

# Mentorship Models for Family Physicians

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Strategies for Opioid De-Implementation in Primary Care  
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# Faculty/Presenter Disclosure

- **Faculty: Arun Radhakrishnan**
- **Relationships with financial sponsors:**
  - **Grants/Research Support: None**
  - **Speakers Bureau/Honoraria: Ontario College of Family Physicians**
  - **Consulting Fees: None**
  - **Patents: None**
  - **Other: None**

# Disclosure of Financial Support

- This program has received no financial support.
- This program has received no in-kind support.
- **Potential for conflict(s) of interest:**
  - Arun Radhakrishnan has received payment in the form of honorarium from the Ontario College of Family Physicians in his role as the Clinical Lead for the CMN.

# Mitigating Potential Bias

- Session learning objectives and speaker disclosures in the program were vetted by the meeting planning committee to ensure mitigation of any biases.

# Objectives

- Describe the mentorship network model
- Identify some of the potential benefits of mentorship
- Explore the value of mentorship in your practice
- Identify how to engage with mentorship

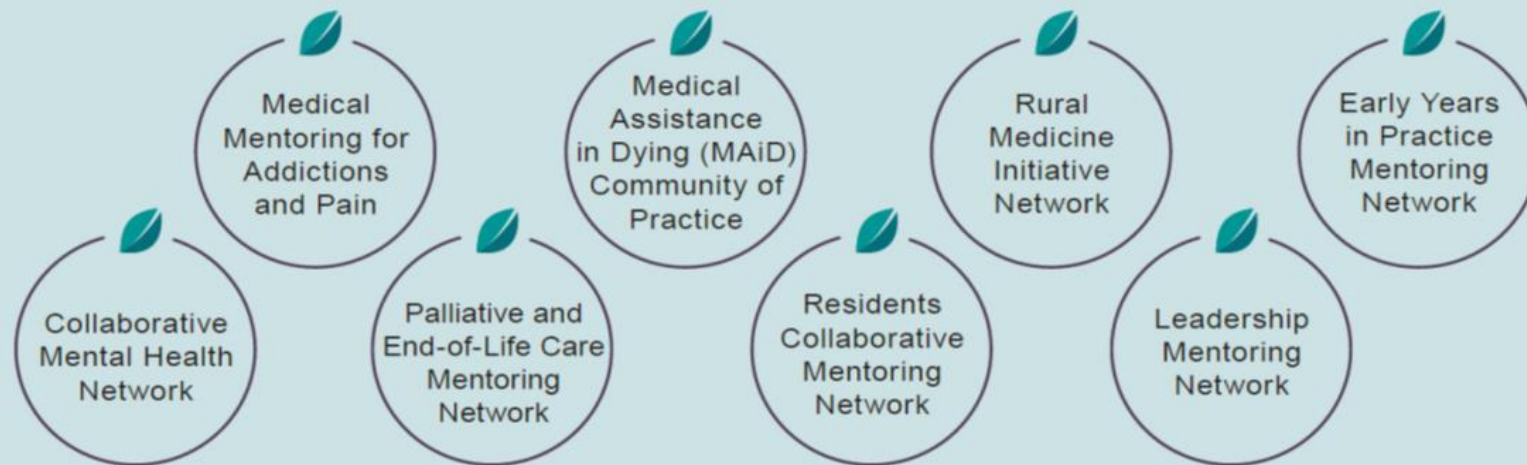


# **Introduction to Mentoring Networks**



# Collaborative Mentoring Networks

## Networks address areas of identified need in primary care



**COLLABORATIVE  
MENTAL HEALTH  
NETWORK  
(CMHN)**



- Launched 2001
- MOHLTC & OCFP
- Mental Health
- Psychiatry & FP
- Mandate to expand

**MEDICAL MENTORING  
FOR  
ADDICTIONS AND PAIN  
(MMAP)**



- Launched in 2007
- MOHLTC, OCFP & CPSO
- Addictions & Chronic Pain
- FP, Psychiatry, Neurology & Anesthesia
- Mandate to expand
- Support opioid strategy



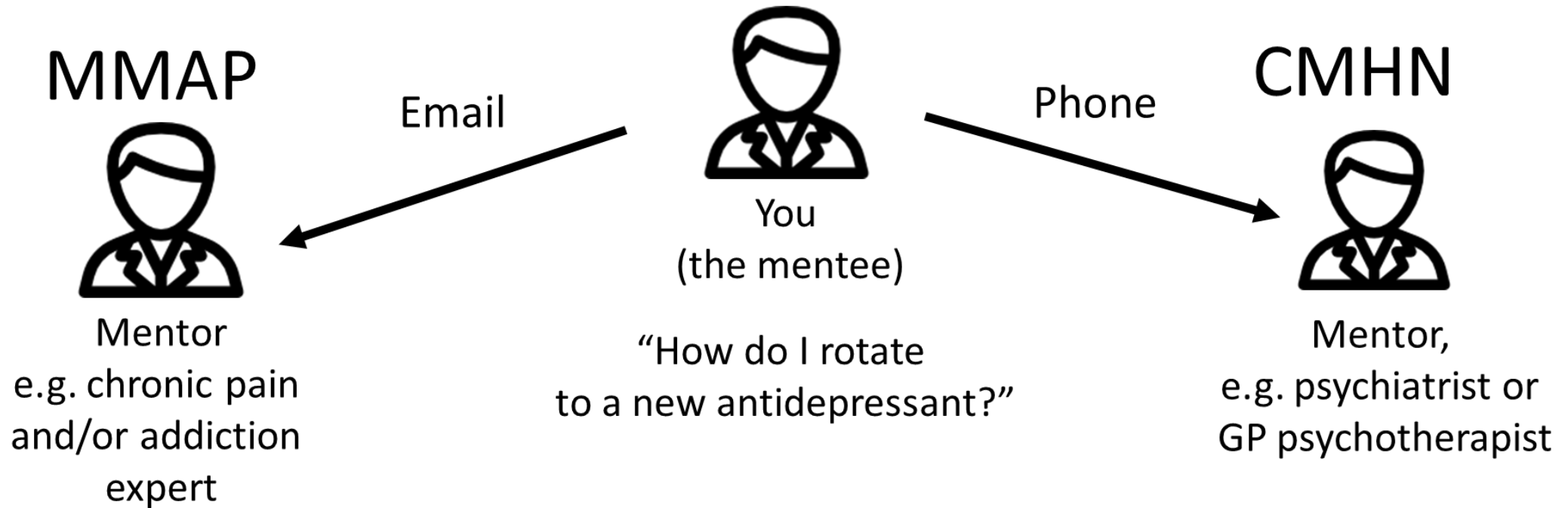
# Rationale for Mentoring Networks

- Increased demand for primary care management of mental illness, addictions and chronic pain.
- Clinicians identify a lack of expertise to manage these conditions.
- Poor support and access to expert consultants
  - Timely access
  - Poor collegial relationships

# Goals of Networks

- To enhance the quality of mental health, addictions and pain by primary care physicians through:
  - Supporting the provision of mental health, addictions and pain care services
  - Enhancing relevant knowledge, skills and attitudes of family physicians
  - Practical and focused CME for family physicians based on learning needs
  - Increasing the number of primary care providers who feel supported to manage mental health, addictions and pain patients
  - Improving collaborations between specialist and family physicians
  - Advocating for physicians who provide care for people with mental illness, addictions and pain

# Mentorship

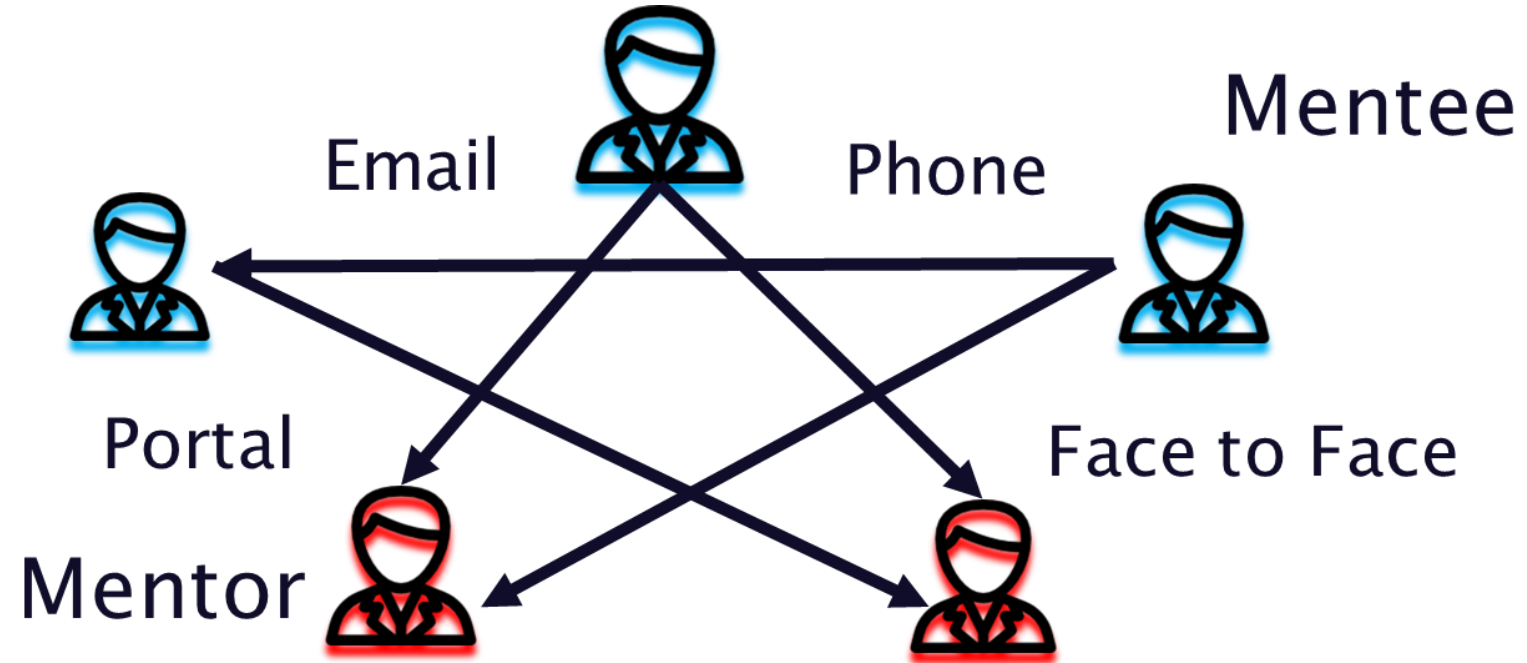


On Demand

Regional

Compassionate  
space

# Mentorship Groups

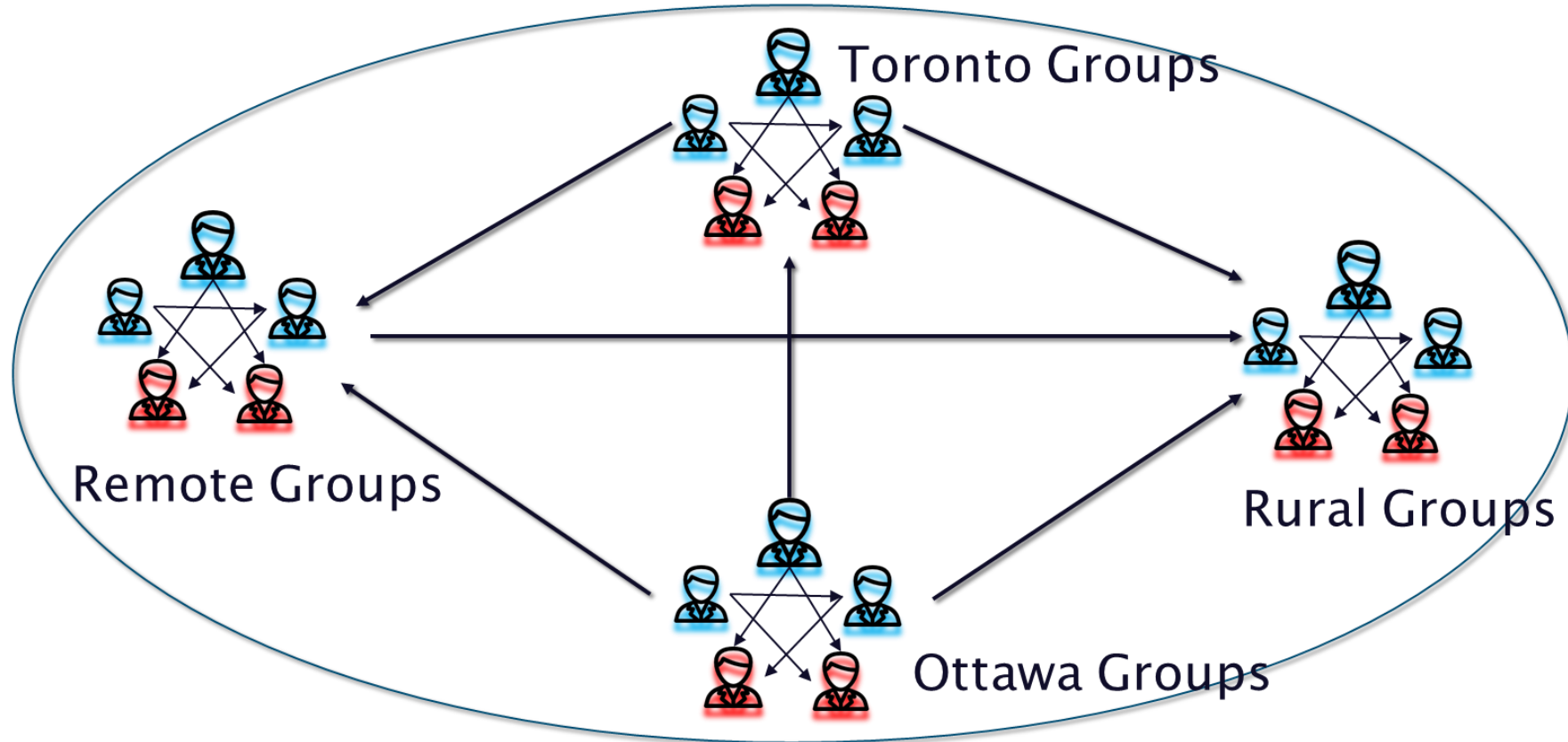


Adaptive

Responsive

Evidence to  
practice

# Network Organization



# Mentoring Activities

- Discussions focus on support in managing in-vivo clinical cases longitudinally
  - Screening and assessment (52%)
  - Clinical tool and guidelines (52%)
  - Medication management (78%)

# Network Activities

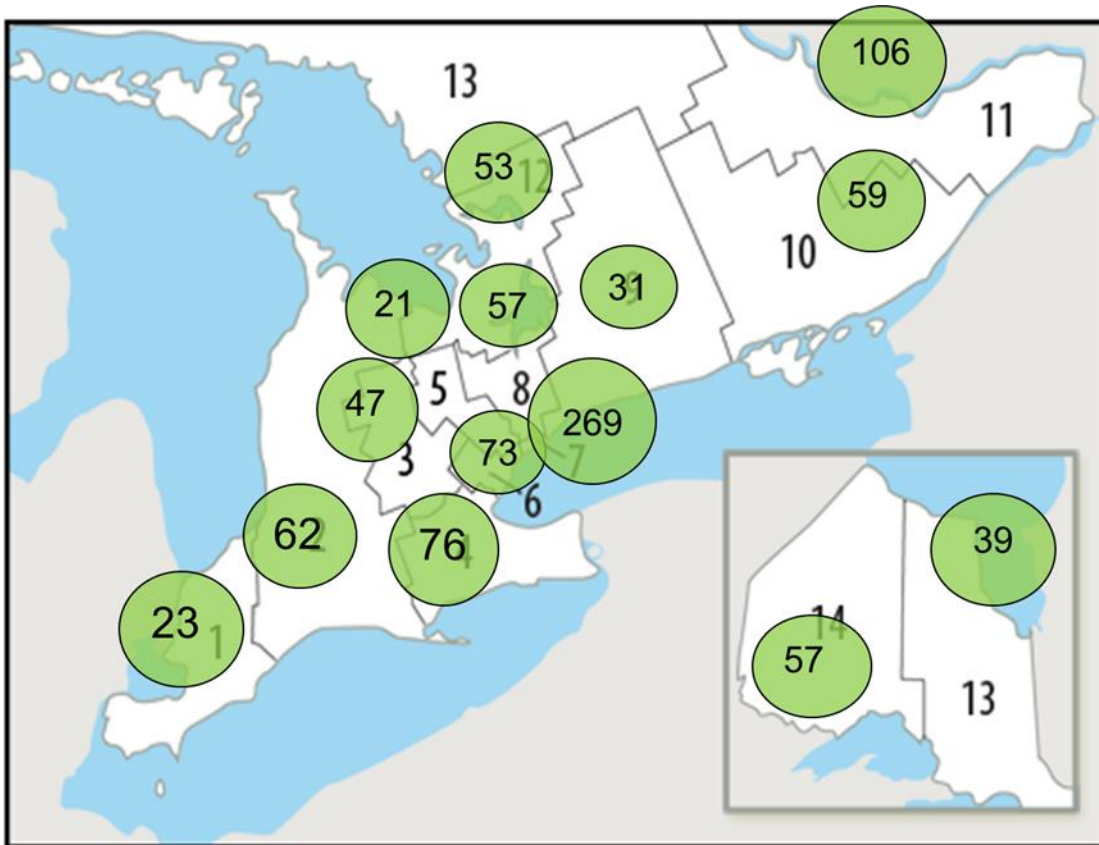
- Annual Conference
  - Didactic sessions and workshops
- Regional Conferences
  - 2016: London & Windsor
  - 2017: Kingston, Peterborough, Sudbury
  - 2018: Collingwood, Kitchener, Thunder Bay
- All activities are certified
  - Mainpro+ 1 credit per hour for regional meetings/annual conference
  - Mainpro+ 3 credits per hour -15/network



# **Network Reach & Impact**



# Network Membership



	2016-17		Cumulative	
	Mentees	Mentors	Mentees	Mentors
CMHN	403	36	648	63
MMAAP	257	30	352	42
<b>Total</b>	<b>726</b>		<b>1105</b>	

# Network Demographics

	CMHN		MMAP	
	Mentees	Mentors	Mentees	Mentors
<b>Mean Age (range)</b>	<b>53 [53]</b> (29-72)	<b>59 [60]</b> (42-72)	<b>51 [49]</b> (29-71)	<b>53 [54]</b> (42-68)
<b>Gender (F%)</b>	<b>64% [68]</b>	<b>46% [45]</b>	<b>53% [52]</b>	<b>35% [24]</b>
<b>Duration in the network</b>	<b>59% ≥ 5 years</b> [58]	<b>65% ≥ 8 years</b> [78]	<b>49% ≥ 3 years</b> [48]	<b>89% ≥ 5 years</b> [71]
<b>Practice Type</b>	<b>67% [63]</b> in community practices (solo & group physicians)		<b>66% [72]</b> in community practices (solo & group physicians)	
<b>Practice Location</b>	<b>85% [81]</b> in urban/suburban areas		<b>76% [77]</b> in urban/suburban areas	

- **Members are located across Ontario including rural and remote areas (12% [16%] MMAP, 5% CMHN)**
- **Members predominantly work in physician practices (solo and group)**

# Mentoring Environments

Mentorship is being used in multiple environments to suit the needs of the learner

Mentoring Environments	% CMHN	%MMAP
Email and portal	68%	74%
Face to face meetings	68%	57%
Phone	47%	43%
Web and video conferencing	23%	34%

# Network Activity

<b>MMAP</b>	<b>CMHN</b>
<b>62% &gt;3x/year</b>	<b>59% &gt;3x/year</b>
<b>34% &gt;1x/month</b>	<b>17% &gt;1x/month</b>
<b>23% Weekly</b>	<b>6% Weekly</b>

Portal (2016-17):

- 70% of posts receive a response within 1 hour
- MMAP: 94 (88) thread, 2500 views
- CMHN: 32 (24) thread, 430 (446) views
- Residents: 19 threads, 300 views

# Network Impact

- >80% of members participated to improve comfort, confidence, competency, access to experts and timely advice
- 85% of members were satisfied or very satisfied (80%)

## Provider Impact

- **88% improved their knowledge**
- **78% improved competence in assessing and managing patients (76%)**
- **77% improved confidence even with more complex patients (78%)**
- **90% feel safer in managing clinical issues (89%)**

## Systems Impact

- **70% report seeing a wider range of patients with mental illness, addiction and chronic pain (70%)**
- **74% report managing more patients with these health issues (57%)**
- **43% report a reduction in referrals to specialists (39%)**
- **55% report supporting colleagues**

## Patient Impact

- **58% of members believe that participating in the networks has helped to improve their patient's quality of life (56%)**

# Participant Impact

- "pain specialist referral in NWO takes 2 years +; getting my questions answered helped me manage a very complicated pt, he is better today for it."
- "I was close to leaving practice due to feeling overwhelmed, the knowledge and support from MMAP has helped me carry on"
- "reduced opioid Rx, advocating for "easy moving" program locally for those with CNCP"
- "made me feel less isolated in dealing with difficult patients /confirmed some of my practice with this populations"

# Participant Impact

- "I feel more willing to tackle complex issues and care for patients with complex issues when I have the support from CMHN"
- "access to evidence based practices"
- "Because of the CMHN I am able to provide mental health treatment and Guidance to my patients esp patients who are low income and can't afford Psychologists or can't be seen by Psychiatry"



# Brainstorming

Small group activity



# Questions for Discussion

- How do you see mentoring working for you?
- What challenges do you see with mentoring?
- How might you change mentoring as described to better serve your needs?



# Take Away Points

- Mentorship can be adapted to fit a variety of practice styles and environments
- Mentorship can be a valuable option to affect
  - Knowledge: competency, attitudes
  - Support: confidence, security, clinician resiliency
  - Improved patient care

# Accessing Mentoring

- Inform us of your interest
  - Fill out a sign up sheet today
  - Contact the mentoring networks: [ocfpmentoring@ocfp.on.ca](mailto:ocfpmentoring@ocfp.on.ca)
- Next Steps
  - Mentees
    - Needs assessment survey (mentees)
    - Onboarding
  - Mentors
    - Prepare application
    - Interviews
    - Onboarding



Thank You!