

## Mentee Intake Survey

Thank you for being part of the BC Adaptive Mentorship Network. As an early step in this process, we ask that you complete this intake survey which will be used to guide the mentorship program and determine mentees' learning needs. It will also allow us to tailor the program offerings to the practice needs of mentees and mentors to better manage the complexities of caring for patients/clients with chronic non-cancer pain, mental illness, and substance use disorders in practice.

Your participation in this survey is voluntary and should take approximately 10-15 minutes. You may exit the survey at any time. You may also skip questions that you prefer not to answer. Responses will be kept confidential 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 box.

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 2024)
3. What is your gender? I identify as...
  - ☐ Gender Fluid
  - ☐ Genderqueer
  - ☐ Man
  - ☐ Non-Binary
  - ☐ Transgender
  - ☐ Two-spirit
  - ☐ Woman
  - ☐ Prefer Not to Answer
4. Which of the following languages do you speak? (Check all that apply)
  - ☐ English
  - ☐ French
  - ☐ Additional Languages (open text box)
5. Which of the following languages do you use in your clinical practice? (Check all that apply)
  - ☐ English
  - ☐ French
  - ☐ Additional Languages (open text box)

6. What is your primary clinical role?
- ☐ Family Physician
  - ☐ Specialist Physician
  - ☐ Licensed Practical Nurse
  - ☐ Registered Nurse
  - ☐ Nurse Practitioner
  - ☐ Occupational Therapist
  - ☐ Physiotherapist
  - ☐ Counsellor
  - ☐ Social Worker
  - ☐ Other (open text box)
7. If you have an area of specialization or focused practice within your primary clinical role, please specify:
- ☐ Substance Use Disorders
  - ☐ Mental Illness
  - ☐ Other (open text box)
8. How many years have you been practicing? (open text box)
9. Which of the following best describes your primary practice setting? (i.e., where you spend most of your clinical time)
- ☐ Hospital
  - ☐ Solo Practice
  - ☐ Co-located Practice
  - ☐ Collaborative Family Practice Team
  - ☐ Community Health Centre
  - ☐ First Nation Health Centre
  - ☐ Research Unit
  - ☐ If not listed above, please specify: (open text box)
10. Where is the location of your practice? (i.e. city) (open text box)
11. Typically, meetings happen late in the afternoon (after 5pm). What is your availability to meet with your Mentor and fellow Mentees?
- ☐ Tuesday
  - ☐ Wednesday
  - ☐ Thursday
  - ☐ Friday
  - ☐ Saturday
  - ☐ Other (open text box)

Mentee Specific Questions: Part 1

12. What percentage of your clients/patients belong to an equity seeking group who may experience social marginalization and/or socio-economic barriers to care? (Ex. Indigenous peoples, people of color, 2SLGBTQI+ patients, people with disabilities, and clients/patients living in poverty)
- ☐ About 50%
  - ☐ More than or about 70%
  - ☐ Other (open text box)
13. What percentage of your total practice time (per week) involves clients/patients experiencing chronic pain?
- ☐ About 50%
  - ☐ More than or about 70%
  - ☐ Other (open text box)

14. What percentage of your total practice time (per week) involves clients/patients experiencing mental health conditions?
- ☐ About 50%
  - ☐ More than or about 70%
  - ☐ Other (open text box)
15. What percentage of your total practice time (per week) involves clients/patients experiencing substance use disorder?
- ☐ About 50%
  - ☐ More than or about 70%
  - ☐ Other (open text box)
16. Which of the following system-level barriers are a challenge for you in your practice setting?

	Yes	No	Uncertain	Not Applicable	No Answer
Lack of public funding for non-pharmacological therapies (chiropractic, massage, etc.)					
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Lack of access to psychological therapies including motivational interviewing and cognitive behavioural therapy					
Lack of timely access to specialty clinics					
Lack of coordination when multiple providers are involved in the clients/patient's care					
Lack of remuneration/specific billing codes					
Lack of access to referrals for clients/patients					

I have no way to do drug testing in my practice					
None of my local colleagues do this kind of work and I don't have coverage while off or away					

17. Which of the following knowledge-related barriers are challenges for you in your practice?

	Yes	No	Uncertain	Not Applicable	No Answer
Lack of knowledge of pain prevention interventions					
Lack of knowledge managing pain in challenging clinical situations (mental illness, substance use disorder, elderly, pediatrics)					
Lack of knowledge of mental illness prevention interventions					
Lack of knowledge of substance use prevention interventions					
Lack of knowledge on the safe and effective use of opioid analgesic in the management of pain					
Lack of access to training in pain management					
Lack of access to training in mental health interventions					
Lack of access to training in					

substance use interventions					
Lack of knowledge concerning opioid related complications such as opioid induced pain, opioid diversion and opioid use disorder					
I have difficulty identifying clients/patients who are experiencing pain					
I have difficulty identifying clients/patients who are experiencing mental illness					
I have difficulty identifying clients/patients who are experiencing difficulties with substance use					
I don't know how to prescribe the medications that might help, or even what they are					
I am not comfortable doing any form of counseling					
This takes up a lot of time and I am already busier than I want to be					

18. Are there any other challenges in your practice setting? (open text box)

Mentee Specific Questions: Part 2

19. Which educational formats do you prefer when learning? (Please choose all that apply)

- ☐ In-person lectures/seminars
- ☐ Workshops
- ☐ Small-group learning sessions
- ☐ 1:1 mentorship
- ☐ Coaching
- ☐ Other (please specify) – open text box

20. Are there any supports or accommodations that would make it easier for you to participate in mentor/mentee activities/programs? If so, please describe? (open text box)

21. What were your motivations for joining this program? (Choose all that apply)

- ☐ My desire to improve care this population
- ☐ Building a community of practice for this population
- ☐ Building interprofessional bridges
- ☐ My desire to become a mentor
- ☐ Other (open text box)

22. Based on your area of practice, and your interest in receiving mentorship, please rank the following topics in order of greatest to least area of priority.

- ☐ Chronic Pain
- ☐ Mental Illness
- ☐ Substance Use

23. Please identify which of the following learning objectives, if any, would meet your requirements from this program? (Check all that apply to you)

- ☐ Establish compassionate therapeutic relationships.
- ☐ Integrate principles of cultural safety in your practice.
- ☐ Integrate principles of trauma and violence informed care in your practice.
- ☐ Include clients/patients and others, as appropriate, in the shared decision-making process.
- ☐ Use validated resources and tools to assess chronic pain, substance use disorders, and/or mental illness, and monitor related outcomes.
- ☐ Identify treatment options that can be used in a multi-modal management plan.
- ☐ Engage in self-reflection to recognize how one's clinical knowledge, attitudes and behaviours can impact the provision of care and support.
- ☐ Appreciate the roles of different professions, and where appropriate, engage in interprofessional assessment, planning and provision of care.
- ☐ Other (open text box)

24. Overall, which outcomes, if any, do you expect to achieve by participating in this program? (Check all that apply)

- ☐ Improved clinical knowledge
- ☐ Improved clinical confidence
- ☐ Improved clinical behaviours

- 25. What other outcomes, if any, do you expect to experience by participating in this program?  
(open text box)
- 26. What skills or qualities will you be looking for in your mentor? (open text box)
- 27. How could your mentor contribute to a safe and compassionate space for learning? (open text box)
- 28. Do you have any additional thoughts that you would like to share? (open text box)
- 29. Mentee Intake Survey (2024)