



Centre  
for Effective  
Practice

# **Adaptive Mentoring Networks: Mentor Manual**

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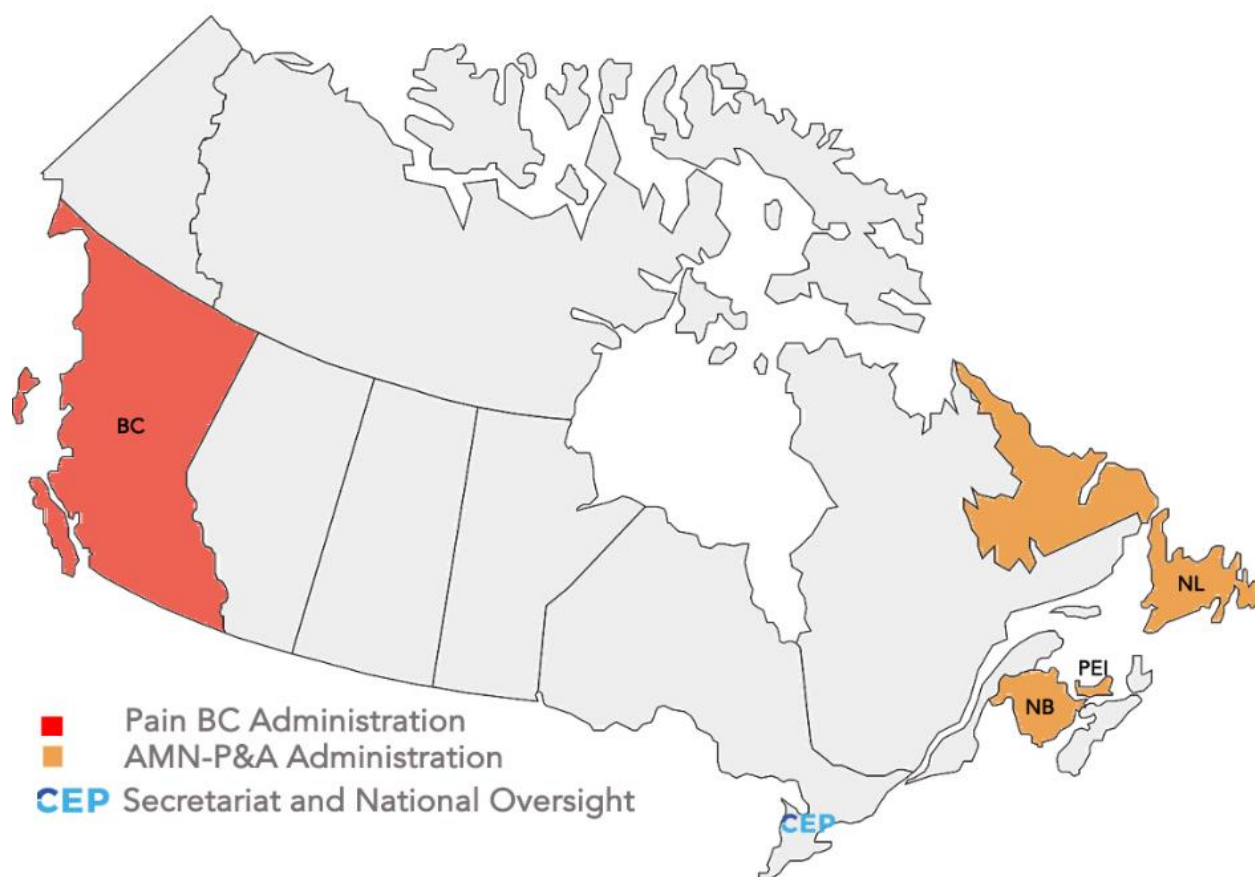
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# Overview

The Adaptive Mentoring Networks are a novel initiative designed to build primary care capacity to support Canadians living with addictions, mental illness and chronic pain. These networks will be built in New Brunswick, Prince Edward Island, Newfoundland and Labrador and British Columbia, through a partnership between the Centre for Effective Practice (CEP), the Atlantic Mentorship Network-Pain & Addiction (AMN-P&A), and the Pain BC Society (Pain BC). The initiative is made possible via a funding agreement with Health Canada's Substance Use and Addictions Program (SUAP).

Leveraging the supportive nature of these networks, knowledge translation will be facilitated to increase primary care providers' (e.g., Family Physicians, Nurses, Nurse Practitioners, Pharmacists, Social Workers) clinical expertise and confidence, thus increasing their capacity to deliver compassionate and higher-quality care for more patients.

This guide has been developed to provide an overview of the Adaptive Mentoring Networks including the Mentoring relationships available to the membership, the Mentorship process, as well as the professional development opportunities in pain and addiction management.



## Acknowledgements

This Adaptive Mentoring Networks Mentor Manual and the encompassing Adaptive Mentoring Toolkit have been developed by the Adaptive Mentoring Networks program administration, which is comprised of the Centre for Effective Practice, the Atlantic Mentorship Network for Pain and Addictions (AMN-P&A), the Pain BC Society (Pain BC), and several key program advisors (Dr. Jose Silveira, Dr. Jon Hunter, Dr. Jonathan Bertram, and Dr. Laura Desveaux). Leadership for this initiative has been provided by Dr. Arun Radhakrishnan, our Adaptive Mentoring Network Medical Director.

We would like to specifically thank Dr. Radhakrishnan, Dr. Silveira, Dr. Hunter, and the AMN-P&A for the work they have contributed to this Manual. We would also like to recognize the foundational work around mentorship conducted by both the Ontario College of Family Physicians, and the AMN-P&A.

The initiative is made possible via a funding agreement with Health Canada's Substance Use and Addictions Program (SUAP).

# Introduction

## Ambiguity of Mentoring

Mentoring as a knowledge translation intervention has been used within the Canadian healthcare system for decades. However, in the literature, Mentoring has no singular definition, and is often associated (and at times used interchangeably) with concepts such as coaching, Community of Practice, preceptors, and role models, due to an overlap of elements.<sup>1</sup>

For example, while preceptors endeavor to teach and translate knowledge akin to a Mentor, preceptors are also responsible for officially evaluating their preceptees – a tangible difference with the Mentor-Mentee relationship, which is non-evaluative. Furthermore, while mentoring can involve role modeling, the relationship between a Mentor and Mentee is more formalized and interactive than that of a traditional role modeling relationship. Lastly, learning in a Mentoring environment is bi-directional in its nature, unlike a coach or a preceptor where the expectation is that knowledge flows in only one direction (from the more experienced individual to the less experienced). In trying to address this conceptual ambiguity, a formal definition of Mentoring in the Adaptive Mentoring Networks has been clarified and operationalized.

## What is Adaptive Mentoring?

Adaptive Mentoring has been used in Ontario and Nova Scotia for almost two decades. This form of Mentoring establishes a network connecting primary care providers (as Mentees) with experts in the areas of addictions, mental health, and chronic pain (as Mentors). Together, Mentors and Mentees constitute a compassionate community that is safe and non-judgmental, which provides opportunities for clinical discussions that can be longitudinal, with some spanning multiple years.

These networks are adaptive; by leveraging different environments (e.g., in-person, virtual), forms of Mentoring (e.g., one-on-one, small group) and purpose/durations of Mentoring (e.g., discussing single cases versus longitudinal discussions) that can be tailored to Mentees' evolving expertise. The adaptive nature of these networks allows them to respond to the heterogeneous needs of primary care providers.

This intervention has been shown to impact the knowledge, attitudes, and behaviours of participants, leading to increased capacity in delivering compassionate care.<sup>1</sup> They do this by establishing safe, non-judgmental communities that allow for Mentees and Mentors to engage in meaningful clinical discussions. These communities provide bidirectional value to participants, with both Mentors and Mentees realizing improvements in their abilities to provide compassionate care.

To summarize, there are three principles of Adaptive Mentoring:

- Engagement is adaptable in form, environment, and duration
- Networks are safe, non-judgmental, compassionate communities
- Bidirectional value for Mentees and Mentors

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<sup>1</sup> Radhakrishnan A, Clarke L, Greenberg L. How collaborative Mentoring networks are building capacity in primary care. *Healthc Q*. 2019;22:54-60.

## Impact of Adaptive Mentoring

Both the Mentor and the Mentee give and grow in the Mentoring process. The Mentee can learn valuable knowledge from the Mentor's expertise and past mistakes and learning objectives can be strengthened in specific areas. Mentees will have the opportunity to improve their skills, establish valuable connections and hopefully advance their careers. Mentors can experience many of the same benefits as Mentees, increase their capacity to collaborate with interprofessional colleagues, and develop their mentoring and overall leadership skills.

### Benefits of Mentoring for the Mentor:<sup>2,3</sup>

- Obtains a greater understanding of the barriers experienced by inter-professional colleagues
- Enhances skills in counseling, listening, and modeling
- Increase clinical knowledge, improved clinician resiliency, professional satisfaction, and career development
- Develops and practices a more personal style of leadership
- Demonstrates expertise and shares knowledge
- Increases generational awareness

### Benefits of Mentoring for the Mentee:

- Furthers development as a professional
- Gains capacity to translate values and strategies into productive actions
- Complements ongoing formal study and/or training and development activities
- Gains career development opportunities
- Gets assistance with ideas and honest feedback
- Demonstrates strengths and explores potential
- Increases career networks through interprofessional team and receives greater professional exposure
- Improves ability to express expectations, goals, and concerns
- Improves patient care and provider satisfaction

## Adaptive Mentoring Network Program Design

The program design creates a Mentoring experience that is adaptable in form, environment and purpose. Adaptive Mentoring can be engaged in three primary forms: one-to-one, small group and large group Mentoring. In each of these forms, Mentors and Mentees can engage in discussions that may be acute in nature, or longitudinal, with some discussions spanning years.

As a knowledge translation intervention, Adaptive Mentoring seeks to build participants' knowledge and clinical resilience, resulting in changes in providers' capacity, attitudes, and behaviours. Key to this approach is the leveraging of primary care's expertise in managing complexity within long-

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<sup>2</sup> Ghosh R, Reio Jr TG. Career benefits associated with Mentoring for Mentors: A meta-analysis. *Journal of Vocational Behavior*. 2013;83(1):106-116.

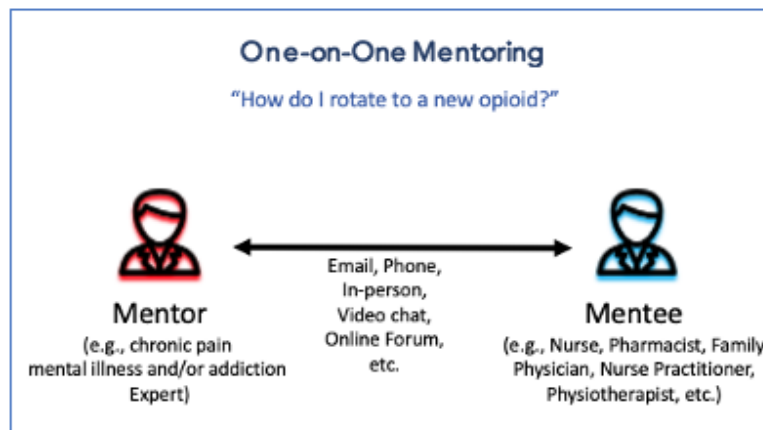
<sup>3</sup> Eby LT, Durley JR, Evans SC, Ragins BR. The relationship between short-term Mentoring benefits and long-term Mentor outcomes. *Journal of Vocational Behavior*. 2006;69(3):424-444.



term provider-patient relationships and, critically, in supporting patients and other providers within their communities.

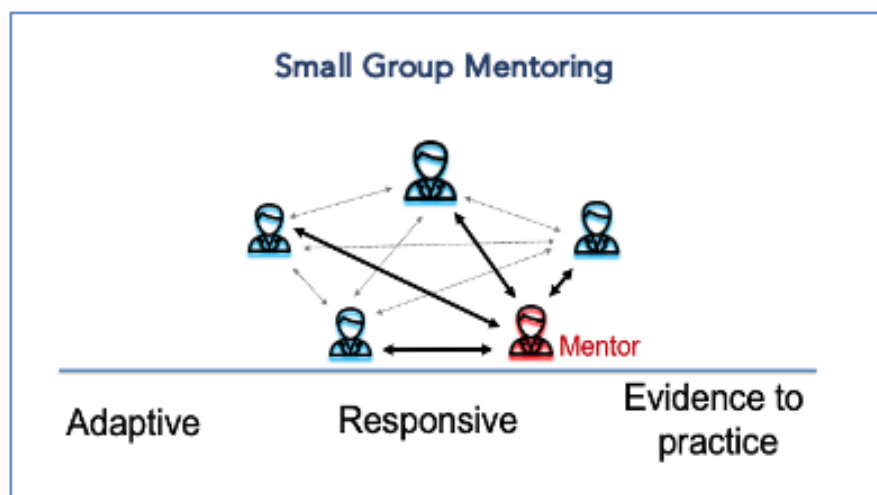
### One-on-one Mentoring

One-on-one Mentoring is initiated by the Mentee when needed, and is often driven by a clinical question and/or the need for advice pertaining to a planned clinical action. Mentors and Mentees have the option to connect via email, telephone, in person, video chat, on the National Adaptive Mentoring Forum, or other mechanisms they so choose.



### Small Group Mentoring

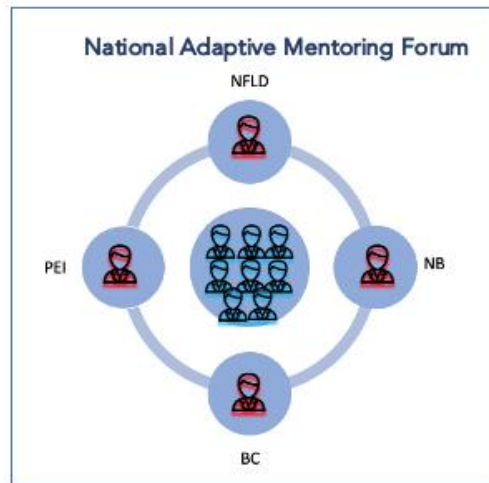
Small group Mentoring is driven by the Mentor with support from Mentees and occurs on a regular predetermined base (e.g., every 2 months). It is typically composed of a didactic component on topics selected by the Mentor and Mentees, followed by group discussion. This form of Mentoring provides an opportunity for case discussions and to engage in activities that support compassionate care (e.g., self-reflection, self-care).



### National Adaptive Mentoring Forum

The National Adaptive Mentoring Forum is an online community of practice to support clinical discussions and the sharing of knowledge around mentoring skills. This national forum will serve to build a common community across the different programs and to facilitate the spread and growth

of mentoring skills. This form of mentoring allows for individuals to engage with Mentors and Mentees nationally, allowing you to pose questions, share resources and connect with other providers around QI and advocacy initiatives, while building a diverse national network.



## Mentor Roles, Responsibilities, Activities

### What Makes a Great Mentor?

The key qualities of a good Mentor in this program:

- A good teacher
- Interested in problem-solving
- Interested in helping others – especially primary care colleagues
- A champion of Adaptive Mentoring

As a Mentor, you will be an advisor and motivator responsible for providing a friendly, collegial and supportive learning experience for your Mentees to assist them in developing new skills and knowledge in their management of patients experiencing substance use, chronic pain and/or mental illness.

### Mentor Responsibilities

You will work collaboratively, both face-to-face and virtually, with the Medical Director, Clinical Advisors, Manager, and the Coordinator in your province to provide advice on the design and delivery, as well as implementation of the Adaptive Mentoring Network in your province

As a Mentor, your role is one of advisor, role model, teacher, coach and motivator. You are responsible for providing a safe, friendly, collegial and supportive learning experience for your Mentees in the Primary Care sector to help them develop new skills and knowledge and gain a better awareness of resources and new learning opportunities.

### Mentor Activities

As a Mentor, you are expected to engage in the following suite of activities.

### Attend Training

- Attend all mandatory sessions within the Mentor onboarding process (i.e., approximately 7-10 hours)
- Attend a minimum of 75% of ongoing Mentor training sessions in a given year (i.e., approximately 5-10 hours per year; included in total time commitment)

### Plan Engagement

- Collaborate with the Medical Director, Coordinator, Manager and/or Clinical Advisors in developing and delivering creative evidence-based initiatives that enhance the learning experience of the Mentees
- With assistance from the Medical Director, Manager and Coordinator, inform the development of a small group meeting design and format aimed to facilitate growth and learning for Mentees

### Engage with Mentees

- Provide advice and support within the scope of clinical expertise to Mentees
- Cover key learning objectives while helping Mentees navigate clinical situations
- Engage in Mentorship according to the principles and techniques outlined during Mentor training (i.e., Mentor Manual and Mentor Training Workshops)
- Provide a minimum number of hours per year of one-to-one Mentorship with Mentees, **as determined by your Provincial Mentoring Network**
- Respond to Mentees' communications within 48-72 hours, **as determined by your Provincial Mentoring Network**
- Organize and host a minimum of number of in-person and/or virtual small group sessions per year, **as determined by your Provincial Mentoring Network**
- Contribute to discussions via the National Adaptive Mentoring Forum
- Support the development of compassionate, non-judgmental communities

### Report and Evaluate

- Communicate and provide program administration with timely responses related to Mentoring activities, reimbursement and evaluation
- Complete Mentor Activities Survey **as determined by your Provincial Mentoring Network**
- Complete annual evaluation survey for the continued development of the Adaptive Mentoring Networks.
- Attend quarterly Mentor meetings to share experiences with other Mentors & provide feedback on the Mentoring program

### Support Growth and Development

- Provide insight on strategies to gain momentum and support for the Adaptive Mentoring Network in your province
- Provide input into organizational matters when requested by your Provincial Mentoring Network administration/leadership and Advisory Committee of your Provincial Mentoring Network

- Support and contribute to your Provincial Mentoring Network, initiatives to increase membership and engagement of members

### Track Mentor Activities

Your Provincial Mentoring Network will determine how they would like you to record your interactions with your Mentee, the cases you discussed and other information. (Interactions include small group meetings, portal interactions and phone/email conversations.)

### Mentor Skills

Mentors in this program need to be skilled in the following. Note that your Provincial Coordinator and other program administrators can assist you with developing the technical skills required (e.g., around scheduling and facilitating small group meetings, navigating the online forum).

- Creating safe and non-judgmental spaces
- Self-reflection and enabling reflective practice
- Engaging Mentees in different environments – one to one, small group, large group, online forum
  - Skills in utilizing the online forum
  - Skills in utilizing technology-based tools (e.g., Zoom, MS Teams) for small group meetings and discussions
- Organizing and facilitating small group meetings
- Communicating effectively with Mentees regardless as to the platform/format used

# Network Learning Objectives

The Network Learning Objectives are a set of foundational learning objectives developed by the Adaptive Mentoring Networks program administration, with support from its National Advisory Committee. By participating in the Adaptive Mentoring Networks, Mentees should improve their knowledge, confidence and clinical practices pertaining to these Learning Objectives (which serves as a basis for program evaluation). The development of these objectives is not meant to limit the range of topics explored by Mentors and Mentees, but can help to *guide* what they focus their discussions on.

#	Learning Objective
1	Establish compassionate therapeutic relationships.
2	Integrate principles of cultural sensitivity, trauma and violence informed practice in providing care
3	Support the inclusion of patients and others, as appropriate, in the education and shared decision-making process for management
4	Use validated resources and tools to assess chronic pain, substance use disorders, and/or mental illness, and to monitor related outcomes as appropriate.
5	Identify treatment options that can be accessed in a comprehensive multi-modal management plan.
6	Engage in self-reflection to recognize how one's clinical knowledge, attitudes and behaviours can impact the quality of care one provides to persons with chronic pain, substance use disorders or mental illness. <ul style="list-style-type: none"><li>• Enabling: Describe the role of the clinician as an advocate in assisting patients to meet treatment goals.</li></ul>
7	Appreciate the roles of different professions, and where appropriate engage in interprofessional assessment, planning and provision of chronic pain, mental health and substance use care. <ul style="list-style-type: none"><li>• Enabling: Describe the role, scope of practice, and contribution of the different professions within a care team</li><li>• Enabling: Recognize the limits of their expertise, as well as when and how to seek appropriate consultation from other health professionals</li></ul>

## The Mentoring Relationship

Participation in a Mentoring relationship should not add undue burden to the Mentee by increasing workloads, but should increase Mentee competence, confidence, comfort and resiliency regardless of their patient's complexity in clinical areas, or the challenges in practice-related areas. Mentors support Mentees to develop new skills and knowledge, and gain a better awareness of resources. With the support of the Mentor, the Mentee gains confidence about clinical decisions at the point of care, and about optimizing patient health and wellness

in their context.<sup>4,5</sup>

Successful Mentoring relationships are founded on a firm commitment to the Mentoring process and a willingness of both partners to invest time and energy in creating respectful, safe spaces to engage in dialogue. Specifically, successful Mentoring relationships adhere to the following principles:

#### Trust

- Be honest and open
- Be flexible and accessible
- Be transparent and consistent
- Demonstrate respect in all interactions

#### Confidentiality

- Be open to sharing and discussion that isn't directly tied to your goal
- Before agreeing to be in a Mentorship relationship, be candid about confidentiality principles and boundaries
- Demonstrate your belief in confidentiality by acting with integrity with all information that is confidential regardless of the relationship

#### Communication

- Be present and attentive to your Mentor/Mentee
- Be timely with your questions, thoughts and opinions
- Use non-verbal signals to invite dialogue and demonstrate that you are listening and understand (e.g., eye contact, nodding head, sitting forward)
- Provide thoughtful responses to your Mentor's questions; avoid yes/no responses that close the door
- Check in with Mentee towards the end of a dialogue to ensure issue has been addressed adequately

#### Mentor-Mentee Communication

At the outset, Mentors and Mentees should discuss their preferences regarding frequency of contact and communication methods (e.g., email vs phone).

Effective communication is crucial to meeting the needs of the Mentees and improving patient care.

- The relationship between the Mentor and the Mentee is to meet the needs of the Mentees, therefore, the Mentees must be the drivers of the process
- Respectful communication is required
- There is no power hierarchy; there may be a knowledge and experience hierarchy.
- The Mentor is being engaged for expertise, knowledge and experience. The Mentee is engaged for their reflection, evolving expertise and to further a collegial connection.

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<sup>4</sup> Horizons Community Development Associates Inc. "Atlantic Mentorship Network-Pain & Addiction Evaluation Report." Oct. 2020.

<sup>5</sup> Three Hive Consulting. "Alberta College of Family Physicians *Collaborative Mentorship Network Evaluation Report*." Apr. 2020.

### What does a first meeting look like?

Initiating contact with your Mentee demonstrates your willingness to provide support and foster the relationship. At the first meeting, you should provide each other with adequate introductory information so you can assess your Mentee's level of expertise and skill in complex clinical care, and your Mentee can understand the areas in which he or she can expect to receive help and the potential limits on that help. In addition, you should both discuss your preferences regarding frequency of contact and communication.

### How often should I reach out to my Mentees and host group meetings?

The commitment can vary greatly among individual Mentors, however reaching minimum requirements, as outlined by your Provincial Mentoring Network, will foster group collaboration and cohesion, and increase Mentee confidence in approaching Mentors.

### Can Provincial Mentoring Network staff help me set up group meetings?

Your Provincial Mentoring Network has dedicated staff who can provide you with logistical and organizational support, the Provincial Coordinator may be able to assist you with:

- Questions you may have about the Program and the Group you have been assigned to
- Organizing small-group educational sessions (e.g., organizing venues, selecting dates, material preparation)
- Data Collection (e.g., distributing evaluation tools, data collation and interpretation)
- Distributing program materials that outline roles, responsibilities, and expectations of the Mentoring relationship

### What kind of support should I be providing my Mentee?

As a Mentor, you can enhance your Mentee's competency and confidence by providing advice and helping to find resources, facilitating reflection, fostering positive approaches and creating a safe space for discussion. As well, you can help Mentees focus on their strengths and provide constructive feedback about their professional skills.

### How much support should I be providing my Mentee?

It is important to have a conversation with your Mentee and Mentor partners around how you would like to interact (e.g., email, telephone or videoconferencing) and when you will engage in Mentorship (e.g., on-demand or regular meetings). Establishing these parameters can be important to the success of a Mentoring relationship. Both parties should maintain reasonable expectations of each other and inform each other if there is too great a demand for service or pressure on the relationship, or alternatively, a sense of inadequate access/support.

### What happens to my Group/Mentees when I go on vacation?

You must inform your Mentees and Mentor partners if you expect to be unavailable for some time and ensure that your email and voicemail messages are always up to date regarding your availability. If needed, you can also work with your Provincial Mentoring Program Coordinator to negotiate coverage during this period.

### Mentee Obligations

Mentees are expected to engage in respectful and collegial relationships with their Mentors through discussions around their genuine interest in clinical and practice challenges. Mentees should be

motivated and enthusiastic about engaging, learning and improving their knowledge and skills to screen, treat and manage complex clinical care and practice issues.

Specific Mentee obligations include:

- Demonstrating interest in the Mentor/Mentee relationship showing an openness to coaching, feedback, and guidance from the Mentor
- Engaging with their Mentor and in Mentoring activities
- Proactively contacting their Mentor
- Committing to self-development
- Assuming responsibility for acquiring or improving skills and knowledge
- Seeking to discuss individual development planning with their Mentor when desired
- Participating in Adaptive Mentoring Networks evaluations and surveys when requested to ensure programs are meeting their professional development needs
- Being an active participant in regional small group meetings
- Providing feedback to their Mentor on what is working or not working in the Mentoring relationship
- Informing the Provincial Coordinator as soon as possible if having any issues connecting with their Mentor

## Medical-Legal Issues

As a Mentor in the Adaptive Mentoring Networks you may not perform activities outside of your professional scope of practice as outlined by your applicable regulatory associations/colleges. You must at all times remain a licensed, ensured healthcare professional who is in good standing with all applicable regulatory associations/colleges. All Mentors are required to inform their Provincial Mentoring Network if they cease to be in good standing with their colleges.

For all matters arising in your role as a member of Adaptive Mentoring Networks, you are expected to maintain professional and clinical standards as outlined by your regulatory College and/or other relevant professional associations, health authorities and any other governing bodies. As a health care professional, you remain individually liable for your actions and must maintain insurance coverage through the appropriate professional association(s) (e.g., the Canadian Medical Protective Association for physicians).

### Referrals and Emergencies

The Mentoring relationship is not meant to be a referral or emergency service. The nature of the Mentoring relationship and the provision of advice that it involves does not imply transfer of care.

### Liability



## Liability Risks

There are elements of risk that come with the role of Mentor, and those risks are present for all health professionals acting in a Mentor role. The liability risks for Mentors are primarily in the following areas:

- Providing **specific clinical advice** to your Mentees about clinical cases or scenarios. The more detailed and tailored the advice is, the greater the risk.
- Providing **advice between health care providers from different disciplines**. The risks include ensuring you are providing suggestions within your scope of expertise and that the more training and experience you have versus your Mentee the greater the risk.
- Providing **advice across provincial jurisdictions**. There are a number of challenges around providing clinical advice (especially specific advice on cases) across provincial jurisdictions as it relates to licenses to practice in another province. These issues are further compounded when providing advice to providers across health disciplines.

These liability risks cannot be completely eliminated, however there are a number ways in which some of these risks can be mitigated.

## Strategies to mitigate risk

As a Mentor, the following are suggestions on how you can mitigate these risks:

*Ensure malpractice coverage:* Reach out to your malpractice provider to ensure that your coverage extends beyond the point of care to include clinical case discussions with other healthcare providers. For physician Mentors, the CMPA has identified that they will be covered for these types of conversations.

*Advice, not a directive for care:* It is critical to ensure that you communicate verbally as well as in written communications to your Mentees that any suggestions or advice that you provide are not to be taken as directives for care. To support this important distinction, administration from each Provincial Network will disseminate and reinforce this message to Mentees, and embed this language in communications with them.

*Ask pertinent questions:* It is the shared responsibility of the Mentor and Mentee to ensure that sufficient information is exchanged to allow the Mentor to provide reasonable advice to a Mentee. Often your first response will be to seek additional information.

*Document 1:1 discussions:* When engaging in one-to-one discussions with your Mentees, that are not text based, ensure to create a document that details your discussion and suggestions and retain this in your records. For group-based discussions it is not necessary to document your suggestions.

*Protect patient privacy:* While discussing clinical cases with your Mentees do your best to protect the privacy of the patient by limiting as much as possible identifiable details particularly in environments that are less secure such as portals or emails.

*Balance specificity:* Where feasible try to keep clinical discussions and suggestions more general vs specific as risk increases with the specificity of your advice to a particular clinical scenario. However, it is important to strike an important balance between mitigating risk vs ensuring you can appropriately support your Mentee. There may be times you will have to engage in more detailed conversations. If doing so ensure it happens in a secure communication medium, that you document your discussions and that your advice remains within your scope of practice.

*Utilize a consultation framework:* If you do find yourself in the position of having to provide more detailed and specific advice it would be helpful to approach this discussion as a consultation. Using a consultation framework can help to ensure that you appropriately ask and cover key clinical details prior to providing any advice.

*Minimize details on the National Forum:* If you find yourself in the position of providing specific clinical advice to Mentors or Mentees in other provinces, it would be preferable to do so in a one-to-one type setting, rather than in a large group format such as on the online forum. Make sure to document any suggestions you do make. Also, recognize that providing advice across provincial jurisdictions to any non-physicians is a grey area in terms of the risk to you.

### Confidentiality and Record Keeping

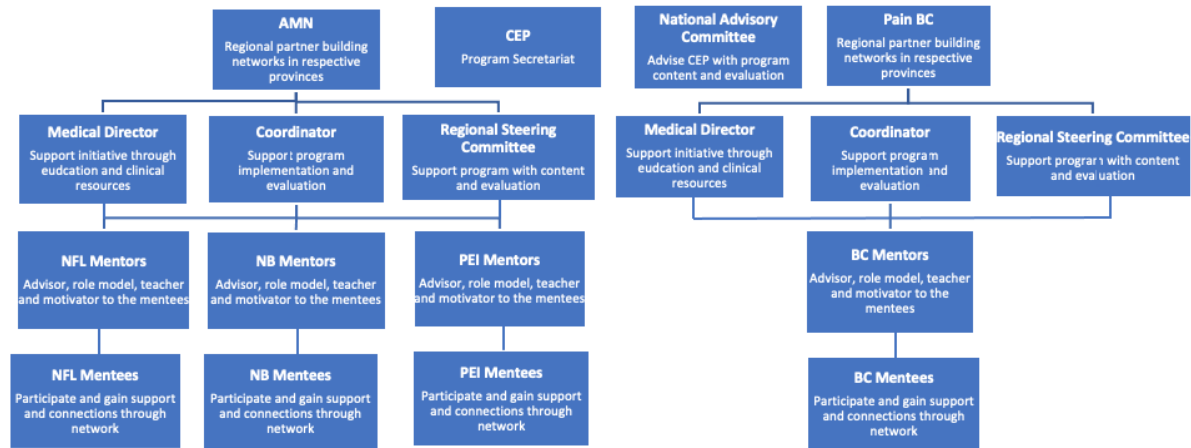
Mentors must protect the confidentiality of Mentees and the patients of Mentees, except where specifically authorized by a Mentee in writing. Mentors and Mentees must determine the logistics of how such authorization is communicated.

Mentors and Mentees must keep adequate and confidential records. A Mentee will likely use the patient chart (paper or electronic) to record interactions with his or her Mentor and to record the Mentor's suggestions/advice. It is highly recommended that Mentors record cases discussed, time spent with a Mentee and other information as determined. Specific recording materials and processes may be required by specific provincial Networks.

If email is the primary mode of communication with a Mentor, emails may be kept as records.

**Note:** identifying patient variables must not be disclosed in electronic communication unless the patient provides formal, written consent. Also, note that personal health information (PHI) recommendations apply to all patient communications between Mentors and Mentees.

# Administration



## Ownership and License

The Centre for Effective Practice (CEP) will own all materials produced by initiative and Mentors or its personnel hereunder, including, without limitation, deliverables, documentation, reports, data, and other information (collectively, “Work Product”). Mentors hereby assign, and shall to the extent necessary in the future assign, to CEP all ownership rights, including, without limitation, intellectual property rights, in such Work Product, and Mentors hereby expressly and irrevocably waives and shall to the extent necessary in the future waive any moral rights it may have in the Work Product. Mentors agrees to give CEP such assistance as may be reasonably required to perfect such rights.

To the extent that any preexisting materials of Mentors are contained in the Work Product, Mentors retains ownership of such preexisting materials and hereby grants, and shall to the extent necessary in the future grant, to CEP an irrevocable, worldwide, royalty-free license and sublicense to use, execute, reproduce, display, perform, distribute copies of, and prepare derivative works based upon, such preexisting materials and derivative works thereof solely for the purposes of providing the Services to HC to permit HC to do the same. Mentors represent and warrant that CEP’s use of the Work Product will not infringe upon or violate any patent, copyright, trade secret, contractual, or any other proprietary right of any third party.

Except for educational purposes, Mentors have no rights to use, publish, reproduce, prepare derivative works based upon, distribute, perform, or display any Work Product other than by permission of CEP, and through involvement of CEP in any adaptations of the Work Product, such involvement to be determined on a case-by-case basis.

## Conflicts of Interest

Mentors participating in the Adaptive Mentoring Networks must complete a conflict of interest (COI) declaration prior to participation in the Program in order to identify situations where their personal and professional interests may have apparent, potential, or actual influence over their judgment and actions in the context of Program participation.

Mentors must disclose all financial or in-kind relationships for the previous two (2) years in the declaration form provided. Examples of such relationships include but are not limited to the following:

- Any direct financial interest in a commercial entity such as a pharmaceutical organization, medical device company, or communications firm (an “Organization”)
- Investments held in the Organization
- Membership in the Organization’s advisory board or similar committee
- Current or recent participation in a clinical trial sponsored by the Organization
- Membership in a speaker’s bureau
- Holding a patent for a product referred to in the clinical tool or health information material or that is marketed by a commercial organization
- The receipt of honoraria to participate on behalf of an Organization
- Receiving research funding related to the Program (commercial or non---commercial)

False disclosure or failure to disclose conflicts of interest may result in removal from participation in your Adaptive Mentoring Network. You will be expected to complete a declaration form on an annual basis for your respective program. The declaration forms will be part of your intake and Annual Mentor Surveys.

### Performance Measurement and Evaluation

Mentors are required to complete annual surveys where they can share experiences and provide input about the mentoring network. They will be used for program evaluation and for the continued development of the Adaptive Mentoring Networks. Mentors will also be required to complete additional surveys and be requested for interviews by the CEP, Pain BC and/or the Atlantic Mentoring Network.

You may wish to review your Mentoring relationship from time to time. This can be done formally or informally. Be receptive to feedback from your Mentees, particularly as it relates to the Mentees’ need for change in the Mentoring interaction, i.e., you should discuss not only goals, but also process issues.

### Certification

This program as a whole is not yet certified for CME credits. Credits for Mentors and Mentees may be available through training events and activities offered by the program in the future. Program administration is exploring certification of Mentoring activities for Mentees to receive credits for participation.

Mentor Training sessions have been certified, as a 1 credit/hour Group Learning activity by the College of Family Physicians of Canada for up to 8 Mainpro+ certified credits.