BCAMN Mentor Repeated Measures Survey 2024

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.

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

Disclaimer: The views expressed herein do not necessarily represent the views of Health Canada.

- 1. Pseudonym:
 - Please use the last two letters of your surname and the two last digits of your cell phone. (e.g. IS54)
- Month/Year you joined the BCAMN (e.g. March 2024)
- 3. If you have an area of specialization or focused practice within your primary clinical role, please specify: (mark all that apply)
 - o Chronic Pain
 - o Mental Health
 - o Substance Use
 - o Other (if selected please answer the next question)

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

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

	Not at all	2	3	4	5	6	Extremely	Uncertain	N/A	No
	knowledgeable						knowledgeable			answer
	1						7			
Chronic										
Pain										
Substance										
Use										
Disorder										
Mental										
Illness										

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

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

Managing					
Chronic					
Pain					
Managing					
Substance					
Use					
Disorder					
Managing					
Mental					
Illness					

The following questions seek to understand your clinical behaviours and skills at the present time.

6. Please indicate how often:

	Ne	Rar	Occasio	Someti	Frequ	Usu	Ever	Uncer	N/	No
	ver	ely	nally	mes	ently	ally	У	tain	Α	ans
	0%	(~10	(~30%)	(~50%)	(~70%	(~90	time			wer
		%))	%)	(~10			
							0%)			
You										
communic										
ate										
compassio										
n towards										
clients/pat										
ients (e.g.,										
listening										
carefully										
and										
without										
judgement										
, speaking										
with										
kindness).										
You are										
mindful of										
the impact										
of your										
speech										
and										
behaviours										
on your										
clients/pat										
ients										
emotional										
state.										

You					
customize					
care to					
meet the					
individual					
needs of					
your					
clients/pat					
ients.					
You are					
able to					
apply					
principles					
of cultural					
safety in					
your care					
of					
clients/pat					
ients.					
You are					
able to					
apply					
principles					
of trauma					
and					
violence					
informed					
practice in					
your care					
of					
clients/pat					
ients					
You					
involve					
your					
clients/pat					
ients (or					
substitute					
decision					
makers) in					
the shared					
decision-					
making					
process.					
You are					
able to					
identify					
treatment					

options					
that can be					
used in a					
multi-					
modal					
manageme					
nt plan					
(e.g.					
pharmacol					
ogical,					
non-					
pharmacol					
ogical					
options).					
You					
recognize					
when your					
pre-					
existing					
beliefs,					
thoughts					
and					
feelings					
are					
influencing					
interaction					
s with					
clients/pat					
ients.					
You spend					
time					
thinking					
about your					
client/pati					
ent's					
experience					
following a					
clinical					
interaction					
1.					
You					
critically					
evaluate					
the					
strategies					
and					
techniques					
that you					

use in your work with clients/pat ients.					
You					
critically					
evaluate					
the					
strategies					
and					
techniques					
that you					
use in your					
work with					
clients/pat					
ients.					

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:

	Not at all knowledgeable 1	2	3	4	5	6	Extremely knowledgeable 7	Uncertain	N/A	No answer
Chronic Pain (e.g. guidelines, BPI, EMR tools)										
Substance Use Disorder (e.g. DSM V, POMI)										
Mental Illness (e.g. Adult depression tool, guidelines and pathways)										

8. Leaving aside systemic issues, what proportion of clients/patients (who are beyond your capacity to care for) do you suggest or refer for a specialist consultation?

Neve	~10	~30	~50	~70	~90	Alway	Uncertai	N/	No
r	%	%	%	%	%	S	n	Α	answe
									r

Clients/patient s with chronic					
pain					
Clients/patient					
s with					
substance use					
disorders					
Clients/patient					
s with mental					
illness					

- **9.** Please indicate your ability to provide care and/or manage more complex clinical cases (e.g. clients/patients with two or more issues related to chronic pain, substance use disorders or mental illness).
 - o 0% of cases
 - o I can manage ~10% of cases
 - o I can manage ~30% of cases
 - o I can manage ~50% of cases
 - o I can manage ~70% of cases
 - o I can manage ~90% of cases
 - o I can manage every complex case
 - o Uncertain
 - Not applicable
 - o No answer
- **10.** How often do you engage in interprofessional collaboration in the care of:

	Ne ver 0%	Rar ely (~10 %)	Occasio nally (~30%)	Someti mes (~50%)	Freque ntly (~70%	Usu ally (~90 %)	Ever y time (~10 0%)	Uncer tain	N /A	No ans wer
Clients/pa tients with chronic pain							070)			
Clients/pa										
tients with										
substance										
use										
disorders										
Clients/pa										
tients with										
mental										
illness.										
Clients/pa										
tients with										

concurren					
t					
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.
 - o 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	Somewhat	Moderately	Very	Completely	No
	all true	true	true	true	true	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						
l'm						
contributing						
professionally						
(e.g.						
client/patient						
care, teaching,						
research, or						

leadership) in			
the ways I			
value most			

The following questions seek to understand the specific impact that you believe the BCAMN program has had on your clinical knowledge, skills, confidence and behaviours at the present time.

13. How has this program impacted your current clinical knowledge in the following client/patient care areas?

	Not	2	3	Mostly	5	6	Greatly
	improved			improved			improved
	1			4			7
Chronic							
Pain							
Cubatanaa							
Substance							
Use							
Disorder							
Mental							
Illness							

14. How has this program impacted your current confidence in the following client/patient care areas?

	Not	2	3	Mostly	5	6	Greatly
	improved			improved			improved
	1			4			7
Managing							
Chronic							
Pain							
Managing							
Substance							
Use							
Disorder							
Managing							
Mental							
Illness							

15. How has this program impacted how often:

	Not	2	3	Moderately	5	6	Greatly
	increased			increased			increased
	1			4			7
You							
communicate							
compassion							
towards							
clients/patients?							
You are careful							
in your speech							
and behaviours							
to avoid hurting							
the feelings of							
your							
clients/patients?							
You customize							
care to meet the							
individual needs							
of your							
clients/patients?							
You are able to							
adopt principles							
of cultural safety							
in your care of							
clients/patients?							
You are able to							
adopt principles							
of cultural safety							
in your care of							
clients/patients?							
You involve your							
clients/patients							
(or substitute							
decision							
makers) in the							
shared decision-							
making							
process?							
You are able to							
Identify							
treatment							
options that can							
be used in a							
multi-modal							

management				
plan?				
You recognize				
when your pre-				
existing beliefs,				
thoughts and				
feelings are				
influencing				
interactions with				
your				
clients/patients?				
You spend time				
thinking about				
your				
clients/patient's				
experience				
following a				
clinical				
interaction?				
You critically				
evaluate the				
strategies and				
techniques that				
you use in your				
work with				
clients/patients?				
You engage in				
inter-				
professional				
assessment,				
planning and				
provision of				
care?				

16. How has this program impacted how often you use evidence- based resources and tools to assess and monitor related outcomes for your clients/patients with the following conditions?

	Never	2	3	Sometimes	5	6	Always
	1			4			7
Chronic							
Pain							
Substance							
Use							
Disorder							
Mental							
Illness							

17. 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?

	Greatly	2	3	No effect	5	6	Greatly
	decreased			4			increased
	1						7
Clients/Patients							
Chronic Pain							
Clients/Patients							
Substance Use							
Disorder							
Clients/Patients							
Mental Illness							

18.	8. How has this program impacted your ability to pr	ovide care and/or manage more complex
	clinical cases?	

0	1	N	۱nt	inc	reased
\circ		ıv	IJι	1110	ıcascu

- 0 2
- o **3**
- o 4 Moderately increased
- 0 5
- 0 6
- o 7 Greatly increased
- Uncertain
- o Not applicable
- o No answer
- **19.** How has this program impacted how often you engage in interprofessional collaboration in the care of:

	Not	2	3	Moderately	5	6	Greatly
	increased			increased			increased
	1			4			7
Clients/Patients							
Chronic Pain							
Clients/Patients							
Substance Use							
Disorder							
Clients/Patients							
Mental Illness							

Mentorship Community

- **20.** How would you describe your sense of belonging to the mentoring community in the networks (includes your small group and/or the larger community involving all the participants across your province)?
 - o Somewhat strong
 - o Somewhat weak

- o Very weak
- No sense of belonging
- 21. Please provide a brief explanation as to why you selected "No sense of belonging."

Pillars of Adaptive Mentoring

Please indicate the extend to which you agree with the following statement:

- **22.** The program has created a compassionate space (safe, non-judgmental, and supportive) for me to engage in mentoring.
 - o Strongly Agree
 - o Agree
 - Unsure
 - o Disagree
 - o Strongly Disagree
 - o Very Strongly Agree

Concluding Thoughts

23. Is there anything you would like to share that hasn't been captured previously? Or, would you like to clarify any of your previous responses?