## Adaptive Mentorship Network Evaluation-Baseline-Mentors

Thank you for being part of the Atlantic Mentorship Network. This survey will help the program develop an understanding of clinicians' knowledge, skills, and confidence. It will allow us to tailor the program offerings to the needs of mentees and mentors who want to better manage the complexities of caring for patients with chronic non-cancer pain, mental illness, and substance use disorders in practice. It will also allow us to determine any changes or impacts the program may have over time.

Your participation in this survey is voluntary and should take approximately 10 to 15 minutes. You may exit the survey at any time. You may also skip questions that you prefer not to answer. Your responses will be kept confidential and stored on encrypted and password protected drives. All analysis of the data will be done with de-identified and aggregated data to protect your privacy. No data will be released that allows for identification of any single individual. Any publications or reports will only contain results of analysis with no identifying data being made available.

Please note: Our Network members represent multiple professions, providing various treatments and support. For this reason, some questions may not apply to every profession or practice. If a question does not apply to your profession or practice, please check the not applicable (NA) box.

There are 15 questions in this survey.

## **About You**

Wha	is your first name?
Wha	is your last name?
Hav	you been a member of a mentoring network previously?
0	Yes
0	No
Hav	you been a member of the Atlantic Mentorship Network - Pain & Addiction?
0	Yes
0	No
How	ong have you been a member of the Atlantic Mentorship Network - Pain & Addiction?
Only	nswer this question if your answer was "yes" to the above question.
0	< 1 year
0	1 – 3 years
0	4 – 6 years
0	7+ years

## **Your Clinical Knowledge and Confidence**

The following questions seek to understand your clinical knowledge and confidence at the present time.

Please rate your current clinical knowledge in the following client/patient care areas:  Please choose the appropriate response for each item:											
	Not at all knowledgeable 1	2	3	Moderately knowledgeable 4	5	6	Extremely knowledgeable 7	Uncertain	Not applicable		
Chronic Pain	0	0	0	0	0	0	0	0	0		
Mental Illness	0	0	0	0	0	0	0	0	0		
Substance Use Disorders	0	0	0	0	0	0	0	0	0		

Please rate your current confidence in the following client/patient care areas:												
Please choose the appropriate response for each item:												
	Not at all confident 1	2	3	Moderately confident 4	5	6	Extremely confident 7	Uncertain	Not applicable			
Managing Chronic Pain	0	0	0	0	0	0	0	0	0			
Managing Mental Illness	0	0	0	0	0	0	0	0	0			
Managing Substance Use Disorders	0	0	0	0	0	0	0	0	0			

## **Your Clinical Behaviours and Skills**

The following questions seek to understand your clinical behaviours and skills at the present time.

Please indicate how often:	Never (0%)	Rarely (~10%)	Occasionally (~30%)	Sometimes (~50%)	Frequently (~70%)	Usually (~90%)	Every time (100%)	Uncertain	Not applicable
you communicate compassion towards clients/patients (e.g., listening carefully and without judgement, speaking with kindness).	0	0	0	0	0	0	0	0	0
you are mindful of the impact of your speech and behaviours on your clients/patients emotional state	0	0	0	0	0	0	0	0	0
you customize care to meet the individual needs of your clients/patients.	0	0	0	0	0	0	0	0	0
you are able to apply principles of cultural safety in your care of clients/patients.	0	0	0	0	0	0	0	0	0
you are able to apply principles of trauma and violence informed practice in your care of clients/patients	0	0	0	0	0	0	0	0	0
you involve your clients/patients (or substitute decision makers) in the shared decision-making process.	0	0	0	0	0	0	0	0	0
you are able to identify treatment options that can be used in a multimodal management plan (e.g., pharmacological, non-pharmacological options).	0	0	0	0	0	0	0	0	0
you recognize when your pre-existing beliefs, thoughts and feelings are influencing interactions with clients/patients.	0	0	0	0	0	0	0	0	0
you spend time thinking about your client/patient's experience following a clinical interaction.	0	0	0	0	0	0	0	0	0
you critically evaluate the strategies and techniques that you use in your work with clients/patients.	0	0	0	0	0	0	0	0	0

Please indicate how often:	Never (0%)	Rarely (~10%)	Occasionally (~30%)	Sometimes (~50%)	Frequently (~70%)	Usually (~90%)	Every time (100%)	Uncertain	Not applicable	
you are able to engage in inter- professional assessment, planning and provision of care for your clients/patients.	0	0	0	0	0	0	0	0	0	
Please indicate how often you use evidence-based resources and tools to assess and monitor related outcomes for your clients/patients with the following conditions:										
Please choose the appropriate response for each item:	Never (0%)	Rarely (~10%)	Occasionally (~30%)	Sometimes (~50%)	Frequently (~70%)	Usually (~90%)	Every time (100%)	Uncertain	Not applicable	
Chronic Pain (e.g., guidelines, BPI, EMR tools)	0	0	0	0	0	0	0	0	0	
Mental Illness (e.g., Adult depression tool, guidelines and pathways)	0	0	0	0	0	0	0	0	0	
Substance use Disorders (e.g., DSM V, POMI)	0	0	0	0	0	0	0	0	0	
How often do you engage in interprofessional collaboration in the care of:										
Please choose the appropriate response	Never (0%)	Rarely (~10%)	Occasionally (~30%)	Sometimes (~50%)	Frequently (~70%)	Usually (~90%)	Every time (100%)	Uncertain	Not applicable	
for each item:	(0%)	( ±0/0)							• •	
for each item:  Clients/patients with chronic pain	(0%)	0	0	0	0	0	0	0	0	
					0	0	0	0	0	
Clients/patients with chronic pain	0	0	0	0				_		
Clients/patients with chronic pain Clients/patients with mental illness Clients/patients with substance use	0	0	0	0	0	0	0	0	0	
Clients/patients with chronic pain Clients/patients with mental illness Clients/patients with substance use	0	0	0	0	0	0	0	0	0	
Clients/patients with chronic pain Clients/patients with mental illness Clients/patients with substance use disorders  Leaving aside systemic issues, what prop	0	0	0	0	0	0	0	0	0	
Clients/patients with chronic pain Clients/patients with mental illness Clients/patients with substance use disorders  Leaving aside systemic issues, what proposed consultation?  Please choose the appropriate	oortion of clie	O O ents/patier	o o nts (who are be	yond your cap	O oacity to care f	O O or) do you	suggest or ref	O er for a spec	ialist	
Clients/patients with chronic pain Clients/patients with mental illness Clients/patients with substance use disorders  Leaving aside systemic issues, what propose consultation?  Please choose the appropriate response for each item:	oortion of clied  O% of clients/ patients	o o ents/patier	o o nts (who are be	yond your cap	acity to care f	or) do you	suggest or ref 100% of clients/ patients	er for a spec	ialist  Not applicable	

Please	choose <b>only one</b> of the following:
0	0% of cases
$\circ$	I can manage ~10% of cases
$\circ$	I can manage ~30% of cases
$\circ$	I can manage ~50% of cases
0	I can manage ~70% of cases
$\circ$	I can manage ~90% of cases
0	I can manage every complex case
$\circ$	Uncertain
$\circ$	Not applicable

Please indicate your ability to provide care and/or manage more complex clinical cases (e.g., clients/patients with two or more issues related to chronic pain,

substance use disorders or mental illness).

Unconscious bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Please rate your:									
Please choose the appropriate response for each item:	Very Poor 1	2	3	Average 4	5	6	Very Good 7	Uncertain	Not applicable
Ability to manage my own personal bias when caring for people with chronic pain	0	0	0	0	0	0	0	0	0
Ability to manage my own personal bias when caring for people with mental illness	0	0	0	0	0	0	0	0	0
Ability to manage my own personal bias when caring for people with substance use problems	0	0	0	0	0	0	0	0	0

Please	choose only one of the following:
0	I enjoy my work, I have no symptoms of burnout.
0	Occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out.
0	I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
0	The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot.
0	I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.

Overall, based on your definition of burnout\*, how would you rate your level of burnout?

How true do you feel the following statements are about you at work during the past two weeks?								
Please choose the appropriate response for each item:	Not at all true	Somewhat true	Moderately true	Very true	Completely true			
I feel happy at work	0	0	0	0	0			
I feel worthwhile at work	0	0	0	0	0			
My work is satisfying to me	0	0	0	0	0			
I feel in control when dealing with difficult problems at work	0	0	0	0	0			
My work is meaningful to me	0	0	0	0	0			
I'm contributing professionally (e.g., client/patient care, teaching, research, or leadership) in the ways I value most	0	0	0	0	0			

<sup>\*(</sup>If you require a definition, the World Health Organization (2019) defines burnout as feelings of energy depletion and exhaustion, increased mental distance or feelings of negativism or cynicism, and reduced professional efficacy.)