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## FINAL – SUAP National Annual Survey 2024

\*= Mandatory for HC report

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Thank you for being part of the [Atlantic Mentorship Network (AMN) / Pain BC AMN]. 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 plays a crucial role in supporting the sustainability of these programs in your region and across Canada.

Your participation in this survey is voluntary and should take approximately 15 minutes.

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.

The [AMN / Pain BC AMN] program is funded by Health Canada's Substance Use and Addictions Program Grant. The views expressed herein do not necessarily represent the views of Health Canada.

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Name:

## Your Engagement with the Mentoring Network

1. How long have you been a member of the [AMN / Pain BC AMN]?\*



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- ☐ 0-3 months
- ☐ 4-6 months
- ☐ 7-11 months
- ☐ 1 - 3 years

**1a. [FOR AMN – please use your standard question to identify which network member is a part of] (ie – Please select the provincial AMN you are a part of' check only one option)**

- Prince Edward Island
- New Brunswick
- Newfoundland and Labrador

2. In the past year (insert dates), how often did you interact with network members for the purposes of mentoring (includes small group meetings, discussions with mentors and mentees, reading or writing emails, reading or writing portal posts, regional meetings):

- Never
- Once every 6 months
- Once every 3 months
- Every other month
- 1-2 times a month
- ≥3 times a month

3. Please indicate which of the following [AMN / Pain BC AMN] program offerings you have participated in over the last year: (Please choose <b>all</b> that apply)	
	1:1 discussions with your mentor (e.g., in person, telephone, Teams, Zoom, email, WhatsApp, Signal, Discord)
	Small group discussion and meetings with your mentor group (e.g., in-person small group meeting, group teleconference, Teams, Zoom, group email, WhatsApp, Signal, Discord etc.)
	Large group discussion and meetings with participants outside of your small group (e.g., large group webinars, workshops, conferences, virtual or in-person, trainings, etc.)



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	Online portal (EENet) discussion - reading (includes reading emailed portal discussions)
	Online portal (EENet) discussion - posting
	Other (please specify)

## 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.

4. To what extent did the [AMN / Pain BC AMN] program impact your knowledge of how to care for clients/patients with:*									
Please choose the appropriate response for each item:									
	Not improved 1	2	3	Moderately improved 4	5	6	Greatly improved 7	Uncertain	Not applicable
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"/>
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"/>
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"/>

5. To what extent did the [AMN / Pain BC AMN] Program impact your confidence in the following client/patient care areas:*									
Please choose the appropriate response for each item:									
	Not improved 1	2	3	Moderately improved 4	5	6	Greatly improved 7	Uncertain	Not applicable

[illegible]







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**9. How has this program impacted your ability to provide care and/or manage more complex clinical cases?**

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"/>

**10. 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"/>

## Your Wellbeing

The following questions seek to understand the specific impact that you believe the program has had on your wellbeing at the present time,

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

Please choose only one of the following:



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- ☐ 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.

12. To what extent do you think participating in this program has had an effect on your level of burnout:

- Greatly increased
- Increased
- Modestly increased
- No effect
- Modestly decreased
- Decreased
- Greatly Decreased
- Not applicable

**13. 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	<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"/>



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16. Please rate your level of satisfaction with the programs offered by the AMN/BC AMN.

Completely dissatisfied	Dissatisfied	Mostly dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Mostly satisfied	Completely satisfied	Unsure	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"/>

17. Based on your experience, to what extent does the Atlantic Mentorship Network/BC AMN meet a demonstrable need for health professionals?\*

Not at all	Very little	Slightly	Neutral/Unsure	Considerably	Greatly	Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please identify if the program has had an unexpected impact on your practice, professional satisfaction, relationship with patients or your clinical colleagues. \* [Open Text]

19. Are there any other practice changes that you have made as a result of your participation in the [AMN / Pain BC AMN] program? \* [Open Text]

20a. Has your involvement in this program changed your ability to support your colleagues in caring for their clients/patients?

- ☐ Yes  
☐ No

[Conditional Logic Questions if "Yes," is selected, logic opens 20b.]

20b. If you have supported colleagues, in what ways? [Open text] (conditional on Yes response above)

21. Is there anything else you would like to share about your experience with the [AMN/BCAMN]? [Open text]