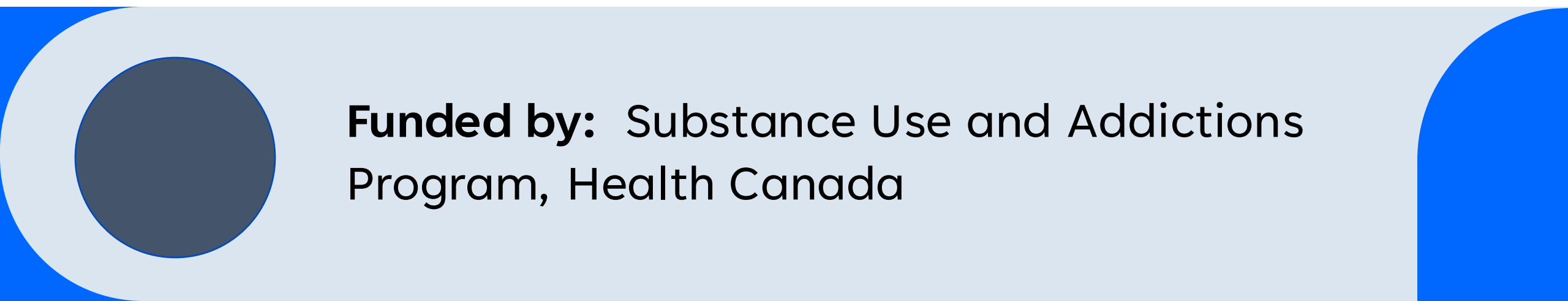




Adaptive Mentoring to Build Primary Care Capacity:

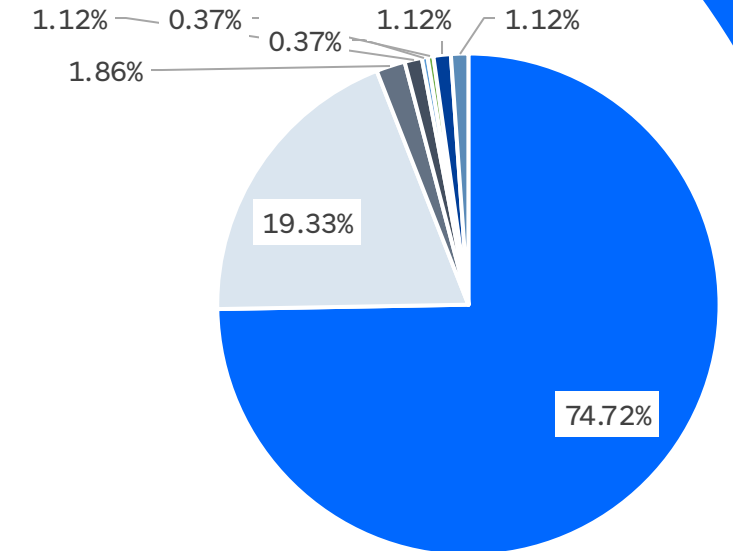
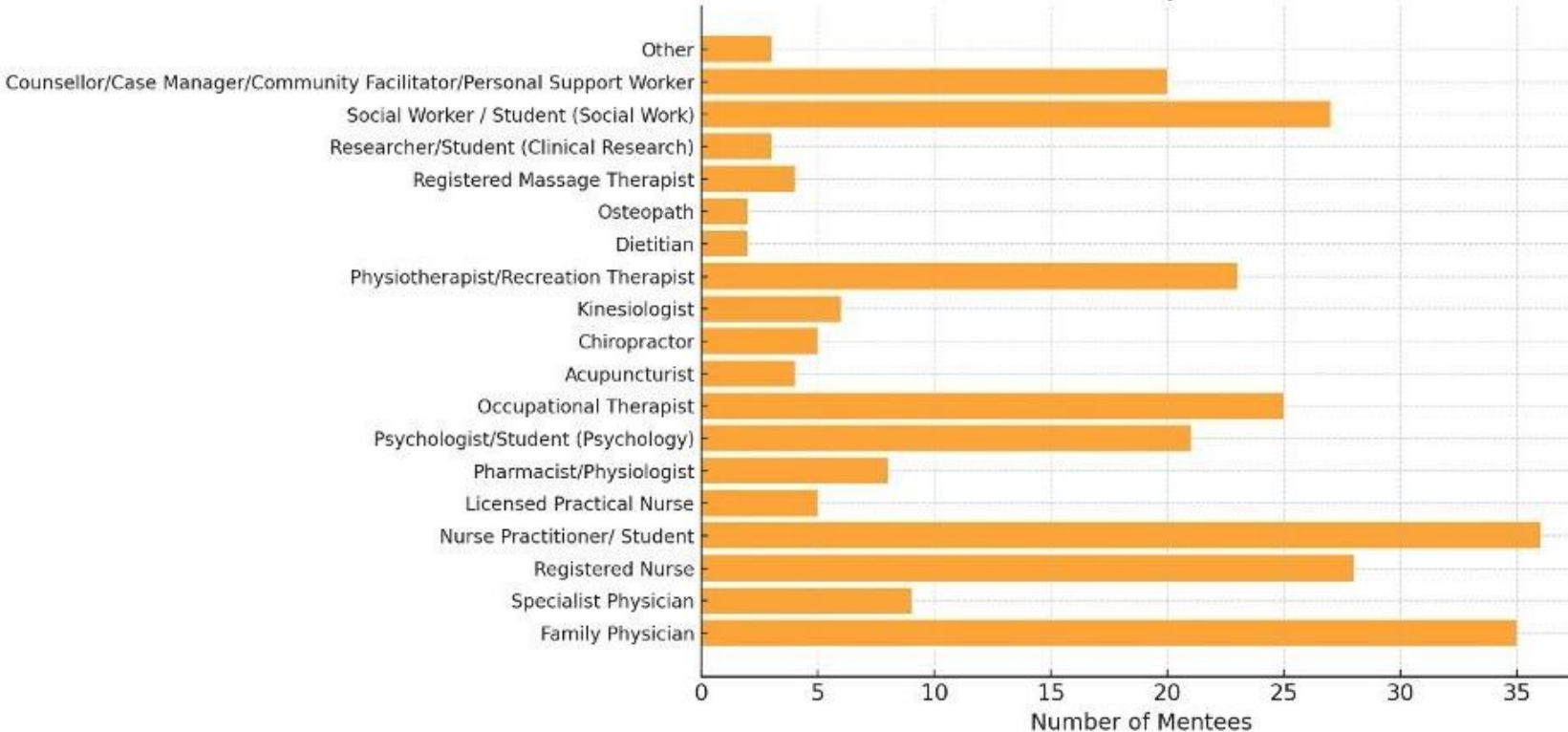
Caring for Canadians Living with Mental Illness, Chronic Pain and Addictions



Funded by: Substance Use and Addictions
Program, Health Canada

Program Members

Distribution of Mentees' Primary Clinical Roles in ATL + BC

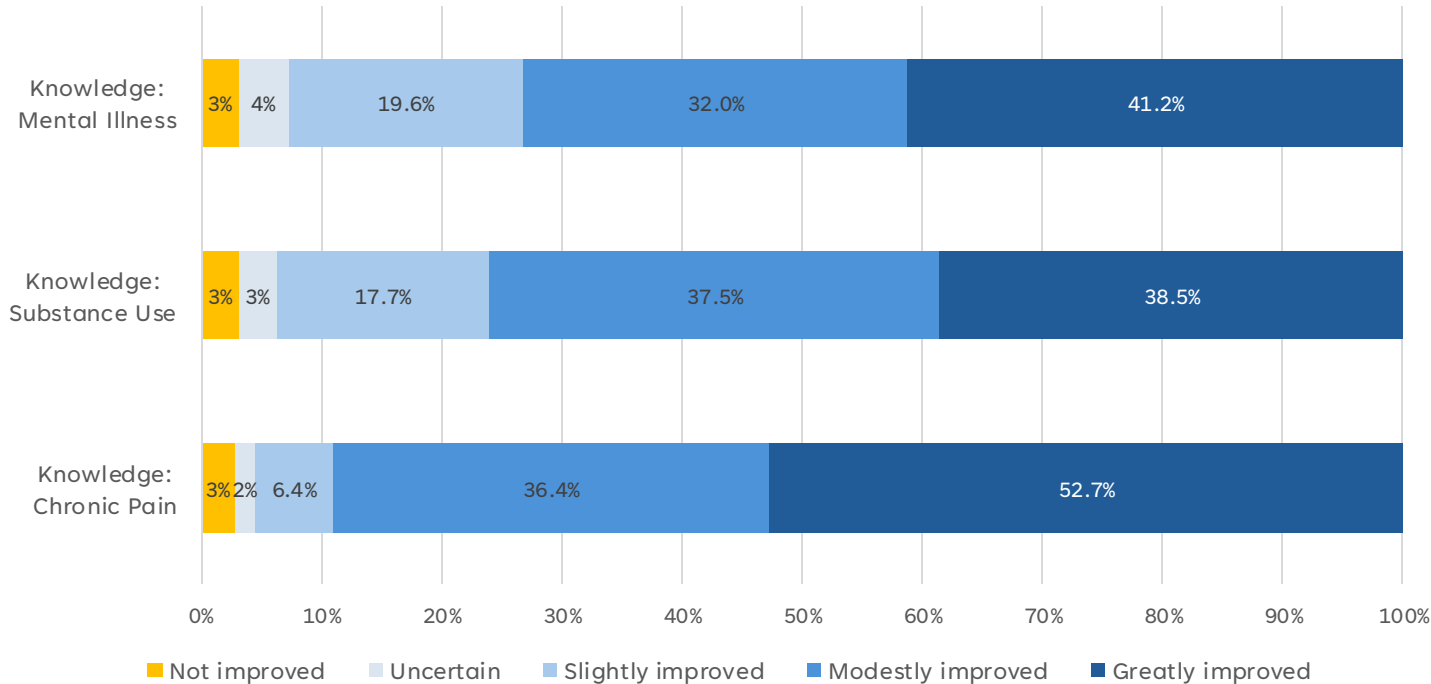


- Woman
- Man
- Non-Binary/Gender Fluid
- Genderqueer
- Two Spirit
- Trans Man
- Prefer Not to Answer
- No Answer

Program Use

- Pending Data on:
 - Frequency of use
 - Types of mentorship used

Program Impacts – Clinician Level

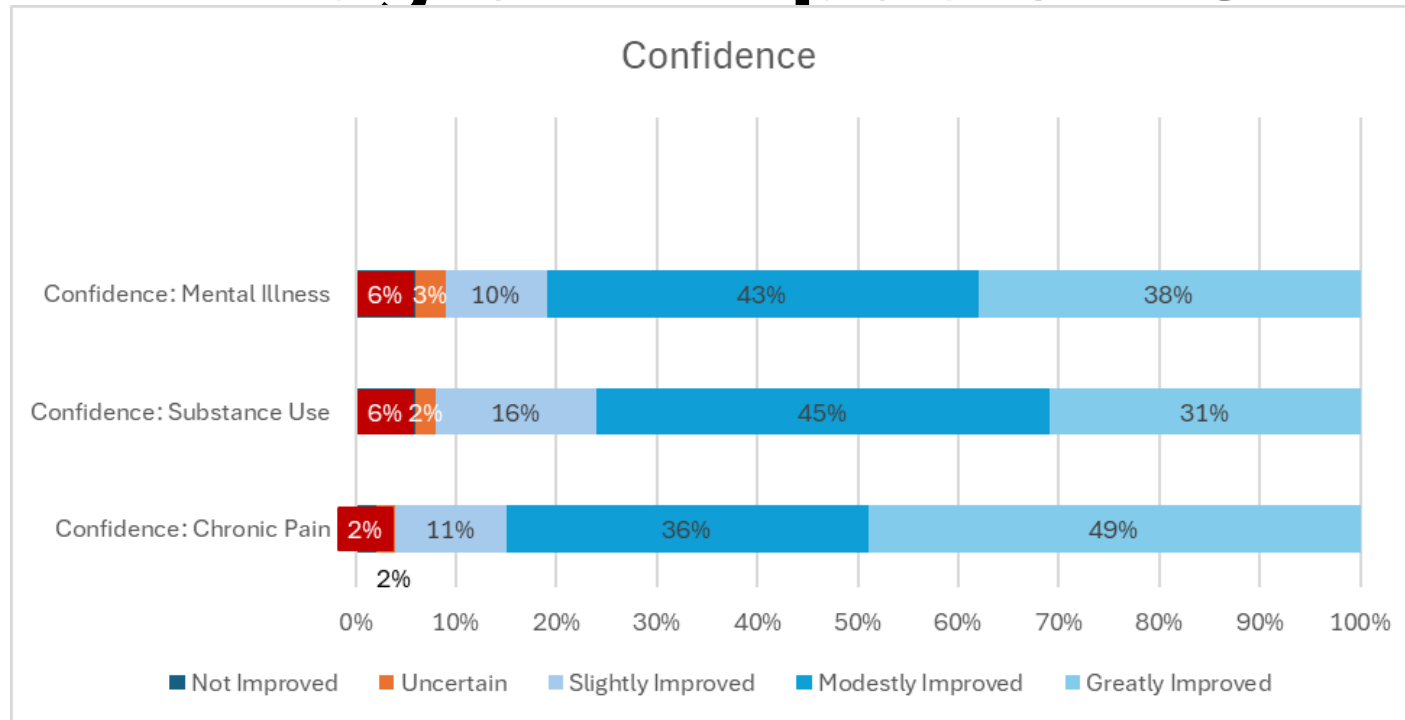


- Improved understanding of chronic pain, mental health, and substance use treatment.
- Learning about alternative treatment options beyond narcotics was particularly valuable.
- Gained new strategies, resources and insights that have enhanced their ability to serve patients.
- The program provided motivation and inspiration to continue learning and improving practice.

“The quality of the seminars/continuing education discussions have been wonderful, and great learning opportunities.”



Program Impacts – Clinician Level



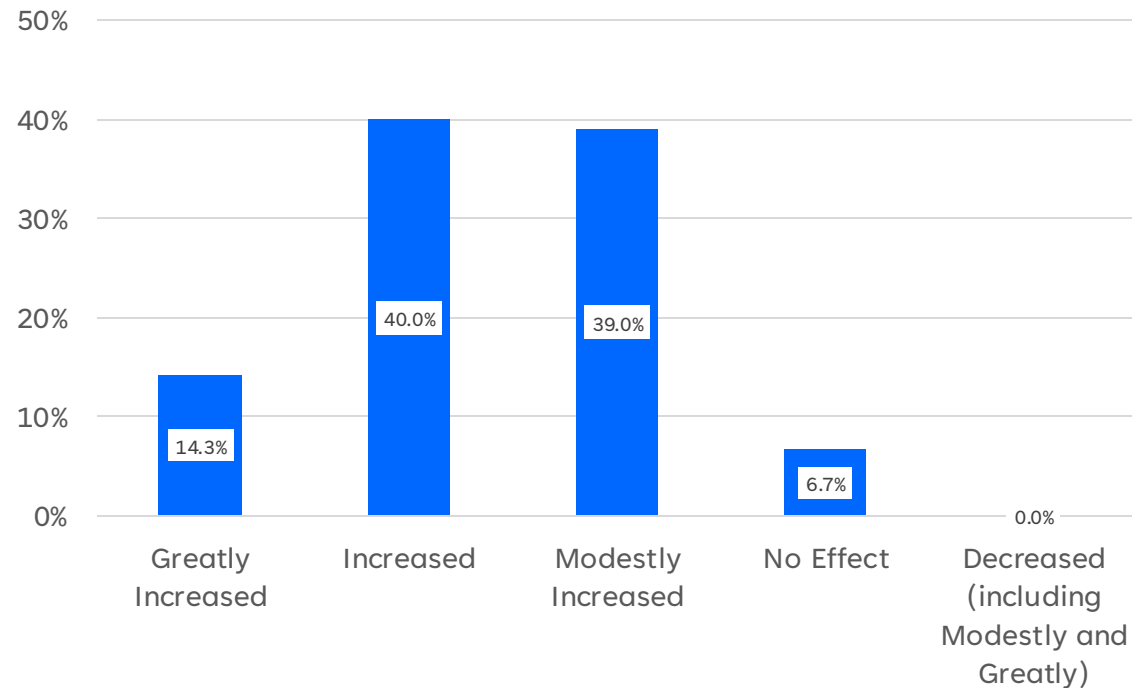
- Increased confidence in dealing with complex cases.
- Some participants found that the program reinforced their existing clinical beliefs and gave them the confidence to continue down their professional path.

“The program has helped me improve my practice, pushing me to further my education to be able to help in a greater capacity thus improving my satisfaction and relationships.”

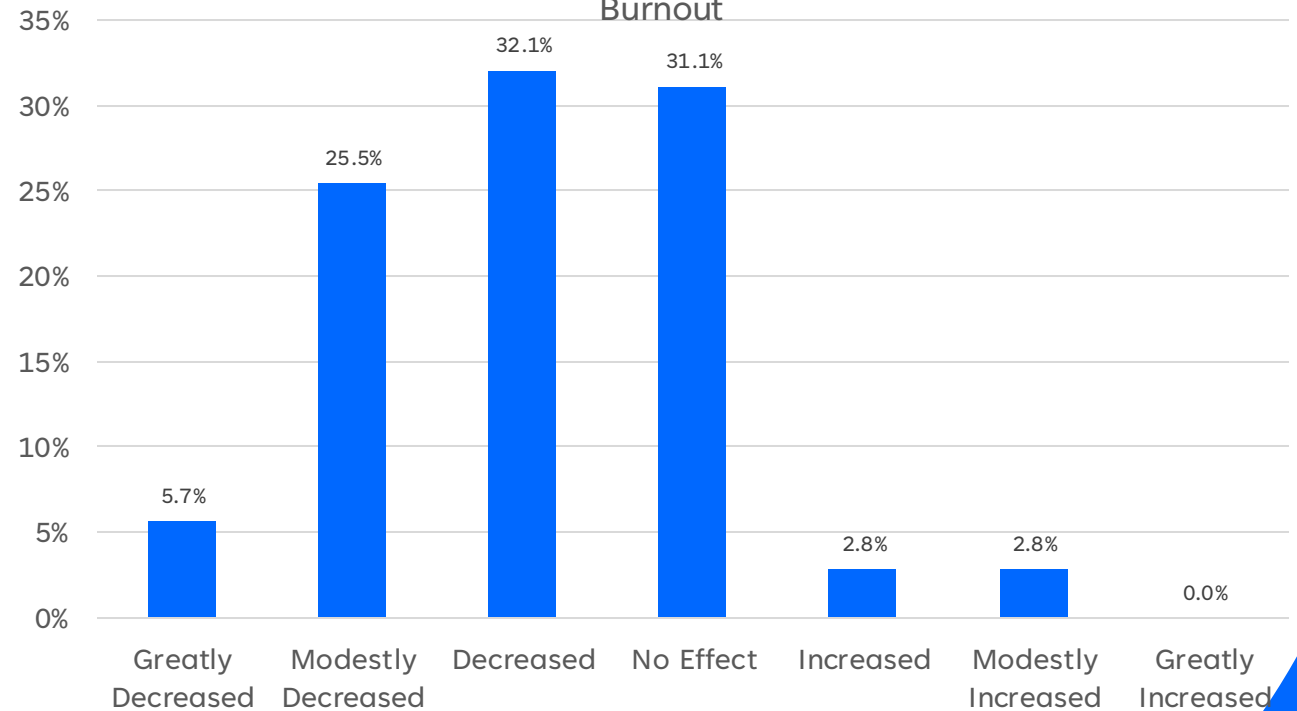
“More confidence supporting patients through their journey than I thought. Great to know that there is always my mentor available.”

Program Impacts – Clinician Level

Professional Satisfaction



Burnout

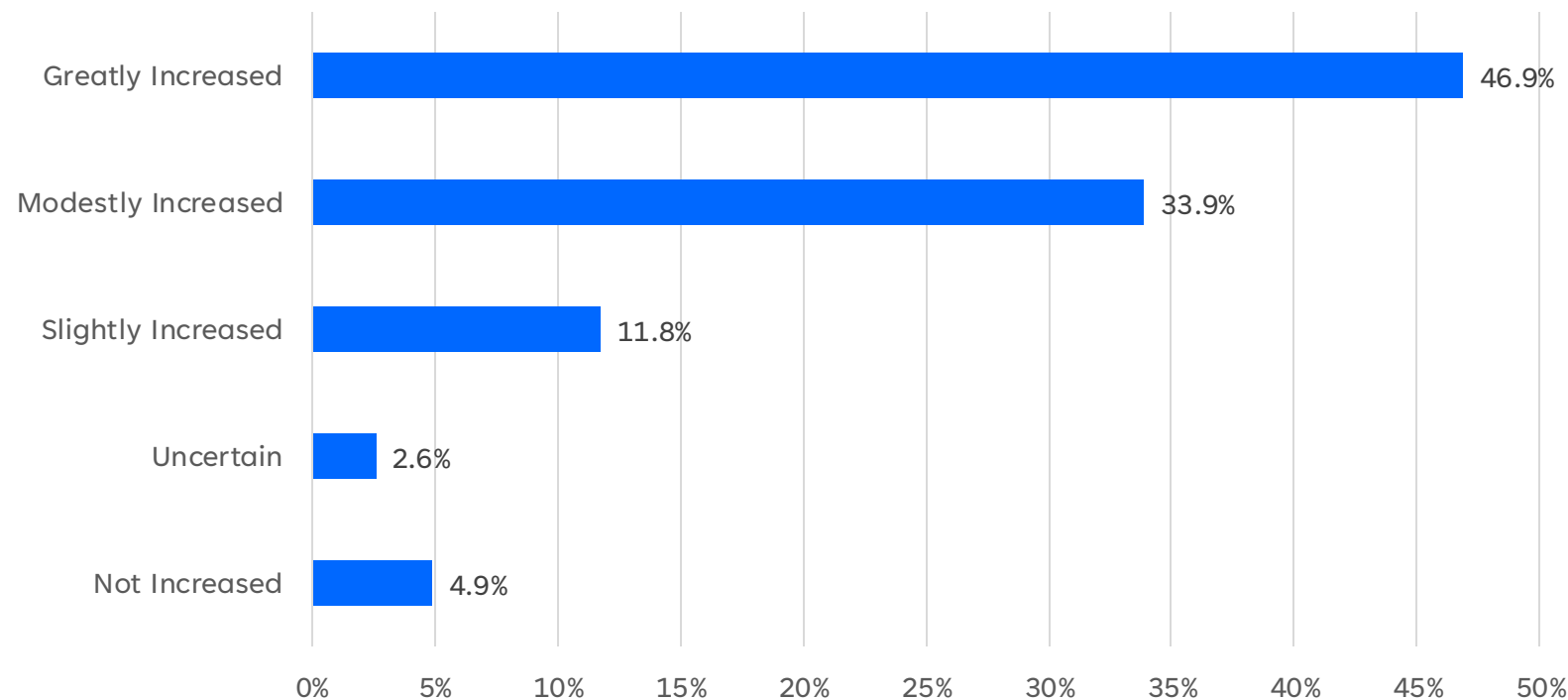


“I feel more connected to other health professionals.”

“Of all the benefits, I am most impressed (and unexpectedly!) with how my rather intense feelings of burnout and even frank moral injury have been mitigated by being part of AMN.”

Program Impacts – Patient Level

Average Impact on Behaviours



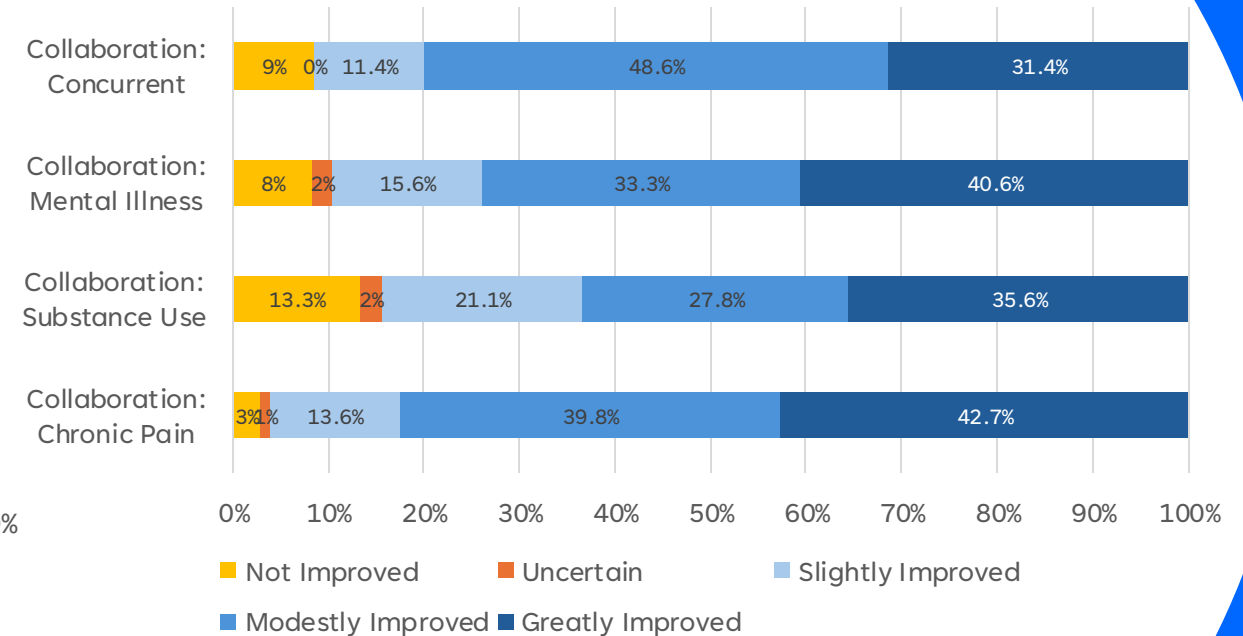
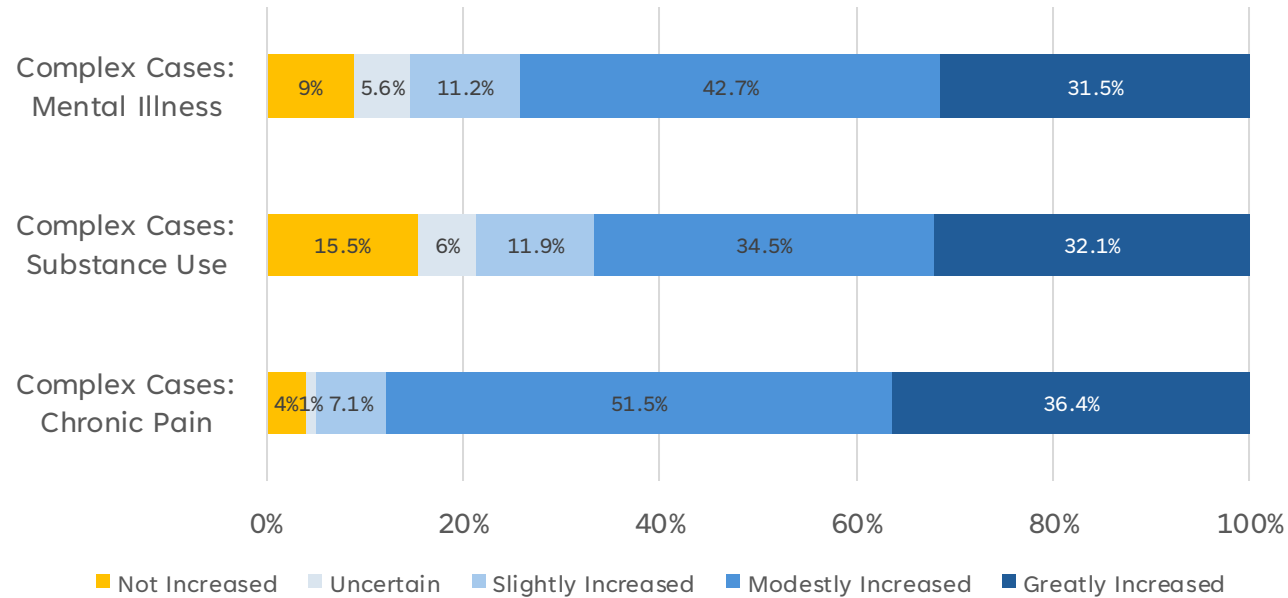
- Communicating compassion
- Using careful speech
- Customizing care
- Adopting cultural safety principles
- Adopting trauma and violence informed care principles
- Engaging in shared decision making
- Creating multi-modal treatment plans
- Recognizing pre-existing beliefs and their influence
- Reflecting on clinical interactions
- Evaluating strategies and techniques used
- Engaging in inter-professional assessment, planning and provision of care

“Increase referral base. More empathy for clients. Increase ability to communicate with clients and colleagues.”

- “Being more mindful as a provider.”
- “Make it easier to talk to patients about chronic pain.”

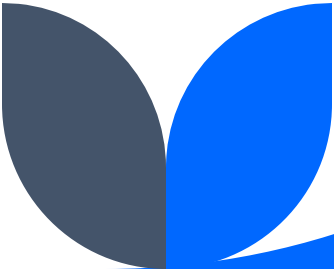
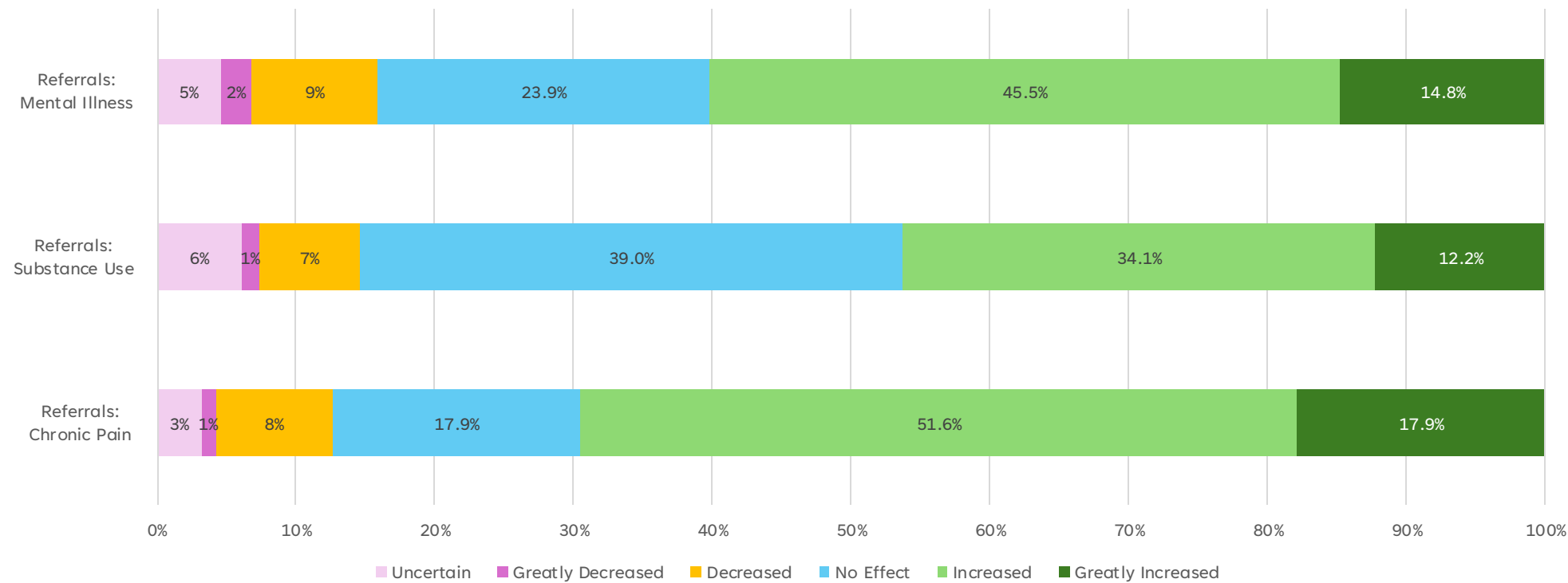


Program Impacts – System Level



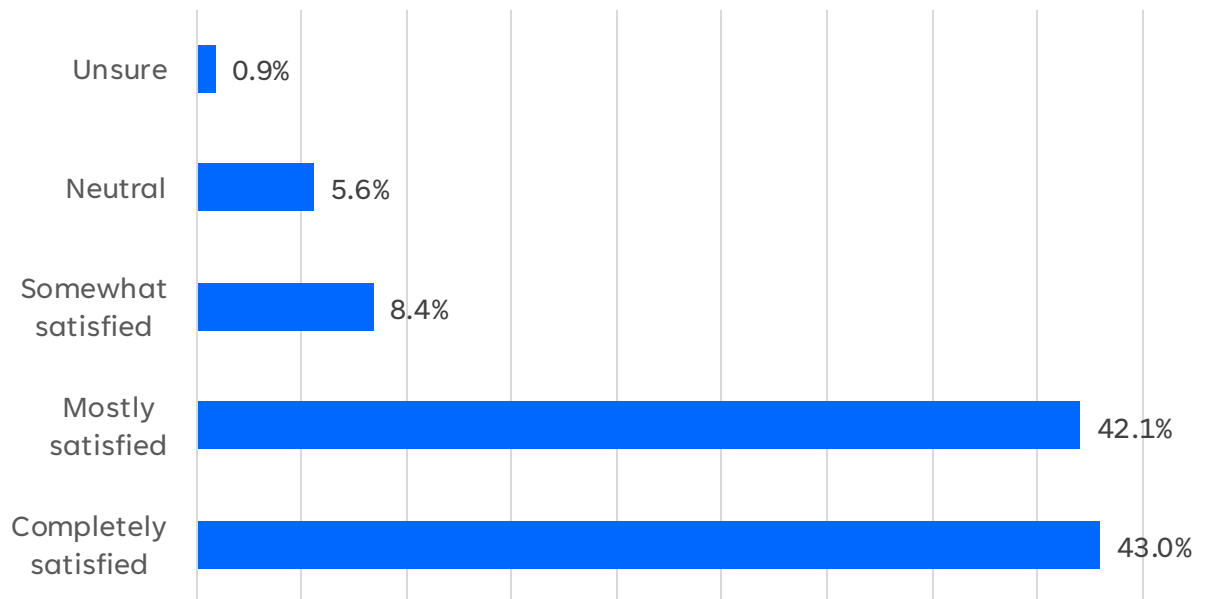
- *“I love the interdisciplinary collaboration! We are learning a lot from each other.”*
- *“I have developed a rich tapestry of interprofessional collaborations and supports through the AMNs.”*
- *“The program has helped me improve my practice, pushing me to further my education to be able to help in a greater capacity thus improving my satisfaction and relationships.”*

Program Impacts – System Level



Program Reflections

Satisfaction



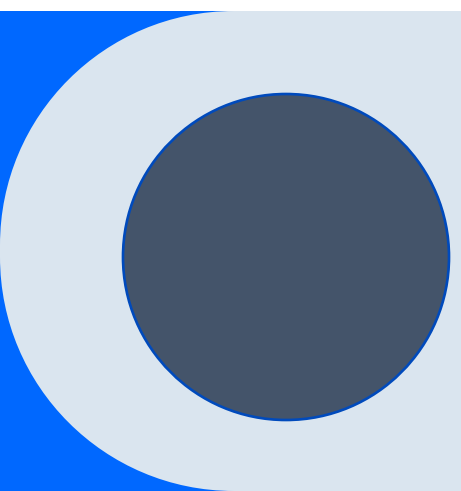
- Several emphasized how the program has been an inspiring and rewarding experience.
- They appreciated the mutual support, professional development, and sense of community that the network fosters.
- AMN helped shape their broader approach to practice model development.
- Having a network of like-minded professionals to share struggles with was highly valued.
- The ability to access mentorship provided reassurance and improved job satisfaction.

- *“AMH-PEI can be a powerful means of retaining healthcare providers – especially in challenging fields like mental health, addictions, and chronic pain.”*
- *“The mutual support, understanding, and professional development I have seen among PEI healthcare providers at AMN has been inspiring!”*






The Adaptive Mentoring Networks: Building a stronger Canadian Health Workforce



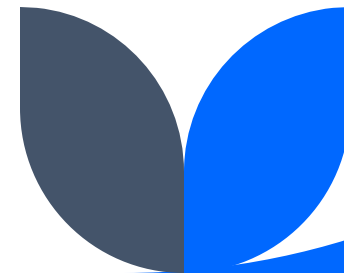
Funded by: The Canadian Institutes of Health
Research (CIHR)



Project Goals

To:

- Evaluate 11 AMNs to advance a scientific framework (i.e., blueprint) for the implementation of AMNs
 - that will be used to develop evidence-informed implementation strategies
- Develop a behavioural understanding of the capabilities, opportunities and motivations that deter or facilitate the uptake of adaptive mentoring in clinical (pain, substance use disorders, mental health) and EDIA settings.



Implementation Science Approaches

Process frameworks:

- 1) Action, Actor, Context, Target, Time (**AACTT**);
- 2) Active Implementation Framework (**AIF**)

Determinant frameworks:

- 1) Consolidated Framework for Implementation Research (**CFIR**);
- 2) Theoretical Domains Framework (**TDF**);
- 3) Capability, Opportunity, Motivation-Behaviour Model (**COM-B**);
- 4) Consolidated Framework for Sustainability Constructs (**CFSC**);
- 5) Health Equity Implementation Framework (**HEIF**)


Outcome frameworks:

- 1) Proctor's taxonomy


Implementation Strategies:

- 1) Expert Recommendations for Implementing Change (**ERIC**)


Phase I: Exploration

- A)** Explore the process of developing and implementing AMNs.
 - B)** Elucidate capabilities, opportunities and motivations to engaging in adaptive mentorship.
 - C)** Develop a Learning Alliance
- 

Phase II: Develop Implementation Strategies

- A)** Use mapping tools to identify strategies to leverage enablers and overcome barriers.
 - B)** Engage Learning Alliance to select and operationalize strategies, and develop materials to support implementation.
- 

Phase III: Initial Implementation

- A)** Co-develop tailored logic models with each AMN.
 - B)** Provide support to implement strategies operationalized in logic models.
 - C)** Evaluate uptake and effectiveness.
- 

Phases I-III: Ongoing Project Work



- A)** Developmental Evaluation and Feedback Cycles.
- B)** Systems Mapping
- C)** Mentor and Mentee Evaluation

Current Phase – Phase 1

Document Review and Systems Mapping

- External facing systems map – how does each mentorship network fit within its context
- Programmatic map – what is the make up of each mentorship network?

Phase 1a – Interviews (leadership and administrators)

Phase 1b – Interviews (mentors and mentees)

