Working together, The Atlantic Mentorship Network – Pain & Addiction, The Atlantic Mentorship Network – New Brunswick, The Atlantic Mentorship Network – Newfoundland & Labrador, The Atlantic Mentorship Network – Prince Edward Island, and Pain BC, and the Centre for Effective Practice (CEP) have proposed the following Adaptive Mentoring Interview Guide to be delivered by each mentoring network to their mentees & mentors to satisfy the evaluation criteria for funding from SUAP, reportable to Health Canada.

Following our February 5, 2024 Evaluation Committee Meeting, the Networks and CEP agreed to proceed with their interviews using the following outline to guide the conversations, data collection, and coding. We have included prompts, where relevant, and encourage networks to use phrases and wording that are reflective of local context. To align with respective timelines of our partners, we propose each network proceed with their interviews, using the listed questions, or slight variations, to capture the data falling within the listed domains.

*Due to the qualitative nature of the questions, there was consensus to list the domains to satisfy data collection criteria. Please see review the listed domains and questions below and **share feedback or flag missing information by emailing.***

Our goal remains to create an interview guide that is consistent nationwide. If you have any concerns, please do not hesitate to bring them to our attention by emailing so we can discuss. Thanks for your collaboration in enhancing our evaluation process!

SUAP Evaluation – Data Collection Domains

- ❑ Practitioner Capacity
- ❑ Resources
- ❑ Practice Change
- ❑ Behaviour Change
- ❑ Collaboration / Networking
- ❑ Burnout / Compassion Fatigue
- ❑ Professional Fulfillment
- ❑ Personal Wellness

Interview Questions

❑ Practitioner Capacity

The network defines capacity change as a change in knowledge, skills, confidence, and attitudes.

1. In what ways have AMN programs influenced your capacity* to provide care for clients/patients with chronic pain, mental illness, and substance use disorders?

Cues - as to what ways if could affect capacity – ability to address doubts; knowledge gaps; support resiliency

A. What has worked well?
B. What has not worked well?
C. What could be improved?

❑ Practice Change

The network defines practice change as a change in practice behaviour.

2. What value has the AMN's / Pain BC's role been in assisting you in changing their practice behaviour* with clients/patients with chronic pain, mental illness, and/or substance use disorders? (assisting means teaching, mentoring, and supporting providers)

Cues - Compassionate focus, using validated resources, using validated tools, multi-modal care, supporting colleagues, seeing more patients, referring less

A. What could be improved?

3. In what ways, if any, has this program supported you to improve the lives of your patients?*

Walk through any clinical examples

4. What has your network done well in its role of changing [for MENTEE] your/ [for MENTOR] healthcare providers' practice behaviour?

A. What has not worked well?
B. What could be improved?

5. Please describe how your mentor(s) have been beneficial in navigating challenges* related to chronic pain, substance use disorders and mental illness in your clinical practice.

Cues - Knowledge, support, reassurance, resiliency, normalization

6. Please identify how you would like to see your interactions with your mentor improved.

❑ Resources

7. What value has the AMN / your mentorship network been as a resource for healthcare providers* providing care for clients/patients with chronic pain, mental illness, and/or substance use disorders?

Cues - advocacy, supporting changes in local policy

8. What has the AMN / your mentorship network done well in its role as a resource for healthcare providers?

Cues - advocacy, supporting changes in local policy

A. What has not worked well?
B. What could be improved?

9.   Based on your participation in the online forum / EENet:

A. What is working well?
B. What is not working well?
C. What could be improved?

10. Based on your experience with the one-to-one mentoring,

A. What is working well?
B. What is not working well?
C. What could be improved?

11.   Based on your experience with small group mentoring,

A. What is working well?
B. What is not working well?
C. What could be improved?

12.   Based on your experience with the webinars / web-based CPD events organized by your AMN,

A. What is working well?
B. What is not working well?
C. What could be improved?

❑ Collaboration

13. In what ways, if any, has the AMN influenced the way you collaborate with other professionals? Other people in your profession? Other healthcare professionals?

Consider - collaboration between professionals not in the same clinical space.

A. What has worked well?
B. What has not worked well?
C. What could be improved?

❑ Burnout and Professional Fulfillment

14. In what ways, if any, has participating in mentorship activities affected your:
i. burnout
ii. resilience
iii. professional fulfillment?

A. What has worked well?
B. What has not worked well?
C. What could be improved?

❑ Adaptive Mentorship Overall

15. From your perspective, what are the most valuable aspects of the AMN / your adaptive mentorship network?

Prompts & Cue for specifics: influence on capacity/practice, ongoing resource

16. What is your best advice for improving AMN's / your adaptive mentorship network's work and its impact?

17. Do you have anything else you would like to share about AMN / your adaptive mentorship network and its work?

Questions for the Mentors Only:

18. In what ways was participating in mentorship in this program valuable to you?

19. In what ways was participating in mentorship valuable to the care that you provide to patients?

Unintended Impacts

20. Please identify if the program has had an unexpected impact on your practice, professional satisfaction, relationship with patients or your clinical colleagues.