





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.

Name:

Your Engagement with the Mentoring Network

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







	0-3 months
	4-6 months
П	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

ease indicate which of the following [AMN / Pain BC AMN] program offerings you have participated in over the last year: e choose all 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 inperson, 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 / Pair	<mark>n BC AMN]</mark> pr	ogram impact	t your knowledge of ho	w to care for	clients/patier	its with:*		
Please choose the	appropriate respor	nse for each i	tem:						
	Not improved 1	2	3	Moderately improved 4	5	6	Greatly improved 7	Uncertain	Not applicat
Chronic Pain	0	0	0	0	0	0	0	0	0
Substance Use Disorders	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0

5. To what exte	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					



Chronic Pain
Managing
Substance Use
Disorders
Managing

Mental Illness

	CEP	Centre for Effect Practice	ive		PAIN	N SBC"
О	0	0	0	0	0	0
Э	0	0	0	0	0	0
Э	0	0	0	0	0	0

Your Clinical Behaviours and Skills

0

0

0

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.

6. How has this program impacted how often:*											
Please choose the appropriate response for each item:	Not increased 1	2	3	Moderately increased 4	5	6	Greatly increased 7	Uncertai n	Not applicable		
you communicate compassion towards clients/patients?	0	0	0	0	0	0	0	0	0		
you are careful in your speech and behaviours to avoid hurting the feelings of your clients/patients?	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 adopt principles of cultural safety in your care of clients/patients?	0	0	0	0	0	0	0	0	0		
you are able to adopt principles of trauma and violence informed	0	0	0	0	0	0	0	0	0		





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6. How has this program impacted how often:*											
Please choose the appropriate response for each item:	Not increased 1	2	3	Moderately increased 4	5	6	Greatly increased 7	Uncertai n	Not applicable		
practice in your care of clients/patients?											
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?	0	0	0	0	0	0	0	0	0		
you recognize when your pre- existing beliefs, thoughts and feelings are influencing interactions with your clients/patients?	0	0	0	0	0	0	0	0	0		
you spend time thinking about your clients/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		
you engage in inter-professional assessment, planning and provision of care?	0	0	0	0	0	0	0	0	0		





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7. How has this program impacted h	,											
clients/patients with the following conditions?												
Please choose the appropriate response for each item:	Never 1	2	3	Sometimes 4	5	6	Always 7	Uncertain	Not applicable			
Chronic Pain	0	0	0	0	0	0	0	0	0			
Substance Use Disorders	0	0	0	0	0	0	0	0	0			
Mental Illness	0	0	0	0	0	0	0	0	0			

Your Clinical Practice & Capacity

The following questions seek to understand the specific impact that you believe the program has had on your clinical practice and collaboration with peers

8. How has this program impacted th	. 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?											
Please choose the appropriate response for each item:	Greatly decreased 1	2	3	No effect 4	5	6	Greatly increased 7	Uncertain	Not applicable		
Clients/patients with chronic pain	0	0	0	0	0	0	0	0	0		
Clients/patients with substance use disorders	0	0	0	0	0	0	0	0	0		
Clients/patients with mental illness	0	0	0	0	0	0	0	0	0		





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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	0	0	0	0	0	0	0	0	0			
Clients/patients with substance use disorders	0	0	0	0	0	0	0	0	0			
Clients/patients with mental illness	0	0	0	0	0	0	0	0	0			

10. How has this program impacted he	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	2	3	Modestly increased 4	5	6	Greatly increased 7	Uncertain	Not applicable				
Clients/patients with chronic pain	0	0	0	0	0	0	0	0	0				
Clients/patients with substance use disorders	0	0	0	0	0	0	0	0	0				
Clients/patients with mental illness	0	0	0	0	0	0	0	0	0				
Clients/patients with concurrent disorders	0	0	0	0	0	0	0	0	0				

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:







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 s of help. 'If requiring a definition according to the World Health Organization (2019) burnout is characterized by feelings of energy depletion and of the strength of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of energy depletion and of the world Health Organization (2019) burnout is characterized by feelings of the world Health Organization (2019) burnout is characterized by feelings of the world Health Organization (2019) burnout is characterized by feelings of the world Health Organization (2019) burnout is characterized by feelings of th	
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of help.	
If requiring a definition according to the World Health Organization (2019) burnout is characterized by feelings of energy depletion and	eek some sort
ncreased mental distance or feelings of negativism or cynicism, and reduced professional efficacy.	exhaustion,

- 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 <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	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







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

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

Program Value

The following questions aim to understand your views on the program's effectiveness, value and your level of satisfaction.

15. The program has created a compassionate space (safe, non-judgmental, and supportive) for me to engage in mentorship.							
Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Vey Strongly Agree	Unsure	
0	0	0	0	0	0	0	







16. Please rate your level of satisfaction with the programs offered by the AMN/BC AMN.											
Complet ely dissatisfi ed	Dissatisfi ed	Mostly dissatisfi	Somewh at dissatisfi ed	Neutral	Somewh	at satisfied	Mostly satisfied	Complet ely satisfied	Unsure	Not applicabl e	
0	0	0 0		0	0		0	0	0	0	
			-								
17. Based on y	our experience	e, to what e	extent does the Atla	antic Mentorsh	ip Netv	vork/BC	AMN meet a	a demonstratable	need for hea	Ith professionals?*	
Not at all	at all Very little		Slightly	ntly Neutral/Uns		sure Considerably		Greatly		Extremely	
0	O)	0	0	0 0		0	0		0	
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?YesNo											
[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]