

BUILDING COMMUNITIES OF PRACTICE

Working as a Team to Improve
Patient Care through
Networking and Mentorship

October 15th 2022, 8:30am - 12:00pm
Alt Hotel St. John's, Newfoundland



UTILIZING PHARMACISTS IN THE COLLABORATIVE CARE APPROACH

CHRONIC PAIN AND ADDICTIONS

Saturday, October 15th, 2022
Presented by: Heather Warren, Bsc. Pharm.



CONFLICTS OF INTEREST

- **I have no potential conflicts of interest to report.**

LET ME INTRODUCE MYSELF!

- Received Bachelor of Science in pharmacy from Memorial University in 2005
 - Completed Pharmaceutical Compounding Centers of America (PCCA) Comprehensive and Advanced Compounding Course in 2018 in London, Ontario to become compounding pharmacist.
 - Received Certificate in Pain Management from American Society of Hospital Pharmacists (ASHP) in 2021.
- Practised island wide as relief pharmacist, staff pharmacist and pharmacy manager for 11 years in rural and urban settings.
- Currently practise at Compounding Wellness Pharmacy as lab manager and compounding pharmacist with special interest in pain management. Compounding Wellness also has large opioid agonist maintenance clinic.
- Mentor for the AMN-NL, and member of the AMN-NL steering committee.
- Pharmacist consultant for the Chronic Pain Center of Excellence for Veterans (CPCoE) at the Newfoundland clinic.



OBJECTIVES

- Review information that supports the role of pharmacists on a collaborative team.
- Understand that pharmacists have an important role to play on a collaborative team, especially when treating patients with chronic pain and addictions.
- Understand why pharmacists can be a key contributor to a collaborative care team.
- Understand how pharmacists can help patients by contributing to the collaborative care approach.

PHARMACIST COLLABORATION WORKS

- Pharmacists across the healthcare continuum are well positioned to collaborate with patients to effectively manage their chronic pain. Evidence supports positive outcomes when pharmacists undertake these roles.
- In Newfoundland, the family physicians and pharmacist at the Shea Heights Community Health Centre identified reducing opioid prescribing as a priority and developed a team-based process for managing their patients with chronic pain. Collaboration between family physicians and pharmacists working in primary health care enhances patient care. Interdisciplinary collaboration using standardized processes makes opioid prescribing safer and more manageable.



PHARMACIST COLLABORATION WORKS

- In the US, clinical pharmacists were identified by primary care providers as playing a central role with the ongoing management of opioid therapy including review of the state prescription drug monitoring program, managing laboratory screening, providing medication education, promoting naloxone use, and opioid tapering.
- As medication experts on the healthcare team, pharmacists play an integral role in ensuring the appropriate and safe use of medications. They also collaborate with other professionals between the inpatient and outpatient settings to help patients optimize their medication regimens and improve their care.
- A study investigating the impact of pharmacist intervention individually or multidisciplinary teams including pharmacists for chronic pain management, found that pharmacists contributed substantially to chronic pain management, ensuring the quality use of medicine, resulting in reduced pain intensity.



PHARMACISTS ARE POSITIONED TO BE GREAT CONTRIBUTORS TO THE PATIENT CARE TEAM

- Pharmacists fulfill roles in numerous locations
 - community pharmacies, primary care teams, inpatient acute care and rehabilitation settings, long-term care, and also specialty ambulatory pain clinics. Pharmacists can screen, monitor and make treatment recommendations to the interprofessional team in all of these settings.
- Pharmacists are often described as “ the most accessible” health care professional
 - Patients can speak to a community pharmacist at anytime the pharmacy is open to ask for advice, seek counsel.
 - Pharmacists are readily available for consults from other health care professionals within the patient’s circle of care.
 - Community pharmacists are ideally positioned for a role in surveying for signs of OUD, in contributing to programs designed to reduce the harms associated with opioid use, and in assisting with the treatment of patients with OUD.
 - Pharmacists see many OAMT patients on a daily basis, and get to know these patients very well. These non-judgmental and respectful regular short interactions with patients provide a tremendous opportunity to develop a therapeutic relationship and have positive impact on patient outcomes and quality of life.



PHARMACISTS CAN RELAY IMPORTANT INFO TO THE TEAM

- Community pharmacists often have the **benefit of access to information about patients' medications prescribed by multiple prescribers** and can **comprehensively evaluate medication regimens for safety** and other potential therapeutic problems.
- Community pharmacists are **well positioned to screen for diversion, monitor for potentially problematic use of prescription opioids, and educate patients about opioid related risks.**
 - Pharmacists see situations from a different angle. Prescribers can reach out to the pharmacist if drug seeking behaviour is suspected, or vice versa.

GATHER INFORMATION & MAKE RECOMMENDATIONS TO THE TEAM

- **Pharmacist can gather a “Best Possible Medication History”, which includes:**
 - Information on allergies, medication intolerances.
 - prescription and non-prescription medications (dose, route, frequency, directions for use, actual use)
 - Use of herbal, vitamin supplements
 - Cannabis use
 - Medications previously tried, and reason for discontinuation
 - Substance use information (alcohol, tobacco, hallucinogens, opioids, cocaine, etc)



GATHER INFORMATION & MAKE RECOMMENDATIONS TO THE TEAM

- **Pharmacists can make recommendations regarding medication selection and dosing**
 - For chronic pain patients, recommendations of non-opioid and opioid therapies can be made by the pharmacist. This recommendation is guided by evidence for their use in specific pain diagnoses (eg, fibromyalgia, trigeminal neuralgia), as well as guidelines based on the type of pain (eg, neuropathic) or the medication class (eg, opioids). Medication selection must be individualized, with the pharmacist taking into consideration the patients' past trials and preference, concurrent medications therapies, insurance/drug coverage, drug interactions, disease states, social-economic status, etc.
 - For patients participating in OAMT, pharmacists can again help guide practitioners in choosing an appropriate agent, based on similar reasons as above.
- **Tapering and De-prescribing**
 - Pharmacists can make recommendations for tapering schedules or de-prescribing of certain medications, and then create approaches to manage withdrawal symptoms and follow up with patient.

MONITOR & MAKE RECOMMENDATIONS FOR ADVERSE EFFECTS OF MEDICATIONS

- **Patients living with chronic pain benefit from frequent follow-up and monitoring** especially if there is a change in medication or change in dosing of medication. Pharmacists can complete this follow up and relay important information to the collaborative team.
- **Pharmacists can make recommendations directly to the patient and/or prescriber on how to treat adverse effects of medications**
 - For example: recommending pharmacological or non-pharmacological therapies to treat constipation caused by opioid use.
 - For example: recommending pharmacological or non-pharmacological therapies to treat insomnia cause by methadone used for OAMT.
- **Pharmacists who see OAMT patients daily/weekly can monitor for compliance** and report any missed dosing to prescriber. They can monitor patient for intoxication, diversion, possible abuse of other substances. Pharmacists can also report any changes of the patients mental state to the patient's collaborative team members.

PHARMACISTS HAVE THE ABILITY TO PRESCRIBE WHERE APPROPRIATE

- **Many pharmacists have taken the extra training to have the ability to prescribe in certain situations**
 - There are limitations to this prescribing which includes who, how and what they may prescribe for.
 - They must ensure that they are practising within their competence as well as the Code of Ethics and rely on their own professional judgment to determine whether or not the specific circumstances of each instance of prescribing are within their scope of practise, knowledge, skills, competencies and experience.
- Pharmacists **can prescribe certain medications for a minor ailment** to treat specific conditions.
- Pharmacists can also:
 - **Prescribe an interim supply of medication** -supply a quantity of medication required by patient until the patient can visit their regular prescriber.
 - **Extend prescriptions** - The amount of medication provided shall be determined by the pharmacist based on the circumstances of the particular patient but shall not exceed the amount previously filled or 90 days' supply, whichever is less.
 - **Adapt prescriptions** - Pharmacists may adapt prescriptions to modify the brand, dose, duration, formulation, and/or regimen of the prescribed drug in certain specific circumstances.
 - **Make a therapeutic substitution** in an appropriate situation.

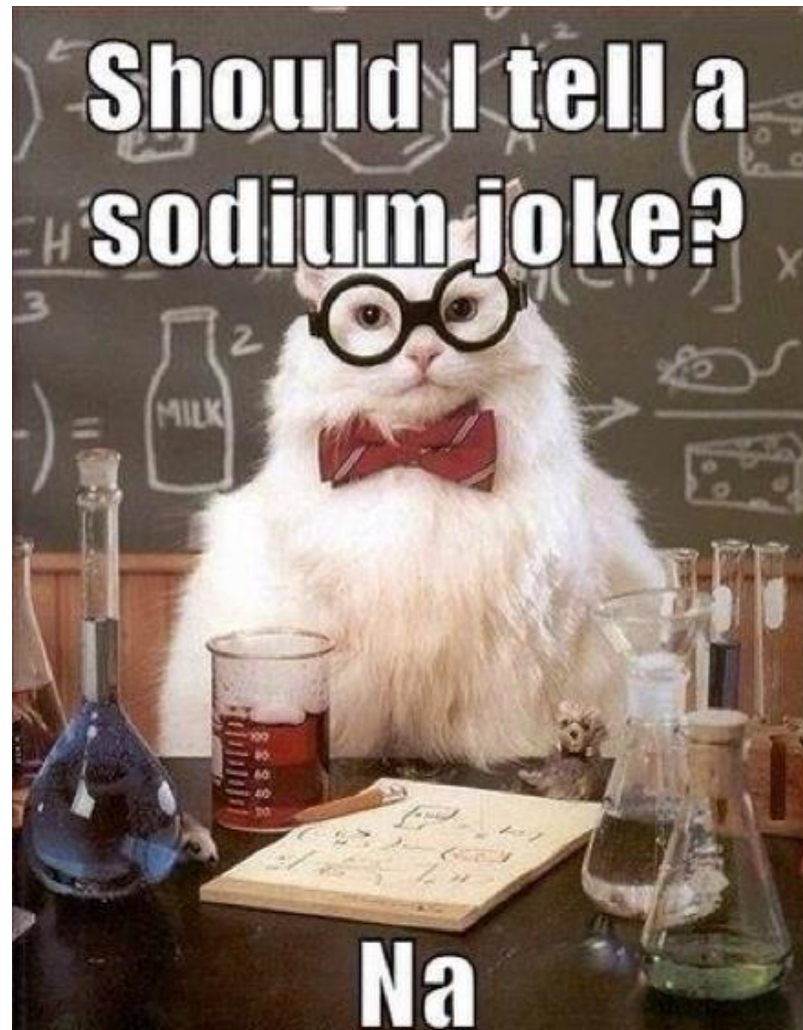
PHARMACISTS HAVE THE ABILITY TO PRESCRIBE WHERE APPROPRIATE

- In more recent years, In response to the evolving overdose crisis, Health Canada has issued a subsection 56(1) exemption from the *Controlled Drugs and Substances Act* in the *public interest*. **This exemption authorizes pharmacists to prescribe, sell, or provide controlled substances in limited circumstances, or transfer prescriptions for controlled substances.** (In previous years this was not possible)
- Specifically, and **subject to the laws and regulations of the province or territory** in which the pharmacist is entitled to practice, this exemption will:
 - Permit pharmacists to extend and renew prescriptions;
 - Permit pharmacists to transfer prescriptions to other pharmacists;
 - Permit practitioners to verbally prescribe prescriptions with controlled substances; (**in Newfoundland controlled substances must still be written on a TRDP therefore cannot be taken verbally**).
 - Allow an individual to deliver controlled substances to patients (at their homes or an alternate location).

REFERENCES

- Giannitrapani, K. F., Glassman, P.A., Vang, D., McKelvey, J. C., Thomas Day, R., Dobscha, S. K., & Lorenz, K.A. (2018). Expanding the role of Clinical Pharmacists on interdisciplinary primary care teams for chronic pain and opioid management. *BMC Family Practice*, 19(1). <https://doi.org/10.1186/s12875-018-0783-9>
- *Innovation in Primary Care: Integration of Pharmacists into Interprofessional Teams*. <https://www.cfpc.ca/CFPC/media/Resources/Health-Policy/IPC-2019-Pharmacist-Integration.pdf>.
- Mariette Sourial, P. D.A. P. of P. P. M. D. L. (2017, August 18). *The pharmacist's role in pain management during transitions of care*. U.S. Pharmacist – The Leading Journal in Pharmacy. Retrieved September 30, 2022, from <https://www.uspharmacist.com/article/the-pharmacists-role-in-pain-management-during-transitions-of-care>
- What does good pharmacist-physician pain management collaboration look like? (2020). *AMA Journal of Ethics*, 22(8). <https://doi.org/10.1001/amajethics.2020.675>
- Murphy, L., Ng, K., Isaac, P., Swidrovich, J., Zhang, M., & Sproule, B.A. (2021, April 30). *Pharmacist role in the care of patients with chronic pain: IPRP*. Integrated Pharmacy Research and Practice. Retrieved September 30, 2022, from <https://www.dovepress.com/the-role-of-the-pharmacist-in-the-care-of-patients-with-chronic-pain-peer-reviewed-fulltext-article-IPRP>
- *Standards, guidelines, Policies & Positions : Prescribing by Pharmacists* . Newfoundland & Labrador Pharmacy Board. (2022, September 22). Retrieved September 30, 2022, from <https://nlpb.ca/pharmacy-practice/standards-guidelines-policies/>
- Canada, H. (2021, November 15). *Government of Canada*. Canada.ca. Retrieved September 30, 2022, from <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html>

THANK YOU!





Collaborating Together to Enhance Chronic Pain Self-Management

Joshua A. Rash, PhD, R.Psych.

Associate Professor, Department of Psychology, Memorial University

Senior Research Fellow, Centre for Health Policy and Inequalities Research, Duke University

Presented on October 15, 2022 for the Atlantic Mentorship Network - Newfoundland and Labrador

Disclosure Statement

- ▶ **Agencies providing research funding in past 5-years**

- ▶ Canadian Institutes of Health Research (CIHR)
- ▶ Duke University Endowment Fund
- ▶ Health Canada
- ▶ Memorial University
- ▶ Northern Ontario Academic Medicine Association
- ▶ Substance Use and Addictions Program of Canada
- ▶ The Ottawa Hospital Academic Medicine Organization
- ▶ Calgary Centre for Clinical Research

- ▶ **Roles in professional organizations**

- ▶ Atlantic Mentorship Network - Advisor and Mentor
- ▶ Canadian Psychological Association Health Psychology & Behavioural Medicine Section - Treasurer/Secretary
- ▶ Chronic Pain Network - Co-Principal applicant
- ▶ NL Pain Management Working Group
- ▶ Pain Canada - Advisor

- ▶ **The views expressed in this presentation are my own.**

Objectives:

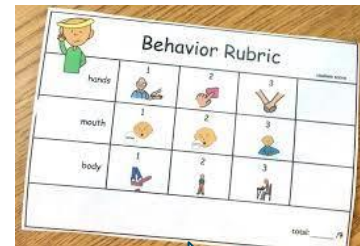
1. Provide a broad overview of chronic pain self-management.
2. Highlight available and forthcoming resources for the management of chronic pain, mental health and substance use concerns.
3. Appreciation for the importance of individual tailoring, client-centric care, and mentorship.

Goals of a Cognitive Behavioural Approach to Pain Management

1. Reconceptualize client view of problem from overwhelming to manageable.
 - ▶ **Combat demoralization**
2. Convince client that treatment includes skills for responding to problems more adaptively.
 - ▶ **Enhance outcome efficacy**
3. Reconceptualize client view of self from passive, reactive, and helpless to active, resourceful and competent.
 - ▶ **Foster self-efficacy**
4. Ensure clients monitor thoughts, feelings, behaviours and physiology, and understand interrelationships.
 - ▶ **Break up automatic, maladaptive patterns**
5. Teach clients how and when to use behaviours required for adaptive responses to problems associated with chronic pain.
 - ▶ **Skills training and use**
6. Encourage clients to attribute success to their own efforts
 - ▶ **Self-attribution**
7. Anticipate problems and discuss them, and plan how to deal with them
 - ▶ **Facilitate maintenance and generalization**

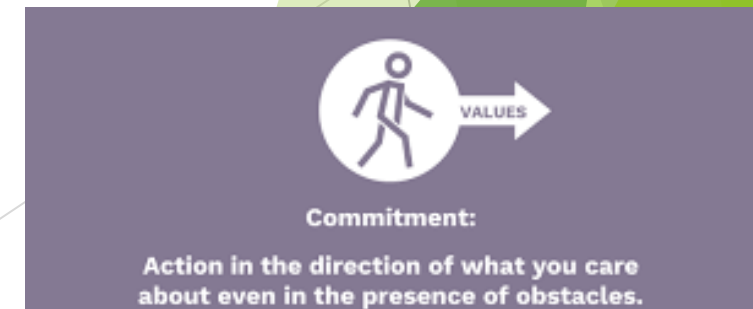
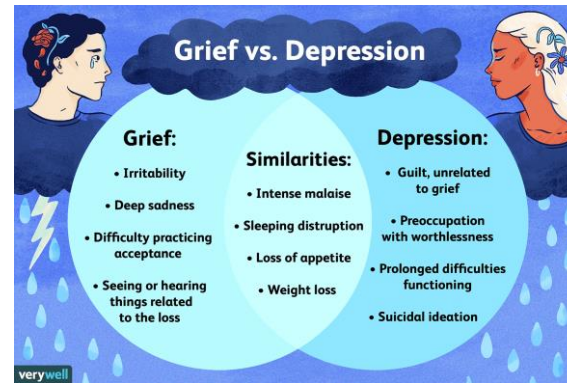
What does chronic pain self-management look like?

1. Education about chronic pain
2. Goal Setting
3. Introduction to self-monitoring
4. Relaxation Training
5. Activity Pacing
6. Cognitive Restructuring

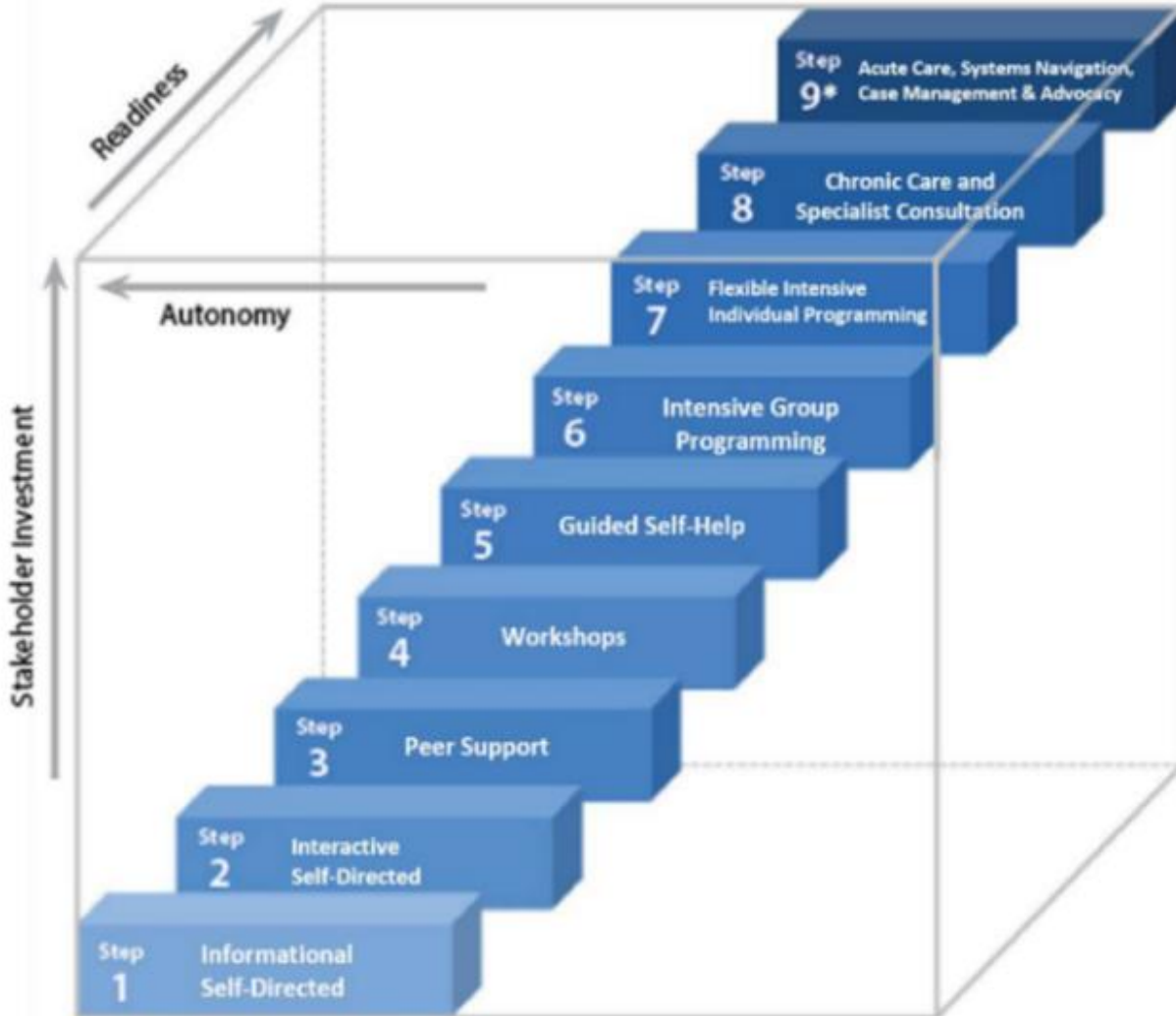


What does chronic pain self-management look like?

7. Working with difficult emotions
8. Assertive communication training
9. Stress Management
10. Managing sleep concerns
11. Close relationships and intimacy
12. Values clarification and committed action




Stepped Care Framework



Available Resources: Power Over Pain Portal

In need of immediate crisis support? Call 911 if you or someone you know is in immediate danger or needs urgent medical care.




Privacy Policy Tools and Support Sign in [Create an account](#)

Welcome

Learning to cope with pain on your own is challenging, but you are not alone on this journey: **there is hope**. We are here to provide you with resources and support so you can feel empowered!

Get started by creating an account; it is possible to **have power over your pain**.



Start Your Journey Here

Designed for adults (ages 18+) and pain professionals across Canada

- ✓ Track your progress
- ✓ Accessible 24/7
- ✓ Private and Confidential

[Get Started Today](#)

Learning more about your pain, its impact and how to manage it.



TAPMI

Pain U Online

Developed by Toronto Academic Pain Medicine Institute (TAPMI). Online modules t...



LivePlanBe+

We know how pain can affect your life. LivePlanBe+ is a course that helps us learn t...



Gerer Ma Douleur

Provides educational resources to patients, family caregivers and healthcare...

Available Resources: Wellness Together Canada

In need of immediate crisis support? [I Need Help Now!](#)

WELLNESS TOGETHER
Canada | Mental Health and Substance Use Support

About ▾ Access resources ▾ Sign In [Create an Account](#) FR | EN ☆

Help is a click away

Mental health and substance use support for people in Canada and Canadians abroad. Always free and virtual, 24/7.

[Access resources →](#)

Trending Topics: [Managing low mood](#) [Managing worry](#) [Managing substance use](#)

Get the right support. Always free.

Have you found what you're looking for today?

- Learn**
Browse free articles, videos, and more.
- Practice**
Build your skills with comprehensive courses &
- Connect**
Come together with others who understand your
- Track**
Check in with regular wellness assessments.
- Talk**
Get in touch with a counsellor.

Not sure where to start?

Available Resources: Bridge the gApp

The screenshot shows the Bridge the gApp website interface. At the top, there are navigation links for "For Adults" and "For Youth", a language selector for "NL", and a search bar. A red banner provides emergency contact information: "Medical Emergency? Call 911. Mental Health and Addictions Crisis? Call 811." Below this is a main navigation menu with icons for "Service Directory", "Knowledge Centre", "Get Inspired", "Online Programs", and "Toolbox". The main content area features a large banner for "Online Programs" with a background image of a young woman. Below the banner are two featured program cards. The first card, titled "ONLINE PROGRAMS", features "The Brain Story" by Brain Story Certification, described as a free online learning program about adverse childhood experiences. The second card, titled "BREATHINGROOM", features a program for those who are "Overwhelmed? Stressed? Depressed?", with a "Sign Up FREE" button. A virtual assistant chat bubble is visible in the bottom right corner.

For Adults For Youth NL Search here..

Medical Emergency? Call 911. Mental Health and Addictions Crisis? Call 811.

Bridge the gapp Service Directory Knowledge Centre Get Inspired Online Programs Toolbox

Online Programs

ONLINE PROGRAMS

BRAIN STORY CERTIFICATION **The Brain Story**

The Brain Story Certification is a free online learning program to increase knowledge of how adverse childhood experiences impact brain development and can increase the risk for mental health and addictions and other concerns.

When people learn about the Brain Story, we believe this knowledge can help to decrease the stigma associated with mental health and addictions. The Brain Story uses scientific knowledge to help increase the understanding that mental health and addictions are chronic health conditions, not moral conditions or due to lack of willpower.

[Learn More](#)

BREATHINGROOM

Overwhelmed? Stressed? Depressed?

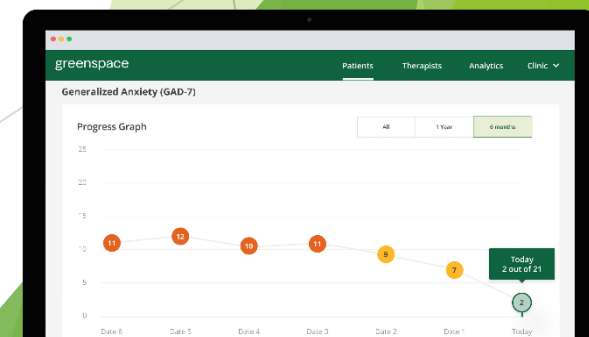
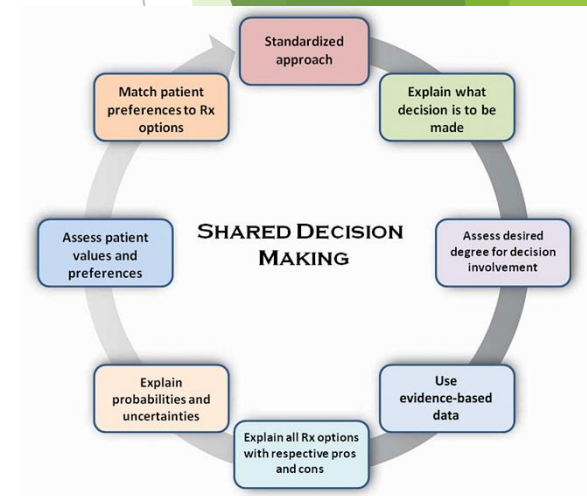
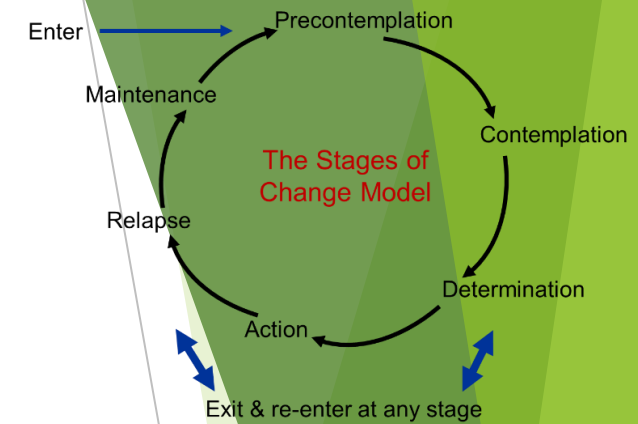
Discover how this revolutionary online program can help you start enjoying life again.

[Sign Up FREE](#)

Hello! I'm Bridget Your Virtual Assistant

Client-Centric Care: Facilitating Access to the Right Resource at the Right Time

- ▶ A diverse skillset is required to motivate people living with pain to engage in chronic pain self-management:
 - ▶ Determine readiness to engage in chronic-pain self-management.
 - ▶ Use of motivational enhancement if merited.
 - ▶ Gauging client preferences and needs.
 - ▶ Engage in shared-care decision-making to collaboratively determine the most appropriate starting point or next steps.
 - ▶ Direct to appropriate resource or cross-linked resources.
 - ▶ Setting appropriate goals and expectations.
 - ▶ Encourage the completion of self-assessment and measurement-based care.
 - ▶ Care navigation and coordination.



Role of mentorship

- ▶ We are here to support you in caring for people who experience chronic pain, mental health and substance use concerns:
 - ▶ Enhance knowledge
 - ▶ Improve confidence
 - ▶ Provide consultation
 - ▶ Debriefing following difficult encounters
 - ▶ Talk through professional or systemic challenges
 - ▶ Share resources
 - ▶ Detecting and repairing ruptures in the client-provider therapeutic alliance
 - ▶ Engage in advocacy when needed
 - ▶ Cultivate a supportive community of practice.
- ▶ Ultimately lead to compassionate care that is of benefit to you and your clients.

Mentor Expertise

Chronic pain self-management	<ul style="list-style-type: none"> - Chronic pain acceptance - Self-monitoring - Activity pacing - Mindfulness and relaxation training - Cognitive restructuring - Assertive communication - Overcoming grief and loss - Intimacy
Assessment and management of mental health sequelae commonly associated with chronic pain.	<ul style="list-style-type: none"> - Major depression - Anxiety and catastrophizing - Insomnia and sleep disturbance - Trauma
Meeting patients where they are at Working alliance	<ul style="list-style-type: none"> - Setting appropriate expectations. - Appreciating preference, readiness, and self-efficacy - Shared-care decision-making - Forming an effective working alliance - Detecting and repairing ruptures to the working alliance
Behaviour Change	<ul style="list-style-type: none"> - Health behaviour change
Working with ambivalent or challenging clients	<ul style="list-style-type: none"> - Building readiness and enhancing motivation. - Motivational enhancement.
Self-care and avoiding burn-out	<ul style="list-style-type: none"> - Stress-management - Self-compassion - Self-care
Resources	<ul style="list-style-type: none"> - Stepped care approach to managing pain, mental health and substance use. - Accessibility of potentially useful resources.
Research	<ul style="list-style-type: none"> - Continuous outcome monitoring - Program evaluation, implementation science

Surveys and Evaluation of the Mentorship Network

- ▶ The Adaptive Mentorship Network initiative is supported by a funding agreement from the Health Canada Substance Use and Addictions Program (SUAP).
 - ▶ Mentorship networks tailored and expanded to BC, NL, NB, and PEI.
- ▶ You will be asked to complete surveys periodically.
 - ▶ Pre-orientation survey
 - ▶ Post-orientation survey
 - ▶ Approximately every 6-months thereafter
- ▶ Data is essential for:
 - ▶ Understanding what is working well and what could be improved.
 - ▶ Tailoring the network to meet your needs.
 - ▶ Advocating for additional funds, services, etc.

A word cloud featuring the phrase "Thank You" in various languages and colors. The central text "Thank You" is the largest and most prominent, rendered in a bold, red, sans-serif font. Surrounding it are numerous other words in different sizes, colors, and orientations, representing various languages. The colors used include shades of blue, green, orange, purple, and red. The background is a light gray with a subtle pattern of small, colorful dots. The overall composition is dense and celebratory.

Thank You

Other words visible in the cloud include: Kiitos, Maake, Dank Je, Spasibo, Mamana, Obrigado, Welalin, Asante, Chokrane, Juspaxar, Obrigado, Chokrane, Ua Tsaug Rou Koj, Dankon, Matondo, Dank Je, Mochchakkeram, Grazie, Spasibo, Grazie, Obrigado, Meri, Mochchakkeram, Spasibo, Multumesc, Merci, Kia Ora, Spasibo, Chokrane, Niringrazziak, Asante, Multumesc, Dank Je, Kiitos, Mochchakkeram, Dank Je, Cam on ban, Vinaka, Raibh Maith Agat, Maake, Mamana, Obrigado, Kiitos, Dank Je, nat, Kiitos, Dyakuyu, Spasibo, Raibh Maith Agat, Kiitos, sibo, Asante, Merci, Mochchakkeram.

BUILDING COMMUNITIES OF PRACTICE

Working as a Team to Improve
Patient Care through
Networking and Mentorship

October 15th 2022, 8:30am - 12:00pm
Alt Hotel St. John's, Newfoundland



Meet Our Team



Dr. David Flusk
Medical Director - NL



Rose Walls
Coordinator



Dr. Josh Rash
Mentor - NL



Dr. Lesley Manning
Mentor - NL



Heather Warren, Pharmacist
Mentor - NL

About the Atlantic Mentorship Network - Newfoundland & Labrador

Our Aim



Providing support for you in your practice

Tools, resources and initiatives targeted toward primary health care providers in assisting them to manage patients with pain, mental health and substance use disorders



Fostering a culture of shared learning

The inter-professional nature of the Network provides the knowledge and experience of a variety of health care disciplines and enhances connectedness, cooperation and collaboration between health care providers which encourages consistency in practice



Enabling high quality care for patients

Our initiatives will support you to deliver high quality care to patients with pain, mental health, and substance use disorders using an inter-disciplinary based approach based on the best available evidence, practice standards, and guidelines.

Supporting you in your practice

Delivering supports for high quality care based on the best available evidence, standards, and guidelines



Free* evidence-based learning for Health Care Professionals

We provide opportunities for you to access tools, resources, and educational sessions to support your continued professional development. We will provide you with a certificate from each PD session.



Learning from and making connections with your peers

We aim to create opportunities for you to share promising practices with your fellow primary health care providers across Newfoundland and Labrador and opportunities for you to learn from your peers, creating networking opportunities and building connections



Building knowledge, skills, and confidence using the latest evidence

We know it can be challenging to keep on top of the latest evidence and guidelines. Our initiatives use the latest evidence to improve care for patients with pain and substance use disorder and enhance provider satisfaction

*While most of our learning opportunities are free, those that require a fee will be offered at a subsidized cost whenever possible



Mission & Vision



Mission

Develop and foster inter-professional communities of practice through building resilient, compassionate and skilled health care professionals dedicated to serving patients living with chronic pain, addictions and mental health conditions.



Vision

All health care providers in Newfoundland and Labrador are confident in their ability to provide and access timely, compassionate, comprehensive, multidisciplinary care thus empowering their patients with chronic pain, substance use disorders and mental health conditions.

Our Objectives

Professional Development

Provide practical, evidence-based, and relevant complex clinical care continuing professional development (CPD) based on learning needs.



Increase Awareness

Increase awareness of Chronic Pain in Newfoundland and Labrador.



Collaboration

Improve collaborations between health care professionals through mentorship.



Capacity Building

Enhance the capacity of family physicians, their team and community partners in providing complex clinical care of patients with chronic pain, addictions and mental health conditions.



Adaptive Mentorship

What is Adaptive Mentorship?

Adaptive Mentorship is a safe, non-judgmental experience providing opportunities for clinical conversations tailored to Mentees' evolving needs.

Three fundamental tenets:

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

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 use
- Building and enhancing connections between specialized services and community/primary care
- Encouraging longitudinal support that is well aligned with complex care needs

It can include different:

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

Our Supports

Our initiatives and tools are designed to engage and support the learning needs of primary health care providers

Tools and Resources

Our website hosts information and resources to increase knowledge, skills, and confidence to support you in making practice changes in key topic areas

Self-Directed Learning

We will provide continuing professional development opportunities that allow you to learn at your own pace

Webinars and Workshops

Webinars are offered to provide information in key topic areas to support shared learning and workshops will support applied learning



Mentorship

Looking for professional and personal growth? We provide opportunities that allow transfer of knowledge, skills, information and perspectives

Conferences

Opportunities to gather with peers (either virtually or in-person) with featured speakers to learn, share, and showcase best practices

Online Forum

The forum provides a means for providers to connect virtually to “crowd source” solutions, connect with colleagues to share expertise, experience and receive support

atlanticmentorship.com/newfoundland-network

Mentorship within the AMN-NL

The AMN-NL is a multi-faceted program designed to create adaptable, accessible and valuable bi-directional learning opportunities that support the transfer of clinical knowledge and clinician resiliency.



1 on 1 Mentoring

Mentors provide one-on-one clinical as well as core knowledge and skill development support to Mentees based on identified learning needs.



Small Group Mentoring

Mentors provide clinical as well as core knowledge and skill development support to a group of Mentees based on identified learning needs. Knowledge translation is through case discussion and/or topic specific presentations.



Large Group Mentoring

Mentors and Mentees gain opinions, shared knowledge and experience of peers through a variety of learning opportunities.



Continued Professional Development Offerings

Network and non-network members can participate in a number of capacity building initiatives available throughout the year and are used to support other forms of mentoring.

Adaptive Mentorship

Goals & Objectives

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

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

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

■ 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, SWs, etc.) clinical expertise and confidence in providing compassionate and higher quality care for patients living with these conditions.

MENTEE RESPONSIBILITIES

Engage

- Attend and actively participate in regional group meetings
- Responds to Mentor communications
- Interact collaboratively with AMN-NL community including Mentors, Director and Coordinator to ensure a rich and meaningful experience
- Participates in network communication, evaluations, surveys, and activities including the National Adaptive Mentoring Forum as needed

Support

- Provide input and feedback to AMN-NL leadership team
- Provide insight and input on strategies to gain momentum and support for AMN-NL
- Commits to self-development and assumes the responsibility for acquiring or improving skills and knowledge



MENTOR RESPONSIBILITIES

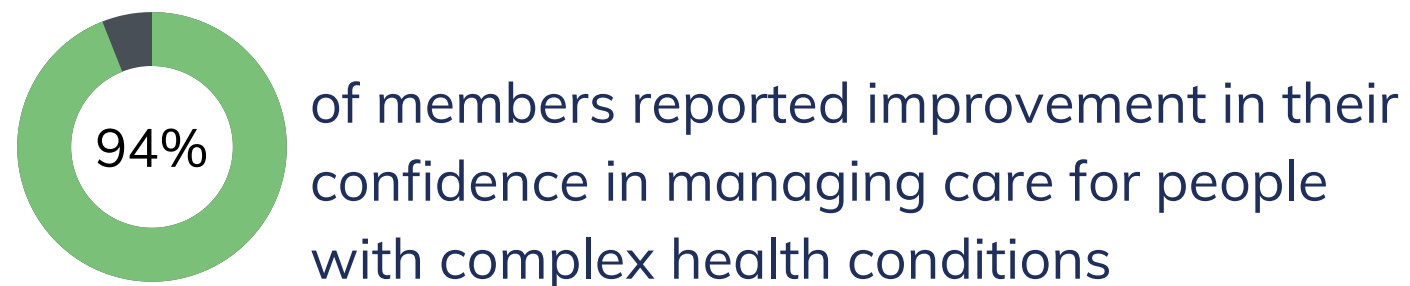
Engage with Mentees

- Provide advice and support within the scope of clinical expertise to Mentees
- Motivate and encourage professional development
- 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 &/or virtual regional group meetings with assistance from AMN
- Contribute to discussions via the National Adaptive Mentoring Forum
- Support the development of compassionate, non-judgmental network communities
- Develop trusting, confidential and mutually beneficial relationships

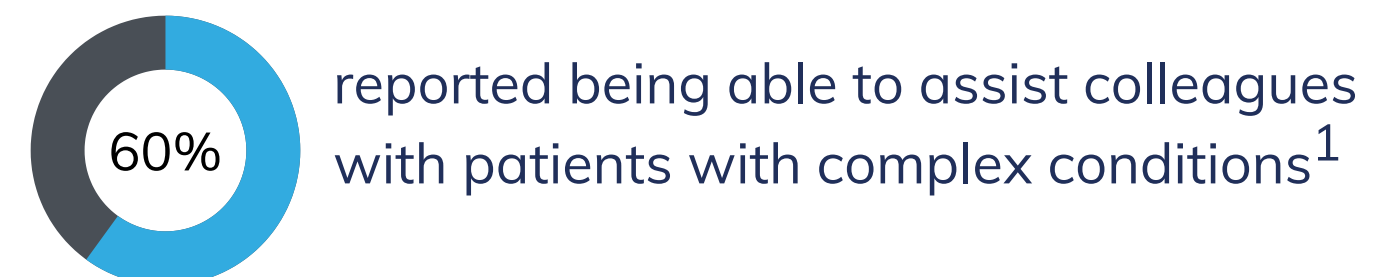
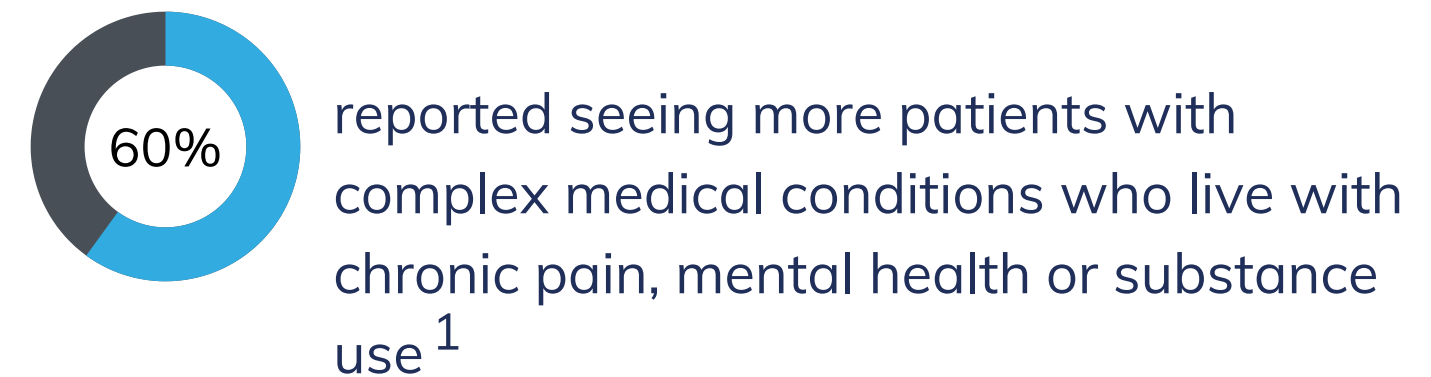


Benefits and Impact of Adaptive Mentorship

High satisfaction among mentees:



Beneficial system impact:



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

Feedback from Mentees:

”

“If it wasn't for the AMN-P&A, our practice would not have been able to provide the service we do.”

”

“The AMN-P&A is one of the most fulfilling groups I've been a part of in a long time.”

”

“The inter-disciplinary discussions are invaluable.”

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



**Atlantic Mentorship
Network -
Newfoundland &
Labrador**

Get In Touch With Us



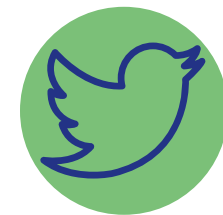
AMN Coordinator:
Rose.Walls@nshealth.ca



[AtlanticMentorship.com/Newfoundland
-Network](http://AtlanticMentorship.com/Newfoundland-Network)



Atlantic Mentorship



[@AMentorshipNL](https://twitter.com/AMentorshipNL)