Atlantic Mentorship Network-Pain & Addiction Evaluation Report

For the Atlantic Mentorship Network – Pain & Addiction
October 2020

Submitted by
Horizons Community Development Associates Inc.

Acknowledgements

Horizons would like to express our sincere thanks to the leadership of the Atlantic Mentorship Network – Pain & Addiction, who guided this evaluation. We appreciate your guidance and support in the development and implementation of this evaluation. Our thanks to Dr. Sam Hickcox, Shelley LeDrew, and Erin Leith for sharing your passion for the work of the Network and support of the evaluation process.

Thank you to everyone who participated in the evaluation process – members of the Advisory Committee, mentors, Network stakeholders, and the Network members. We are taking your contributions forward with great respect.

Jean Robinson-Dexter Paula Hutchinson, PhD

Executive Summary

Introduction

Recognizing the need to look at innovations to best manage chronic pain, in 2006, the Nova Scotia Department of Health developed an action plan to increase resources at all levels of the system through service integration and coordination. An important component of *The Action Plan for the Organization & Delivery of Chronic Pain Services in Nova Scotia* was developing capacity and support for primary care providers.[1] The overarching goal was to increase capacity and support for community health care providers managing patients' chronic pain and provide better access to chronic pain specialist services.

The Atlantic Mentorship Network-Pain & Addiction (AMN-P&A) is designed to provide ongoing clinical resources and supports for primary health care providers in managing pain and substance use disorders. It is an effective knowledge transfer mechanism for providing best-practice approaches and is a vehicle that represents the importance of a collaborative care model in managing the complex issues related to pain and substance use disorders in a timely and effective manner.

The AMN-P&A's diverse membership reflects the complexity of these chronic diseases. Through the use of multi-modal learning strategies and connecting colleagues to share expertise, experience, and giving and receiving of support, the network aims to build resilient, compassionate and skilled community health care providers.

The Evaluation

The Atlantic Mentorship Network – Pain and Addiction contracted *Horizons Community Development Associates Inc.* (*Horizons*) to design and implement a comprehensive, multi-method evaluation of its work. The evaluation had two phases: the evaluation of the Networks' work between 2014 and 2019 and to develop evaluation tools to be used by the AMN-P&A to monitor and evaluate its work going forward. The evaluation focused on the AMN-P&A's completed work to date, as well as progress towards immediate outcomes that are a continuation of its work, and answered the following overarching evaluation questions:

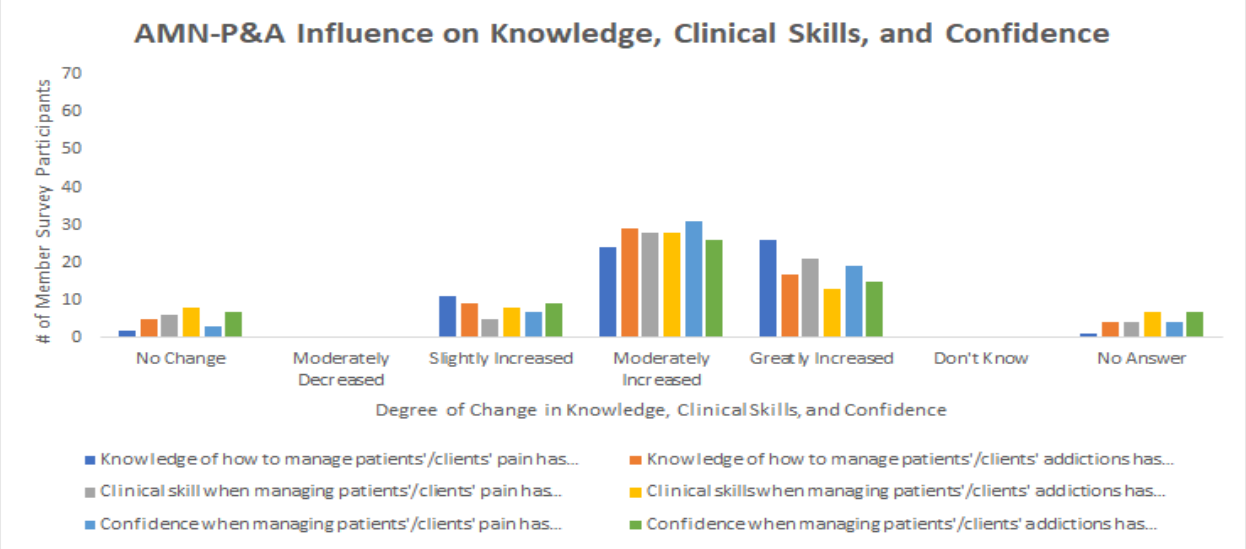
1. What are the AMN-P&A's strengths and weaknesses? What has worked well and what are the opportunities for improvement?
2. Have the anticipated *outputs been developed* and delivered?
3. To what extent have intended outcomes been attained?
4. To what extent has the AMN-P&A enhanced the capacity of the Nova Scotia health care system?

[1] Nova Scotia Chronic Pain Working Group. (2006). Action plan for the organization and delivery of chronic pain services in Nova Scotia. Retrieved from https://novascotia.ca/dhw/publications/Action_Plan_Chronic_Pain.pdf

Key Findings

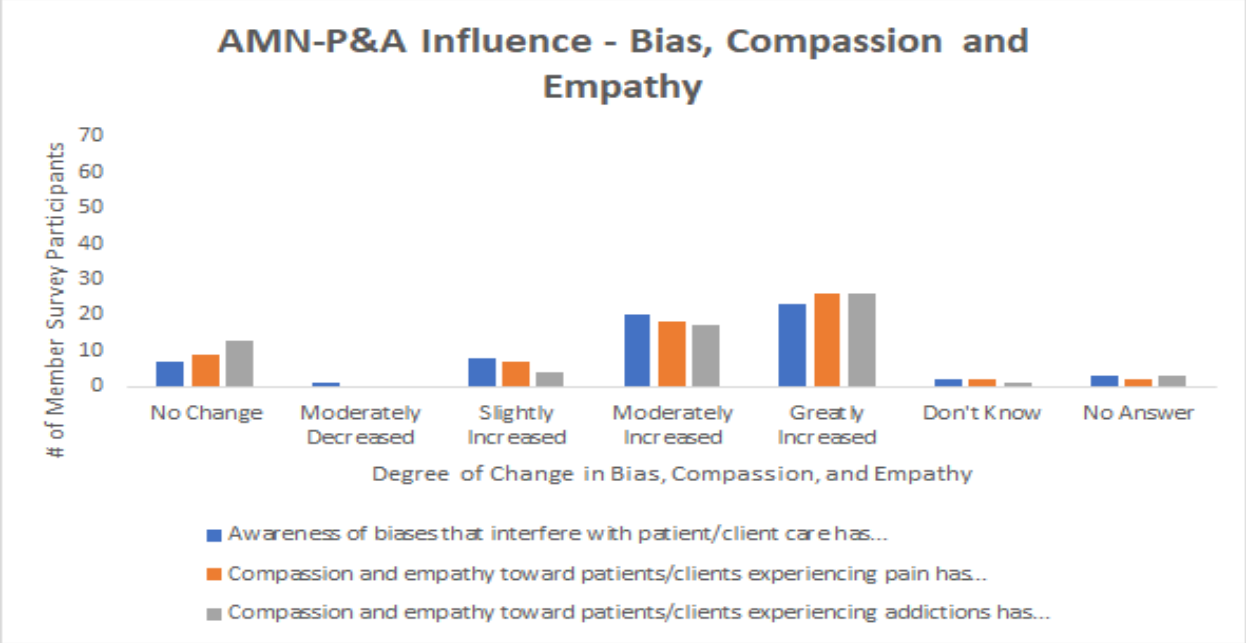
Knowledge, Clinical Skills, and Confidence

Network members were asked to identify AMN-P&A's impact on their knowledge, clinical skills and confidence. Most participants indicated moderate or a great increase in knowledge, clinical skills, and confidence.



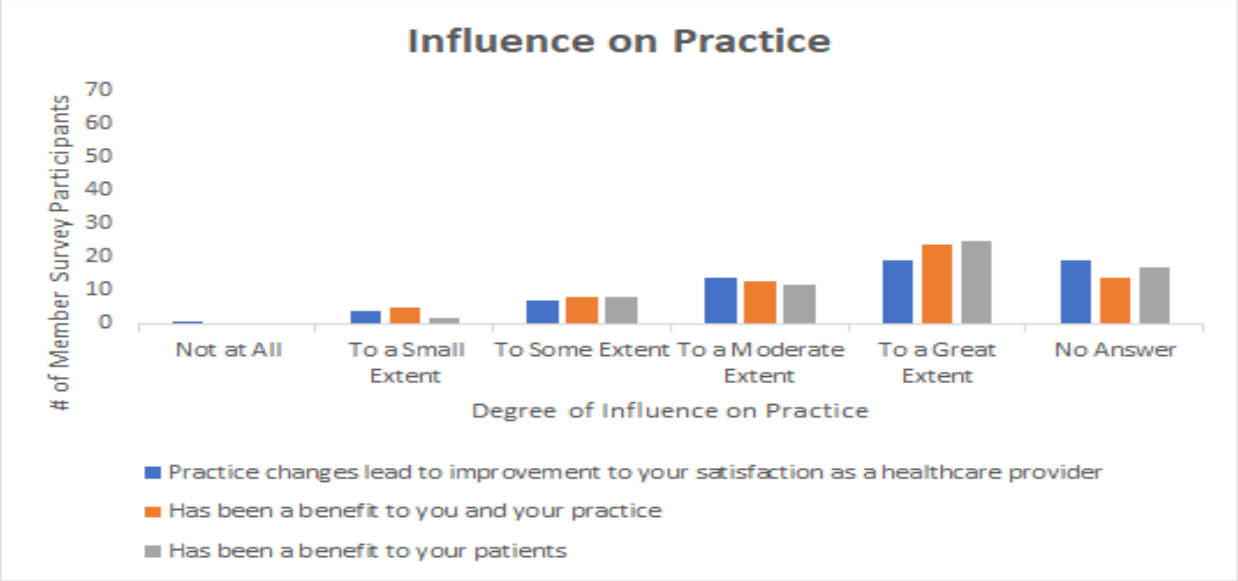
Compassion, Empathy, and Bias

Many Network members reported that their awareness of biases had increased, as had their compassion and empathy.



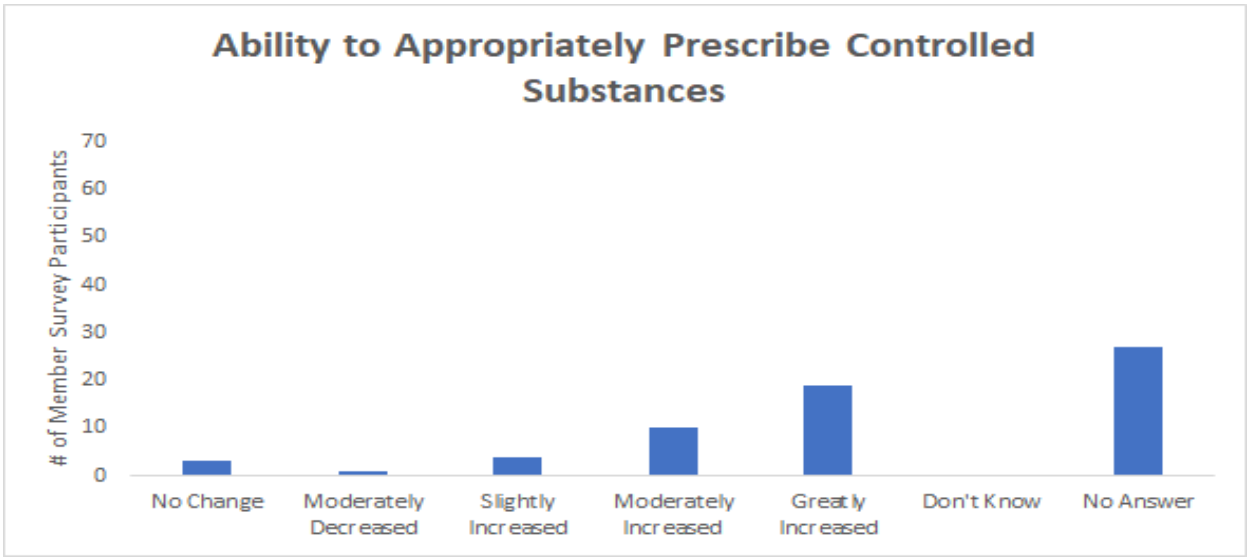
Influence on Practice

Network members reported that they had an increased knowledge of the different resources and methods in managing pain, as well as guidelines and structure to follow. rate the influence of the AMN-P&A related to their practice. They reported that their involvement in the Network has had a moderate to great influence on practice changes leading to improvement to satisfaction, benefits to them as a provider, and their practice, and has been a benefit to their patients.



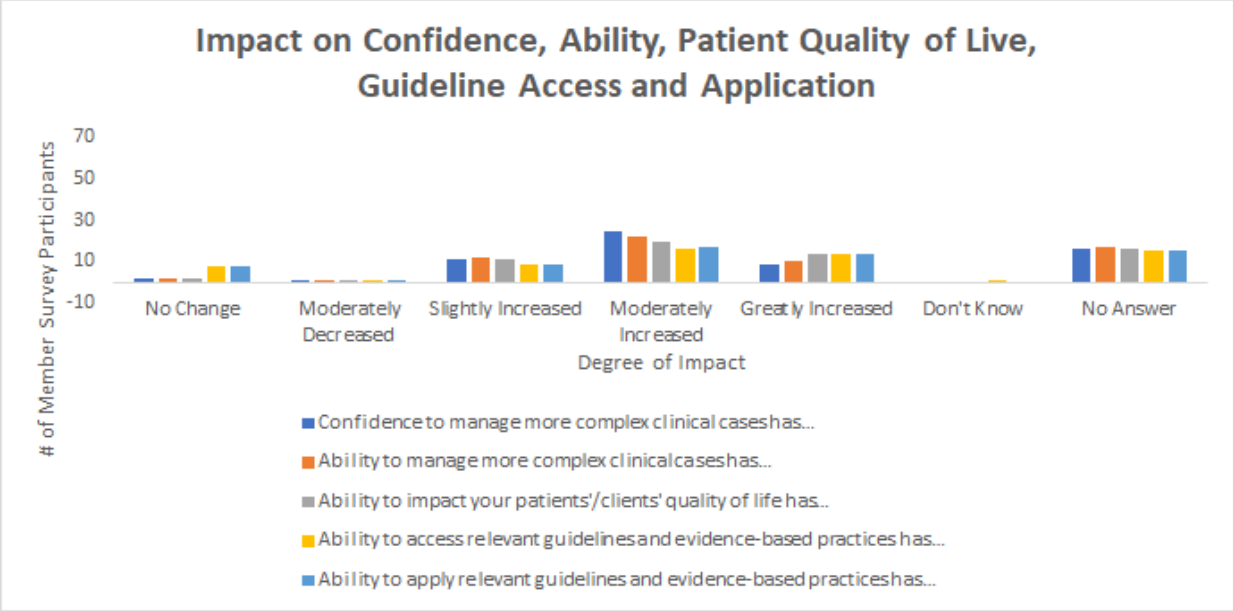
Ability to Appropriately Prescribe Controlled Substances

Network members reported that their ability to appropriately prescribe controlled substances had moderately or greatly increased.



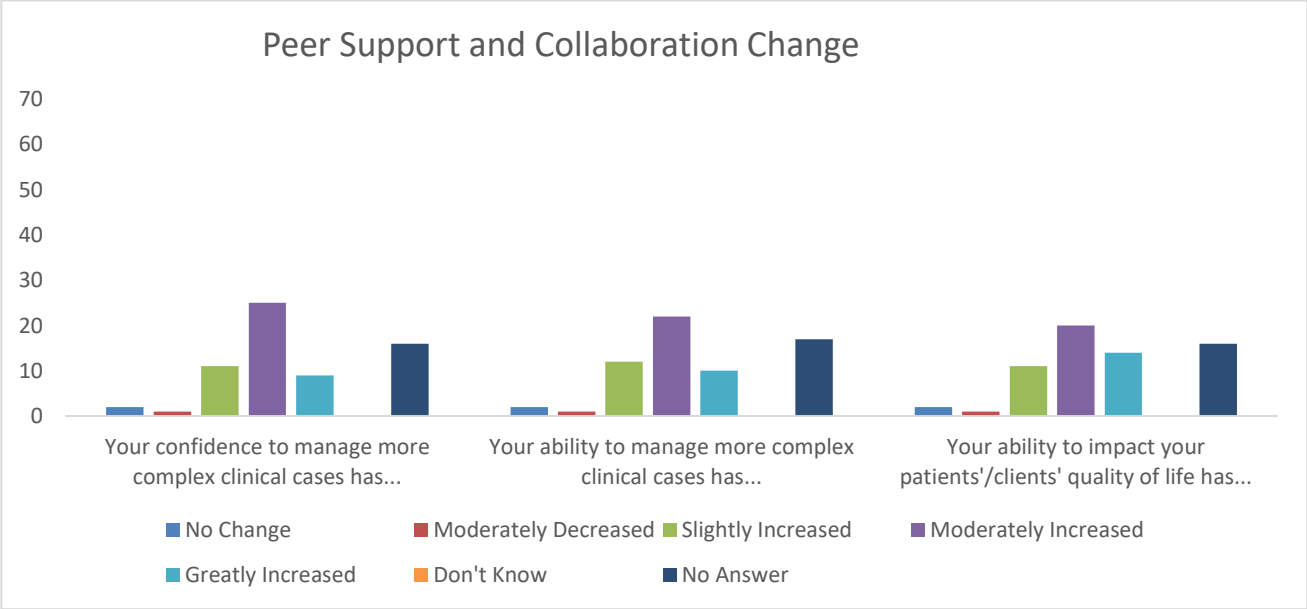
Impact on Confidence, Ability, Patient Quality of Life, Guideline Access and Application

Approximately half of Network members reported moderate to great change in their confidence and ability to manage complex cases, to impact their patients' quality of life, and access and apply guidelines and best practices.



Peer Support and Collaboration Change

Network members reported that peer support and interprofessional collaboration had moderately or greatly increased because of their involvement with the AMN-P&A.



Impact on Practice

Evaluation participants reported that the AMN-P&A had had the following impacts on their practice:

- Opportunities to network, to have safe peer to peer conversations, and offer and receive support
- Changed their thinking around prescribing and how they communicate with patients and managing complex cases.
- Opportunities to influence the healthcare system and build connections between organizations
- Exposure to interdisciplinary work/ discussions that contribute to change in thinking and that the knowledge of other health care providers' roles enhances connectedness and cooperation
- Influence on prescribing practices through its ongoing education and supports.
- Influence on practice through the sharing of information and resources.

Most Valued Aspect of AMN-P&A

All evaluation participants shared the most valuable aspect of the Network. Their responses included:

- The mentorship program and the ongoing support mentors provide;
- The sense of a compassionate community grounded in trust, that collaborate to impact clinical practice; and
- Learning/professional development opportunities (conferences, meetings, discussions) to build capacity .and influence policy, practice, and systems
- The timely communications targeted to current issues
- Input from those with lived experience is built into the structure
- Focus on anti-stigma work and building a culture of care
- The network is seen as a centre of excellence for pain and addiction
- Peer networking and informal ability to connect has increased providers' comfort level in reaching out to others across the province and Atlantic Region

Progress Towards Outcomes

The report describes the progress towards outcomes for each component of the Network's work. Progress has been made in all areas, both from 2014 to 2019, and the immediate outcomes related to its current work in 2019-2020. The chart below highlights the progress toward health care system capacity change, as reported by the evaluation participants. As noted in the recommendations, more quantitative data can potentially be connected with this qualitative, self-reported data, in future.

Change in NS Health Care System Capacity

2014-2019	
Outcome Area	**Progress**
Extent prescribing of controlled substances changes/been improved because of AMN-P&A education and support	Significant progress
Extent has management of addictions to controlled substances changed/been improved because of the AMN-P&A education and support	Significant progress
Extent AMN-P&A influenced work in applied research and knowledge translation related to pain and addiction	Significant progress in KT
2019-2022	
Outcome Area	**Progress**
Extent capacity of the system been improved to meet patients' needs related to pain and addiction	Moderate progress

Recommendations

Based on data collected through this evaluation process, the conclusions drawn from them, and on contextual information and understanding of networks and communities of practice, *Horizons,* in collaboration with the Network's leadership team, respectfully suggests that Network Advisory Committee, the NSHA, and NS Department of Health and Wellness review and address the following recommendations in order to build on and maximize the Network's successes and ensure a broader reach for its supports and resources.

- Building awareness and network engagement to raise awareness of the Network and increase the number of active members, considering diversity and the benefits of involvement.
- Build relationships with specialists in pain and addiction, as well as key healthcare organizations and/or colleges.
- To continue to provide ongoing supports and resources, continue to strengthen the mentorship program, including training of mentors; and assess best approaches to store and share guidelines and best practices.
- To monitor the Network's ongoing work and progress towards outcomes, continue to evaluate programs and supports. Enter discussions with the NSH PHC Performance Excellence Team & PHC Data team for data collection support and to correlate data gathered during this evaluation, with that gathered by the NSH in areas of clinical measures.

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Introduction

In November 2019, the leadership of the Atlantic Mentorship Network – Pain and Addiction (AMN-P&A) began working with *Horizons Community Development Associates Inc*. to:

- Plan and implement an evaluation of the AMN-P&A's work conducted between 2014 – 2019; and
- Develop evaluation tools that can be used by the AMN-P&A to monitor and evaluate its work going forward.

This two-phase approach reflects AMN-P&A's adoption of new objectives and logic model for its work between 2019 – 2022. External evaluation resources (*Horizons*) have focused on the AMN-P&A's completed work to date, as well as progress towards immediate outcomes that are a continuation of its work. Outputs for the first year (i.e., 2019) will also be reported.

The evaluation is intended to answer the following overarching evaluation questions:

1. What are the AMN-P&A's strengths and weaknesses? What has worked well and what are the opportunities for improvement?
2. Have the anticipated *outputs been developed* and delivered?
3. To what extent have intended outcomes been attained?
4. To what extent has the AMN-P&A enhanced the capacity of the Nova Scotia health care system?

The evaluation has used a mixture of data collection methods, described below, and engaged AMN-P&A's stakeholders. The evaluation draws on the last five years of AMN-P&A's annual reports and evaluations of its education events.

Section 1: Atlantic Mentorship Network – Pain and Addiction[2] Program Description

Introduction

Atlantic Mentorship Network-Pain & Addiction (AMN-P&A) History[3]

Recognizing the need to look at innovations to best manage chronic pain, the Nova Scotia Department of Health developed an action plan in 2006 to increase resources at all levels of the system through service integration and coordination. An important component of *The Action Plan for the Organization & Delivery of Chronic Pain Services in Nova Scotia* was developing capacity and support for primary care providers.[4] The overarching goal was to increase capacity and support for community health care providers managing patients' chronic pain and provide better access to chronic pain specialist services.

In 2008 the Nova Scotia Chronic Pain Collaborative Care Network (NSCPCCN) was launched as a pilot project, through the Department of Anesthesia and Peri-Operative Medicine, in the former South Shore District Health Authority. This district was an ideal site for the pilot project because it did not have a local specialist pain clinic for patients with chronic pain.

The initial goals were capacity building and creation of supports for community-based health care providers to optimize the management of chronic pain and addictions. By participating in the AMN-P&A, it was hoped that participants would develop an increased comfort and capacity to better manage patients with chronic pain and addictions in the community which would be valuable in addressing the significant wait times and patients' access issues.

After a successful pilot project, the mentorship network, supported by the Nova Scotia Department of Health and Wellness, expanded the model provincially. In 2012, expansion of the NSCPCCN to include Newfoundland and Labrador required a name change. To encompass both the regional and educational scope, the network was re-named the Atlantic Mentorship Network-Pain and Addiction (AMN-P&A).

To provide direction for 2014-2019, the AMN-P&A created to the following vision, mission and objective statements:

Vision: Excellence in community-based pain and addiction management in Atlantic Canada.

[3] This section draws on information provided by the AMN-P&A.
[4] Nova Scotia Chronic Pain Working Group. (2006). Action plan for the organization and delivery of chronic pain services in Nova Scotia. Retrieved from https://novascotia.ca/dhw/publications/Action_Plan_Chronic_Pain.pdf

Mission: Connecting health care providers in collaborative, interdisciplinary education and mentorship to support community-based management of pain and addictions for Atlantic Canadians.

Objectives:

- Enhance knowledge of pain and addiction management through regular formal Continuing Professional Development (CPD) programs and informal teaching via direct contact between mentors and group members.
- Provide an ongoing resource for health care professionals for the management of pain and addiction and increase capacity in community.
- Assist health care professionals through education and support in the appropriate prescribing of controlled substances and assist where appropriate in the management of addictions to these substances.
- Provide a structure through which research and knowledge translation may be conducted to continue to develop innovative methods of health care delivery.
- Respond to emerging themes and requests to expand the scope of the AMN-P&A.

In the Fall of 2016, the AMN-P&A moved to the Nova Scotia Health Authority Department of Primary Care where its mission and vision aligned more closely to.
In 2019, the AMN-P&A carried out a planning process to consider its role in pain and addiction management. As part of that process, the AMN-P&A revised and ratified its vision, mission, and objectives for 2019-2022:

Vision: A healthcare system that meets the needs of people who have or are at risk of developing pain and/or addiction in Atlantic Canada.

Mission: Cultivate inter-professional communities of practice through building resilient, compassionate and skilled health care professionals.

Objectives:

- Deliver practical and focused continuing professional development opportunities for health care professionals based on identified learning needs.
- Improve collaborations between healthcare professionals through mentorship.
- Provide a structure for healthcare professionals to work more closely across institutional and professional boundaries.
- Provide leadership in the development of evidence informed policy dialogue with key stakeholders related to pain and addiction management.

The AMN-P&A utilizes multi-modal learning strategies to provide comprehensive accredited education opportunities and clinical support for its members that include didactic workshops/ seminars, an annual conference, regular monthly live on-line discussions, an opioid prescribing course, and small group mentoring meetings.

Atlantic Mentorship Network-Pain & Addiction Priorities and Context for Evaluation

The Canadian Pain Task Force Report (2019) identified that "pain education for health professionals is needed for improving and enabling prevention and treatment practices[5]". Inter-professional approaches to education have been shown to help balance socialization within one's profession while also learning to understand and work with the strengths of other professionals and reduce the development of misconceptions and stigma (Peter & Watt- Watson, 2008; Watt-Watson et al., 2009; NASEM, 2019).

The Canadian Pain Task Force report (2019) also noted that "recognizing the importance of multidisciplinary approaches and collaboration, particularly for health professionals in rural, remote, and northern communities, innovative online and digital platforms" are required to link different types of providers with needed pain expertise, thereby improving access to specialist care for patients with chronic pain". Models such as the AMN-P&A utilize this approach and is noted in the report as the "largest network of pain and addiction providers in Canada".

Across the country, governments at all levels and organizations from various sectors have been taking action against opioid use and overdose. Opioid misuse is a complex health and social issue with a multitude of contributing factors including cultural norms related to taking pills and to pain management, problematic opioid prescribing practices, and the training of health professionals in pain management.[6]

In the 2017 *Nova Scotia's Opioid Use and Overdose Framework*, five key areas of focus to effectively respond to problematic opioid use and overdose in Nova Scotia were identified; one being enhancing access to treatment and prescribing practices. To enhance system capacity for increased and equitable access, the framework included:

- Increasing capacity to manage opioid addiction and overdose in primary care and emergency programs and providing the necessary supports to providers (e.g. information, skill-building, access to expert advice or referral).
- Strengthening links between primary care and pain specialists and develop recommendations for best practices in chronic pain management.
- Supporting providers to follow best practice guidelines on opioid use will help reduce inappropriate prescribing of opioids and support efforts to taper and care for patients on high-dose opioids.
- Identifying and providing the supports necessary to implement new national guidelines on the use of opioids to treat chronic non-cancer pain.

[5] Canadian Pain Task Force Report (2019). Retrieved from https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2019.html#a3.5

[6] Nova Scotia's Opioid Use and Overdose Framework (2017). Retrieved from https://novascotia.ca/opioid/nova-scotia-opioid-use-and-overdose-framework.pdf

- Working with stakeholders to build the necessary knowledge and practice supports in primary care to address the treatment of opioid use disorder and to implement new prescribing guidelines, including appropriate tapering for existing pain patients.

The AMN-P&A is a key component of enabling the system to deliver on some of the commitments articulated in both the **Canadian Pain Task Force Report** and the **Nova Scotia's Opioid Use and Overdose Framework** and is the basis for the scope of the evaluation.

Logic Model and Theory of Change

The Network's logic model, found in Appendix A, visually outlines the causal relationships between the objectives and activities of the AMN-P&A and their anticipated outcomes, described above. It also identifies the activities, target audiences, and outputs (products/ services) for 2019-2022.

AMN-P&A's Theory of Change, also found in Appendix A, provides a visual depiction of how and why desired changes are expected to happen. It identifies the elements that must be in place to achieve the AMN-P&A's desired outcomes.

Specifically, the AMN-P&A's mission is to cultivate interprofessional communities of practice through building resilient, compassionate, skilled health care professionals and a healthcare system that meets the needs of people who have, or are at risk of developing, pain and/or addiction in Atlantic Canada. The AMN-P&A strives to strengthen and improve the health care system in multiple ways through:

- Engaging health care professionals in professional development that strengthens competencies, increases understanding of the enablers and barriers of good care, and sustains alignment of practice behaviour with current guidelines and evidence-based practice.
- Delivering interprofessional learning and nurturing collaborations among members through mentoring relationships that foster mutual support, share tools and resources, and build practice capacities.
- Forming a Network that provides leadership and a structure for developing evidence informed practices, promoting cross-jurisdictional pollination of "what works" to improve practice and systems of care.
- Harnessing the collective expertise of the AMN-P&A to enhance the coordination of efforts and capacity to address gaps in services and contribute to evidence-informed planning and policy in pain and addiction management.

The AMN-P&A garners both human and social capital to achieve the following long-term and ultimate outcomes:

- Quality and valued practical, focused competency-based education and training for health care professionals based on identified learning needs or outcome.

- Quality collaborations among and between health care professionals through peer mentorship.
- The AMN-P&A is a recognized structure for health care professionals to work more closely across institutional and professional boundaries.
- Sustained leadership in the development of evidence informed policy dialogue and system change with key stakeholders related to pain and addiction management.

It should be noted that the following theory of change assertions are based on several assumptions including:

- Professional development offerings commensurate with members' availability, level of knowledge abilities, and practice context.
- Professional development is relevant and resourced.
- AMN-P&A participation is voluntary, and members will continue to engage.
- AMN - P&A will reach and hold value for potential and appropriate stakeholders.
- Members are professionally diverse, engaged, and respect differences.
- "Lived experience" with pain and addiction is incorporated when and where appropriate.
- AMN - P&A activities will address the continuum of prevention, acute, and chronic pain management.
- AMN - P&A will have ongoing staffing and funding to carry and evaluate their work.
- There will be an interest in the role of the AMN-P&A in policy and planning.
- AMN - P&A will continue to work across jurisdictions.
- Patient experience and care will improve.

Section 2: Evaluation Scope and Methodology

Development of the Evaluation Framework

The process of developing the evaluation framework was participatory and collaborative. Working with the AMN-P&A leadership team, the *Horizons* team:

- Reviewed relevant background documents and previous evaluations;
- Reviewed the program's logic model and provided advice for updating;
- Facilitated a process with the group to gather input on evaluation questions, based on the logic model, to be addressed in the evaluation;
- Synthesized the questions and prepared a draft evaluation framework;
- Drafts were circulated to the leadership team with a request for feedback and prioritization;
- Met with the leadership team to review the updated draft evaluation framework;
- Shared updates on the progress of the work with NSHA senior leadership;
- Refined the evaluation framework;
- Developed relevant protocols for data collection method; and
- Prepared the evaluation design and framework report.

Evaluation Methodology

The evaluation design included three data collection methods:

1. Document Review;
2. Web surveys; and
3. Key informant interviews.

Table 1 below summarizes the evaluation methods, data sources, and the timing of each method.

Table 1. Summary of Evaluation Methods and Data Sources

Evaluation Methodology	Data Source	Date Completed
Document Review	• Network annual reports, conference and regional meeting evaluations	• Ongoing
Web Survey	• Network members	• June 2020
Key Informant Interviews	• Network Advisory Committee • Network Mentors • Network stakeholders	• July 2020

See Appendix B for the Evaluation Framework.

Key Evaluation Questions

This section provides an overview of the evaluation questions considered within the overarching evaluation questions and based on the Network's logic model. These questions reflect both **process** (how the Network does its work) and **outcome** (what has been achieved/what has changed). As discussed in the introduction, the questions focus primarily on the Network's work between 2014 – 2019, however, questions are included that can capture progress towards 2019-2020 immediate outcomes.

In addition, the web survey also included needs assessment questions requested by the Network's leadership to provide additional data for their planning going forward.

The information gathered from the document review, web surveys, and key informant interviews were critical for exploring the learnings, what worked well, challenges, and outcome questions listed below:

Overall Evaluation Questions

What are the Atlantic Mentorship Network – Pain and Addiction's strengths and weaknesses? What has worked well and what are opportunities for improvement?

For each objective:

1. What has been learned?
2. What has worked well?
3. What have been the challenges?

Have the anticipated outputs been developed and delivered?

The outputs (i.e., products, number and types of members, organizations represented, number and type of sessions held, etc.) will be tracked through a review of the Network's documents and databases.

Initial outputs from 2019-2020 will also be reported.

To what extent have intended outcomes been attained?

2014-2019

1. To what extent have learning needs of health care professionals been addressed?
2. To what extent has the AMN-P&A been considered the ongoing resource for health care professionals for the management of pain and addiction?
3. To what extent has capacity for the management of pain and addiction in community been increased?
4. To what extent has the Network's scope expanded? Why/why not?

2019-2022 – Progress Towards Outcomes in Professional Development and Mentorship, Coaching & Support

1. To what extent has knowledge of/confidence in/competence in /attitudes of pain and/or addiction management skills been increased/changed?
2. To what extent do members value the Network's peer support?
3. To what extent is mentor support valued by the members?
4. To what extent are health care providers learning needs being met through education and training?
5. To what extent has capacity to work collaboratively increased?
6. To what extent has interprofessional collaboration increased?
7. To what extent has access to, use, and promotion of relevant guidelines and evidence-based practice been improved?
8. To what extent has health care providers' practice behaviour based on best practice been changed?
9. What are the barriers and enablers to providing pain and/or addiction care and to what extent is there a better understanding of the enablers and barriers to providing pain and/or addiction care? By the providers? By the Network leadership?

To what extent has the AMN-P&A enhanced the capacity of the Nova Scotia health care system?

2014-2019

1. To what extent has prescribing of controlled substances changes/been improved because of the education and support provided by the AMN-P&A?
2. To what extent has management of addictions to controlled substances changed/been improved because of the education and support provided by the AMN-P&A?
3. To what extent has the AMN-P&A influenced work in applied research and knowledge translation related to pain and addiction?

2019-2022 – Progress Towards Outcomes

1. To what extent has the capacity of the system been improved to meet patients' needs related to pain and addiction?

Network Document Review

The Network document review encompassed the organization's annual reports, conference evaluations, and regional meeting evaluations. The evaluators also created electronic records for all regional meeting evaluations.

Web Survey

A web-based survey was implemented to gather input from Network members (i.e. anyone who had attended the annual conference and/or participated in an AMN-P&A event/activity.

This survey was shared with potential respondents via an email invitation from the Network chairperson. Follow-up messages was provided, thanking those who had participated and encouraging completion of the survey.

The survey was available from May 22, 2020 to July 11, 2020. Sixty-four (64) healthcare providers responded to the survey. This represents approximately 43% of the Network's active membership (see note in Limitations). Most responses came from physicians, followed by nurse practitioners.

Web survey participants were asked to share information about their role, years in practice, location, and affiliation with the AMN-P&A. Tables 2 - 9 describe the survey respondents.

Table 2. Clinical Roles

Clinical Role	# of Responses
Physician	25/64
Nurse Practitioner	10/64
Pharmacist	3/64
Occupational Therapist	2/64
Psychologist	2/64
Licensed Practical Nurse	1/64
Psychiatrist	1/64
Registered Nurse	1/64
Other	5/64
• Clinical Nurse Specialist	1/64
• Dentist	1/64
• Lived experience patient advisor/Board member People in Pain Network	1/64
• Peer Supporter	1/64
• Registered Counselling Therapist	1/64
No Answer	14/64

Table 3. Years in Practice

Years Practicing	# of Responses
0-10 years	15/48 (31.3%)
11-20 years	13/48 (27.1%)
21-30 years	10/48 (20.8%)
31-40 years	6/48 (12.5%)
41-50 years	1/48 (2.1%)
50+ years	1/48 (2.1%)
Other: (15+ years; 20+ years; 35 years as NP/RN)	3/48 (6.3%)

Table 4. Practice Setting

Practice Setting	# of Responses
Health Authority	21/64
Collaborative Family Practice Team	9/64
Solo Practice	6/64
Community Health Centre	2/64
Co-located Practice	1/64
First Nation Health Centre	1/64
Other	7/64
• Community Pharmacy	1/64
• Consultant	1/64
• Facilitator of support group; board member People in Pain Network	1/64
• Private Clinic Cooperative	1/64
• Research/Teaching	1/64
• Small Community Pharmacy	1/64
• Working with Indigenous Communities	1/64
No Answer	16/64

Table 5. Practice Location

Location of Practice	# of Responses
Nova Scotia	40/64
Newfoundland and Labrador	6/64
Other	3/64
• Both PE and NS	1/64
• Atlantic NB, PE, NS, and NL	1/64
• Ontario	1/64
No Answer	15/64

If web survey respondents identified they were based in Nova Scotia, they were also asked to indicate which zone they practiced in.

Table 6. NSHA Zone

	Yes	No	No Answer
Central	13/64	27/64	24/64
Western	13/64	27/64	24/64
Northern	8/64	32/64	24/64
Eastern	4/64	36/64	24/64

Table 7. Geographic Location

Area	# of Responses
Rural area	25/64
Urban area	16/64
Suburban area	1/64
No Answer	19/64
Other	3/64
• First Nations	1/64
• Provincial and Interprovincial	1/64

Area	# of Responses
• Urban and Rural	1/64
No Answer	19/64

Web survey participants were asked to identify their role in relation to the AMN-P&A. The majority of respondents identified as Network members.

Table 8. Relationship to Network

I am an AMN-P&A: (n=64)	Yes	No	No Answer
Network Member	39/64	8/64	17/64
Mentor	8/64	39/64	17/64
Other: Director/former mentor	1/64		

Web survey participants were also asked to identify the number of years they have been a member of the AMN-P&A. The majority noted they had been members for five or more years.

Table 9. Number of Years of AMN-P&A Membership

How many years have you been a member of AMN-P&A? (n=64)	
Years as Member	*# of Responses*
1-2 years	8/64
3-4 years	12/64
5 or more years	23/64
Less than 1 year	3/64
No Answer	18/64

Key Informant Interviews

A total of thirteen (13) qualitative interviews were undertaken with key informants participating in the process. Two participants invited to participate withdrew before the scheduled interview because of lack of knowledge about the Network.

Interview participants included the Network's Advisory Committee, its mentors (some of whom are also members of the Advisory Committee), and stakeholders identified by Network leadership, all of whom have vested interest or extensive knowledge of the Network. The interviews explored detailed information about the Network's strengths, challenges, lessons learned from its work, its objectives/outcomes, and improvement required. See Appendix C for the Interview Protocols.

Methodological Limitations

The following limitations to this evaluation must be considered when reviewing the results:

- COVID-19 Pandemic: The evaluation was impacted by the COVID-19 pandemic. The healthcare system's attention was entirely focused on its response to exceptional circumstance. Activities that were intended to be completed in the early spring shifted to late spring-early summer. Even with the shift in timing, we believe that engagement in the evaluation process was affected.

- Web Survey Response: The AMN-P&A has an extensive database of over 300 healthcare providers, who have participated in its conferences, webinars, regional meetings, etc. The invitation to participate in the web survey component of the evaluation was distributed to this list. A significant number of those invited to participate would not consider themselves members of the Network and did not respond. The Network has identified that they have approximately 150 providers, who are actively engaged.

Section 3: Evaluation Findings for 2014-2019

As described above, the evaluation focused on understanding the Network's work in the past, from 2014-2019, using its objectives as a guide for gathering data. This section describes the learnings, what worked well, what were the challenges, and progress towards outcomes for each objective area.

Enhanced Knowledge of Pain and Addiction Management

Evaluation findings for the Network's role to enhance knowledge of pain and addiction management through regular formal Continuing Professional Development (CPD) can be found in the Network's records. The following tables outline the responses from AMN-P&A conferences, regional group meetings, and online monthly discussions.

Conferences

Table 10 below is a summary of responses from conference evaluations, between 2012 – 2020. A level of agreement scale (1-strongly disagree to 5-strongly agree) was used each year. In all conference objective areas measured, participants reported high levels of agreements/ satisfaction.

Table 10. Conference Evaluation Summary

Conference Evaluation	2012	2013	2014 Day 1	2014 Day 2	2015	2016	2017	2018	2019	2020
The program fulfilled its educational objectives	4-4.5	4.5-5	4.4-4.5	4.7-4.8	4.5-5	4-5	4.63	4.44	4.76	4.64
The program content enhanced my knowledge	4-4.5	4-4.5	4.2-4.3	4.5-4.6	4.5-5	4-5	4.87	4.45	4.80	4.67
There was enough time allowed to cover the material presented	No data	No data	4.3-4.4	4.5-4.6	No data	4-5	4.43	4.15	4.56	Not measured
The information was presented clearly	4-4.5	4.5	4.2-4.3	4.5-4.6	4-4.5	4-5	4.77	4.31	4.63	Not measured
My expectations for this program were met	4-4.5	4.5	4.4-4.5	4.7-4.8	4.5-5	4-5	4.67	4.29	4.73	4.53
The program was well organized	4.5-5	4.5-5	4.7-4.8	4.7-4.8	4.5-5	4-5	4.73	4.55	4.83	Not measured

Conference Evaluation	2012	2013	2014 Day 1	2014 Day 2	2015	2016	2017	2018	2019	2020
There was adequate opportunity for audience participation	4-4.5	4.5-5	4.6-4.7	4.7-4.8	4.5-5	No data	4.53	4.42	4.78	4.71
The knowledge and skills gained during the session will be applied in my work environment	4	4.5	4.3-4.4	4.5-4.6	4.5-5	No data	4.62	4.31	4.71	4.6

Regional Group Meeting Evaluations

The evaluation data from regional group meetings, was also analyzed. Over time, the meetings' evaluation form was updated. Table 11 and 12 represent participants feedback on these meetings, between 2012 and 2015. Participants reported strong levels of agreement regarding meeting objectives related to knowledge, usefulness, presentation, content, and methods.

Table 11. Regional Group Meeting Evaluations – 2012-2015

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Answer
Session added to my knowledge	1/58	0/58	7/58	19/58	31/58	0/58
Session will be useful to my work	2/58	0/58	4/58	24/58	28/58	0/58
Facilitator(s) presented the material well	0/58	0/58	2/58	16/58	35/58	4/58
The content and method(s) used to present were effective	1/58	0/58	5/58	19/58	32/58	1/58

Table 12. Regional Group Meeting Expanded Evaluation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Answer
Program fulfilled its announced educational objectives and provided adequate information about the topic	0/30	0/30	0/30	15/30	15/30	0/30
Knowledge and skill gained during the topic above will be applied to my work environment	0/30	0/30	0/30	10/30	20/30	0/30
The program met my learning needs	0/30	0/30	0/30	14/30	16/30	0/30
There was enough time to cover topics presented	0/30	0/30	0/30	12/30	18/30	0/30
The program was well organized	0/30	0/30	1/30	13/30	16/30	0/30

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Answer
There was adequate opportunity for audience participation	0/30	0/30	0/30	9/30	21/30	0/30
The content and method(s) used to present were effective	0/30	0/30	1/30	12/30	17/30	0/30
My expectations for this program were met	0/30	0/30	0/30	12/30	18/30	0/30
The information was presented without apparent commercial bias	1/30	0/30	0/30	6/30	23/30	0/30

Table 13 describes regional group meetings responses between 2017-2019. Most participants strongly agreed that the meetings fulfilled its educational objectives, enhanced their knowledge, was useful, and would be applied in the participants' work environment.

Table 13. Regional Group Meetings Evaluations – 2017-2019

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Answer
Program fulfilled its announced educational objectives	0/167	0/167	8/167	35/167	121/167	3/167
Program content enhanced my knowledge	0/167	1/167	8/167	43/167	114/167	1/167
There was enough time allowed to cover the material presented	0/167	0/167	8/167	36/167	119/167	4/167
The information was presented clearly	0/167	1/167	11/167	34/167	116/167	5/167
My expectations for this program were met	0/167	2/167	10/167	39/167	113/167	3/167
Case based learning was useful	0/167	1/167	12/167	33/167	102/167	19/167
There was adequate opportunity for audience participation	0/167	0/167	6/167	29/167	129/167	3/167
The knowledge and skills gained during the session will be applied in my work environment	1/167	2/167	7/167	43/167	102/167	12/167

Because of the importance of moving participants away from stigma and bias related to pain addiction, meeting participants were asked about their perceptions in this area. Almost all identified they perceived no degree of bias.

Table 14. Bias Perception

	Yes	No	No Answer
Did you perceive any degree of bias in any part of the program?	4	144	19

Meeting participants were also asked to indicate which CanMEDS-FM roles were addressed during sessions. Table 15 provides a summary of their responses.

Table 15. CanMEDS-FM Roles Addressed

	# of participants who indicated this role was addressed
Family Medicine Expert	88
Communicator	38
Collaborator	57
Manager	14
Health Advocate	69
Scholar	17
Professional	60

Online Monthly Discussions

Since 2016, the Network has been holding monthly online discussion opportunities, each with a specific focus area. Table 16 provides an overview of the meeting topics and the number of participants who provided feedback about the sessions.

Table 16. Monthly Discussions – Topics and Evaluation Respondents

Meeting Topic	Date of Meeting	# of session participants that responded
Aids to Treatment Impasse	November 8, 2017	3
Alcohol Use Disorder	February 10, 2020	3
Alcohol Use Disorder Case	September 18, 2019	4
Anorectal and Abdominal Pain	April 10, 2017	5
Cannaboid Therapy	June 13, 2018	5
Cannabis	June 10, 2019	10
Chronic Low Back Pain & Ehler Danlos Syndrome and Addiction	June 12, 2017	8
Chronic Pain & Palliative Care	April 11, 2018	3
Chronic Pain Self-Management	February 13, 2019	1
Compounding Options for Transdermal Pain Therapy	May 15, 2019	4
Conflict of Interest	July 24, 2017	1
Conversations with Those Suffering from Chronic Pain and Return to Work	October 7, 2019	5
Fibromyalgia	January 16, 2017	7
Follow Up Case	January 10, 2018	3
Headstrong & Sleepwell	May 14, 2018	3
Importance of Diet in Chronic Pain	April 8, 2019	5
Including Pharmacists in Patient Treatment Goals	October 10, 2018	3
IV Harm Reduction in Hospitals	January 14, 2019	5
Managing Aberrant Behaviors & Developing Frequent Flyer Emergency Plan	September 11, 2017	3
Motivational Interviewing	October 10, 2017	4
Movement and Physical Modalities for the Management of Back Pain	December 9, 2019	3
Neck Pain	February 8, 2017	5
Opioid Tapering and New Guidelines	May 10, 2017	14
Total		**107**

Like the Network's other meetings, an evaluation is completed as part of the session. Table 17 provides a summary of session responses. Almost all participants who completed the evaluations agreed or strongly agreed that the sessions had met their learning objectives; had enhanced their knowledge on the specific subject and would be applied in practice.

Table 17. Online Monthly Discussions Evaluations

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Answer
The presentation met its announced learning objectives	0/107	0/107	0/107	40/107	64/107	3/107
Program content enhanced my knowledge of the subject	0/107	0/107	4/107	46/107	57/107	0/107
The information was presented clearly	0/107	0/107	1/107	37/107	69/107	0/107
My expectations for this program were met	0/107	0/107	3/107	45/107	59/107	0/107
There was adequate opportunity for audience participation	0/107	0/107	3/107	37/107	65/107	2/107
The knowledge and skills gained during the session will be applied in my work environment	0/107	0/107	10/107	39/107	54/107	4/107

Participants were asked when evaluating these sessions whether they perceived any degree of bias. As outlined in Table 18, all who responded identified they perceived no degree of bias.

Table 18. Bias Perception

	Yes	No	No Answer
Did you perceive any degree of bias in any part of the program?	0	106	1

Meeting participants were also asked to indicate which CanMEDS-FM roles were addressed during sessions. Table 19 provides a summary of their responses.

Table 19. CanMEDS-FM Roles Addressed

	# of participants who indicated this role was addressed
Family Medicine Expert	56/107
Communicator	40/107
Collaborator	37/107
Manager	5/107
Health Advocate	37/107
Scholar	18/107
Professional	53/107

As part of each discussion evaluation, participants were asked to identify two ways they would change their practice because of attending the session. The most common responses from participants were:

- Their scope of approaches to problems had been broadened;
- Their approach to the use of marijuana/cannabis had changed due to more information;
- They will exercise more caution with prescribing/tapering of narcotics/opiates;
- They will increase the amount of collaboration/communication/consultation with experts, healthcare providers and physicians and take an interdisciplinary approach;
- They have a broadened knowledge/increased awareness of specific issue; and
- They have a better understanding of the Opioid Guidelines and applying the recommendations.

Improving Education and Professional Development

As part of their key informant interviews, Network stakeholders were asked what could be improved in education and training professional development for health care providers. They reported:

- The Network is playing an important role in filling the knowledge/skill gaps in primary care around substance use disorders and pain was key;
- The Network needs resources and sustainability to do the work;
- Consider a Section of the Network that focuses on the didactic;
- Consider more use of online space for education and training; and
- Engagement at the beginning with mentor/mentee is critical.

Ongoing Resource for Health Care Providers for Pain and Addiction Management

Evaluation participants reflected on the Network's role as an ongoing resource for health care professionals for the management of pain and addiction and to increase capacity in community.

Network mentors, as part of their interviews, were asked what they had learned in their role as an ongoing resource for health care providers. A few identified that the role is two-way. They reported that as a mentor, they had gained skills to provide information and provide a safe, non-judgemental space for providers to seek advice, had learned about evidence and best practice, and also about other disciplines. They reported it was challenging to provide mentorship in the context of the original Network design but that it provides a framework or approach for managing pain and addiction in a practical way. Others identified that the dynamic had changed with the addition of the online component, while others reflected that relationships need to develop over the long term for the small groups to work. Another mentor shared their learning was around the impact of the social determinants of health on people's lives resulting in greater complexity in cases.

Worked Well

The Network's Advisory Committee was asked what has worked well about being an ongoing resource for health care providers. They reported that resources are accessible to the majority of providers in Nova Scotia; providers are connected to supports and guidance to enhance their skills

and have a forum for engagement.

When asked what has worked well about being an ongoing resource for health care providers, most mentors noted that the Opioid Prescribing Course and Forum has been very valuable. They reflected that being available and receptive and connecting virtually have worked well. Sharing resources, skills, and information, including the TimedRight app, have also worked well. A mentor noted that the Network enhances the community and the community of practice.

As reported by Network stakeholders, the Network had done the following well:

- Provided mentors to support practitioners;
- Provided a safe, non-judgmental space;
- Shared timely communications targeted to current issues; and
- Provided a range of educational opportunities and resources.

Challenges

The Network's Advisory Committee was asked what has not worked well about being an ongoing resource for health care providers. They reported that the AMN-P&A had not reached out to other mentorship networks or diversified its involvement by engaging with other groups within health care, such as medical students and residents. Committee members identified the need to improve the awareness and visibility of the Network and emphasize research – from the perspective of pain and addiction, and also determining Network members' needs.

Other members identified the following:

- Time is a challenge;
- The ability to recognize varied communication and learning styles and needs of participants;
- Shifting thinking around stigma without shaming;
- The frustration with the healthcare system (e.g. connecting patients with resources needed);
- A method to provide updates on pain and addiction as a standard of care;
- Development of formal pathways to experts within the Network for timely help; and
- A robust repository of accessible materials

When asked what the challenges were about being an ongoing resource for health care providers, mentors noted the time commitment as a significant challenge. They reported that garnering interest in the field of pain and addiction is difficult and they often are speaking with like-minded providers. Others identified that recognizing different learning and communication styles, responding to stigma from colleagues, and connecting people to the resources or updates in standards of care were all challenges.

Network stakeholders noted the need for ongoing funding to maintain the Network and that learning from innovative, different perspectives outside Atlantic Canada were key challenges in being an ongoing resource.

Progress Towards Outcomes

Network stakeholders were asked to what extent the AMN-P&A has been a resource for health care providers managing pain and addiction. Members reported that there is confidence in the Network as a valuable resource and it has enabled connections and collaboration between and among providers. The Network mentors respond in a supportive respectful manner to requests for support. Network leadership and members continue to learn – from interdisciplinary colleagues (e.g., physiotherapists, chiropractors). Others reported that the safe prescribing course is a valuable resource and that the Network provides a knowledge translation mechanism for healthcare providers to enhance their skills, competencies and capacity in best practice approaches, in the primary care setting

Others identified that there are still people (providers) who are not aware of the Network and further marketing is required.

Network mentors shared that their role challenges them to be a better listener and communicator and requires a clear approach or framework to managing pain and addiction that is practical and not overwhelming for providers.

Network stakeholders were asked to what extent the AMN-P&A has been a resource for health care providers managing pain and addiction. They reported that the value of the Network is in the mentorship and collegial community of practice and that there is interest and value for participants. They reported that the Network's role as an ongoing resource fosters resilience within providers.

Providers' Capacity for Managing Pain and Addiction

The Network's Advisory Committee and mentors were asked about the Network's role in changing health care providers' capacity to manage pain and addiction.

When asked, as part of their interviews, what they had learned about increasing health care providers' knowledge and ability around management of pain and addiction, some mentors reported that providers' practice had changed significantly. They identified that many people have taken the prescribing course, and there is still a need to build capacity and resiliency. Another mentor noted that addressing bias and stigma is needed to have buy-in for treatment.

Worked Well

The Network Advisory Committee reported that in its role of changing health care providers' capacity for managing pain and addiction, the Network had done the following well:

- Focused on the delivery of high-quality programming/education to influence policy, systems, and practice and build capacity;
- Created a safe space for reaching out/connecting with colleagues and peers and have difficult conversations;

- The level of support provided allows providers to take on complex patients;
- Input from those with lived experience is built into the structure;
- Focused on anti-stigma work and building a culture of care;
- Engagement of practitioners; and
- Provided tools and resources.

When asked what had worked well about increasing health care providers' knowledge and ability around management of pain and addiction, individual mentors noted that the ability to reach prescribers is a strength of the Network; that mentoring allows for different methods and rates of learning; and there is a feeling of fellowship and problem-solving. Like the Advisory Committee, mentors also identified that receiving input from those with lived experience has worked well.

The Network's stakeholders reported that the longitudinal and just in time support provided by mentors has worked well, as has the collegial connections and support for dealing with complex cases. They reported that building skills and sharing trusted knowledge and resources had also worked well and that the endorsement and partnerships the Network has have added to its credibility.

Challenges

The Advisory Committee were asked what areas of capacity enhancement the Network has not done well. A few interviewees reported that creating a database of cases/resource for health care providers to use had not been done well. They also shared that there is a need to engage or reach providers, currently not members of the Network, who could benefit from it, particularly outside Nova Scotia.

Other individual committee members identified the following as challenges:

- The Network's role in impacting policy;
- Proactively meeting members needs and develop 'just in time' mentorship;
- Being flexible in relation to different learning and communication styles;
- Increasing use of an online platform;
- Addressing the need for a comprehensive road map of the knowledge and skills in the domains of chronic pain and addictions

When asked what have been the challenges in increasing health care providers' knowledge and ability around management of pain and addiction, mentors again identified that they are often 'preaching to the choir' and the need to engage those not already involved in the Network. They also identified the gap in involvement outside Nova Scotia in Atlantic Canada. Others reported the valuing of the Network is a challenge, as is the requirement for community champions. They reported that providers not sharing the same base of understanding of chronic pain and addiction is a challenge.

The Network's stakeholders also identified a number of challenges. They included that changing behaviour is a challenge and is dependent on support and opportunity. They also identified that

resources are needed to build and sustain the work of the Network. Others reported:

- The valuing of the connection to the formal healthcare system structure;
- The ability to maintain the informal community of practice and mentorship within the formal healthcare structure;
- Expanding the Network beyond the NSHA Central Zone;
- Offering additional social opportunities for members to get to know each other;
- Support for moving from value-based to best practice/evidence-based decision making around addictions; and
- More opportunities to learn from each other and/or from mentors.

Skills and Confidence

When asked what they had learned about increasing health care providers' skills around management of pain and addiction, mentors noted that the information can be overwhelming at the beginning. They noted that the language and practices have changed over time.

Worked Well

The mentors were also asked what had worked well to increase health care providers' skills around management of pain and addiction. They reported that learning comes from coaching a provider through case specific issues, as well as through networking and making personal connections. They also shared that having a broad group of members on the team, sharing experiences, and allowing for different methods of learning and processing information, all worked well.

Challenges

The mentors were also asked what the challenges have been to increasing health care providers' skills around management of pain and addiction. They shared a variety of challenges, including:

- Ability to engage people who need the knowledge and skills;
- Having the time for difficult conversations;
- Discussions about other providers that can prescribe;
- Taking the time to attend conferences or meetings;
- Ensuring sessions/discussions are interactive; and
- Identifying the right tools and resources.

Ability to Evaluate Own Knowledge, Skills and Attitudes

Network members, as part of the web survey, were asked to identify whether their involvement in the Network had improved their ability to evaluate their knowledge, skills, and attitudes in managing pain and addiction. Over three-quarters of participants (80.0%) of participants reported that their ability had improved.

When asked to explain how their involvement in the AMN-P&A has improved their ability to evaluate their own knowledge, skills and attitudes in managing pain and addiction, a few stated that conferences and learning opportunities provide knowledge and skills to integrate into their own practices. Others reported that networking and the informal ability to ask questions and receive feedback results in more confidence, and that exposure to learning opportunities allows for reflection on their own knowledge and has enhanced their approach in their own practice.

A few shared that they could compare their knowledge, skills, and attitudes to that of their peers. A few reported that their involvement has been limited thus far, and that their learning has come from outside the Network.

Progress Towards Outcomes

Network stakeholders were asked to what extent AMN-P&A had an impact on inter-disciplinary, community-based management of chronic pain and addiction. They shared that the focus has to date been on physicians (within the mentorship program) and more connection with other disciplines is required. They also suggested an interdisciplinary listserv is a valuable approach.

Table 20 below proves an overview of Network members perceptions of change or impact of the Network on their knowledge, clinical skills and confidence. Most participants indicated moderate or a great increase in each of these areas.

Table 20. AMN-P&A Influence on Knowledge, Clinical Skills, and Confidence

	No Change	Moderately Decreased	Slightly Increased	Moderately Increased	Greatly Increased	Don't Know	No Answer
Your knowledge of how to manage patients'/clients' pain has...	2/64	0/64	11/64	24/64	26/64	0/64	1/64
Your knowledge of how to manage patients'/clients' addictions has...	5/64	0/64	9/64	29/64	17/64	0/64	4/64
Your clinical skill when managing patients'/clients' pain has...	6/64	0/64	5/64	28/64	21/64	0/64	4/64
Your clinical skill when managing patients'/clients' addictions has...	8/64	0/64	8/64	28/64	13/64	0/64	7/64
Your confidence when managing patients'/clients' pain has...	3/64	0/64	7/64	31/64	19/64	0/64	4/64
Your confidence when managing patients'/clients' addictions has...	7/64	0/64	9/64	26/64	15/64	0/64	7/64

Worked Well

The Network's Advisory Committee were asked to identify what the AMN-P&A has done well in its role of changing health care providers' pain and addiction management practices. A few identified that the Network has provided tools and has been a repository of resources to create safer

environments in practice. Networking and collaboration have been done well, as has the use of the online platform for sharing and holding information. The Network also responded well in its response to the COVID-19 pandemic in the creation of the portal and providing support and guidance to care for those with opioid use disorder.

They reported that the Network has had a positive influence on members and non-members and has influenced providers' prescribing. Once again, the support and reduction of isolation for providers to manage complex cases was also identified.

Network stakeholders, when asked, reported that providing ongoing support to providers through conferences, courses, and peer connection had worked well. They also identified that Bridging the knowledge/confidence gap and improving resiliency through longitudinal mentorship, had also worked well. They shared that educating around the standards of care, developing communication skills, and promoting a de-stigmizing agenda have also worked well.

Challenges

The Network's Advisory Committee were asked to identify the challenges in its role of changing health care providers' pain and addiction management practices. Individual interviewees identified:

- The need to make better connections/alliances between those with specialized knowledge and skills and with providers who are generalist;
- That local evaluation and needs assessment could be improved;
- The need to provide leadership development skills to mentors; and
- The need to consider how to influence organizations that represent providers to encourage participation in the Network's membership and/or training opportunities.

The Network stakeholders reported that having the resources and capacity to sustain the work, the impact of the social determinants of health (environment) on patients ability to take a provider's advise or treatment, and reaching providers who need this education, are all challenges to changing practice.

Progress Towards Outcomes

<u>Capacity to Manage Pain and Addiction in Community</u>

The Network's Advisory Committee and stakeholders were asked what influence, if any, the Network has had health care providers' management of pain and addiction in their practices.

The Network's Advisory Committee identified that more patients, dealing with pain and/or addiction, are now managed within primary care, rather being referred to specialists – providers are more comfortable managing complex cases. They reported that the Network is continuously updating members about new evidence and guidelines, which leads to consistency and safe practice. They reported seeing change in prescribing and practice. The Network provides a safe space for discussion and support, and bridges the inter-professional gap, allowing for

collaboration. They noted that there more reliance on non-pharmacological approaches and working in partnership with patients. They also shared that providers now recognize substance use disorder clinically (versus a choice).

Advisory Committee members also reported that this training should be part of providers early education; that mentors have a role in engaging providers in active, participatory learning and engagement beyond those currently involved.

Network stakeholders were asked what influence, if any, the Network has had on health care providers' capacity for managing pain and addiction. They reported that the mentorship component provides support, expanding providers' knowledge. Sharing resources and embedding best practices has had a positive influence. They shared that the networking and the improved communication with colleagues is important and that providers are more confident and competent to deal with complex cases. They said that the Network is shifting attitudes about addiction medicine. Finally, they reported that the development of a logic model and evaluation framework has clarified the Network's role.

Most Network members participating in the web survey identified that their knowledge, clinical skills, and confidence had increased. See Table 16 above.

When asked to provide their thoughts on how involvement with AMN – P&A has influenced their knowledge, skills, confidence, or compassion when treating patients/clients with pain and/or addiction, half of web survey participants who responded to this question stated they have gained knowledge and increased skills around addiction and pain and the Network has provided an opportunity for continued learning. A few stated the AMN-P&A is an excellent resource for support, timely consultation, advice, and also remarked that it provides an opportunity to collaborate, share ideas and have valuable discussions in a supportive, non- judgmental environment.

Bias and Stigma/Compassion and Empathy

Bias and Stigma

Network mentors were asked what they had learned about influencing health care providers' biases and stigma around the management of pain and addiction. Mentors noted their work provided opportunities for discussion and personal reflection for providers, though it will continue to be a challenge until working from compassion and empathy with these patients/clients becomes the norm. They reported that learning new non-confrontational skills has had a positive impact on mentees. They said stigma can be considered about context and knowledge.

Worked Well

When asked what has worked well in influencing health care providers' biases and stigma around the management of pain and addiction, mentors noted that exposure to the issue and opportunity to reflect, as well as reframing of tools in everyday practice had both worked well.

Challenges

They noted challenges in influencing health care providers' biases and stigma around the management of pain and addiction included lack of time with patients to teach 'soft skills'; providers' readiness to receive the information; finding the right platform to allow for personalized learning; and promoting a safe environment in which to ask difficult questions.

Compassion and Empathy

Network mentors were also asked what they had learned about increasing health care providers' empathy and compassion around management of pain and addiction. They reported that the person has to be seen as more than the addiction. The work takes time and providers need to be supported. They identified that it is difficult to share the concepts through webinars and conference sessions, telling stories of success and the personal impact, making connections with real patients, considering language, and moving away from stigma happens through knowledge and reframing pain and addiction.

Worked Well

Mentors reported that the following work well when increasing providers' empathy and compassion:

- Early training and exposure to people from all walks of life;
- Reframing of tools used to assess pain and addiction;
- Presenting in the context of the whole person;
- Having ongoing discussions within the Network;
- Partnering with people with lived experience of pain and addiction; and
- Focusing on language allows for a different perspective

Challenges

Network mentors identified a number of challenges to increasing providers' empathy and compassion. Limited life experience by both mentors and mentees, learning new skills and applying them in practice have been challenges, as has recognizing providers' readiness to shift their thinking.

Progress Towards Outcomes

Many Network members participating in the web survey, also reported that their awareness of biases had increased, as had their compassion and empathy.

Table 21. AMN-P&A Influence – Bias, Compassion and Empathy

	No Change	Moderately Decreased	Slightly Increased	Moderately Increased	Greatly Increased	Don't Know	No Answer
Your awareness of biases that interfere with patient/client care has...	7/64	1/64	8/64	20/64	23/64	2/64	2/64
Your compassion and empathy toward patients/clients experiencing pain has...	9/64	0/64	7/64	18/64	26/64	2/64	2/64
Your compassion and empathy toward patients/clients experiencing addictions has...	13/64	0/64	4/64	17/64	26/64	1/64	3/64

When asked to provide their thoughts on how involvement with AMN – P&A has influenced their knowledge, skills, confidence, or compassion when treating patients/clients with pain and/or addiction, A few respondents experienced an increased compassion and confidence when treating patients/clients with pain and/or addiction.

Impact on Practice

The Advisory Committee members were also asked how the Network had changed how they manage pain and addiction in their own work. Several committee members reported that their involvement had allowed them to stay current on tools and resources and understanding of pain and addiction. It had also allowed them to network, to have safe peer to peer conversations and offer and receive support. The Network has changed their thinking around prescribing and how they communicate with patients and managing complex cases.

They shared that the Network has offered opportunities to influence the healthcare system and build connections between organizations.
Mentors were asked how sharing ideas among interprofessional groups contributes to providers' capacity in practice. They reported the exposure to Interdisciplinary work/ discussions contribute to change in thinking and that the knowledge of other health care providers' roles enhances connectedness and cooperation. A barrier, though, is that not al physicians have this access. They also noted that this work is difficulty, however, the challenges are similar across disciplines and providers are not alone on the journey.

Network stakeholders reported that there is a growing number of providers taking on more complex patients and that the Network has influenced prescribing practices through its ongoing education and supports. They also shared the Network has influenced practice through the sharing of information and resources.

Network members participating in the web survey were asked what practice improvements in the management of *pain* they had made as a result of participation in the AMN-P&A. Over half stated

they had an increased knowledge of the different resources and methods in managing pain, as well as guidelines and structure to follow. A few shared they had more confidence in their engagement with patients and are better able to help them with personal goals. Others had a better understanding/ expectation of effects of medications in treatment of chronic pain and were more comfortable de-prescribing opioids and using adjunct therapies. A few shared they had an increased understanding of chronic pain and the multifaceted components of the experience and felt more supported to deal with complex issues.

A few respondents reported closer monitoring of patients and a more wholistic, multidisciplinary approach being used in practice.

When asked what practice improvements in the management of *addictions* were made as a result of participation in the AMN-P&A, a few shared that they had an increased confidence in engagement with patients, and an increased use of motivational interviewing. Others stated they use evidence-based medicine in selection of therapy and can prescribe more safely and reported the use of a more multi-disciplinary approach and collaboration between disciplines in the management of addictions.

A few web survey participants reported a better understanding of the management of addictions and comfort with harm reduction strategies and stated that the advice and support received from mentors around complex patients was invaluable and has improved outcomes for patients in their care.

Others reported that they do not manage many and/or any patients with addictions so have not seen any changes in their practice.

A few other participants also reported the following:

- A better understanding of the culture and legacy of addiction treatments;
- Was introduced to specific topics and went on to do more learning; and
- Have the confidence and ability to mentor others.

Committee members reported that health care providers' capacity and ability to manage complex patients and issues had been enhanced, particularly because of the sense that the provider was not working alone (and had support). They reported that providers can connect with colleagues in a safe environment, a community with shared goals and guidelines. A few committee members shared that the Network is seen as a trusted and accessible resource.

Mentors reported, as part of their interviews, that being a mentor has allowed them to use their skills in other settings; has 'forced' them to stay current and provided them the opportunity to teach. Mentoring has also allowed them to contribute to a change in providers' thinking about their practice and prescribing.

Web survey participants were asked to rate the influence of the AMN-P&A related to their practice. They report that their involvement in the Network has had a moderate to great influence in the identified areas as shown in table 22.

Table 22. Influence on Practice

	Not At All	To a Small Extent	To Some Extent	To a Moderate Extent	To a Great Extent	No Answer
Practice changes lead to improvement to your satisfaction as a healthcare provider.	1/64	4/64	7/64	14/64	19/64	19/64
Has been a benefit to you and your practice.	0/64	5/64	8/64	13/64	24/64	14/64
Has been a benefit to your patients.	0/64	2/64	8/64	12/64	25/64	17/64

Practice Improvement Barriers

When asked what barriers may exist to make practice improvements in the management of pain and/or addictions, a few Network members shared that barriers include a lack of appropriate funding and limited access to resources and supports. Others stated that wait times for assessment and treatment are a constraint.

A few web survey participants reported that new approaches and ways of thinking may be difficult for some physicians who have not remained current, and that clearer guidelines are needed for practice change.

A few members stated that consultations with physicians are difficult to obtain and are necessary for complex patient cases. Others also acknowledged the following as barriers:

- A lack of knowledge about AMN-P&A and its role;
- The management of NSHA; and
- There are pre-existing biases that exist that may be a barrier.

Education and Support in/Management of Appropriate Prescribing of Controlled Substances

Evaluation participants were asked to provide feedback on the Network's work to educate and support providers in the management of appropriate prescribing of controlled substances and assist where appropriate in the management of addictions to these substances.

Prescribing of Controlled Substances

The Network Advisory Committee were asked what they have learned about assisting health care providers in appropriate prescribing of controlled substances. Most reported that sharing information and offering ongoing support has provided opportunities for providers to learn from each other. They reported that the quality of care for clients has improved because of the tools provided by the Network. A few indicated that very few providers have had adequate training or

education related to prescribing controlled substances and further guidance and direction to more resources is needed because prescribing is the 'tip of the iceberg'.

The Network Advisory Committee and stakeholders were also asked what had been done well and what have been the challenges in assisting health care providers in appropriate prescribing of controlled substances.

Worked Well

The Network Advisory Committee reported that the Network's efforts to deliver bias-free, evidence-informed programming has been done well. A few identified that the peer to peer discussions to share experiences and support had worked well, as had the ability to provide information/training around addiction topics and pain management. The improvement in screening and the encouragement of a non-judgemental space were also identified.

Network stakeholders reported the following has worked well:

- Providing support and allaying fears for changing prescribing practices;
- Targeting and capacity to reach people; and
- Providing leadership and a trusted approach.

Challenges

When asked what were the challenges for AMN-P&A in assisting health care providers in appropriate prescribing of controlled substances, individual Network Advisory Committee members reported funding, a lack of precedent of a competency-based curriculum, difficulty identifying practice leaders, a community of practice and coordination of treatment as challenges.

Individual Advisory Committee members also shared that other areas of improvement in this area include promotion of the Network, more timely responses to providers' questions, and an increased advocacy role.

Progress Towards Outcomes

When asked what has changed related to prescribing, Network stakeholders noted that:

- Providers are more comfortable with patients with substance use disorders/feel supported;
- People have reported the value of the program; and
- The Network is seen as a trusted resource.

Almost half of web survey participants reported that their ability to appropriately prescribe controlled substances had moderately or greatly increased.

Table 23. Ability to Appropriately Prescribe Controlled Substances

	No Change	Moderately Decreased	Slightly Increased	Moderately Increased	Greatly Increased	Don't Know	No Answer
Your ability to appropriately prescribe controlled substances has...	3/64	1/64	4/64	10/64	19/64	0/64	27/64

Management of Addiction to Controlled Substances

Worked Well

Network stakeholders were asked to identify what the Network has done will in assisting providers in managing addictions to controlled substances. They reported that the normalizing of the use of opioid agonist therapy and building knowledge around opioid use disorders through education, mentorship, and collaboration with other organizations had all worked well.

Progress Towards Outcomes

When asked what has changed, if anything, related to practice, stakeholders stated:

- Development of how-to steps and support needed to support/engage with patients.

Structure for Research and Knowledge Translation to Develop Innovative Methods

Evaluation participants were asked to provide a structure through which research and knowledge translation may be conducted to continue to develop innovative methods of health care delivery.

The Network Advisory Committee were asked if they were aware of the development or implementation of any innovative health care delivery methods because of the AMN-P&A's work. A few examples were provided, including:

- Nurse Practitioners now doing addictions work;
- Expansion of the Opioid Prescribing Course across Canada;
- The COVID-19 guidelines use across the Maritimes/ Opioid Agonist Therapy Providers Forum;
- The development of the TimedRight platform;
- The monthly online meetings of providers;
- The mentorship model now being implemented outside the Atlantic region;
- Maintaining fidelity to the Network's interprofessional nature; and
- The Network has not/does not use pharmaceutical industry funded education;

When stakeholders were asked if they were aware of the development or implementation of innovative health care delivery methods because of the work of AMN-P&A, they noted the following:

- Interest at national level for improving pain and addiction care at primary health care level;
- Peer led and peer supported/connections to peers and colleagues; and
- The Network has provided connections with experts and provided input to policies and procedures for innovative programs.

Progress Towards Outcomes

Based on the responses of those closest to the Network and stakeholders engaged with the Network, it appears that this outcome was met and continues to be in this phase of its work.

Response to Emerging Themes and Requests to Expand Network Scope

Evaluation participants were asked to reflect on the Network's work to respond to emerging themes and requests to expand its scope.

The Network's Advisory Committee were asked what they had learned about this work, as part of their interview. A few reported that the AMN-P&A certainly has the capacity to respond to urgent situations, citing its response to the pandemic and providing tools and resources despite limited resources. While the Network has very good leadership who are adaptable and able to reinvent themselves, others pointed out that the Network requires expanded infrastructure and resources in order to expand its scope. Others identified that the Network relies on the mentorship program to receive and understand requests or identify themes.

Individual committee members also identified that multi-modalities are needed to deliver continuing professional education, as well as collaboration with partners working in this realm. A strong relationship with the Chief Medical Officer of Health was also identified as key.

Worked Well

The Network's Advisory Committee were asked what has worked well in this area. They reported that the monthly online meetings and yearly conferences, and the quality continuing education, including engaging speakers with different perspectives, had worked well and were essential for connecting members. The promotion of best practices at the community level and holding meetings in different parts of the province (NS) had worked.

Challenges

The Network's Advisory Committee were asked what had not worked well in responding to emerging themes and requests for scope expansion. They reported that promotion to reach potential members had not been successful. Being able to add topical sessions at the conference, reflecting participants latest interests or having the ability to respond to members'

requests had been challenges (usually because of resources). Building relationships with pain specialists was also seen as an area needing work.

Progress Towards Outcomes

Based on the responses of those closest to the Network, it appears that this outcome was and continues to be front of mind for the Network. The Network accepts the challenge of expanding its scope working within the resources it has available.

Section 4: Evaluation Findings for 2019-2022

As described in Section 2, the second focus of the evaluation is understanding the network's work based on its new logic model and theory of change. Because of the timing of this evaluation, this report focuses on the following components and related outcomes:

- Deliver practical and focused continuing professional development opportunities for health care professionals based on identified learning needs.
- Improve collaborations between healthcare professionals through mentorship.

This section describes the learnings, what worked well, what were the challenges, and progress towards outcomes for the identified outcome areas.

Practical and Focused Continuing Professional Development Opportunities

Evaluation participants were asked about the network's role in the delivery of practical and focused continuing professional development opportunities for health care professionals based on identified learning needs.

The Network's advisory committee were asked what they had learned about its structure/ model delivery for providing knowledge translation of pain and addiction guidelines and best practices. They reported that delivery changes to meet the needs of the providers, and that the variety of forms of delivery have been efficient. They identified that the changes being made to the mentors' role may require more responsibilities for them. They also suggested that administrative time is needed to manage social media, as well as increased infrastructure is required to support knowledge translation, and that awareness needs to be broadened beyond current Network members. Individual committee members reflected:

- That conferences and webinar presentations need to include a variety of disciplines;
- That there is value of an integrated space for application and experience and for reflection;
- That relationships have developed because of the informal network; and
- That follow-up and support to sustain learning is needed.

Worked Well

The Network's Advisory Committee discussed what has worked well in the Network's delivery of continuing professional development. Individual members identified:

- The quality of the resources;
- The small groups;
- The webinars and conferences;

- The mentor/mentee relationship; and
- The support provided to providers to engage in system level discussions.

The Advisory Committee also shared that providing relevant information, continuously improving guidelines, and that sharing of best practices, thus building the community's capacity have worked well in changing practice through education and support.
Network stakeholders reported the following has worked well:

- Having regular conferences/learning opportunities;
- Small group/mentorship that fosters a community of practice;
- Recognizing the need for flexibility in engagement/learning needs;
- Fostering a sense of community with opportunities to meet in person;
- Building capacity for others to deliver education and training;
- Ensuring first voice;
- Communicating about meetings; and
- Offering a diversity in tools and resources.

Challenges

The Network's Advisory Committee discussed what has not worked well in the Network's delivery of continuing professional development. Most of the committee identified the difficulty engaging with providers who are not members of the Network. Individual members also identified access to timely information and guidance, the need for better communication and visibility with the province.

The Committee also shared that being proactive in reaching prescribers who engaged in unsafe practices has not worked well in changing practice through education and support to date. Members also identified that access and visibility of the Network and the need for more research are issues.

Progress Towards Outcomes

The Network Advisory Committee were asked whether Network members' practices have changed because of the education and supports provided by the AMN-P&A. They reported that it is the Network's fundamental role to enhance members' ability to provide safe and relevant care, by providing information and guidelines. Committee members shared that providers are more willing to reach out and that stigma has reduced and compassion and confidence has been enhanced. The Network provides a systematic approach to managing patients/clients with chronic pain and addiction.

Web survey participants were asked to rate the change in their confidence and ability to manage complex cases, to impact their patients' quality of life, and access and apply guidelines and best practices. Table 24 below describes their responses.

Table 24. Impact on Confidence, Ability, Patient Quality of Live, Guideline Access and Application

	No Change	Moderately Decreased	Slightly Increased	Moderately Increased	Greatly Increased	Don't Know	No Answer
Your confidence to manage more complex clinical cases has...	2/64	1/64	11/64	25/64	9/64	0/64	16/64
Your ability to manage more complex clinical cases has...	2/64	1/64	12/64	22/64	10/64	0/64	17/64
Your ability to impact your patients'/clients' quality of life has...	2/64	1/64	11/64	20/64	14/64	0/64	16/64
Your ability to access relevant guidelines and evidence-based practices has...	8/64	1/64	9/64	16/64	14/64	1/64	15/64
Your ability to apply relevant guidelines and evidence-based practices has...	8/64	1/64	9/64	17/64	14/64	0/64	15/64

Improve Collaborations between Healthcare Professionals through Mentorship

Evaluation participants were asked in what ways interprofessional collaboration has changed between/among health care providers because of the AMN-P&A's mentorship role.

The Network's Advisory Committee reported that the AMN-P&A provides networking and collaboration opportunities and increases understanding of each others role among healthcare providers. The Network itself is an example of the value of an interprofessional approach. The collaboration encourages consistency in practice and can transform systems. Other committee members commented on the increased opportunities for interprofessional training.

When asked in what ways has interprofessional collaboration changed between/among health care providers because of the AMN-P&A's mentorship role, stakeholders noted the support for interprofessional membership and learning opportunities and peer mentorship is critical; and that the network provides consistent information.

When asked what they had learned in their mentoring role about creating opportunities for collaboration, mentors reported that being respectful and inclusive of all perspectives was

important. They described mentoring as reinforcing key points, offering solutions, and correcting, if needed. In person sessions are generally collaborative and flexibility in reaching out to and bringing participants together is needed and valuable to build capacity at the community level.

Worked Well

The Network Advisory Committee were asked what has worked well in this area. They reported that the core concepts and fundamentals of pain and addiction transcend disciplines and are relevant to all providers. The collaboration and networking allow providers to support each other, share knowledge, and allows for different perspectives to be shared because of the varied professional backgrounds. The network also builds resiliency in prescribers of high-risk pharmacology.

Mentors noted that modelling inclusivity as a mentor worked well to create opportunities for collaboration.

Challenges

When asked what has not worked well, the Network Advisory Committee reported that engagement of people beyond physicians is a challenge, as is the historical lack of collaboration among providers. The need to connect with local leaders to provide support and develop capacity, being a resource to providers who are not physicians, and questions regarding the impact of the new online process were also identified as challenges.
Mentors reported that a physician-centric focus on prescribing is a challenge to create opportunities for collaboration:

Network Members Engagement with Mentors

As part of the web survey, Network members were asked whether they had engaged with an AMN-P&A mentor. Just over a third of participants had engaged with a mentor, while almost half had not.

Those web survey participants who indicated they had engaged with a mentor were then asked about the experience and to what extent the mentor had met their expectations or needs in a variety of areas. Of those that responded to this question, most indicated that the mentor had met their expectations. It should be noted that most respondents did not answer.

Table 25. Extent to Which Mentor Met Expectations/Needs

	To Some Extent	To a Moderate Extent	To a Great Extent	No Answer
Responding to you in a timely manner	1/64	2/64	18/64	43/64
Understanding your practice realities	3/64	1/64	18/64	42/64

	To Some Extent	To a Moderate Extent	To a Great Extent	No Answer
Providing a supportive and safe space to enhance skills and build confidence in your practice	2/64	3/64	17/64	42/64
Creating opportunities for peer support	1/64	6/64	15/64	42/64

When asked to provide their thoughts on how the mentorship component of the AMN-P&A could be improved, some participants shared they were unclear about the mentorship aspect and suggest a more formalized process for orientation, especially with new members, and for connecting with the mentors. A few stated that no changes were needed.

A few participants also shared that the mentorship component is an excellent resource and would like more structured coaching with more clinical cases and problem-solving, as well as more regular opportunities for peer support.

Resources and Supports for Mentors

Mentors were asked what resources and supports were important to them in their mentoring role and noted the following:

- Access to other mentors with experience;
- Access to a central resource of clinical guidelines;
- Administrative and technology support;
- The mentor's own circle;
- Talking actively about mentoring;
- Early sessions about the process of mentoring;
- More time; and
- Knowing what mentees hope to get from the meetings.

Progress Towards Outcomes

Web survey participants were asked to rate the level of change related to peer support and interprofessional collaboration. Most respondents reported that these elements had moderately or greatly increased because of their involvement with the AMN-P&A.

Table 26. Peer Support and Collaboration Change

	No Change	Moderately Decreased	Slightly Increased	Moderately Increased	Greatly Increased	Don't Know	No Answer
The quality of peer support from other AMN-P&A members has...	6/64	1/64	6/64	19/64	22/64	3/64	7/64

	No Change	Moderately Decreased	Slightly Increased	Moderately Increased	Greatly Increased	Don't Know	No Answer
The amount of your interprofessional collaborations has...	9/64	0/64	14/64	17/64	19/64	1/64	4/64
Your ability to support your colleagues in managing patients with pain and addiction issues has...	8/64	0/64	10/64	22/64	17/64	2/64	5/64

Web survey participants also reported that mentors provide a safe and supportive space to enhance their skills, that they create opportunities for peer support and sharing of expertise.

Table 27. Mentors' Support

	To Some Extent	To a Moderate Extent	To a Great Extent	No Answer
Providing a supportive and safe space to enhance skills and build confidence in your practice	2/64	3/64	17/64	42/64
Creating opportunities for peer support	1/64	6/64	15/64	42/64
Creating opportunities for sharing expertise among peers	2/64	7/64	13/64	42/64

Most Valued Aspect of AMN-P&A

In addition to the evaluation questions related to the Network's logic model, evaluation participants were also asked what the most valuable aspect of the Network was for them.

The Network's Advisory Committee reported that the mentorship program and the sense of community and collaboration within the Network were most valued. Others identified the professional development opportunities and enhancements to providers' capacity working in primary care; the tools and resources, the Network's brand and leadership, and its free membership were all considered valued aspects.

Mentors also identified the learning opportunities and collegiality and sense of community. In addition, they reflected that the Network as a centre of excellence for pain and addiction is valued, as are the teaching modules and strategies, and the small groups.

Stakeholders shared that the ongoing support and flow of information through the mentorship program is valued, as is the compassionate community that has developed, grounded in trust, and impacting clinical practice change. They also valued the online forum.

When asked what the most valuable aspect of the AMN-P&A was to them, Network members participating in the web survey shared that the connections, support and opportunities for collaboration with other professionals and colleagues was very important. They stated that the conferences, education sessions, meetings, and discussions provided opportunities for continuous learning and provided new and practical information.

A few found the peer networking and informal ability to connect that has increased their comfort level in reaching out to others across the province and Atlantic Region valuable. Also noted by members was that AMN-P&A has first voice represented at meetings and conferences and ensures that all stakeholder's perspectives are heard.

Best Advice to AMN-P&A

Evaluation participants were asked to share their 'best advice' for improving the Network's work and its impact.

The Network Advisory Committee suggested the following:

- Expand the presence of the Network and recruit new members;
- Broaden the Network's reach beyond Nova Scotia;
- Incorporate a strong evaluation component within its work;
- Use the Network's capacity to influence and inform policy;
- Secure sustained funding; and
- Increase connections with specialists.

Mentors emphasized focusing on member engagement as their best advice. They echoed the advice regarding sustainable funding and ongoing evaluation. They also identified focusing on developing accessible resources.

Stakeholders also shared the need for robust evaluation and sustained funding. They supported the need to establish a connection with the formal health system. Individual stakeholders suggested highlighting success stories, continuing to work to change attitudes around pain and addiction, look for the systemic barriers for patients, and connect with other disciplines and organizations.

Section 5: Capacity of the Nova Scotia Health Care System - Progress Towards Outcomes

One of the overall evaluation questions of this evaluation was: To what extent has the AMN- P&A enhanced the capacity of the Nova Scotia health care system? This overall question was reflected in many of the outcome related questions.

The table that follows highlights the areas within the findings that report on change in capacity of various elements of the system related to pain and addiction.

Table 28. Change in NS Health Care System Capacity

2014-2019		
Outcome Area	**Progress**	**Section/Page**
Extent prescribing of controlled substances changes/been improved because of AMN-P&A education and support	Significant progress	Section: Education and Support in/Management of Appropriate Prescribing of Controlled Substances Page 29-31
Extent has management of addictions to controlled substances changed/been improved because of the AMN-P&A education and support	Significant progress	Section: Education and Support in/Management of Appropriate Prescribing of Controlled Substances Page 31
Extent AMN-P&A influenced work in applied research and knowledge translation related to pain and addiction	Significant progress in KT	Section: Structure for Research and Knowledge Translation to Develop Innovative Methods Page 31-32
2019-2022		
Outcome Area	**Progress**	**Section/Page**
Extent capacity of the system been improved to meet patients' needs related to pain and addiction	Moderate progress	Section: Changing Providers' Practice for Managing Pain and Addiction Page 24-25, 27 Practical and Focused Continuing Professional Development Opportunities Page 35-36

Section 6: Findings - Network Members Needs Assessment

As part of the web survey with Network members, participants also completed a needs assessment to gather further information about the programs, resources, and supports that the AMN-P&A could provide.

The web survey participants' description in Section 2 describes the respondents.

Value of Supports

Web survey participants were asked to rate the value of the AMN-P&A supports they have accessed. As identified in table 29 below, half of participants reported that the annual conferences were very or extremely valuable, the Prescribing Course and monthly online discussions were reported similarly by approximately 40% of respondents.

Table 29. Value of the AMN-P&A Supports Accessed

Supports	Have Not Accessed	A Little Valuable	Moderately Valuable	Very Valuable	Extremely Valuable	No Answer
Annual Conferences	3/64	1/64	6/64	12/64	20/64	22/64
The Prescribing Course – Safe Opioid Prescribing	4/64	0/64	4/64	8/64	20/64	28/64
Monthly Online Discussions	4/64	4/64	6/64	13/64	13/64	24/64
Small Group Discussions	7/64	1/64	9/64	13/64	5/64	29/64
Opioid Agonist Therapy Provider Forum	13/64	0/64	2/64	7/64	6/64	36/64

Knowledge and Skill Level

Pain

Participants were asked to rate their current and desired knowledge/skill level in several topics related to pain. Most respondents identified their current level as average and above in all areas, however most identified they wish to increase their knowledge/skill level.

When asked if there were specific knowledge/skill areas (not identified), participants (6/15, 40.0%) reported they would like to improve their knowledge and skills with prescribing opioids and adjunct therapies, the use of methadone, and effective interventions for chronic pain.
Some Network members (3/15, 20.0%) would like more information about topics related to chronic pain and mental health, and more training on communicating effectively with patients.

Table 30. Current and Desired Knowledge/Skill Level – Pain Topics

	Scale 1						Scale 2			
	Very Poor	Poor	Average	Good	Very Good	N/A	Maintain Current Knowledge/ Skill Level	Increase Level Somewhat	Increase Significantly	N/A
What is Pain	0/64	1/64	4/64	17/64	15/64	27/64	6/64	19/64	15/64	24/64
How is Pain Recognized	1/64	0/64	5/64	16/64	14/64	28/64	6/64	19/64	14/64	25/64
How is Pain Relieved	0/64	0/64	9/64	17/64	11/64	27/64	3/64	19/64	19/64	23/64
How does context influence pain management	0/64	0/64	8/64	11/64	18/64	27/64	3/64	21/64	16/64	24/64
How is chronic pain prevented	1/64	3/64	14/64	8/64	11/64	27/64	4/64	21/64	16/64	23/64

Addiction

Participants were asked to rate their current and desired knowledge/skill level in several topics related to pain. Most respondents identified their current level as average and above in all areas, however several identified they wish to increase their knowledge/skill level. When asked about other topics, a few respondents identified co-management of addictions and pain, and that any topics related to addictions would be helpful. Other specific knowledge and skill areas noted by individual respondents were:

- Acute withdrawal management and recognizing toxidromes;
- Have a better grounding in trauma-informed care;
- Monitoring of patients with chronic disease and signs they are demonstrating a change to addictive behaviours; and
- Preventative interventions for family doctors to employ in their practice.

Table 31. Current and Desired Knowledge/Skill Level – Addiction Topics

	Scale 1						Scale 2				
	Very Poor	Poor	Average	Good	Very Good	N/A	Maintain Current Knowledge/Skill Level	Increase Level Somewhat	Increase Significantly	N/A	Don't Know
What is Addiction	0/64	1/64	6/64	7/64	18/64	32/64	11/64	16/64	6/64	31/64	0/64
How are addictive disorders recognized	0/64	2/64	8/64	6/64	15/64	33/64	9/64	14/64	8/64	32/64	1/64
How are substance use disorders stabilized	0/64	4/64	8/64	10/64	11/64	31/64	4/64	15/64	12/64	32/64	1/64
How does context influence substance use disorder management	0/64	4/64	4/64	12/64	13/64	31/64	6/64	16/64	10/64	31/64	1/64
How can substance use disorders be prevented	0/64	5/64	10/64	7/64	11/64	31/64	4/64	16/64	12/64	31/64	1/64

Barriers to Care - Pain

The AMN-P&A leadership team identified many barriers to providing quality care to people living with pain. Web survey participants were asked to what extent is each of these barriers a challenge for them in their practice. As outlined in table 32 below, respondents identified the following key barriers:

- Lack of timely access to inter-professional specialty clinics that focus on pain self-management and complex opioid analgesic prescribing;
- Lack of public funding for non-pharmacological therapies (chiropractor, massage etc.);
- Lack of access to psychosocial therapies including motivational interviewing and cognitive behavioral therapy;
- Lack of public funding for alternative pharmacotherapies such as topicals;

- Lack of coordination when multiple providers are involved in the patient's care; and
- Lack of access to refer patients for procedures to pain management.

When asked what additional barriers they were experiencing, a few (5/14, 35.7%) stated that wait times experienced by patients to see specialists is a key barrier in caring for people living with pain. Others (2/14, 14.3%) shared that the lack of services for rural patients and the lack of specialty clinics are barriers as well.

Table 32. Barriers to Quality Care for Pain

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	Don't Know	No Answer
Lack of timely access to inter-professional specialty clinics that focus on pain self-management and complex opioid analgesic prescribing	1/64	1/64	8/64	29/64	1/64	24/64
Lack of public funding for non-pharmacological therapies (chiropractor, massage etc.)	1/64	4/64	6/64	28/64	1/64	24/64
Lack of access to psychosocial therapies including motivational interviewing and cognitive behavioral therapy	3/64	4/64	7/64	21/64	4/64	25/64
Lack of public funding for alternative pharmacotherapies such as topicals	2/64	7/64	8/64	19/64	2/64	26/64
Lack of coordination when multiple providers are involved in the patient's care	1/64	5/64	13/64	18/64	2/64	25/64
Lack of access to refer patients for procedures to pain management	2/64	5/64	12/64	16/64	3/64	26/64
Lack of access to training and knowledge in pain management including interventional therapies such as joint injection and nerve blocks	1/64	6/64	19/64	9/64	2/64	27/64
Lack of knowledge concerning opioid related complications such as opioid induced pain, opioid diversion and opioid use disorder	7/64	7/64	11/64	9/64	2/64	28/64
Lack of knowledge on the prevention of chronic pain (pain chronification)	3/64	7/64	20/64	8/64	1/64	25/64
Lack of knowledge on the safe and effective use of opioid analgesic in the management of pain	8/64	10/64	12/64	7/64	1/64	26/64
Lack of knowledge managing pain in challenging clinical situations (substance use disorder, elderly, pediatrics)	0/64	11/64	15/64	7/64	3/64	28/64
Lack of remuneration/specific billing codes for pain	7/64	5/64	3/64	6/64	8/64	35/64

Barriers to Care - Addiction

The AMN-P&A leadership team identified several barriers to providing quality care to people living with addiction. Web survey participants were asked to what extent is each of these barriers a challenge for them in their practice. As outlined in table 33 below, respondents identified the following as key barriers:

- They had not received training in medical school in this area; and
- Unsure who has a problem and who does not.

When asked what additional barriers existed, a few (2/15, 13.3%) stated that a lack in the knowledge of physicians, and a lack of expertise and access to services is a barrier to caring for people living with addiction.

Table 33. Barriers to Quality Care for Addiction

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	Don't Know	No Answer
None of this was part of my training in medical school or residency	9/64	6/64	6/64	6/64	0/64	37/64
I don't know how to figure out who has a problem and who doesn't	13/64	12/64	9/64	2/64	0/64	28/64
I don't know how to prescribe the medications that might help, or even what they are	16/64	5/64	5/64	3/64	0/64	35/64
I have no way to do drug testing in my clinic	16/64	4/64	2/64	5/64	1/64	36/64
None of my local colleagues do this kind of work and I won't have coverage while off or away	16/64	4/64	4/64	3/64	1/64	36/64
I am not comfortable doing any form of counseling	22/64	9/64	4/64	1/64	0/64	28/64
This takes up a lot of time and I am already more busy than I want to be	16/64	11/64	3/64	2/64	0/64	32/64
I don't know how to read urine test results	18/64	6/64	1/64	3/64	0/64	36/64

Format Knowledge Exchange

Members' Learning Needs

Web survey participants were asked to identify their preferred format or structure for their own learning/education needs. Half of respondents reported that online discussions/webinars were their preferred format, while slightly fewer identified self-directed online courses, workshops and conferences. Table 34 provides a summary of participants' responses.

Table 34. Format for Learning/Education Needs

	Yes	No	No Answer
Online discussions/webinars	32/64	15/64	17/64
Online learning courses (self-directed)	31/64	16/64	17/64
Workshops	30/64	17/64	17/64
Conferences	30/64	17/64	17/64
In-person lectures/seminars	23/64	24/64	17/64
Small-group learning sessions	21/64	26/64	17/64

Clinical Practice Supports

Web survey participants were asked to identify their preferred format or structure for their clinical practice support needs. Almost half of respondents identified a peer/mentor network, 1:1 mentoring, and access to a specialist via telephone consultation. Table 35 outlines their responses.

Table 35. Clinical Practice Supports

	Yes	No	No Answer
Peer/Mentor collaborative network	30/64	17/64	17/64
1:1 Mentorship/coaching/consulting	26/64	21/64	17/64
Specialist telephone consultations	26/64	21/64	17/64
Online discussion boards	22/64	25/64	17/64
Audit/feedback	5/64	42/64	17/64

When asked to provide an example of a practice support that was helpful and potentially useful for the AMN-P&A going forward, a number of respondents (5/12, 41.7%) shared that access to information, guidance, and support in real time was helpful in their personal practice. Individual supports included:

- Using EMDR as part of therapy;
- Using Progressive Goal Attainment program to help clients enhance their self-efficacy potential;
- Use of the Curable App for pain education;
- Use of online discussions;
- Practice guidelines; and
- Specific people who had provided support.

Other Roles for AMN-P&A

When asked what role the AMN-P&A could undertake to assist health care providers working with patients/clients with pain and addiction issues, a few respondents (2/13, 15.4%) stated that the Network could assist with the navigation of resources and coordinate sub-specialist assistance, create unique programs that incorporate more resources from practitioners, and continue with education around prescribing practices.

Other roles noted by members were:

- To advertise the Network more broadly to benefit practitioners;

- Share the lived experience voice and challenges to make an impact; and
- AMN-P&A is well positioned to engage and further dialogue to help reduce stigma.

Network Members Involvement

In addition to the web survey participant's' roles, years in practice, and location, they were also asked to identify their involvement with the AMN-P&A. Most survey participants had attended the annual conference, while approximately half had been part of online discussions or the prescribing course.

Table 36. Participation in AMN-P&A

I have participated in the following AMN-P&A activities/programs: (n=64)	Yes	No	No Answer
Annual AMN-P&A Conference	44/64	8/64	12/64
Monthly On-line Discussions	38/64	14/64	12/64
The Prescribing Course-Safe Opioid Prescribing OR Safer Opioid Prescribing Course	35/64	17/64	12/64
Downloaded resources from the AMN-P&A website	24/64	28/64	12/64
Group/Regional Meetings	22/64	30/64	12/64
Workshops (e.g., Motivational Interviewing)	18/64	34/64	12/64
Opioid Agonist Therapy Provider Forum	17/64	35/64	12/64
Shared resources with colleagues from AMN-P&A website	15/64	37/64	12/64
Machealth Portal	10/64	42/64	12/64
Other: CAMH program Patient advisor on committees and presenter at conferences and monthly online discussions Prescribers' summit, Advisory Committee, conference committee, sponsored talk from Dr. Christy Sutherland			

Participants were asked how many of the Network's annual conferences they had attended. Table 37 outlines their responses.

Table 37. Conference Attendance

How many annual AMN-P&A conferences have you attended? (n=64)	
Conferences Attended	**# of Responses**
Attended 1	10/64
Attended 2	9/64
Attended 3	5/64
Attended 4	4/64
Attended 5	4/64
Attended 6	2/64
A lot	1/64
3?	1/64
4 until this year	1/64

How many annual AMN-P&A conferences have you attended? (n=64)	
Conferences Attended	**# of Responses**
4?	1/64
5 (I think)	1/64
All Except one	1/64
All of them	2/64
Not sure – probably 7 or more in past 10 years	1/64
Only missed 2020's conference	1/64
No Answer	20/64

When asked if there are any supports or accommodations that would make it easier to participate in AMN-P&A activities or programs, Network members stated that no supports or accommodations were needed to participate in AMN-P&A activities and programs. Some network members suggested that some increased supports for virtual engagement may be needed as people may have difficulty logging on to meetings or lectures, and internet may be minimal in rural or remote areas. They shared that any difficulties in participation with AMN- P&A activities came from scheduling conflicts and that support may be needed from work to allow time for engagement.

Members stated that more promotion of activities, programs, and online sessions may be helpful to members and to attract more individuals to participate, and that follow up after these events would be helpful as a reminder of resources that are available on the website.

Also noted by a few members as supports/accommodations needed were childcare, and the need for practical experience applying the learnings from courses and educational sessions.

Section 7: Additional Comments

All evaluation participants were asked to share whether they had any additional comments to share about the AMN-P&A.

Several Network Advisory Committee members shared that Atlantic Canada is fortunate to have a network of the caliber of the AMN-P&A. They also shared again that it is a trusted resource and builds capacity among providers.

Stakeholders expressed their support of the Network; while mentors identified that the Network's work is meaningful and has had an impact. They also noted increased visibility and capacity within the Network is needed.

Some of the Network members, as part of the web survey, shared that the AMN-P&A offers excellent education resources and opportunities for networking and collaboration. Others appreciated the opportunity to provide input and have their contribution recognized and used going forward.

Section 8: Recommendations

Based on data collected through this evaluation process, the conclusions drawn from them, and on contextual information and understanding of networks and communities of practice, *Horizons,* in collaboration with the Network's leadership team, respectfully suggests that Network Advisory Committee, the NSHA, and NS Department of Health and Wellness review and address the following recommendations in order to build on and maximize the Network's successes and ensure a broader reach for its supports and resources.

Building Awareness and Network Engagement

Throughout the evaluation, it became clear that the Network has a core group of healthcare providers who consider themselves part of the community of practice. Most evaluation participants identified though that the Network, through its educational program and supports, is 'speaking to the choir' and needs to reach providers, beyond the current base.

- Create and implement a process to engage healthcare providers (e.g. a membership campaign) to raise awareness of the AMN-P&A, and increase the number of active members. As part of this process, consider:
- Diversity: geographic (beyond Nova Scotia), the range of health professions that address pain and addiction (e.g. physiotherapy, dentistry, chiropractic), gender, ethnicity;
- Incorporate the testimonials of providers of the impact the Network has had on knowledge, skills, and practice;
- Consider what benefits could be provided to members beyond the current supports and resources (e.g. discounted conference registration rate);
- Determine the most appropriate gateway into each Atlantic Canadian province (e.g. provincial medical associations, key leaders)

Build Relationships

The evaluation revealed a desire to have stronger ties with specialists, in particular those working in the area of pain. It also identified the value of building connections with other organizations to build awareness of the network and to create opportunities to reach healthcare providers early in their careers.

- Create and implement a plan to engage and develop relationships with specialists in pain and addiction.
- Identify healthcare organizations and/or colleges to meet with and develop working relationships. For example, nursing or medical schools, to discuss the Network's resources and potential for collaboration in pre-service education

Supports and Resources

The evaluation identified the value of the mentorship program, as well as the educational opportunities, and resources offered by the Network.

- Continue to strengthen the mentorship program, considering diversity, as well as, offering mentoring and leadership coaching or training to mentors, so they are better able to take on this role.
- Continue to assess the best approaches to store and share guidelines and best practices on the Network's website.

Sustainability

Network stakeholders emphasized the need for sustainability in resources and infrastructure for the Network, so that it can continue to be a trusted 'go-to' organization.

- In order to monitor the Network's ongoing work and its progress towards its identified outcomes related to Network activities and impact on the health care system, continue to evaluate Network programs and supports and carry out needs assessment. Update current data collection methods, to better understand participants demographics, needs, and impact on capacity and practice. Draw on existing resources within NSHA to easily track and report on data being collected.

This evaluation focused on the self-reported data of the Network's members, leadership, and stakeholders. The focus was successes, challenges, lessons learned, change in healthcare providers' capacity, practice, and management of pain and addiction. In order to have a more complete picture of change at the provider level and ultimately the system level, it is important to correlate this data with that gathered by the NSH in areas of clinical measures (e.g. prescribing, billing data, chart reviews). Enter discussions with the NSH PHC Performance Excellence Team & PHC Data team to consider the following:

- What indicators are appropriate to track;
- At what frequency should they be tracked;
- What is feasible within available resources; and
- How and when should indicators be reported for decision-making purposes

Appendix A: Logic Model and Theory of Change

AMN-P&A 2019-2022 Logic Model

OUTCOMES

2/1/2020

Mission	INPUTS	ACTIVITIES	AUDIENCE	OUTPUTS	IMMEDIATE (1-3 years)	INTERMEDIATE (4 -6 years)	LONG TERM	Vision
Cultivate inter-professional communities of practice through building resilient, compassionate and skilled health care professionals.	Members & Mentors Staff Faculty Advisory Committee Strategic Partners Funding	Continuing Professional Development Mentorship, Coaching & Zone Support Policy & Planning Expand & Reach/ Engagement Governance & Accountability	Health care professional members Non-member health care professionals Health care professionals not experienced Network AMN-P&A Advisory Committee Department of Health & Wellness PHC, DFP & MHA Senior Leadership Atlantic Canadian partners (NB, PE,NL) Provincial Stakeholders (DNS, WCB, Dal CME, CFPC, NSCN, PMP)	• # inter-professional membership • # CME accredited multi-modal training sessions per year • Attendance at CPD activities include members and non-members • Online modules in chronic pain • Opioid prescribing course • Inter-disciplinary core competencies • Virtual platforms e.g. Online portal, podcasts	• **INCREASED** knowledge, confidence, competence, & attitudes in pain & or addiction management skills. • **Improved** access, use, and promotion of relevant guidelines and evidence-based practice. • **INCREASED** value of the network & peer support. • **INCREASED** understanding of enablers/barriers experienced by providers in providing pain and addiction care. • **INCREASED** inter-professional collaboration.	• **SUSTAINED** change of provider practice behaviour based on best practice/clinical practic guidelines. • **IMPROVED** care for patients with pain & or addiction • **IMPROVED** appropriate use of health care resources • **IMPROVED** capacity of system to meet patient needs	Improved quality and value of practical, focused competency based education and training for a diverse range of health care professionals based on identified learning needs.	A healthcare system that meets the needs of people who have, or are at risk of developing pain and or addiction in Atlantic Canada.
				• Quarterly mentor meetings • Trained mentors • Supported members • Regular mentor/mentee communication • Opportunities for collaboration	• **INCREASED** value of support given to mentors • **INCREASED** value the support among members • **INCREASED** interactive & collaborative capacity building • **INCREASED** inter-professional collaboration	• **IMPROVED** capacity in mentorship & coaching and confidence & competence of mentors to provide support to mentees • **INCREASED** awareness & appropriate use of resources. • **IMPROVED** quality of pain and addiction service • **ENHANCED** ability to apply skills in practice	Improved quality of collaborations among and between health care professionals through peer mentorship	
				• Priority pain/addiction issue(s) identified • Policies and programs initiatives • Strategic initiatives identified to improve collaboration between provincial pain management & addiction services planning • Organizations engaged • Coordinated efforts re gaps • Resourced AMN P&A	• **IMPROVED** capacity to expand, & provide support, education & resources to membership • **ENHANCED** partnerships with stakeholders using evidence-informed practices and policy within Atlantic Canada and elsewhere • **ENHANCED** capacity to promote relevant guidelines & literature • **INCREASED** involvement in policy & planning	• **INCREASED** understanding of provider and system changes required to manage pain and addiction • **IMPROVED** capacity of the network to support and inform evidence informed policy development, planning, and action recommendations • **INCREASED** coordination of effort to address gaps in pain & addiction management (Atlantic) • **ENHANCED** collective capacity to inform policy & planning processes	Sustained leadership in the development of evidence informed policy dialogue with key stakeholders related to pain and addiction management	
				• Sustained partnerships with stakeholders • Visability of Network participation/presence at key events • Information and resource sharing via website & social media • Communication plan to membership and stakeholders • Network rebrand • Membership needs assessment • New partnerships in Atlantic Canada & elsewhere	• **INCREASED** partnerships with stakeholders within Atlantic Canada and elsewhere • **INCREASED** engagement of membership in network activities • **INCREASED** awareness of network • **INCREASED** representation from across the Atlantic Provinces in AMN P&A activities.	• **INCREASED** knowledge transfer and the interchange/exchange of information between members of different organizations • **INCREASED** opportunities for cross jurisdictional collaboration. • **INCREASED** representation from across the Atlantic Provinces on the Advisory Committee	Provide a structure for HC pros to work more closely across institutional & professional boundaries	
				• Advisory Committee terms of reference • Annual report • Strategic plan • Advisory Committee meetings • Funding proposals • Evaluation plan	• **ENHANCED** planning and leadership structures • **INCREASED** awareness and transparency • **INCREASED** inter-professional collaboration	• **ENHANCED** accountability structure • **IMPROVED** quality of network initiatives		

The Atlantic Mentorship Network – Pain and Addiction Theory of Change[1]

The Atlantic Mentorship Network – Pain and Addiction's (AMN-P&A) mission is to cultivate interprofessional communities of practice through building resilient, compassionate, and skilled health care professionals and a healthcare system that meets the needs of people who have, or are at risk of developing, pain and/or addition in Atlantic Canada. AMN-P&A strives to strengthen and improve the health care system in multiple ways.

Namely by:

- Engaging health care professionals in professional development that strengthens competencies, increases understanding of the enablers and barriers of good care, and sustains alignment of practice behaviour with current guidelines and evidence-based practice.
- Delivering interprofessional learning and nurturing collaborations among members through mentoring relationships that foster mutual support, share tools and resources, and build practice capacities.
- Forming a Network that provides leadership and a structure for developing evidence- informed practices, promoting cross-jurisdictional pollination of "what works" to improve practice and systems of care.
- Harnessing the collective expertise of the Network to enhance the coordination of efforts and capacity to address gaps in services and contribute to evidence-informed planning and policy in pain and addiction management.

The Network garners both human and social capital to achieve the following long-term and ultimate outcomes:

- Quality and valued practical, focused competency-based education and training for health care professionals based on identified learning needs or outcome.
- Quality collaborations among and between health care professionals through peer mentorship.
- AMN-P&A is a recognized structure for health care professionals to work more closely across institutional and professional boundaries.
- Sustained leadership in the development of evidence informed policy dialogue and system change with key stakeholders related to pain and addiction management.

[1] It should be noted that the following theory of change assertions are based on several assumptions including:

- Professional development offerings commensurate with members' availability, level of knowledge, abilities, and practice context.
- Professional development is relevant and resourced.
- Network participation is voluntary, members will continue to engage.
- AMN - P&A will reach and hold value for potential and appropriate stakeholders.
- Members are professionally diverse, engaged, and respect differences.
- "Lived experience" is incorporated when and where appropriate.
- AMN - P&A activities will address the continuum of prevention, acute, and chronic pain management.
- AMN - P&A will have ongoing staffing and funding to carry and evaluate their work.
- There will be an interest in the role of the Network in policy and planning.
- AMN - P&A will continue to work across jurisdictions.
- Patient experience and care will improve.

THE ATLANTIC MENTORSHIP NETWORK - PAIN AND ADDICTION

MISSION: Cultivate inter-professional communities of practice through building resilient, compassionate and skilled health care professionals.
VISION: A healthcare system that meets the needs of people who have, or are at risk of developing pain and or addiction in Atlantic Canada.

LEARNING AND RESOURCES

Online and in-person learning activities, information and resource sharing, promoting competencies, leading practices, and collaboration.

MENTORING

Members are matched with a trained mentor. Mentoring activities include: sharing and learning from practice experiences, practice guidelines, and ways professions collaborate to strengthen the delivery of care and the system.

NETWORK

A network of various professions, organizations and jurisdictions committed to enhancing practice, planning and policy.

MEMBERS & NETWORK COLLECTIVELY CHANGE

- Members gain knowledge, confidence, competence in pain/addiction management skills.
- Members have access to, use, and promote relevant guidelines & evidence-based practice.
- Members understand enablers/barriers associated with providing pain and addiction care.
- Sustained alignment of practice behaviour with guidelines and evidence-based practice.
- Mentors have the tools and support they need to be relevant and effective.
- Members value the support provided by the Network and shared among mentors and mentees.
- Members are aware of and access resources and/or services to improve patient care.
- Members interaction & interprofessional learning and collaboration builds practice capacity.
- Members are engaged and involved in network activities, development, and recruitment.
- Network has enhanced planning and interprofessional leadership structures.
- Network capacity expands to provide support, education & resources to membership.
- Network collaborates cross-jurisdictionally within Atlantic Canada and Nationally to improve practice and systems of care.
- Members and Network builds collective capacity to inform policy & planning processes.
- The coordination of effort to address gaps in pain & addiction management services and policy (Atlantic).
- Network contributes to evidence informed policy development, planning, and action recommendations.
- The system has enhanced capacity and resources to meet patient needs.

Policy & Health Care Planning

HUMAN CAPITAL

Knowledge, Confidence, Competence, & Attitudes

ULTIMATE OUTCOMES

- competency based education and training for health care professionals based on identified learning needs or outcome.
- among and between health care professionals through peer mentorship.
- for health care professionals to work more closely across institutional & professional boundaries.
- evidence informed policy dialogue and system change with key stakeholders related to pain and addiction management.

SOCIAL CAPITAL

Relationships & Collaborations

ASSUMPTIONS

Professional development offerings commensurate with members' availability, level of knowledge, abilities, and practice context.
Professional development is relevant and resourced.
Network participation is voluntary, members will continue to engage.
AMN - P&A will reach and hold value for potential and appropriate stakeholders.
Members are professionally diverse, engaged, and respect differences.
"Lived experience" is incorporated when and where appropriate.
AMN - P&A activities will address the continuum of prevention, acute, and chronic pain management.
AMN - P&A will have ongoing staffing and funding to carry and evaluate their work.
There will be an interest in the role of the Network in policy and planning.
AMN - P&A will continue to work across jurisdictions.
Patient experience and care will improve.

Appendix B: Evaluation Framework

Atlantic Mentorship Network – Pain & Addiction Evaluation Framework 2014-2019 and 2019-2022

The evaluation framework represents all evaluation questions that could be asked about the process and outcomes of the AMN-P&A work between 2014-2019 and going forward, tracking its work from 2019-2022.
The framework consists of process questions (how the work was done) and outcome questions (what the progress is towards what you want to achieve as a network) and reflects the logic model and theory of change.
Each question has identified indicators (how you will know if you've been successful), the data source(s), how the data will be gathered, and the timeline for completion.

Following the framework is a table of the Network's outputs – the direct products of your activities.

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
2014-2019				
Objective: Enhance knowledge of pain and addiction management through regular formal Continuing Professional Development (CPD) programs and informal teaching via direct contact between mentors and group members				
Process Questions				
1. What have we learned about delivering pain and addiction management professional development education and training for health care professionals?	• Data sources perception	Network leadership	Key Informant Interview (KII)	20-Mar-20
		Network reports	Document Review	
2. What has worked well?	• Data sources perception	Network leadership	KII	
		Network reports	Document Review	
3. What have been the challenges?	• Data sources perception	Network leadership	KII	
		Network reports	Document Review	
4. What pain and addiction management education and training opportunities have been offered?	• # and type of education and training sessions offered	Network reports	Document Review	
5. Who (health professionals) have participated in education and training opportunities?	• #, type of health professional, organization	Network reports	Document Review	
Outcome Questions				
6. To what extent have learning needs of health care professionals been addressed?	• Data sources perception (consider # of years in practice; time, involvement in Network)	Network reports	Document Review	20-Mar-20
		Network members	Web survey	

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
Objective: Provide an ongoing resource for health care professionals for the management of pain and addiction and increase capacity in community.				
Process Questions				
7. What have we learned about being an ongoing resource for health care professionals?	• Data sources perception	Network leadership Mentors	KII	20-Mar-20
8. What has worked well?	• Data sources perception			
9. What have been the challenges?	• Data sources perception			
10. What have we learned about increasing capacity around management of pain and addiction?	• Data sources perception			
11. What has worked well?	• Data sources perception			
12. What have been the challenges?	• Data sources perception			
Outcome Questions				
13. To what extent has the AMN-P&A been considered the ongoing resource for health care professionals for the management of pain and addiction?	• Data sources perception	Network leadership	KII	20-Mar-20
14. To what extent has capacity for the management of pain and addiction in community been increased?	• Data sources perception	Network leadership	KII	
		Network reports	Document Review	
		Network members	Web survey	
Objective: Assist health care professionals through education and support in the appropriate prescribing of controlled substances and assist where appropriate in the management of addictions to these substances.				
Process Questions				
15. What have we learned about assisting health care professionals in appropriate prescribing of controlled substances?	• Data sources perception	Network leadership Mentors	KII	20-Mar-20
16. What has worked well?				
17. What have been the challenges?				
18. What have we learned about assisting health care professionals in the management of addictions to controlled substances?		Network members	Web survey	
19. What has worked well?				
20. What have been the challenges?				
Outcome Questions				

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
21. To what extent has prescribing of controlled substances changes/been improved because of the education and support provided by the AMN-P&A?	• Data sources perception (consider participation in prescribing course)	Network leadership Mentors	KII	20-Mar-20
22. To what extent has management of addictions to controlled substances changed/been improved because of the education and support provided by the AMN-P&A?		Network members	Web survey	
Objective: Provide a structure through which research and knowledge translation may be conducted to continue to develop innovative methods of health care delivery.				
Process Questions				
23. What have we learned about providing a structure through which research about pain and addiction may be conducted?	• Data sources perception	Network leadership	KII	20-Mar-20
24. What have we learned about providing a structure through which knowledge translation about pain and addiction may be conducted?				
25. What has worked well?				
26. What have been the challenges?				
Outcome Questions				
27. To what extent has having a structure (the Network) influenced work in applied research and knowledge translation?	• Data sources perception	Network leadership	KII	20-Mar-20
Objective: Respond to emerging themes and requests to expand the scope of the network.				
Process Questions				
28. What have we learned about expanding the scope of the network in response to emerging themes or requests?	• Data sources perception	Network leadership	KII	20-Mar-20
29. What has worked well?				
30. What have been the challenges?				
Outcome Questions				
31. To what extent has the Network's scope expanded? Why/why not?	• Data sources perception	Network leadership	KII	20-Mar-20
	• Change in scope	Network documents	Document Review	

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
2019-2022				
Objective: Deliver practical, focused competency-based education and training for health care professionals based on identified learning needs or long-term outcomes				
Process Questions				
1. What have we learned about delivering competency-based education and training for health care professionals?	• Data sources perception	Network leadership	Discussion notes	Annual
		Network Reports/Records	Compilation of session evaluations	
2. What has worked well?	• Data sources perception	Network leadership	Discussion notes	Annual
		Network reports (session evaluations)	Compilation of session evaluations	Ongoing/ Annual Review
3. What have been the challenges?	• Data sources perception	Network leadership	Discussion notes	Annual
		Network reports (session evaluations)	Compilation of session evaluations	Ongoing/ Annual Review
4. What education and training opportunities have been offered?	• # and type of education and training sessions offered	Network records	Document/database Review	Annual Review
5. Who (health professionals) have participated in education and training opportunities?	• #, provider type, organization	Network reports	Document Review	Annual Review
Outcome Questions				
Immediate Outcomes (1-3 years)				
6. To what extent has knowledge of pain and/or addiction management skills been increased?	• Data sources perception	Network reports (session evaluations)	Compilation of sessions evaluations	Annual
		Network members	Web survey	
7. To what extent has confidence in pain and/or addiction management skills been increased?	• Data sources perception	Network reports (session evaluations)	Compilation of session evaluations	
		Network members	Web survey	
8. To what extent has competence (practice behaviour change reflecting best practice guidelines) in pain and/or addiction management skills been enhanced?	• Data sources perception	Network reports (session evaluations)	Compilation of session evaluations	
		Network members	Web survey	

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
9. To what extent have attitudes towards patients (positive/negative) experiencing pain and/or addiction changed?	• Data sources perception	Network reports (session evaluations)	Compilation of session evaluations	
		Network members	Web survey	
10. To what extent do members value the Network and its peer support?	• Data sources perception: availability of knowledge sharing and peer support, available resources • # of providers: feel supported to manage patients' pain and addition; decreased isolation;	Network members	Web survey	
11. To what extent are health care providers learning needs being met through education and training?	• Data sources perception	Network members	Web survey	
12. To what extent has interprofessional collaboration increased?	• # and type	Network members	Web survey	
13. To what extent has capacity been enhanced for members to access, use, and promote relevant guidelines and evidence-based practice?	• Data sources perception	Network leadership	Discussion notes	
		Network members	Web survey	
14. To what extent has health care providers' practice behaviour based on best practice been changed?	• Data sources perception	Network members	Web survey	
15. To what extent is there a better understanding of the enablers and barriers to providing pain and/or addiction care? By the providers? By the Network leadership? What are they?	• Data sources perception	Network leadership	Discussion notes	
		Mentors	Web Survey	
		Network members	Web survey	
Intermediate Outcomes (4-6 years)				
16. To what extent has the Network contributed to improving the capacity of the system to meet patients needs related to pain and addiction?	• # of providers taking courses • Prescribing patterns	Network reports (session evaluations)	Compilation of sessions evaluations	Annual
		Provider billing data	Database review	
17. To what extent are health care resources being used more appropriately (effectively, efficiently, equitably)?	• Prescribing patterns	Provider billing data	Database review	
18. To what extent are patients receiving improved care related to pain and addiction?	• Data sources perception	Network members	Web survey	
19. To what extent has health care providers' practice behaviour based on best practice been sustained?	• Data sources perception	Network members	Web survey	

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
Long Term Outcome				
20. To what extent are health care providers learning needs consistently being met through education and training?	• Data sources perception • # and type of professional, organization, diversity, by location	Network members	Compilation and comparisons of annual Web survey results	Annual
Objective: Improve collaborations between/among health care professionals through mentorship				
Process Questions				
21. What have we learned about improving collaboration between/among health care professionals through mentorship?	• Data sources perception	Network leadership	Discussion Notes	Annual
22. What has worked well?		Mentors	Web Survey	
23. What have been the challenges?				
Outcome Questions				
Immediate Outcomes (1-3 years)				
24. To what extent is mentor support valued by the members?	• Data sources perception of value	Network members	Web survey	Annual
25. To what extent do mentors value the orientation process and ongoing support AMN-P&A provides for the mentorship role?	• Data sources perception of value	Network mentors	Web survey	
26. To what extent has interactive and collaborative capacity building increased?	• Data sources perception • # and type	Network members	Web survey	
27. To what extent has interprofessional collaboration increased?	• Data sources perception • # and type: (peer to peer, mentor-mentor, member to member, faculty to peer, network members)	Network members	Web survey	
Intermediate Outcomes (4-6 years)				
28. To what extent has Network mentors' capacity and confidence to support members improved?	• Data sources perception	Network reports (session evaluations)	Compilation of sessions evaluations	Annual
		Mentors	Web survey	
29. To what extent are health care resources being used more appropriately (effectively, efficiently, equitably)?	• Prescribing patterns	Provider billing data	Database review	
	• Data sources perception	Network members	Web survey	

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
30. To what extent has the Network impacted the quality of pain and addiction health care services improved?	• Data sources perception	Network members	Web survey	
31. To what extent have Network members' ability to apply the skills learned in their practice been enhanced?	• Data sources perception	Network members	Web survey	
Long Term Outcome				
32. To what extent has the quality of collaborations among and between health care professionals through peer mentorship improved?	• Data sources perception	Network members	Web survey	Annual
Objective: Provide leadership in the development of evidence informed policy dialogue with key stakeholders related to pain and addiction management				
Process Questions				
33. What have we learned about providing leadership in the development of evidence informed policy dialogue?	• Data sources perception	Network leadership	Discussion notes	Annual
34. What has worked well?				
35. What have been the challenges?				
36. What key stakeholders has the Network worked with?	• # and type of Organizations	Network documents	Document review	
37. What policy areas has the Network been engaged in? What has been the result?	• # and type	Network documents	Document review	
Outcome Questions				
38. **Immediate Outcomes (1-3 years)**				
39. To what extent has the Network membership's capacity to participate in policy dialogue improved/increased?	• Data sources perception	Network members	Web survey	Annual
	• # and type	Network documents	Document review	
40. To what extent have partnerships with stakeholders related to evidence-informed practices and policy been enhanced?	• Data sources perception	Network leadership	Discussion notes	
41. To what extent has the Network's capacity to promote/champion relevant evidence-informed guidelines been enhanced?	• Data source perception	Network leadership	Discussion notes	
42. To what extent has the Network been involved in pain and addiction policy and planning?	• # and type of involvement	Network documents	Document review	
Intermediate Outcomes (4-6 years)				
43. To what extent do key stakeholders/health care leaders have an increased understanding of the changes	• Ongoing and/or increased resources for Network work	Network budget sources	Document review	Annual

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
required for health care providers and the system of services to manage pain and addiction?	• # and type of program or policy change	Pain and addiction policy and programs	Document review	Ongoing
44. To what extent has the Network's capacity to support and inform evidence informed policy development, planning, and recommendations for action improved?	• Data sources perception	Network leadership	Discussion notes	Annual
45. To what extent has coordination of efforts to address gaps in pain and addiction management in Atlantic Canada increased?	• Data sources perception	Network leadership	Discussion notes	
	• # and type	Network documents	Document review	
46. To what extent has the collective capacity of the Network (leadership and membership) to inform/influence policy and planning processes related to pain and addiction management been enhanced?	• Data sources perception	Network leadership	Discussion notes	
		Network members	Web survey	
	• # and type of program or policy engagement/change	Network documents	Document review	
Long Term Outcome				
47. To what extent has the Network provided sustained leadership to impact policy dialogue related to pain and addiction management?	• Data sources perception	Network leadership	Discussion notes	Annual
		Network members	Web survey	
Objective: Provide a structure for health care professionals to work more closely across institutional and professional boundaries				
Process Questions				
48. What have we learned about providing a structure for health care providers to work more closely across institutional and professional boundaries?	• Data source perception	Network leadership	Discussion notes	Annual
		Network members	Web survey	
49. What has worked well?		Network leadership	Discussion notes	
		Network members	Web survey	
50. What have been the challenges?		Network leadership	Discussion notes	
		Network members	Web survey	
51. Who have participated? In what ways have they worked together?	• Data source perception	Network members	Web survey	Annual
	• # and type of collaborative work and providers • Organizations involved • Geographical location	Network documents	Document review	

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Timeline
52. What knowledge and information has been exchanged/shared? With whom?	• # and type of exchanges • Organizations involved	Network documents	Document review	
Outcome Questions				
Immediate Outcomes (1-3 years)				
53. To what extent have partnerships among stakeholders increased?	• # and type of partnerships • Geographical representation	Network documents	Document review	Annual
54. To what extent has engagement with/among the Network membership increased?	• # and type of engagements • Geographical representation	Network documents	Document review	
55. To what extent has awareness of the Network increased?	• # and type and geographical location of Network participants	Network documents	Document review	
	• Website statistics	Website analytics	Database review	
56. To what extent has the representation from across the Atlantic Region increased in Network activities?	• #, type of members, jurisdictional affiliations, geographical location	Network documents	Document review	
Intermediate Outcomes (4-6 years)				
57. To what extent has the sharing of knowledge and information increased between members of different organizations?	• Data source perception	Network members	Web survey	Annual
58. To what extent have cross jurisdictional collaborations increased?	• #, type, jurisdictional affiliations of collaborations	Network documents	Document review	
59. To what extent has representation from across all of the Atlantic provinces on the Advisory Committee increased?	• #, type, jurisdictional affiliations, geographical location	Network documents	Document review	
60. To what extent has the coordination of resources improved across jurisdictions and provinces?	• #, type, jurisdictional and provincial origin of resources	Network documents	Document review	
Long Term Outcome				
61. To what extent has the Network provided an ongoing structure for health care professionals to work together across institutional and professional boundaries	• Data source perception	Network members	Web survey	

Outputs – Performance Indicators

Activities are the processes, tools, events, and actions that are used to bring about a program's intended changes or results. •
Outputs are the direct products of a program's activities and may include types, levels and targets of services to be delivered by the program. • Examples: –# individuals attending workshops –# individuals receiving services –# individuals receiving referrals

2014-2019	
Objective: Deliver practical, focused competency based education and training for health care professionals based on identified learning needs or long-term outcome via direct contact between mentors and group members.	
Outputs	***Result***
Membership - # and profession	
# and type of CME accredited sessions	
# of session participants - # of members - # of non-members	
# and membership of Communities of Practice	
# of Meetings/communication of mentors with members	
# of trained mentors	
Objective: Provide an ongoing resource for health care professionals for the management of pain and addiction and increase capacity in community.	
# of trained mentors	
# of members-mentor relationships	
Objective: Assist health care professionals through education and support in the appropriate prescribing of controlled substances and assist where appropriate in the management of addictions to these substances.	
# of session participants - # of members - # of non-members	
# of provider supported	
Objective: Provide a structure through which research and knowledge translation may be conducted to continue to develop innovative methods of health care delivery.	
# and type of innovations	
Objective: Respond to emerging themes and requests to expand the scope of the network.	
# and type of scope change	

2019-2022	
Objective: Deliver practical, focused competency-based education and training for health care professionals based on identified learning needs or long-term outcomes	
Membership - # and profession, institutional affiliation, geographical location	
# and type of CME accredited sessions	
# of session participants - # of members - # of non-members	
# and membership of Communities of Practice	
# of Meetings/communication of mentors with members	
# of trained mentors	
# of online modules	
Opioid prescribing course in place	
Interdisciplinary core competencies in place	
Objective: Improve collaborations between/among health care professionals through mentorship	
# and type of collaborations: - peer to peer - mentor-mentor - member to member - faculty to peer - network members *Note:* - engagement with family medicine residents - engagement with/connection to pain specialists	
Objective: Provide leadership in the development of evidence informed policy dialogue with key stakeholders related to pain and addiction management	
# and type of participants benefiting from participating in policy dialogue sessions	
# and type of participants receiving actionable advice from participating in policy dialogue sessions	
# and type of organizations	
# and type of policies and programs	
# and type of priority issues/strategic initiatives identified and acted up (via policy dialogue forum)	
# and type of actionable system changes that inform policy and practice	

# and type of coordinated efforts re gaps in pain and addiction management	
Network resources – fiscal contributors	
Objective: Provide a structure for health care professionals to work more closely across institutional and professional boundaries	
# and type of coordinated efforts # and type of organizations # and type of cross-jurisdictional collaborations	
# and type of knowledge exchanges # and type of organizations	
# and type of partnerships	
# and type of Network participants	
Website statistics	
Network rebrand	
Membership needs assessment	
Increased visibility of Network via key events	
# and type of information, guidelines, evidence-based materials shared via website and social media	
Operate the AMN in a transparent, effective manner to achieve its mission.	
Network leadership in place	
Annual report of Network work and finances to Annual report on deliverables to Senior PHC & DFP leadership, AMN-P&A Advisory Committee, Department of Health & Wellness	
Strategic Plan	
# of Leadership meetings	
Leadership terms of reference	
Annual work plan	
Evaluation Plan and annual implementation	

Appendix C: Evaluation Protocols

Key Informant Interview - AMN-P&A Leadership

We are going to ask a few questions about AMN-P&A's education and training and impact as a resource for health care providers. These will be followed by a few specific questions about the impact of AMN-P&A on members' capacities and practices.
The questions focus on the Network's objectives over the past number of years, as well as progress towards outcomes identified in its most recent strategic planning process.

Influence of AMN-P&A's Education, Training, & Mentoring on Capacity
The network defines capacity change is a change in knowledge, skills, confidence, and attitudes.

1. In what ways, if any, do you think that AMN-P&A members' capacity to manage pain and/or addiction has been changed because of their involvement with the AMN-P&A?

2. a. From your perspective, what has the AMN-P&A done well in its role *of changing health care providers' capacity for managing pain and addiction*?
   b. From your perspective, what areas of capacity enhancement has the AMN not done well?

Influence of AMN-P&A's Education and Training, & Mentoring on Practice
The network defines practice change is a change in practice behaviour.

3. What influence, if any, has the AMN-P&A had on *health care providers' management of pain and addiction in their practices*?

4. From your perspective, what has the AMN-P&A done well in its role *of* changing health care providers' *pain and addiction management practices*?

5. In what way has the network changed how you manage pain and addiction?

6. What have you learned about assisting health care providers in appropriate prescribing of controlled substances?

7. From your perspective what has the AMN-P&A's role in *assisting health care providers in managing addictions to controlled substances*? (assisting means teaching, mentoring, supporting providers)

8. a. To what extent, do you believe Network members' practices have changed because of the education and support provided by the AMN-P&A? (prompt: pain and addictions)
   b. What has worked well?
   c. What has not worked well?

Influence of AMN-P&A as a Resource for the Management of Pain and Addiction

9. a. To what extent has the AMN-P&A been a resource for health care providers managing pain and addiction?
   b. What has worked well?
   c. What has not worked well?

Influence of AMN-P&A's Mentorship Role

10. a. In what ways, if any, has interprofessional collaboration changed between/among health care providers because of the AMN-P&A's mentorship role?
    b. What has worked well?
    c. What has not worked well?

Influence of AMN-P&A on Knowledge Translation and Innovation

11. a. What have you learned about AMN-P&A's structure/model of delivery for providing knowledge translation of pain and addiction guidelines and best practices?
    b. What has worked well?
    c. What has not worked well

12. Are you aware of the development or implementation of any innovative health care delivery methods because of the AMN-P&A's work? (If "yes" could you tell us about them?)

13. Do you have any other learnings about AMN-P&A's role in and implementation of professional development?

Scope

14. a. What have you learned about expanding the scope of the AMN-P&A in response to emerging themes or requests?
    b. What has worked well?
    c. What has not worked well?

AMN-P&A Overall

15. From your perspective, what are the most valuable aspects of the AMN-P&A? (prompt for specifics: influence on capacity/practice, ongoing resource, knowledge translation)

16. What is your best advice for improving AMN-P&A's work and its impact?

17. Do you have anything else you would like to share about the AMN-P&A and its work?

Key Informant Interview - Network Mentors

We are going to ask questions about your role as a mentor for the AMN-P&A and being a resource for health care providers. We will also ask about your overall feedback on the Network.
The questions focus on the Network's objectives over the past number of years, as well as progress towards outcomes identified in its most recent strategic planning process.

1. What have you learned, in your role as a mentor, about being an ongoing resource for health care providers?
   b. What has worked well?
   c. What have been the challenges?

2. What have you learned about increasing health care providers' knowledge and ability around management of pain and addiction? (probe: how do you know knowledge has changed and ensure interviewee addresses both pain and addiction).
   b. What has worked well?
   c. What have been the challenges?

3. What have you learned about increasing health care providers' skills around management of pain and addiction? (probe: how do you know skills has changed and ensure interviewee addresses both pain and addiction).
   b. What has worked well?
   c. What have been the challenges?

4. What have you learned about increasing health care providers' empathy and compassion around management of pain and addiction? (probe: how do you know it has changed).
   b. What has worked well?
   c. What have been the challenges?

5. What have you learned about influencing health care providers' biases and stigma around the management of pain and addiction? (probe: how do you know it has changed).
   b. What has worked well?
   c. What have been the challenges?

6. What have you learned in your mentoring role about creating opportunities for collaboration, for example sharing expertise among peers and fostering peer support?

7. In your opinion how does sharing ideas among interprofessional groups contribute to health care providers' capacity in practice? (Prompt if needed: Are there any additional considerations when working with interprofessional groups?)

8. What resources and supports are important to you in your mentoring role?

9. How has mentoring impacted you and your practice?

AMN-P&A Overall

10. From your perspective, what are the most valuable aspects of the AMN-P&A? (prompt for specifics: influence on capacity/practice, ongoing resource, knowledge translation)

11. What is your best advice for improving AMN-P&A's work and its impact?

12. Do you have anything else you would like to share about the AMN-P&A and its work?

Key Informant Interview – AMN-P&A Stakeholders

We are going to ask a few questions about AMN-P&A's education and training and impact as a resource for health care providers. These will be followed by a few specific questions about the impact of AMN-P&A on members' capacities and practices.

Influence of AMN-P&A's Education, Training, & Mentoring on Capacity
The network defines capacity change is a change in knowledge, skills, confidence, and attitudes.

1. What influence, if any, has the AMN-P&A had on health care providers' *capacity for managing pain and addiction*?

2. From your perspective, what has the AMN-P&A done well in its role *of changing health care providers' capacity for managing pain and addiction*?
   b. What have been the challenges?

3. a. From your perspective, what has the AMN-P&A done well in *education and training professional development* for health care providers?
   b. Where is there room for improvement?

Influence of AMN-P&A's Education and Training, & Mentoring on Practice
The network defines practice change is a change in practice behaviour.

4. What influence, if any, has the AMN-P&A had on *health care providers' management of pain and addiction practices*?

5. From your perspective, what has the AMN-P&A done well in its role *of* changing health care providers' *pain and addiction management practices*?
   b. What have been the challenges?

6. From your perspective, what has the AMN-P&A done well in *assisting health care providers in appropriate prescribing of controlled substances*? (assisting means teaching, mentoring, supporting providers)
   b. What have been the challenges?
   c. What has changed, if anything, related to prescribing?

7. From your perspective, what has the AMN-P&A done well in *assisting health care providers in managing addictions to controlled substances*? (assisting means teaching, mentoring, supporting providers)
   b. What have been the challenges?
   c. What has changed, if anything, related to practice?

8. To what extent has AMN-P&A had an impact on inter-disciplinary, community-based management of chronic pain and addiction?

Influence of AMN-P&A as a Resource for the Management of Pain and Addiction

9. To what extent has the AMN-P&A been *a resource for health care providers* managing pain and addiction?

10. From your perspective, what has the AMN-P&A done well as an *ongoing resource for health care providers*?
    b. What have been the challenges?

Influence of AMN-P&A's Mentorship Role

11. In what ways, if any, has interprofessional collaboration changed between/among health care providers because of the AMN-P&A's mentorship role?
    b. What has worked well?
    c. What have been the challenges?

Influence of AMN-P&A on Knowledge Translation and Innovation

12. Are you aware of the development or implementation of any innovative health care delivery methods because of the AMN-P&A's work?

AMN-P&A Overall

13. From your perspective, what are the most valuable aspects of the AMN-P&A?

14. What is your best advice for improving AMN-P&A's work and its impact?

15. Do you have anything else you would like to share about the AMN-P&A and its work?

Atlantic Mentorship Network – Pain & Addiction
Ongoing Needs Assessment

I am an AMN-P&A:

Please choose **all** that apply:

- ☐ Network Member
- ☐ Mentor
- ☐ Other (please specify):

Please rate the value of the AMN-P&A supports that you have accessed.

Please choose the appropriate response for each item:

	Not at all Valuable	A Little Valuable	Moderately Valuable	Very Valuable	Extremely Valuable	Have Not Accessed
Monthly Online Discussions	○	○	○	○	○	○
Small Group Discussions	○	○	○	○	○	○
Annual Conferences	○	○	○	○	○	○
The Prescribing Course-Safe Opioid Prescribing	○	○	○	○	○	○
Opioid Agonist Therapy Provider Forum	○	○	○	○	○	○

Please rate your current knowledge/skill level and your desired knowledge/skill level for the following topics related to pain.
Please choose the appropriate response for each item:

	Current Knowledge/Skill						Desired Knowledge/Skill			
	Very Poor	**Poor**	**Average**	**Good**	**Very Good**	**Don't Know**	**Maintain Current Knowledge/ Skill level**	**Increase Level Somewhat**	**Increase Significantly**	**Don't Know**
What is pain	○	○	○	○	○	○	○	○	○	○
How is pain recognized	○	○	○	○	○	○	○	○	○	○
How is pain relieved	○	○	○	○	○	○	○	○	○	○
How does context influence pain management	○	○	○	○	○	○	○	○	○	○
How is chronic pain prevented	○	○	○	○	○	○	○	○	○	○

Are there specific knowledge/skills, related to pain, you would like to improve?
Please write your answer here:

Please rate your current knowledge/skill level and your desired knowledge/skill level for the following topics related to addiction.
Please choose the appropriate response for each item:

	Current Knowledge/Skill						Desired Knowledge/Skill			
	Very Poor	**Poor**	**Average**	**Good**	**Very Good**	**Don't Know**	**Maintain Current Knowledge/ Skill level**	**Increase Level Somewhat**	**Increase Significantly**	**Don't Know**
What is addiction	○	○	○	○	○	○	○	○	○	○
How are addictive disorders recognized	○	○	○	○	○	○	○	○	○	○
How are substance use disorders stabilized	○	○	○	○	○	○	○	○	○	○
How does context influence substance use disorder management	○	○	○	○	○	○	○	○	○	○
How can substance use disorders be prevented	○	○	○	○	○	○	○	○	○	○

Are there specific knowledge/skills, related to addiction, you would like to improve?
Please write your answer here:

A number of barriers to providing quality care to people living with pain have been identified.
To what extent is each of these barriers a challenge for you, in your practice?
Please choose the appropriate response for each item:

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	Don't Know
Lack of public funding for non-pharmacological therapies (chiropractor, massage etc.)	○	○	○	○	○
Lack of timely access to inter-professional speciality clinics that focus on pain self-management and complex opioid analgesic prescribing	○	○	○	○	○
Lack of knowledge on the prevention of chronic pain (pain chronification)	○	○	○	○	○
Lack of knowledge on the safe and effective use of opioid analgesic in the management of pain	○	○	○	○	○
Lack of knowledge managing pain in challenging clinical situations (substance use disorder, elderly, pediatrics)	○	○	○	○	○
Lack of public funding for alternative pharmacotherapies such as topicals	○	○	○	○	○
Lack of access to training and knowledge in pain management including interventional therapies such as joint injection and nerve blocks	○	○	○	○	○
Lack of access to psychosocial therapies including motivational interviewing and cognitive behavioral therapy	○	○	○	○	○
Lack of coordination when multiple providers are involved in the patient's care	○	○	○	○	○
Lack of knowledge concerning opioid related complications such as opioid induced pain, opioid diversion and opioid use disorder	○	○	○	○	○
Lack of remuneration/specific billing codes for pain	○	○	○	○	○
Lack of access to refer patients for procedures to pain management	○	○	○	○	○

What other barriers, if any, are you experiencing in your practice, related to caring for people living with pain?
Please write your answer here:

A number of barriers in providing quality care to people living with addiction have been identified.
To what extent is each of these barriers a challenge for you, in your practice?
Please choose the appropriate response for each item:

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	Don't Know
I don't know how to figure out who has a problem and who doesn't	○	○	○	○	○
I don't know how to prescribe the medications that might help, or even what they are	○	○	○	○	○
I am not comfortable doing any form of counseling	○	○	○	○	○
This takes up a lot of time and I am already more busy than I want to be	○	○	○	○	○
None of this was part of my training in medical school or residency	○	○	○	○	○
I don't know how to read urine test results	○	○	○	○	○
I have no way to do drug testing in my clinic	○	○	○	○	○
None of my local colleagues do this kind of work and I won't have coverage while off or away	○	○	○	○	○

What other barriers, if any, are you experiencing in your practice, related to caring for people living with addiction?
Please write your answer here:

Please select which format/structure you prefer for *your own learning/education* needs.
Please choose **all** that apply:

- ☐ Online learning courses (self-directed)
- ☐ Online discussions/webinars
- ☐ In-person lectures/seminars
- ☐ Workshops
- ☐ Conferences
- ☐ Small-group learning sessions
- ☐ Other (please specify):

Please select which format/structure you prefer for *your own clinical practice support* needs.
Please choose **all** that apply:

- ☐ 1:1 Mentorship/coaching/consulting
- ☐ Audit/feedback
- ☐ Peer/Mentor collaborative network
- ☐ Specialist telephone consultations
- ☐ Online discussion boards
- ☐ Other (please specify):

Do you have an example of a practice support that you feel was helpful in your personal practice that may be useful as the AMN-P&A develops supports for pain and addiction? Please provide any details, including a weblink, resource name, contact person, etc.
Please write your answer here:

What other roles do you see the AMN-P&A undertaking to assist health care providers working with patients/clients with pain and addiction issues?
Please write your answer here: