

## Adaptive Mentorship Network Evaluation Repeat Measures

Thank you for being part of the Atlantic Mentorship Network. This survey will help the program develop an understanding of the impact of this program on your knowledge, confidence, skills and behaviours. It will allow us to tailor the program offerings to the needs of mentees and mentors 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 15 minutes. You may exit the survey at any time. You may also skip questions that you prefer not to answer. Survey responses will be kept confidential. 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 18 questions in this survey.

### About You

**What is your first name?** \_\_\_\_\_

**What is your last name?** \_\_\_\_\_

### How long have you been a member of the Atlantic Mentorship Network?

Please choose only one of the following:

- ☐ < 1 year
- ☐ 1 – 3 years
- ☐ 4 – 6 years
- ☐ 7+ years

## Your Clinical Knowledge and Confidence

The following questions seek to understand the specific impact that you believe the program has had on your clinical knowledge and confidence at the present time.

[illegible][illegible][illegible]

Please choose the appropriate response for each item:

[illegible]

## Your Clinical Behaviours and Skills

The following questions seek to understand the specific impact that you believe the program has had on your clinical behaviours and skills at the present time.

[illegible]



**Leaving aside systemic issues, what proportion of clients/patients (who are beyond your capacity to care for) do you suggest or refer for a specialist consultation?**

[illegible]

**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).**

Please choose **only one** of the following:

- ☐ 0% of cases
- ☐ I can manage ~10% of cases
- ☐ I can manage ~30% of cases
- ☐ I can manage ~50% of cases
- ☐ I can manage ~70% of cases
- ☐ I can manage ~90% of cases
- ☐ I can manage every complex case
- ☐ Uncertain
- ☐ Not applicable

**How often do you engage in interprofessional collaboration in the care of:**

[illegible]

**How often do you engage in interprofessional collaboration in the care of:**

[illegible]

**How has this program impacted how often:**

[illegible]

**How has this program impacted how often:**

[illegible]

**How has this program impacted how often you use evidence-based resources and tools to assess and monitor related outcomes for your clients/patients with the following conditions?**

[illegible]

**How has this program impacted the proportion of clients/patients (who are beyond your capacity to care for) that you suggest or refer for a specialist consultation?**

[illegible]

How has this program impacted your ability to provide care and/or manage more complex clinical cases?								
Not increased 1	2	3	Modestly increased 4	5	6	Greatly increased 7	Uncertain	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has this program impacted how often you engage in interprofessional collaboration in the care of:									
Please choose the appropriate response for each item:	Not increased 1	2	3	Modestly increased 4	5	6	Greatly increased 7	Uncertain	Not applicable
Clients/patients with chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients/patients with substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients/patients with mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients/patients with concurrent disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please choose only one of the following:

- ☐ I enjoy my work, I have no symptoms of burnout.
- ☐ 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.
- ☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- ☐ The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot.
- ☐ 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.

\*If requiring a definition according to the World Health Organization (2019) burnout is characterized by feelings of energy depletion and exhaustion, increased mental distance or feelings of negativism or cynicism, and reduced professional efficacy.



How true do you feel the following statements are about you at work <u>during the past two weeks?</u>					
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worthwhile at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work is satisfying to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel in control when dealing with difficult problems at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work is meaningful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm contributing professionally (e.g., client/patient care, teaching, research, or leadership) in the ways I value most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>