

BCAMN Mentee Baseline Survey

Thank you for being part of the BC Adaptive 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 feedback is vital to the success of our BC Adaptive Mentorship Network. The purpose of this survey is to collect data to help evaluate and improve the BCAMN. The survey is anonymous, but we ask you to provide us with a pseudonym. This will allow us to track progress at an individual level as well as at an aggregate level without identifying you.

If you have any questions, please contact Minnu (education@painbc.ca), the Education Coordinator at Pain BC.

To continue with this survey, click the arrow on the bottom right side of your screen.

1. Pseudonym

Please use the last two letters of your surname and the two last digits of your cell phone. (e.g. IS54)

2. Month/Year you joined the BCAMN

(e.g. March 2022)

3. If you have an area of specialization or focused practice within your primary clinical role, please specify:(mark all that apply)

- ☐ Chronic Pain
- ☐ Mental Health
- ☐ Substance Use
- ☐ Other (if selected please answer the next question)

4. Other

Please enter your other area of specialization below.

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

5. Please rate your current clinical knowledge in the following client/patient care areas:

	Not at all knowledgeable 1	2	3	4	5	6	Extremely knowledgeable 7	Uncertain	N/A	No answer
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[illegible]

[illegible]

[illegible]

7. 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:

[illegible]

Clients/patients with chronic pain										
Clients/patients with substance use disorders										
Clients/patients with mental illness.										
Clients/patients with concurrent disorders										

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

*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.

- ☐ 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.
- ☐ No answer

12. How true do you feel the following statements are about you at work during the past two weeks?

	Not at all true	Somewhat true	Moderately true	Very true	Completely true	No answer
I feel happy at work						
I feel worthwhile at work						

My work is satisfying to me						
I feel in control when dealing with difficult problems at work						
My work is meaningful to me						
I'm contributing professionally (e.g. client/patient care, teaching, research, or leadership) in the ways I value most						