



CBT Skills Groups Initiative

Physician Overview

65

physicians are participating in Phase 1-4 training this quarter across 18 Divisions of Family Practice. (58 physicians are in Phase 1 and 7 physicians are in Phases 2-4)

This summary presents evaluation findings from July to September 2022 of the CBT Skills Groups Initiative, which offers CBT Skills training to physicians and patients.

Based on pre-program physician survey responses (n=44)*, physicians heard of the program mainly by:

UBC CPD emails 45%

Colleague 32%

14% DoFP

7% CBT Skills Website

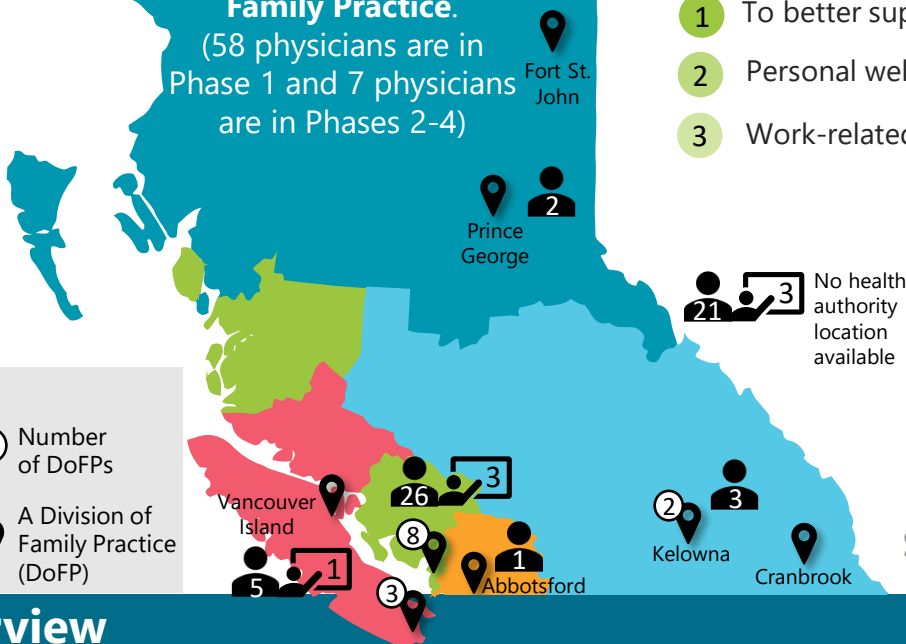
*Respondents able to select multiple options, will not add to 100%

Physicians' top 3 motivations to register were:

- 1 To better support patients
- 2 Personal wellness
- 3 Work-related wellness

Legend:

- Number of Phase 1 trainees by Health Authority
- Number of Phase 2-4 trainees by Health Authority
- Number of DoFPs
- A Division of Family Practice (DoFP)



SharedCare
Partners for Patients

Patient overview

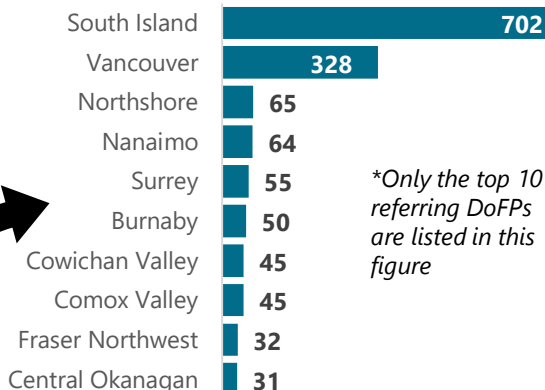
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Patients participated in CBT Skills Foundations Groups this quarter, primarily from the following DoFPs: South Island (n=48), Vancouver (n=23), Fraser Northwest (n=3), and Burnaby (n=3)

1,691

Patients were referred this quarter by 733 providers. On average, providers referred 2 patients each.

The highest number of referrals were made by the following DoFPs*:



*Only the top 10 referring DoFPs are listed in this figure

1 Findings are based on administrative data of physicians / patients participating during the quarter, physician evaluations surveys and patient evaluation surveys. Survey responses will not match administrative data; surveys are voluntary and open ongoing therefore may include responses from physicians / patients from other quarters.



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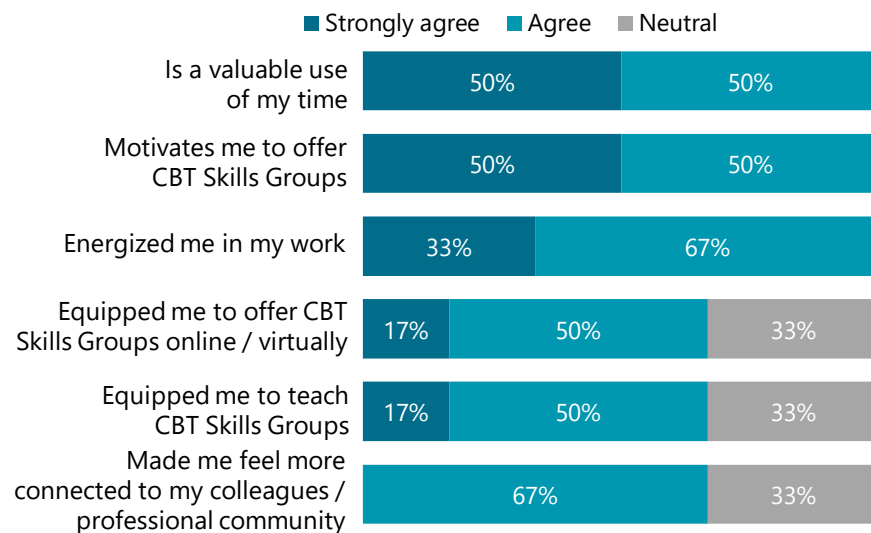


Impacts on Phase 2-4 Trainees

The physician wellness training groups from this quarter are ongoing therefore final evaluation survey data is unavailable. Early findings from 6 physicians (86% response rate) currently in Phase 2-4 training are outlined below.

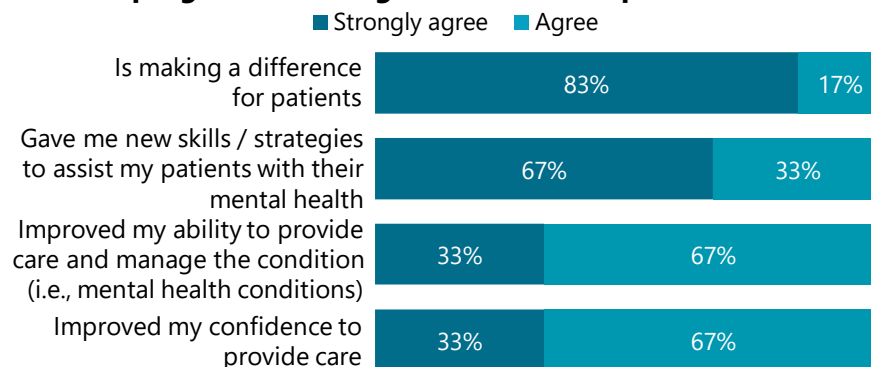
Impact of facilitator training on trainees

Based on survey responses of trainees currently in Phase 2-4 training this quarter (n=6), **100% agreed, or strongly agreed, that the program is a valuable use of their time and motivates them to offer CBT Skills Groups.**




Perception on patient impacts

Based on survey responses of trainees currently in Phase 2-4 training this quarter (n=6), **100% agreed, or strongly agreed, that the program is making a difference for patients.**



Satisfaction with the program

100% of Phase 2-4 trainees (6 of 6) would **recommend the program to colleagues**



Professional Fulfillment & Burnout

Physicians are requested, at the start and end of their training, to complete a survey which employs the **Stanford Professional Fulfillment Index²** to investigate the **wider impacts of the training.** Findings from these surveys will be analyzed annually, once a sufficient sample size is available.

The following feedback was received from Phase 2-4 trainees this quarter:

"Such an impactful and valuable offering for patients and I am humbled and privileged to be part of this journey with patients. I am grateful to receive this training to be able to help support my community."

- Phase 2-4 Trainee

"So appreciate that it [the training] combines the best of several domains of therapy. [I] feel more confident and have language to share and help others, including myself."

- Phase 2-4 Trainee

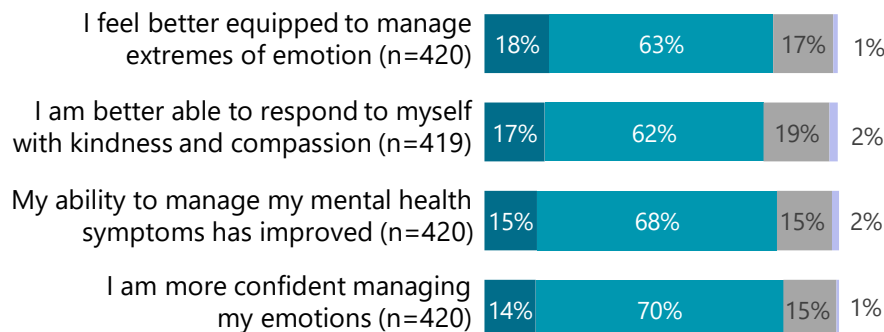
²The **Stanford Professional Fulfillment Index (PFI)** is a 16-item instrument that covers burnout (work exhaustion and interpersonal disengagement) and professional fulfillment. Response options are on a five-point Likert scale. Scale scores are calculated by averaging the item scores of all the items within the corresponding scale. Scale scores can then be multiplied by 25 to create a scale range from 0 to 100. Higher score on the professional fulfillment scale is more favourable. In contrast, higher scores on the work exhaustion or interpersonal disengagement scales are less favourable.

Impacts on Participating Patients

Learning and applying CBT Skills

Based on survey responses of patients who completed a group this quarter, **over 80% agreed that as a result of the group they are better equipped with, and able to apply, CBT Skills in their lives.**

■ Strongly agree ■ Agree ■ Neutral ■ Disagree



"I can now pause, and reflect on where my thoughts are leading me, resist the negative self talk, and realize that it is not self indulgent to seek medical help for mental health problems. I learned a lot, and look forward applying these skills daily."
– Patient participant

Satisfaction with CBT Skills groups

Based on survey responses of patients who completed a group this quarter, **over 90% agreed they felt safe in the group and would recommend it to friends and family.**

95%

of patients (402 of 421*) **agreed or strongly agreed they felt safe in the group. This level of agreement was similar across both white and racialized patients.** (*of the other 5%, 3% were neutral, 0.5% disagreed and 1% strongly disagreed)

94%

of patients (397 of 421) **agreed, or strongly agreed, they would recommend this program to friends and family**

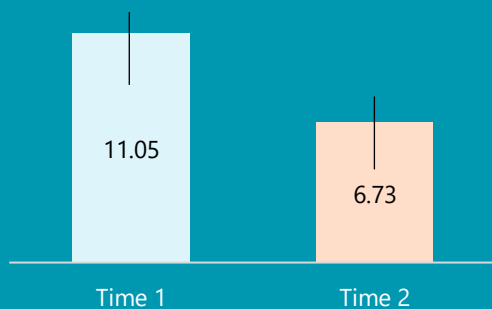
"I will keep repeating the CBT groups as long as it remains available to me; I find these programs so helpful and well done."
– Patient participant

Depression and anxiety severity

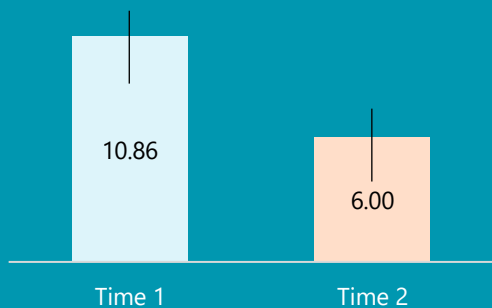
Patients are requested, at the start and end of their group, to complete a survey which employs the **Patient Health Questionnaire 8³ (PHQ-8)** and the **Generalized Anxiety Disorder 7⁴ (GAD-7)** to investigate **impacts of CBT Skills on depression and anxiety, respectively.** Analysis includes only those who attended 6 or more sessions and had pre- and post- scores. A paired t-test and 95% confidence interval was applied.

Participating patients experienced **statistically significant improvements in their symptoms of depression and anxiety.**

PHQ-8 (n=22)



GAD-7 (n=22)



Furthermore, **60% of patients with moderate to severe depression improved by two or more degrees of severity.**

³ The **PHQ-8** is an 8-item instrument for screening, diagnosing, monitoring and measuring the severity of depression. Responders are asked to rate the frequency of depression symptoms in the last 2 weeks on a Likert scale ranging from 0-3. Items are summed to provide a total score. In terms of the depression severity, a score of 1-9 is considered 'minimal', 10-14 mild, 15-19 Moderate, 20-24 Severe. Only patients with a score of 18 or less at time of referral are eligible to register for CBT Skills Groups.

⁴ The **GAD-7** is a 7-item questionnaire for screening and severity measuring of generalized anxiety disorder (GAD). The GAD-7 score is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day', respectively, and adding together the scores for the seven questions. Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively.