

Pain BC and the Centre for Effective Practice

BC Adaptive Mentorship Network
for Pain, Mental Health and Substance Use
(BCAMN)
Mentee Recruitment

January 2022

BC Adaptive Mentorship Network

The aim is to:

- Build primary care capacity to support Canadians living with chronic pain, mental health and substance use conditions
- Support and provide resources to community-based primary care providers and allied health care professionals through mentorship, recognizing that either alone or as co-morbidities, providing care in these clinical areas is challenging

How? By establishing a network in BC that:

- Connects primary care provider Mentees with experts in pain, mental health and substance use as Mentors in a safe, non-judgmental community for clinical conversations
- Supports on-demand clinical discussions and group-based mentoring and learning opportunities

How does the mentoring happen?

- Small, strategically aligned groups led by a Mentor supporting four Mentees. There will be eight Mentors in the first year of the program, with additional Mentors added each subsequent year.
- Groups will initially meet monthly but may adapt their meeting schedule to meet the preferences of group members
- One-to-one mentoring will be available outside of the small groups

A national online forum will be created to build a cross-Canada community of practice

What is adaptive mentorship?

A safe, non-judgmental experience providing opportunities for clinical conversations tailored to Mentees' evolving needs.

Three fundamental tenets:

- Ensure the form of mentorship is adaptive and fits the needs of the participants
- Ensure there is bidirectional value/learning for both Mentor and Mentee
- Create safe and compassionate spaces that cultivate trust and enhance resiliency amongst participants

It encourages capacity building through:

- Examining and addressing system and clinical barriers to timely access and supports for people experiencing chronic pain, mental health and substance use¹
- Building and enhancing connections between specialized services and community/primary care¹
- Encouraging longitudinal support that is well aligned with complex care needs¹

It can include different:

- Environments: in-person, email, phone, videoconferencing
- Forms of mentoring: one-to-one, group, peer
- Purposes/durations: discussing single cases vs. longitudinal spanning years

1. <https://painbc.ca/health-professionals/webinars/adaptive-mentoring-building-compassionate-primary-care-capacity>

Benefits and impact of adaptive mentorship

Adaptive Mentorship Networks in Chronic Pain, Substance Use and Mental Health for 20+ years in Ontario (Centre for Effective Practice) **and Nova Scotia** (Atlantic Mentorship Network)

High satisfaction among mentees:

- **90%** members reported improvement in their knowledge¹
- **83%** reported improvement in their competence around clinical skills¹
- **82%** reported improvement in their confidence in managing care for people with complex health conditions¹
- **70%** had a positive impact on patients' quality of life²

Beneficial system impact:

- **60%** reported seeing more patients with complex conditions who live with chronic pain, mental health or substance use¹
- **40%** reported a decrease in seeking consultations¹
- **60%** reported being able to assist colleagues with patients with complex conditions¹

1) [Radhakrishnan, A., Clarke, L., Greenberg, L. 2019. Healthcare Quarterly 22\(3\).](#)

2) <https://painbc.ca/health-professionals/webinars/adaptive-mentoring-building-compassionate-primary-care-capacity>

**Adaptive mentorship
has proven to be
effective in all settings:
Urban
Suburban
Rural
Remote**

Feedback from Mentees: Ontario & Nova Scotia's experience

Timely access to clinical questions that can make an impact on patient care.¹

Due to the guidance of mentors, I provide much better care to patients and help colleagues...¹

Collegial discussions and interactions. The feeling of support while dealing with challenging cases.¹

Impacts participants' knowledge, attitudes and behaviours leading to increased capacity in delivering compassionate care to patients with pain, mental health and substance use conditions

1) Radhakrishnan, A., Clarke, L., Greenberg, L. 2019. *Healthcare Quarterly* 22(3).

2) Horizons Community Dev't Assocs. Inc., Atlantic Mentorship Network – Pain & Addiction Evaluation Report. October 2020.

Adaptive Mentorship Network – Goal & objectives

The Adaptive Mentorship Network initiative is supported by a funding agreement from the Health Canada Substance Use and Addiction Program (SUAP) to the Centre for Effective Practice in partnership with Pain BC and the Atlantic Mentorship Network – Pain & Addiction to:

Establish Adaptive Mentorship Networks for Chronic Pain, Mental Health and Substance Use in:

- British Columbia
- Newfoundland & Labrador
- New Brunswick
- Prince Edward Island

Establish an online community of practice to support clinical discussions and the sharing of knowledge around mentoring

- National Adaptive Mentoring Forum

Ultimately, to increase primary care providers' (e.g. MDs, NPs, Nurses, OTs, PTs, SW, etc.) clinical expertise and confidence in providing compassionate and higher quality care for patients living with these conditions

BCAMN – Mentee responsibilities

Engage

- Attend and actively participate in sessions
- Respond to Mentors' communications within 48-72 hours
- Interact collaboratively with BCAMN community including Mentors, Co-Directors and Pain BC Coordinator to ensure rich and meaningful Mentee experience
- Comply to the guidelines set out within BCAMN for one-to-one communications and group interactions
- Participate in network communication and activities, including the National Adaptive Mentoring Forum as needed

Support

- Provide input and feedback to BCAMN
- Provide insight, input on strategies to gain momentum and support for BCAMN
- Promote the merit of mentoring and inform and influence the larger system in a climate of continuous quality improvement

BCAMN – Mentor responsibilities

Engage with Mentees

- Provide advice and support within the scope of clinical expertise to Mentees
- Cover key knowledge and resources while helping Mentees navigate clinical situations
- Provide one-to-one mentorship with Mentees
- Respond to Mentees' communications within 48-72 hours
- Host in-person and/or virtual small group sessions with support from BCAMN
- Contribute to discussions via the National Adaptive Mentoring Forum
- Support the development of compassionate, non-judgmental network communities

BCAMN - Timeline

Year One: now – March 31, 2022

Year Two: April 1, 2022 – March 31, 2023

Year Three: April 1, 2023 – March 31, 2024

Year Four: April 1, 2024 – March 31, 2025

YEAR ONE TIMELINE

October 2021

- Mentor recruitment begins

January

- Mentee recruitment begins

January

- Mentor training

March 2022

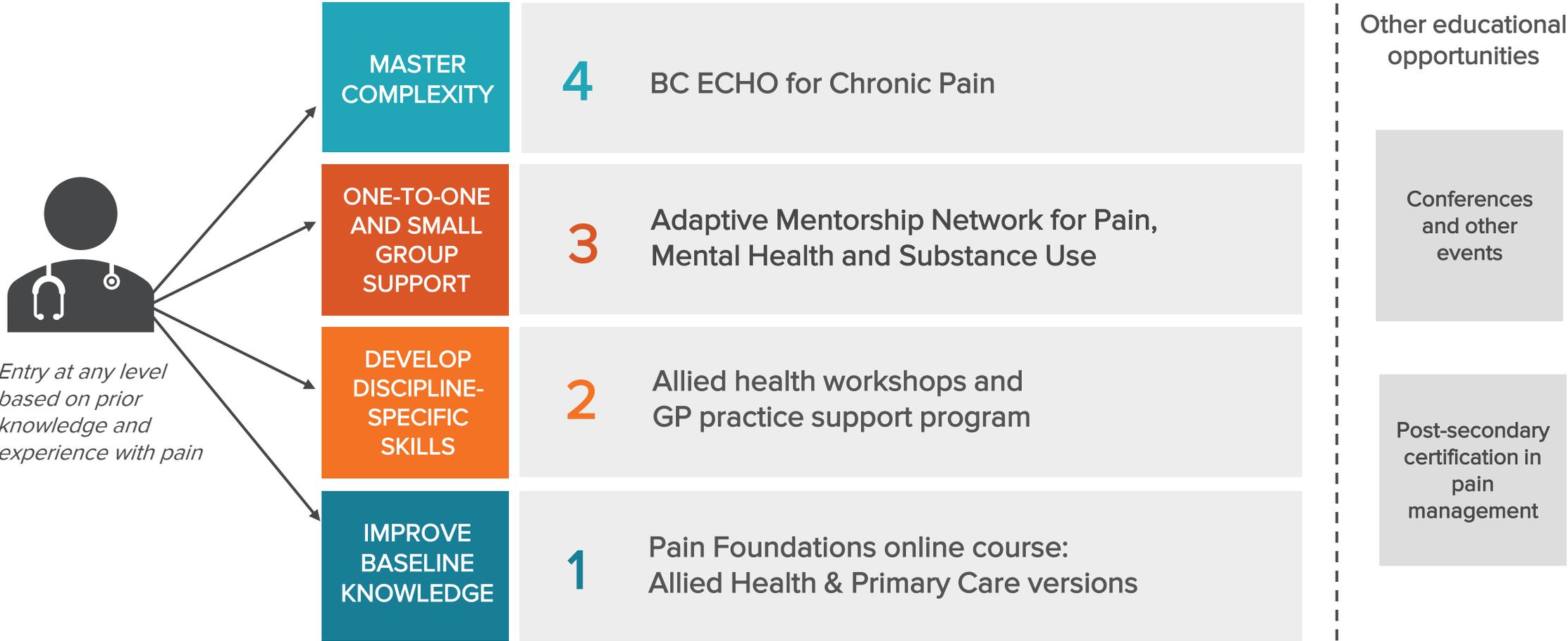
- Kickoff meeting – Mentoring begins

More information on adaptive mentorship

Webinar: <https://painbc.ca/health-professionals/webinars/adaptive-mentoring-building-compassionate-primary-care-capacity>

Journal Article: <https://cmnalberta.com/wp-content/uploads/2020/03/CMNs-Are-Building-Capacity-in-Primary-Care.pdf>

Pain BC's ladder approach to building HCP capacity



IMPACTS: Knowledge transfer | Practice change | Improved patient care
Fewer specialist referrals | Resourcefulness and hope

Thank you!

Contact us at:



Kurt Du Bois



kurt.dubois@painbc.ca



613 700 8354