

## Adaptive Mentorship Network Evaluation- Intake- Mentee

Thank you for being part of the Atlantic 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' and mentors' 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 to 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 and stored on encrypted and password protected drives. All analysis of the data will be done with de-identified and aggregated data 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.

If you have any questions please contact Paula Hutchinson PhD, Horizons Community Development, paula@horizonscda.ca.

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.

There are 34 questions in this survey

### About You and Your Practice

**What is your first name?**

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**What is your last name?**

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**What is your email address?**

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**What is your birth year (i.e., 1974)**

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**What is your gender? I identify as:**

Please choose **only one** of the following:

- ☐ Gender Fluid
- ☐ Genderqueer
- ☐ Man
- ☐ Non-Binary
- ☐ Transgender
- ☐ Trans Man
- ☐ Trans Woman
- ☐ Two Spirit
- ☐ Woman
- ☐ Prefer Not to Answer

**Which of the following languages do you speak?**

Please choose all that apply

- ☐ English
- ☐ French
- ☐ Additional languages: \_\_\_\_\_

**Which of the following languages do you use in your clinical practice?**

Please choose all that apply

- ☐ English
- ☐ French
- ☐ Additional languages: \_\_\_\_\_

**I primarily identify as:**

Please choose **only one** of the following:

- ☐ Arab
- ☐ Black
- ☐ Chinese
- ☐ Filipino
- ☐ Indigenous (First Nations, Metis, Inuk)
- ☐ Japanese
- ☐ Korean
- ☐ Latin American
- ☐ Multiple visible minorities, not included in this list
- ☐ South Asian
- ☐ Southeast Asian
- ☐ Visible minority, not included in this list
- ☐ West Asian
- ☐ White
- ☐ I prefer not to answer
- ☐ Another group not listed above: \_\_\_\_\_

**What is your primary clinical role?**

Please choose **only one** of the following:

- ☐ Chiropractor
- ☐ Dentist
- ☐ Family Physician
- ☐ Family Practice Nurse
- ☐ Licensed Practical Nurse
- ☐ Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Registered Nurse
- ☐ Psychologist
- ☐ Social Worker
- ☐ Specialist Physician
- ☐ Student
- ☐ Other: \_\_\_\_\_

**If you are a student, please name your profession:**

Please write your answer here:

**If you have an area of specialization or focused practice within your primary clinical role, please specify:**

Please choose **all** that apply:

- ☐ Chronic Pain
- ☐ Substance Use Disorders
- ☐ Mental Illness
- ☐ Other: \_\_\_\_\_

**How many years have you been practicing?**

Please write your answer here:

**Which of the following best describes your primary practice setting? (i.e., where you spend most of your clinical time)**

Please choose **only one** of the following:

- ☐ Health Authority
- ☐ 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: \_\_\_\_\_

**In which province do you practice?**

Please choose **only one** of the following:

- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Prince Edward Island

**In which regional health authority do you provide care?**

*(Only answer this question if your answer was "Newfoundland and Labrador" was chosen as your province of practice)*

Please choose **only one** of the following:

- ☐ Central
- ☐ Eastern
- ☐ Labrador – Grenfell
- ☐ Western
- ☐ If not listed above, please specify: \_\_\_\_\_

**In which regional health authority do you provide care?**

*(Only answer this question if your answer was "New Brunswick" was chosen as your province of practice)*

Please choose **only one** of the following:

- ☐ Vitalité Health Network
- ☐ Horizon Health Network
- ☐ If not listed above, please specify: \_\_\_\_\_

**Which of the following best describes your primary practice location?**

Please choose **only one** of the following:

- ☐ Rural (<1000)
- ☐ Small population centre (1000-29,999)
- ☐ Medium population centre (30,000-99,999)
- ☐ Large urban population centre (100,000 or more)

**What type/s of remuneration do you receive for your work?**

Please choose **all that apply**:

- ☐ Fee-for-service
- ☐ Direct client/patient billing
- ☐ Direct billing insurance/health plans
- ☐ Salary
- ☐ Capitation
- ☐ Sessional/Locum
- ☐ Incentives and premiums on top of base funding arrangement to encourage preventive care and complex case management
- ☐ Mixed/blended model of the above models
- ☐ Other: \_\_\_\_\_

## Your Practice Context

**What percentage of your clients/patients belong to an equity seeking group who may experience social marginalization and/or socio-economic barriers to care?**

(Examples include Indigenous peoples, people of colour, 2SLGBTQI+ patients, people with disabilities, and clients/patients living in poverty)

*Note: Enter a number from 0 to 100 and exclude the percentage sign (%)*

**Please answer the following questions using an approximate percentage based on an average week:**

Please write your answer(s) here:

*Note: enter a number from 0 to 100 and exclude the percentage sign (%)*

	What percentage of your total practice time (per week) involves clients/patients experiencing chronic pain?
	What percentage of your total practice time (per week) involves clients/patients with mental health conditions?
	What percentage of your total practice time (per week) involves clients/patients with substance use disorder?

Which of the following system-level barriers are a challenge for you in your practice setting?				
Please choose the appropriate response for each item:	Yes	No	Uncertain	NA
Lack of public funding for non-pharmacological therapies (chiropractic, massage, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of public funding for alternative pharmacotherapies such as topical therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to psychological therapies including motivational interviewing and cognitive behavioural therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of timely access to specialty clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of coordination when multiple providers are involved in the clients/patient's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of remuneration/specific billing codes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to referrals for clients/patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no way to do drug testing in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of my local colleagues do this kind of work and I don't have coverage while off or away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following knowledge-related barriers are challenges for you in your practice?				
Please choose the appropriate response for each item:	Yes	No	Uncertain	NA
Lack of knowledge of pain prevention interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge managing pain in challenging clinical situations (mental illness, substance use disorder, elderly, pediatrics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of mental illness prevention interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of substance use prevention interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge on the safe and effective use of opioid analgesic in the management of pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to training in pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to training in mental health interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to training in substance use interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge concerning opioid related complications such as opioid induced pain, opioid diversion and opioid use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty identifying clients/patients who are experiencing pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty identifying clients/patients who are experiencing mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following knowledge-related barriers are challenges for you in your practice?				
Please choose the appropriate response for each item:	Yes	No	Uncertain	NA
I have difficulty identifying clients/patients who are experiencing difficulties with substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know how to prescribe the medications that might help, or even what they are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not comfortable doing any form of counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This takes up a lot of time and I am already busier than I want to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Are there any other challenges in your practice setting?

Please write your answer here:

## Learning Preferences

### Which educational formats do you prefer when learning?

Please choose **all that apply**:

- ☐ Online learning courses (self-directed)
- ☐ Online discussions/webinars
- ☐ In-person lectures/seminars
- ☐ Workshops
- ☐ Conferences
- ☐ Small-group learning sessions
- ☐ 1:1 mentorship
- ☐ Coaching
- ☐ Other (please specify): \_\_\_\_\_

### Which educational formats do you prefer when learning new clinical skills?

Please choose **all that apply**:

- ☐ 1:1 Mentorship
- ☐ Coaching
- ☐ Consulting
- ☐ Audit/Feedback
- ☐ Peer/Mentor collaborative network
- ☐ Specialist telephone consultations
- ☐ Online discussion boards
- ☐ Other (please specify): \_\_\_\_\_

**Are there any supports or accommodations that would make it easier for you to participate in mentor/mentee activities/programs? If so, please describe?**

Please write your answer here:

## Mentee Specific Questions

**What were your motivations for joining this program?**

Please choose **all that apply**:

- ☐ My past enjoyment of learning from a mentor
- ☐ My desire to improve care for this population
- ☐ Building a community of practice for this population
- ☐ Building interprofessional bridges
- ☐ My desire to become a mentor
- ☐ Other (please specify): \_\_\_\_\_

**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.**

Please number each box in order of preference from 1 to 3

	Chronic Pain
	Mental Illness
	Substance Use

**Please identify which of the following learning objectives, if any, would meet your requirements from this program? (Please choose **all that apply**):**

- ☐ 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 (please specify): \_\_\_\_\_



**Overall, which outcomes, if any, do you expect to achieve by participating in this program?**

(Please choose **all that apply**:

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

**What other outcomes, if any, do you expect to experience by participating in this program?**

Please write your answer here:

**What skills or qualities will you be looking for in your mentor?**

Please write your answer here:

**How could your mentor contribute to a safe and compassionate space for learning?**

Please write your answer here:

## **Final Thoughts**

**Do you have any additional thoughts that you would like to share?**

Please write your answer here: