

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.

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

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

- [illegible]

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

[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]

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?

	Never	~10 %	~30 %	~50 %	~70 %	~90 %	Always	Uncertain	N/A	No answer
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concurrent disorders										
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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						
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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 improved 1	2	3	Mostly improved 4	5	6	Greatly improved 7
Chronic Pain							
Substance Use Disorder							
Mental Illness							

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

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

15. How has this program impacted how often:

	Not increased 1	2	3	Moderately increased 4	5	6	Greatly increased 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 1	2	3	Sometimes 4	5	6	Always 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 decreased 1	2	3	No effect 4	5	6	Greatly increased 7
Clients/Patients Chronic Pain							
Clients/Patients Substance Use Disorder							
Clients/Patients Mental Illness							

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

- ☐ 1 Not increased
- ☐ 2
- ☐ 3
- ☐ 4 Moderately increased
- ☐ 5
- ☐ 6
- ☐ 7 Greatly increased
- ☐ Uncertain
- ☐ Not applicable
- ☐ No answer

19. How has this program impacted how often you engage in interprofessional collaboration in the care of:

	Not increased 1	2	3	Moderately increased 4	5	6	Greatly increased 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)?

- ☐ Somewhat strong
- ☐ Somewhat weak

- 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 extent 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.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- 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?