

## **ABSTRACT**

### **Introduction**

The management of patients living with chronic noncancer pain (CNCP) remains a significant challenge for primary care physicians (PCPs). In carrying out needs assessments to support PCPs in pain management, support for interdisciplinary pain management in terms of decision-making and trouble-shooting has emerged as a priority area. The Centre de Service en Santé et Service Sociaux (CSSS) of the West Island, in collaboration with the McGill Réseau Universitaire Intégré de Santé (RUIS), has developed a pilot project to provide interdisciplinary pain management services for patients with subacute low back pain (SALBP).

A mentor-menteeship model has been developed and implemented for PCPs working in addictions in Ontario (Medical Mentoring in Addictions and Pain; MMAP) and pain management (Nova Scotia Chronic Pain Collaborative Care Network; NSCPCCN), but there have been few attempts to date to systematically evaluate the effectiveness of this unique knowledge transfer mechanism. We propose to implement a mentor-menteeship program. Using the SALBP model as a clinical practice focus point, using the MMAP/NSCPCCN templates for mentorship development and training, and to conduct a pilot study of the effectiveness of this model as a knowledge transfer mechanism.

### **Methods**

A group of six PCPs, physical therapists, and/or nurse case managers will be identified from the referring CSSS (West Island), and the mentor will be the pain medicine consultant at the SALBP clinic (the PI of this proposal, who will serve as the mentor). The team will meet monthly in face-to-face meetings and will remain in contact through electronic means (email/Skype/phone/SMS). Effectiveness of the model will be demonstrated through impact on PCP satisfaction, perceived knowledge and comfort in managing CNCP, and improved ability to implement evidence based practice. A mixed methods approach will be used to analyse quantitative data (from questionnaires) and qualitative data from participant interviews.

### **Impact of study**

There is increasing awareness that the development, publication and dissemination of evidence-based clinical practice guidelines does not lead to significant practice changes in primary care. Novel approaches to enhance the uptake of these approaches are needed to realize the improvement of care that these guidelines are intended to fulfil. We propose that mentorship is one way to increase the primary care professional's awareness of evidence based guidelines, their practical

implementation, and to experience first hand the modelling of good clinical pain practice and the effectiveness of such care. This pilot study will demonstrate how such a model can be implemented, evaluated and enhanced prior to being expanded into a province wide network of pain mentorship programs.