which has led to improvements in practice.

Interview and survey participants expressed that they have learned new things, or confirmed what they already knew, about chronic pain and/or substance use disorders.

"I would say it's more of a confirmation of practice than new [information] to me, if that makes sense, you know? Some things confirm how you think about things and some things are brand new.

– CMN Member

"Learned new resources and models of care."

– CMN Member

Furthermore, some interview participants said they gained a deeper understanding on already familiar topics, such as the impact of the health care system on patients or gaining a greater appreciation for the complexity of chronic pain.

"I'm trying to be a bit more specific, but I feel like it's [CMN] just helping me navigate the complexity of chronic pain and knowing there's confidence in a lot of different methods. Because a lot of medical approaches, they have a certain heart condition, 'this is exactly what we do, here's the pathway.' You can stage them. You can put them on a piece of paper. Chronic pain is not that way at all. And I was searching all the time, 'where is the pathway, where is the pathway?' But often, with chronic pain, it's complex and you have to look at the person and look at their story."

– CMN Member

The increased knowledge has led many interview participants to feel more confident in their work with patients and the validation that they are relaying the correct information and resources to their patients. This sentiment was also echoed amongst survey participants.

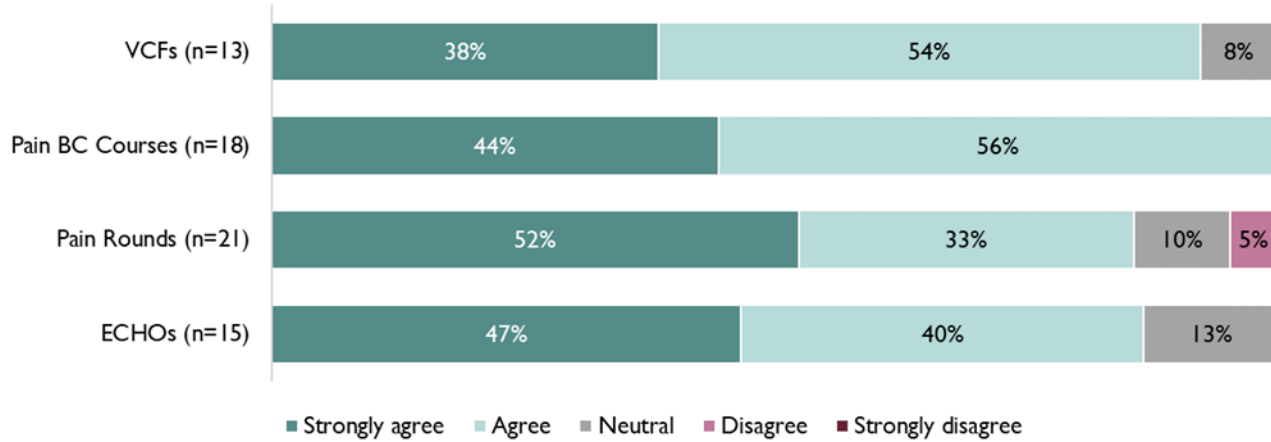
"When we do pain education, there's a lot on the brain and how it connects to their pain. And you want to have the right wording as well as the right confidence to go like, 'No, it's not in your head, but we have to look at the nervous system; we can't ignore that piece.' So, dancing to those conversations, when you don't have that support confidence was pretty tough at first. But now, I feel confident in those things and we have the knowledge to back it up. And that's like – the CMN has tons of different resources that have helped with that."

– CMN Member

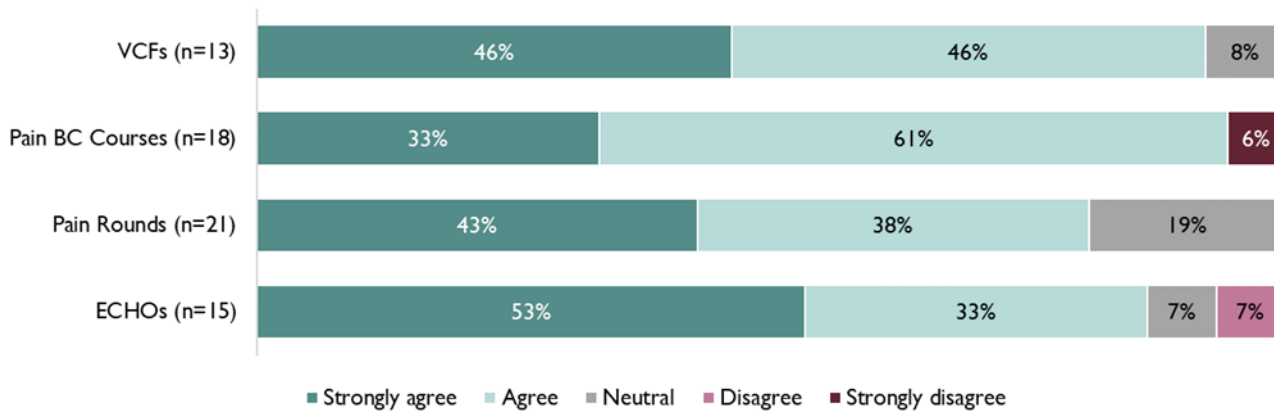
"The [mentoring] relationship we built helped my confidence in managing a Suboxone start with a patient."

– CMN Member

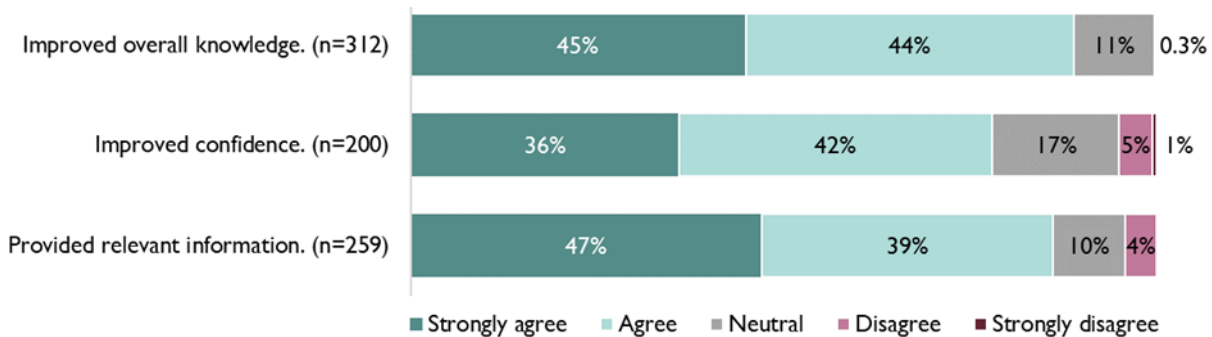
Most annual survey respondents said that the session(s) they attended increased their overall knowledge about chronic pain and/or substance use.



Similarly, most respondents said the session(s) they attended increased their confidence in providing care to people with chronic pain and/or substance use.



Across all post-event surveys and the annual member survey, nearly 90% of respondents said that the session(s) they attended improved their overall knowledge of chronic pain and/or substance use. Over three-quarters of respondents 'agreed' or 'strongly agreed' that the session(s) they attended improved their confidence in providing care to people with chronic pain and/or substance use. 86% of respondents said the session(s) they went to provided them with information relevant to their practice.



In particular, some interview participants said they learned a lot about non-pharmaceutical treatments for their patients and expressed how these learnings have changed their perspectives and workplace interactions with both colleagues and patients.

“Most often, what I see is the pharmacological route being exercised. And then you know that’s sort of the end of the – that’s it. That’s what they have to offer, right? Maybe a referral to physio, but that’s it. And so, I’m able to lend some other understanding and options [learned from CMN] to how that pain, or those addictions – or the addiction – may be better treated. More holistically treated.”

– CMN Member

“Because the CMN is a branch of the Alberta College of Family Physicians, doing the work to acknowledge that you know, meditation is an intervention. That relationship skills are an intervention, That yoga is an intervention. That nutrition is an intervention. Rather than the almost exclusive focus on pharmacological solutions. That you know – I think that’s just pushing the agenda forward.”

– CMN Member

“I think the most essential thing I also learned was that dealing with chronic pain is not just like a pharmacy/physician type model. Where it’s just the doctor kind of diagnosed them and then the pharmacist provided medication. It’s way more than that and it’s definitely multi-disciplinary care, where some of it might not be all pharmaceutical therapy. So sometimes we needed, say, physio to be involved. Other non-drug measures. And a lot of that, I didn’t understand before. It felt like if you have a problem, you treat it with medicine. And what I really learned here was that sometimes you need to refer things to experts that might not have anything to do with medications.”

– CMN Member

However, one interview participant did express that they wished there was more content on the relationship between substance use disorders and chronic pain. They felt that this was a major gap in the content offered through the CMN.

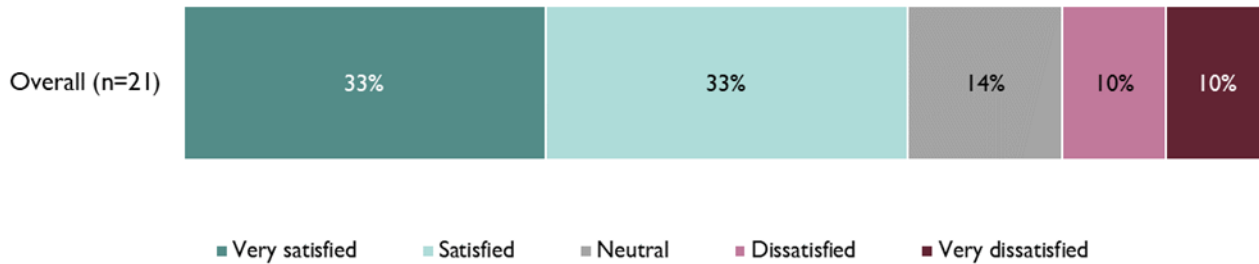
“I learned a lot – a lot about managing pain. And less about substance use and pain. That’s what I was disappointed at. Because there wasn’t – there’s a lot on pain but not about substance use and pain. There is quite a lot about coming off of opioids. But I’ve got people using [substances] and they have chronic pain. And there’s not enough information on that. And how do I inform my participants about what’s going on? I don’t know.”

– CMN Member

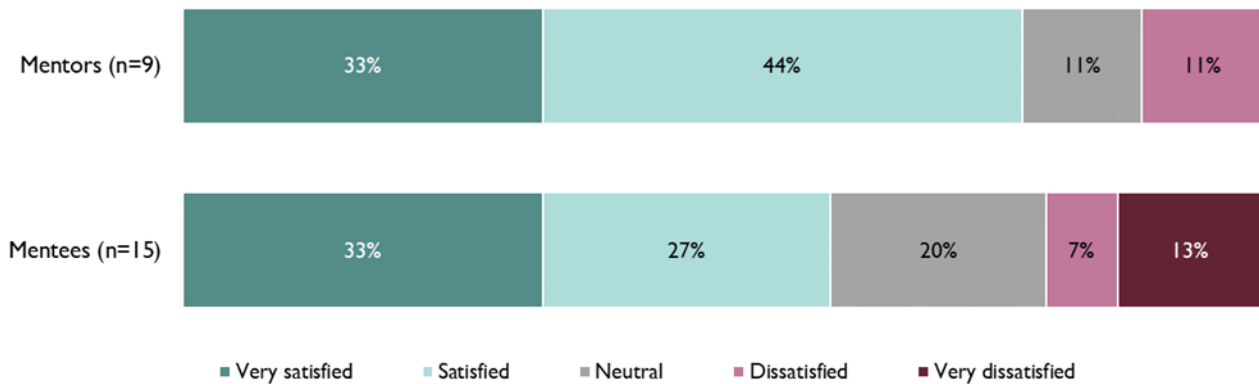
How Satisfied are Mentees and Mentors With Their Mentoring Relationship?

Members have generally positive experiences in their mentoring relationships but continue to face challenges with availability and unresponsive matches.

Of all mentorship participants, two-thirds said they were 'satisfied' or better with their overall mentorship experience.



Overall, mentors were more satisfied with their mentorship experience than mentees. 40% of mentees were less than satisfied with their experience, compared to 22% of mentors who were neutral or dissatisfied.



Many interview participants described the various ways they benefited from their mentoring relationships. They were able to learn new things, explore topics with the guidance of another professional, and became connected to relevant resources and opportunities.

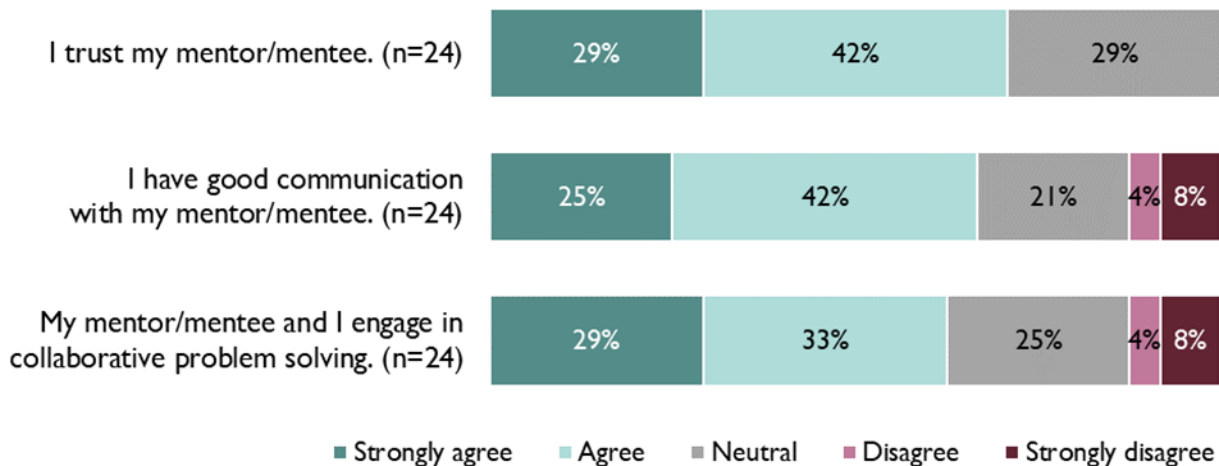
"It [mentoring relationship] helped me to clarify what I know and don't know more clearly and helped me to learn to reach out more proactively to mentees, which is a skill I should really work on developing in many areas of my life."
– CMN Member

"What I found amazing is that I put in exactly what I needed, and they matched me up with someone who provided exactly what I needed. I thought that was brilliant."
– CMN Member

"[Mentor] was incredible. I only had a few sessions, but [they] greatly improved my confidence and knowledge base. I will forever be grateful to the program for this support."
– CMN Member

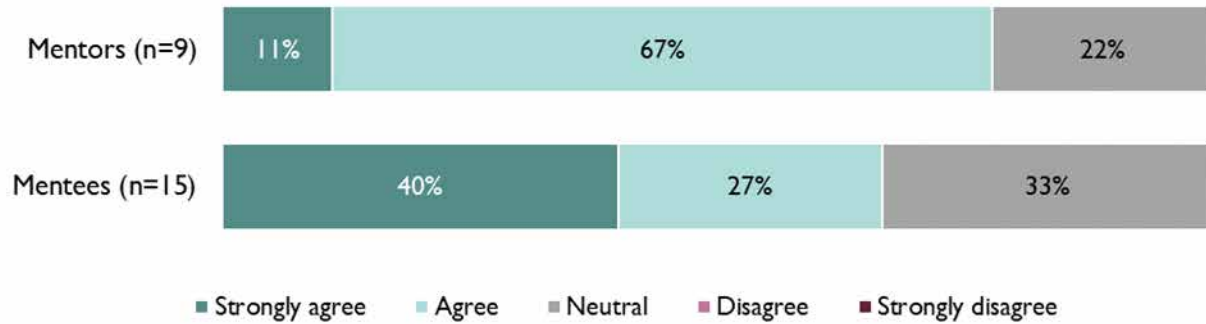
"So, I've had one mentor and we have a really good relationship where if I have questions, I throw them at [them]. And if we need to meet, we can. I think we've only met three times where I think [they've] equipped me with a lot of tools that I go back and use or integrate in our program, which takes some time. And then I go back and check in with [them] if I need it."
– CMN Member

Nearly three-quarters of all mentorship program participants said they trusted their mentorship partner. About one-in-eight participants said they were dissatisfied with the quality of communication with their mentorship partner, and the same proportion said they did not engage in collaborative problem solving.



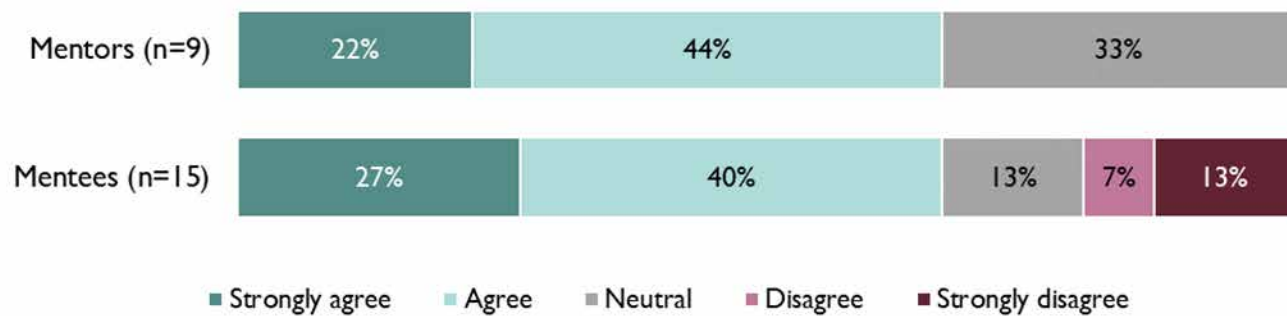
Trust between mentorship pairs

Overall, both mentors and mentees were likely to 'agree' or 'strongly agree' that they trusted their mentorship partner.



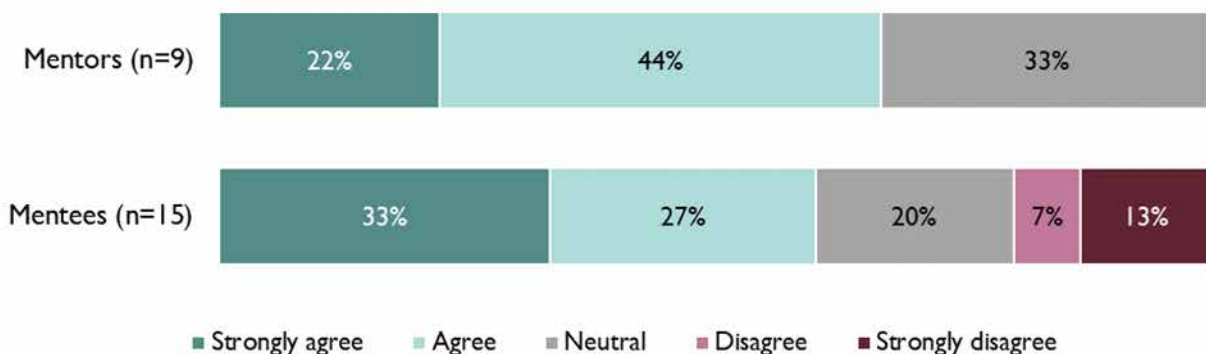
Communication between mentorship pairs

Mentees were more likely than mentors to 'disagree' or 'strongly disagree' that they had good communication with their partner. In contrast, no mentors said they disagreed that they had good communication with their partner.



Collaborative problem solving between mentorship pairs.

Mentors were more likely to agree that they engaged with collaborative problem solving with their partners. In contrast, 20% of mentees explicitly disagreed that they collaboratively problem solved with their mentor.

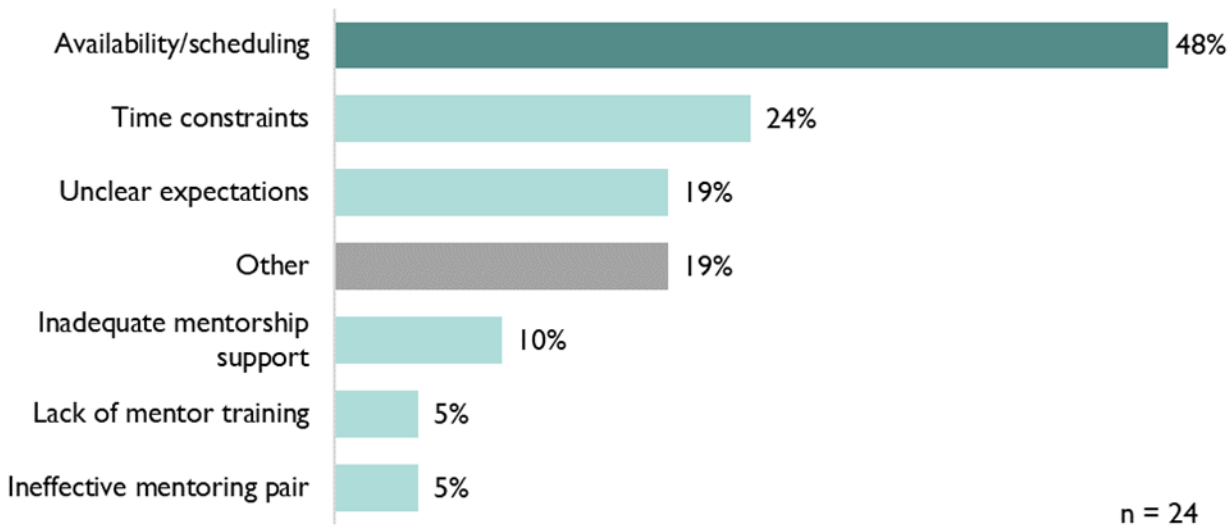


Survey participants also reported mostly positive interactions in their mentoring relationships. However, some interview and survey participants also expressed negative experiences due to a lack of response from matched mentors or mentees or mismatched expectations.

“One of the [mentees], I have been contacting her by email, and I didn’t really find a specific area that she needed help with. And I think the last email I sent; she hasn’t responded. And the other one, I had a meeting with her; I had long discussions with her; and then I sent – I did some research, just to answer some of her questions, and I sent her some information. And I think I emailed her twice, and I didn’t get any response back.”

– CMN Member

Survey participants indicated that availability/scheduling was the biggest challenge in their mentorship experience. Other barriers noted by survey respondents included other duties taking priority, and lack of suitable patients in their practice.



Scheduling was a challenge for some interview participants as well – regardless of the type of mentorship experience they had.

“I tried to do it [mentorship]. But the person was very inflexible with their timing.”

– CMN Member

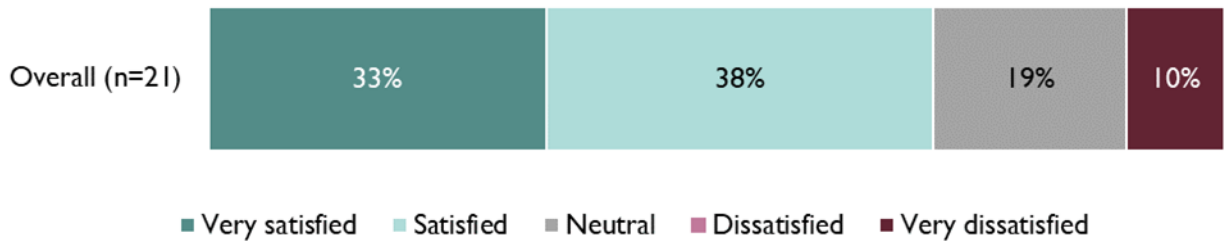
“I think we met three times and then we emailed a lot, because our schedules were so busy.”

– CMN Member

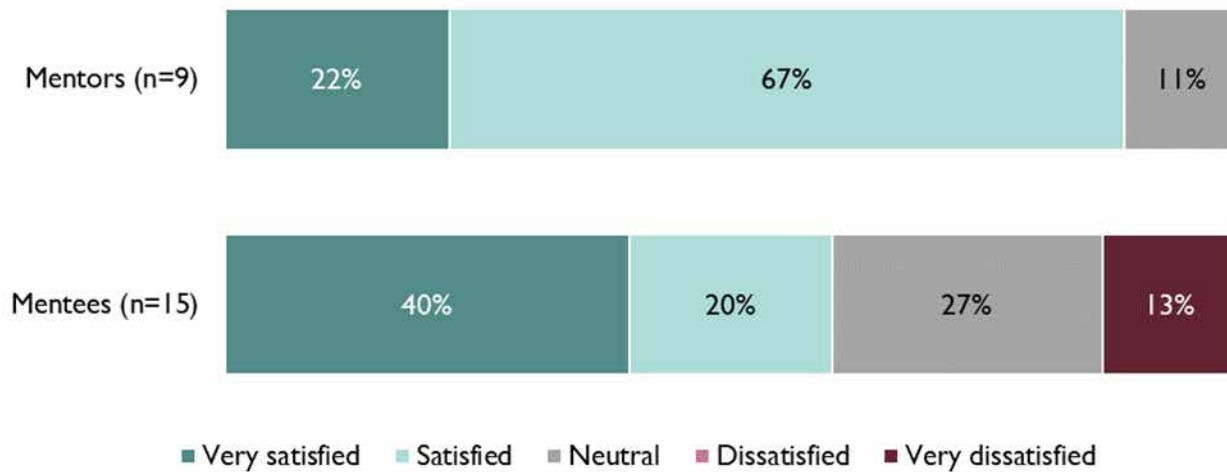
“I know you’re probably looking for something constructive. I don’t have anything, really. Because the issues I’ve had have all been, really, just people working and living their life. If they’re too busy at this current time, they know we’re here for support.”

– CMN Member

However, most interview and survey participants who were in mentoring relationships felt adequately supported by the CMN and didn't have any suggestions for improvement. Of all the mentorship participants, over two-thirds were satisfied or better with the supports offered by CMN.



Overall, mentees were more likely to be less than satisfied with the supports given by CMN than were mentors. Specifically, 13% of mentees said they were 'very dissatisfied' and 27% were neither satisfied nor dissatisfied. In contrast, no mentors expressed dissatisfaction and 11% said they felt neutral about the CMN supports.



"What I found amazing is that I put in exactly what I needed, and they matched me up with someone who provided exactly what I needed. I thought that was brilliant."
 – CMN Member

Interview participants especially appreciated the mentoring documents and workshops.

"And there's been some good – like really good mentorship and mentee documents created as resources to look at. I feel like any further support would be almost too much hands-on or forcing it in a way. So, I feel okay with the amount of support I've had."
 – CMN Member

"I attended just recently with them [CMN], a mentorship workshop. It's like a full day workshop. But that mentorship workshop kind of opened your eyes to what it's like to be a mentor. Like, what is an ideal mentor, what do your mentees want from you, and how you can be successful in the mentorship program. So, I certainly learned a lot from that too. That was an educational session that I really enjoyed."
 – CMN Member

There were some members who wanted to participate in a mentoring relationship but were not given the opportunity.

Some interview and survey participants had signed up to participate in a mentoring relationship or had requested additional mentors or mentees. However, they were not matched.

"I wasn't matched with anyone."

– CMN Member

"So, for myself, I was hoping to continue onboarding as a mentor. So far, I haven't had any email requests or anything for being a mentor."

– CMN Member

"I don't know why, maybe there isn't a lot of mentees available or maybe it just- there's a lot of mentors available that are taking mentees. I'm not quite sure how it's distributed. But I'm certainly interested to take on more mentees, because I have had only one, technically, in the past year, which isn't very much."

– CMN Member

Additionally, some interview participants discussed how they had received very little communication from the CMN on this topic about why they have not been matched.

"So even though I said I would participate, I never really heard much about participating one way or the other. Either as a mentor or as a mentee."

– CMN Member

What Components of the CMN Should Be Carried Forward and How?

Members would like to prioritise the continuation of educational content and resources at the CMN.

Members highlighted that the CMN provided a unique learning opportunity and valuable resources. When asked what the ACFP should prioritize if any future funding is available, most of the interview participants expressed a preference for educational content and resources to continue. This also aligns with the results from the CMN survey results that showed an increasing popularity in VCFs. Some named examples of activities interview participants wanted to continue included the lectures and workshops, as well as making the website and all its resources available to access.

"The education and the networking opportunities [as supports they want to continue]."

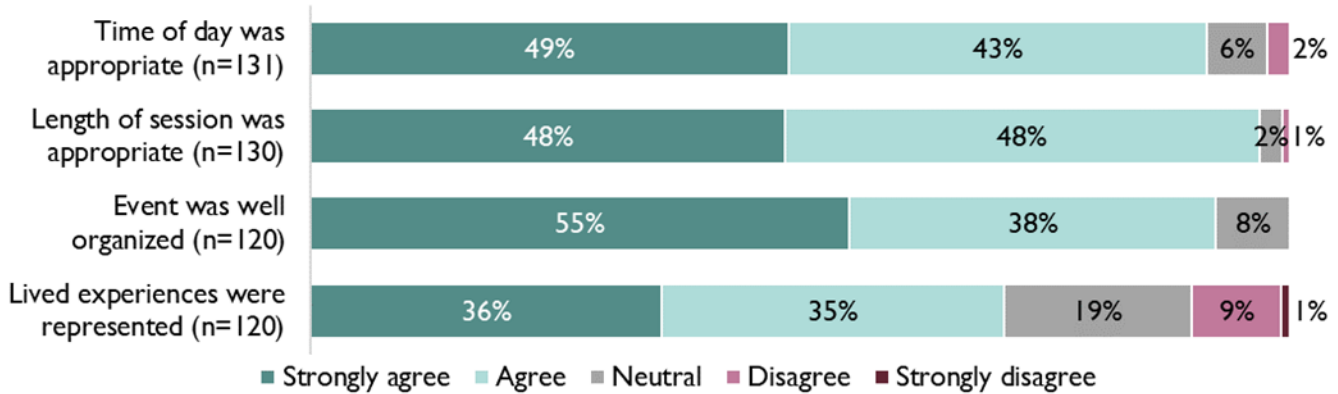
– CMN Member

"The one thing that I most enjoyed and found super beneficial would have to be the interactive workshop. And if anything, if we never had these mentorship programs, like one-on-one that's fine, but group mentorship, meeting with people from other disciplines and hearing what they have to say in regards to any of the main issues at hand would be helpful."

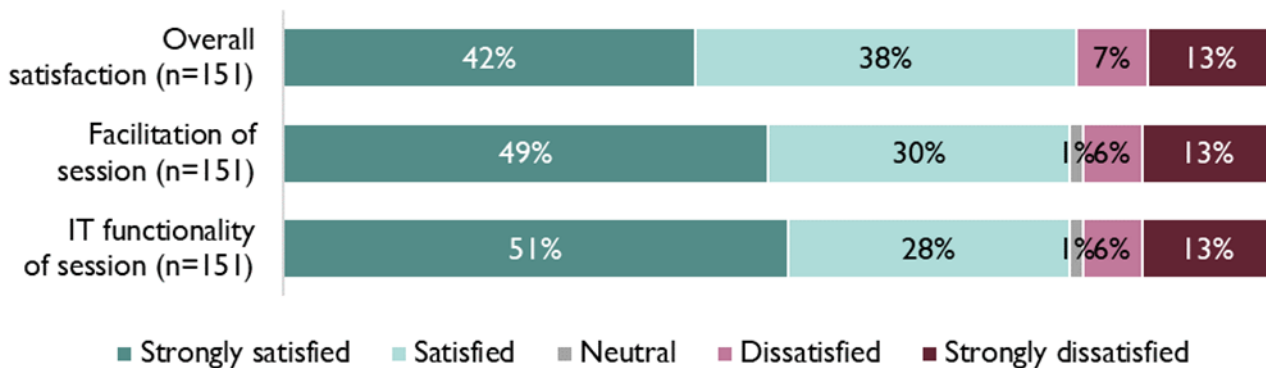
– CMN Member

Overall, VCFs elicited more positive ratings from post-event survey respondents compared to ECHO events.

Over 90% of post-VCF survey respondents ‘agreed’ or ‘strongly agreed’ that the sessions were held at an appropriate time of day, for an appropriate length of time, and were well organized. However, over one-quarter of respondents did not agree that the perspectives of individuals with lived experiences were represented during the sessions.



Approximately 20% of post-ECHO survey respondents expressed at least minor dissatisfaction with ECHO sessions overall. Similarly, approximately 1-in-5 respondents said the session facilitation and IT functionality were less than satisfactory.



It is recommended that if ACFP is able to continue offering educational content, VCFs should be prioritised over ECHO events.

Many interview participants also stressed the uniqueness of the CMN and its offerings and a desire to see all its activities continue. Some interview participants gave examples of learning opportunities that they've had through the CMN, that they would not have been able to access otherwise. This was especially true for non-physician interview participants – one of whom said that they appreciated being able to access a network like this, despite not being a physician.

"I'm not a physician, so maybe there is [a network outside of the CMN] in the physician world. It was very easy to access this program. I'm a [non-physician profession], they didn't say, 'No, you can't attend.' It wasn't just for physicians."

– CMN Member

"Pain BC offered the course for allied health professionals. And through the mentorship network, I was able to attend for free. It's a \$600 course. If I had to absorb the burden of that cost, I probably wouldn't have taken it."

– CMN Member

To ensure the continuation of CMN activities, some interview participants suggested seeking funding from other organisations. One interview participant suggested that ACFP host a cycling fundraising event.

"I mean, they have a list of people who are at least interested in it [the CMN] from the emails. So, they could still try to, you know, try to engender communication within that. I don't know if they could be folded into another organization or whatnot that might continue some of the same mission."

– CMN Member

"Maybe linking with the Alberta Pain Strategy would be fine. Maybe that's where this came from in the first place, I don't know. But that's where I'd go. Especially our government, currently in Alberta, is more on the conservative side, to say the least, so they're looking for a ton of non-pharmacological options to deal with both chronic pain and addiction. So, they're not on the harm reduction side of addiction, but they'd support a lot of the CMN work."

– CMN Member

"But I know that in Alberta, we talk a lot about mental health. And mental health and chronic pain can definitely go together. [...] Campaigns like that [Bell Let's Talk Day], it seems that they're funded from somewhere. And sometimes, it's just making prominent about a certain issue. Publicising it more, then that could help gather funding from not just government agencies, but even like a private sector to step in."

– CMN Member

Discussion and Recommendations

For three years, ACFP has supported health care practitioners who work in chronic pain and substance use disorders by providing them with a) resources and tools, b) educational sessions and courses, c) opportunities to network and interact with other practitioners, and d) mentoring relationships through the CMN. **The CMN has become a unique network of practitioners working in chronic pain and substance use disorders, helping members to learn from their CMN colleagues and lessening feelings of isolation at work.**

Participation in the CMN has positively impacted most members. They reported increasing or confirming their knowledge and understanding of a) chronic pain and/or substance use disorders, b) how patients are affected by chronic pain or substance use disorders, c) resources to share with patients and colleagues, d) non-pharmaceutical approaches to addressing chronic pain, and e) the health care system overall. However, it was identified that there was a gap in the current content of the interactions between chronic pain and substance use disorders. **Overall, greater knowledge in chronic pain and/or substance use disorders has given many members greater confidence in their practice, thereby facilitating positive changes in their work** (e.g., improved education for patients, communicating with colleagues about non-pharmaceutical treatment options, confidence in treatment pathways for complex patient cases, etc.).

Members reported a mostly positive experience with the mentorship program. **Survey and interview results showed that most members felt they gained new knowledge, resources, skills, and connections through participating in the mentorship program.** Most mentors and mentees also felt adequately supported by CMN throughout their experience. Mentorship specific resources/workshops and general CMN resources were

found to be helpful for mentorship interactions. However, many members also experienced challenges with the mentorship program due to a) scheduling/availability, b) a misalignment of expectations for the program, and c) unresponsive matches. Additionally, some members who had signed up for the mentorship program said that they were never matched with anyone.

If possible, members would like to see ACFP continue to provide educational content (e.g., lectures, workshops, courses, etc.) and resources. Members stressed the unique value of CMN as an interprofessional networking space and said that they would prefer to continue learning from each other in this way through the workshops and the lectures. The website as a repository of knowledge and resources that can be accessed at any time was also highlighted as an important source of information that directly impacts members' practices.

Overall, members expressed their appreciation for CMN and its team, as well as disappointment that the program is ending. It was noted that for non-physicians especially, they found useful professional development opportunities through CMN, that they might not have been able to access otherwise. If programming can continue, members had suggestions for how they would like to see things improve. Those suggestions, along with potential funding ideas, are found in Appendix 2 of this report.

Recommendations:

- ✓ Continue offering the website as a repository of resources, even if it cannot be updated with new content.
- ✓ Identify ways for members to continue networking and sharing knowledge, even if it cannot be supported by a staffing complement (e.g., offer to connect people to continue meeting on their own).
- ✓ Continue to keep members informed of the future of CMN's programming and invite suggestions for how to continue priority areas of programming (e.g., recruiting volunteers, receiving funding ideas, etc.)
- ✓ Seek potential partnerships with other organizations as a way to keep the program running after the end of the current funding.

Summary of the CMN Through the Years

Over the past 3 years, CMN has evolved with each iteration, influenced by previous evaluations, and changing circumstances. Most notably, the COVID-19 pandemic has had a major impact on the ability of CMN to deliver in-person programming. As this is the final report for this initiative, a highlight of the significant ways the CMN has changed is included.

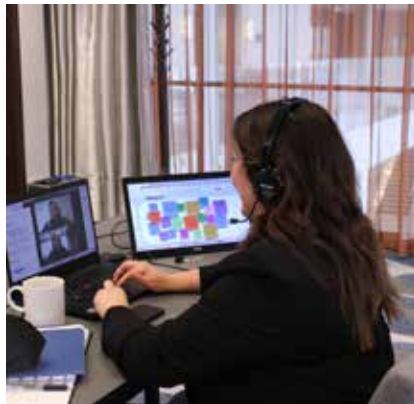
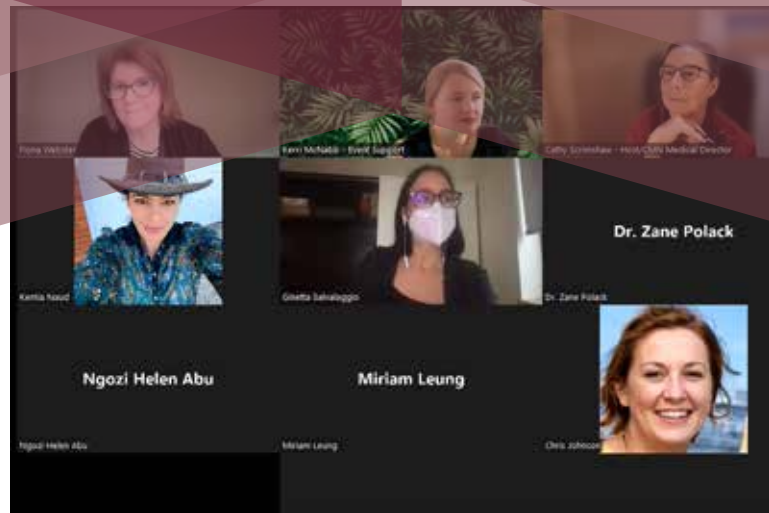
One of the biggest changes is that the latest membership of the CMN is very diverse. Originally, the target for the CMN were exclusively family physicians. However, since September 2020, the network expanded to include other allied health professionals. Increasingly with each year, these other professions have made up a bigger portion of the network, emphasizing the “collaborative” nature of the CMN. The current membership of the CMN, while still mostly family physicians, also include other diverse professions such as social workers, nurse practitioners, pharmacists, and psychologists.

Over time, the CMN varied and improved how they engage its members. Prior to the COVID-19 pandemic, forum content was beginning to be offered on-demand for members who could not attend them live. Due to the busy schedule of many practitioners, this has become a popular

and well-received form of engagement. Engagement has also improved for CMN resources and tools. In previous years, they were not well-accessed. However, the recent evaluation findings showed that members actively use these tools and resources during their respective practices and would like to see them continue being offered. The mentorship program was also consistently reported as a positive experience throughout the years, despite persistent issues with navigating schedules and expectations between mentors and mentees.

Members continued to increase their knowledge and confidence throughout the lifespan of the network.

Within each evaluation report over the past 3 years, members reported becoming more confident and making changes to their practice because of what they learned from the CMN. Some of these changes included using patient-centered language, providing trauma-informed care, reducing specialist referrals because of an increased ability to manage patients, and a more effective patient advocacy approach.



Conclusion

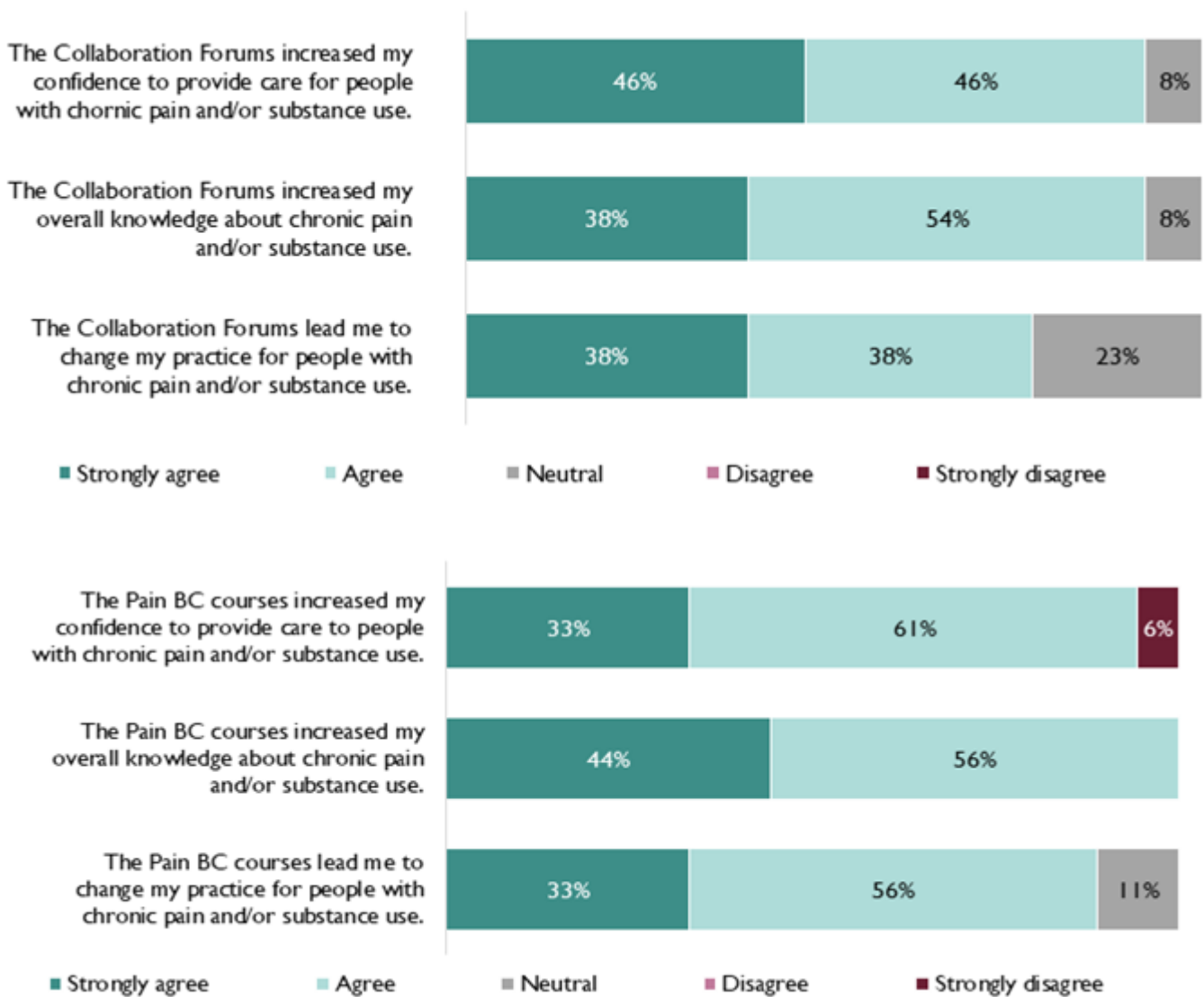
For 3 years, ACFP has been supporting health care practitioners of diverse backgrounds in Alberta to deliver quality services in chronic pain and substance use disorders through the CMN. This work has led to practitioners feeling more confident in their practice, and thereby improving how Albertans are receiving care. Overall, the CMN has been a positive experience for many of its members and a unique way for interprofessional practitioners to share knowledge and support one another. It is the hope of the membership that this work continues in some form, if at all possible.

Appendix 1:

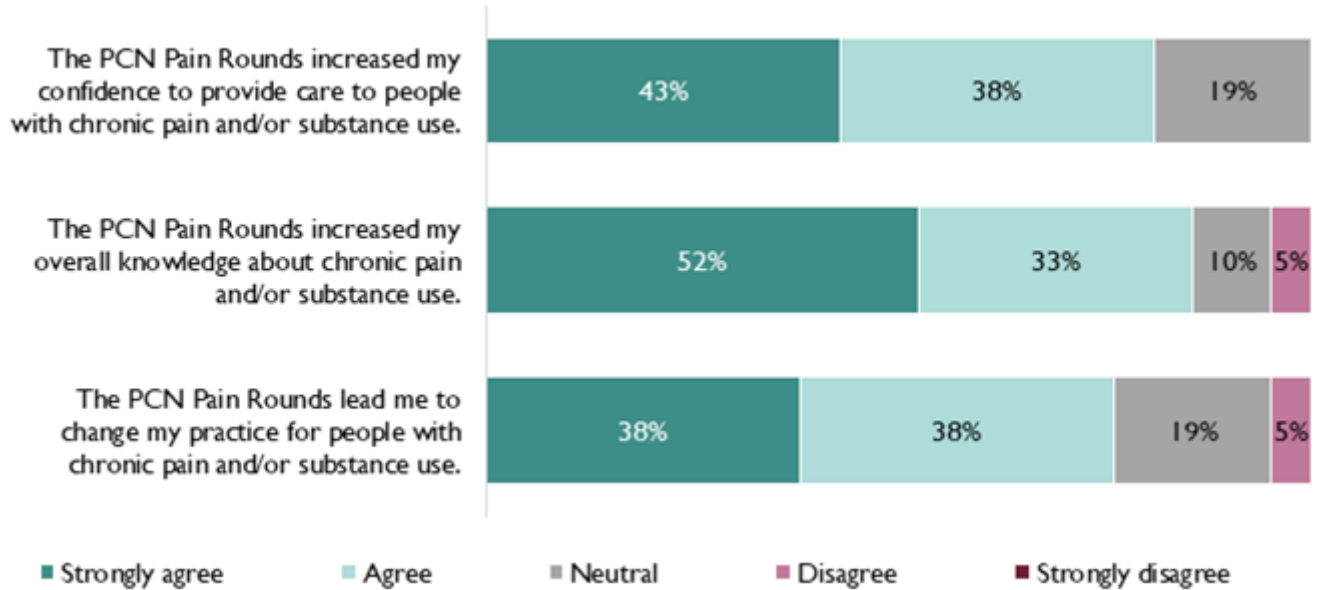
Annual Survey Result by Type of Resource

Feedback about events with ≥10 annual survey respondents are provided below. The CMN Special Event (Kimmapiyitssini Movie Night) and Observership programs each had fewer than 10 annual survey responses and are not presented.

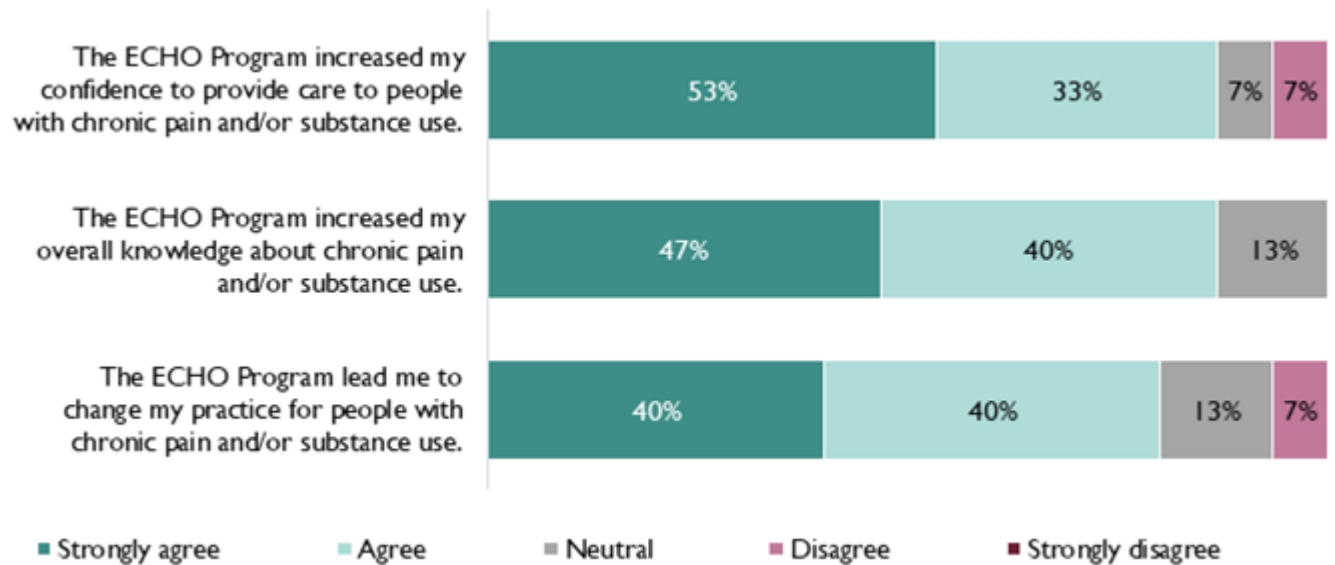
Virtual collaboration forums (n=13)



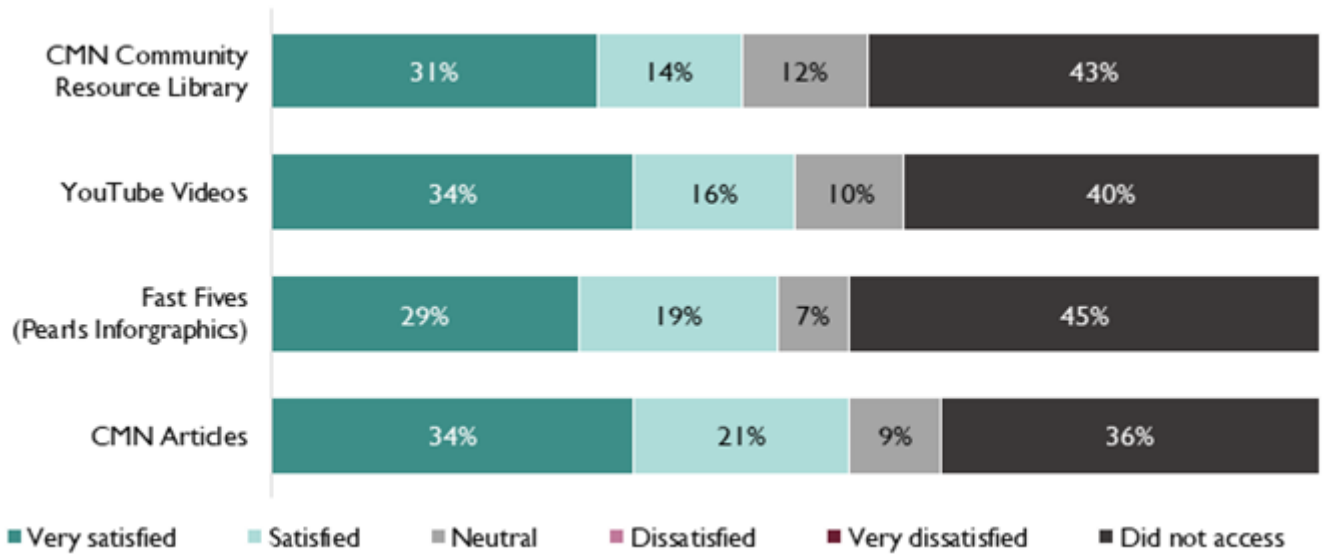
PCN pain rounds (n=21)



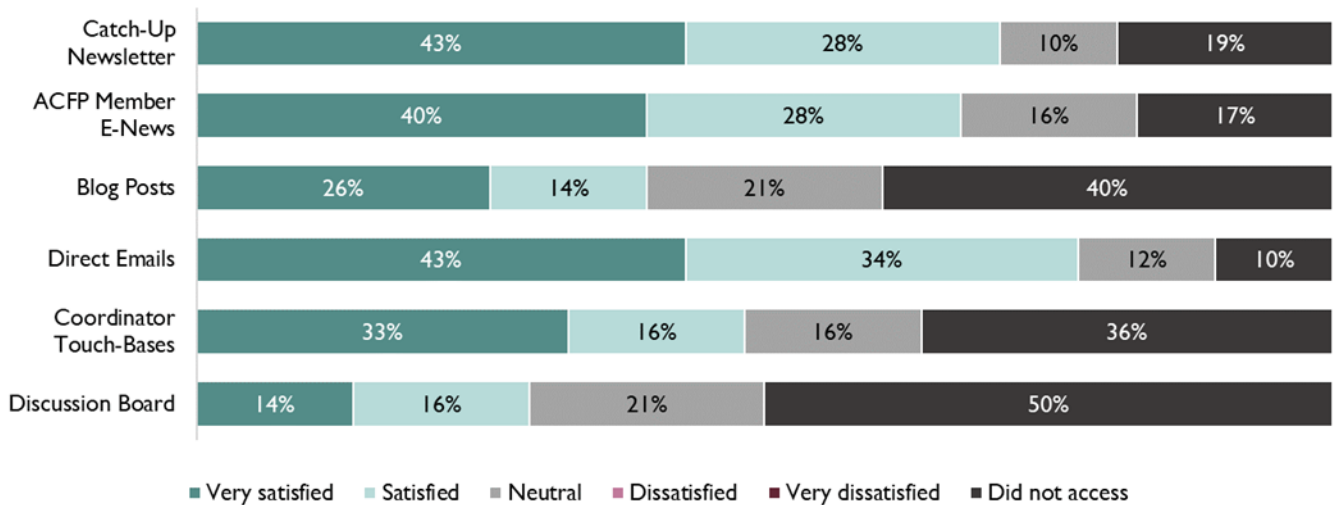
The ECHO program (n=21)



Satisfaction with CMN’s knowledge resources (n=58)
including those who did not access resources



Satisfaction with CMN’s various forms of communication (n=58)
including those who did not access resources



Appendix 2:

Additional Suggestions for the Future

Below is a collection of suggestions for program improvements and additions from CMN interview participants and survey participants. Some of these suggestions were made without the knowledge that the CMN funding has ended. However, others were made with the knowledge that funding has ended and encapsulates ideas for how the program could look if it continues. All suggestions were compiled and added to the end of this report to be used as a reference by the ACFP, should it be needed in the future.

Potential Topics:

- ✓ Other diseases: Diabetes, Parkinson's disease, dementia
- ✓ Cardiovascular health
- ✓ Mental health and psychology; psychotherapy modalities
- ✓ Antipsychotic drugs
- ✓ Women's health
- ✓ Pain in children
- ✓ More trauma-informed content and lectures on types of therapy given by practitioners (e.g., Acceptance and Commitment Therapy)
- ✓ Addiction and substance use/overuse
- ✓ Suboxone dosing in chronic pain for patients who are reluctant to fully withdraw
- ✓ Intersection of substance use (not just opioids) and pain and addressing them together
- ✓ How patients can navigate current use of detox and resources to support them while in recovery (e.g., housing, employment, etc.)
- ✓ How to manage chronic pain for patients using substances within a short timeframe
- ✓ How to advocate for better access to lifesaving care for patients
- ✓ How to access services that provide the suggest therapy within the patient's locale with reduced barriers
- ✓ Expanded information on working with mental health disorders and with comorbid conditions (e.g., trifecta of diabetes, obesity, HTN and OSA,)
- ✓ Linkages between trauma, pain, and addictions

Potential Resources and Activities

Activities

- ✓ More in-person programming
- ✓ More interactive or collaborative programming
- ✓ Joint ECHO or Pain Education Lectures with health care practitioners in other provinces
- ✓ Pain rounds for non-prescribing or prescribing nurses
- ✓ Pain rounds for other issues such as substance pain rounds
- ✓ Group mentorship activities
- ✓ Advocacy on reducing barriers to non-pharmaceutical services
- ✓ Hosting an Alberta-wide chronic pain and addictions conference or integrating chronic pain and addictions into other medical conferences (e.g., Banff March, ACFP, CSAM)
- ✓ A working group that produces or selects resources that practitioners can use with chronic pain patients
- ✓

Resources

- ✓ Access to a university library
- ✓ One-page snapshots of specific clinical management (e.g., flow charts, dosages, etc.) and other types of guidelines
- ✓ Infographics of grounding exercises
- ✓ Information about resources available to folks in rural areas such as affordable trauma counselling or affordable housing
- ✓ Create a networking forum where people can post comments and ask questions
- ✓ A clinical tool that can effectively flag patients in need of a different track of care (e.g., meditation, yoga, nutrition, etc.)

Suggested Logistical Improvements

General programming

- ✓ Less general events for a few very impactful events
- ✓ Promote pain rounds more as a tool
- ✓ More speakers who are also practitioners

Accessibility

- ✓ More reading materials and transcripts available for folks with auditory difficulties
- ✓ Orientation of how to use virtual resources for those who struggle with tech

Mentorship Program

- ✓ Reach out to mentors annually or every 6 months to update their intake information
- ✓ Create an accountability system such as scheduled meetings or CME credits
- ✓ Ensure mentees and mentors have a shared understanding of what is and is not part of a mentoring relationship
- ✓ Assign activities that mentors and mentees can complete together

Potential Funding Ideas

- ✓ Reach out to the existing membership for help
- ✓ Ask for volunteers to run some CMN activities
- ✓ Bicycle fundraiser like Pain Revolution in Australia that involves cycling across the country and providing pain education in rural communities
- ✓ Become a part of another organization that could continue the same mission
- ✓ Contact the Alberta Pain Strategy for a partnership
- ✓ Advocate to the government for more funding by appealing to their preference for non-pharmacological options for chronic pain and addiction
- ✓ Hold awareness campaigns and try to attract funding from the private sector
- ✓ Look into sources for mental health funding based on the link between chronic pain and substance use disorders with mental health
- ✓

Appendix 3:

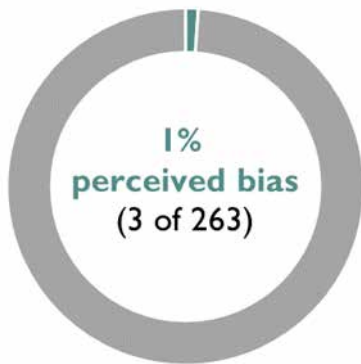
Summary of VCF and ECHO Presentation Categories

Category	Presentations (Event Type)
Goal Setting/ Motivations	<ul style="list-style-type: none"> • Patient Motivation and Goal-Setting in Primary Care (VCF) • Motivational Interviewing & Goal Setting for Chronic Pain (ECHO) • Talking to Patients about Pain (ECHO)
Special Populations	<ul style="list-style-type: none"> • Gender & Chronic Pain (VCF) • The Inherited Patient on Opioids (ECHO) • Treating Pain in Children (VCF) • Opioid Use in Older Adults (VCF) • Signs of OUD and Pearls to Manage Patients on Long Term Opioids (ECHO)
Other	<ul style="list-style-type: none"> • The Other Emergency – Meet the Disruptors (VCF) • Innovations in Addiction Medicine (VCF) • How to DO Trauma Informed Care (VCF)
Specific Conditions	<ul style="list-style-type: none"> • Pelvic Pain 101: It’s Not All Endo (VCF) • Migraines: New Therapies (ECHO) • Complex Regional Pain Syndrome (ECHO) • Fibromyalgia Top Tips & Facts (ECHO)
Assessment	<ul style="list-style-type: none"> • PEER’s Pain Calculator (ECHO) • Screening for Psychosocial Issues (ECHO) • Pain Assessment for Busy Practices (ECHO)
Specific Treatments	<ul style="list-style-type: none"> • Cannabinoids & Pain (ECHO) • Ketamine & Chronic Pain (ECHO)

Appendix 4: Health Canada Requirements

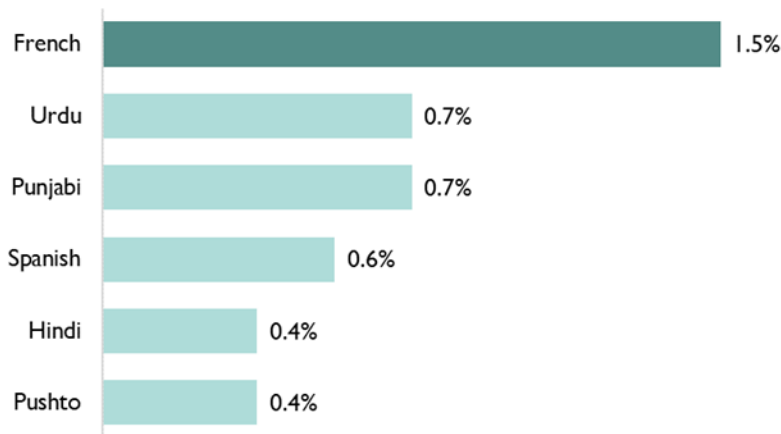
✓ Session bias perceived by respondents

Overall, just 1% of respondents indicated perceiving bias at CMN events.



✓ Languages spoken by respondents

In total, 538 participants indicated which language(s) they spoke. Other than English, the most spoken language among participants was French (n=8), followed by Urdu and Punjabi (n=4).



✓ Gender of respondents

Over 90% of respondents across annual and post-event surveys specified their gender. Of those, three-quarters of respondents were female and less than 1% identified as a gender other than female or male.

