



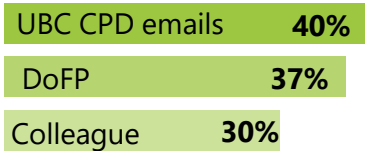
CBT Skills Groups Initiative

Physician Overview

100

physicians completed Phase 1 CBT Skills Training this quarter across 21 Divisions of Family Practice. 87% (87 of 100) were trained through UBC CPD

Based on pre-program physician survey responses (n=164)*, physicians heard of the program mainly by:



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

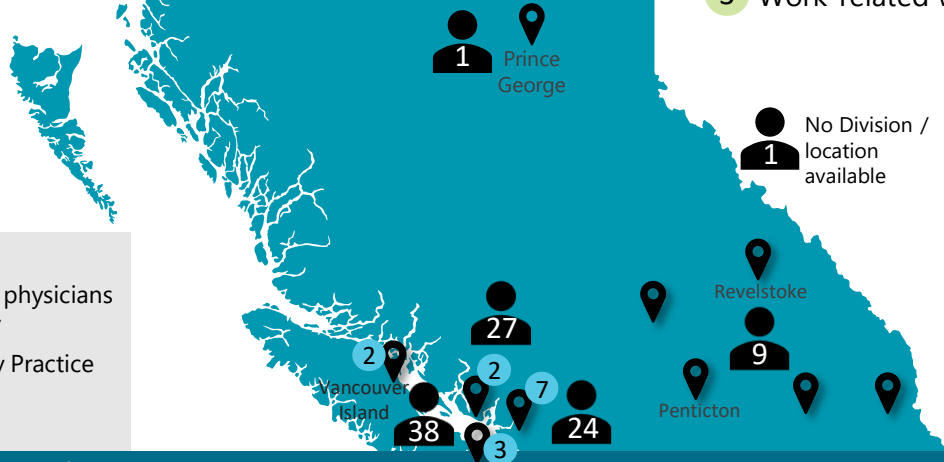
This summary presents evaluation findings¹ from Jan-March 2022 of the CBT Skills Groups Initiative, which offers CBT Skills training to physicians and patients.

Physicians top 3 motivations to register were for:

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

Legend:

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



Patient overview

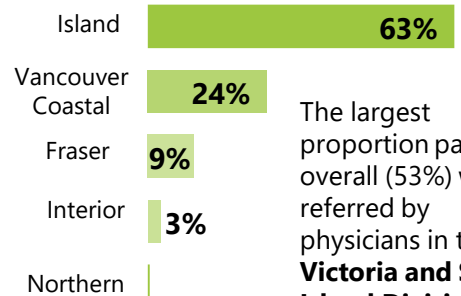
1,091

Patients participated in CBT Skills Foundations Groups this quarter.

63% (689 of 1,091) of participating patients were from the Island Health region

1,679

Patients were referred to CBT Skills Groups this quarter by 795 providers, 90% of whom are physicians.



The largest proportion patients overall (53%) were referred by physicians in the **Victoria and South Island Divisions of Family Practice**

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.

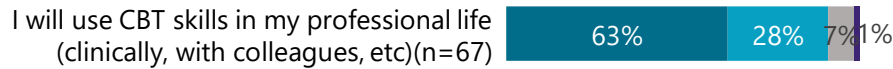
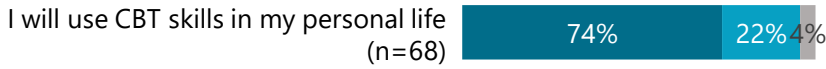


Impacts on Participating Physicians

Learning and applying CBT Skills

Based on survey responses of physicians who have completed physician wellness training (n=69), **most physicians agreed they gained CBT Skills that they will use.**

■ Strongly agree ■ Agree ■ Neutral ■ Disagree ■ Strongly disagree



Satisfaction with the program

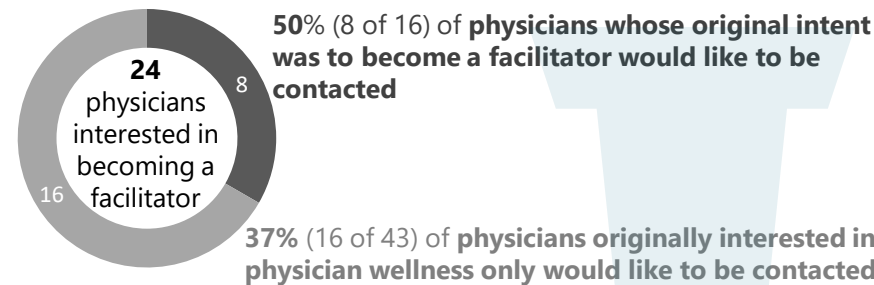
Based on survey responses of physicians who have completed physician wellness training (n=69), **most physicians agreed they would recommend the program.**

91% of physician wellness participants (64 of 69) would **recommend program to colleagues**

93% of physician wellness participants (63 of 69) would **recommend the program to patients**

Interest in becoming a CBT Skills Facilitator

Based on survey responses of physicians who have completed physician wellness training, **41% (24 of 59*) would like to be trained to become a CBT Skills facilitator.** *Unable to determine interest for 10 physicians.



Of the 24 interested physicians, 33% are in Fraser Health, 21% in Vancouver Coastal, 21% in Island Health, 17% in Interior Health and 8% in Northern Health and across 12 DoFPs.

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 physician wellness participants this quarter:

“Peer connection and support, I think **this is a great way to learn, feel part of a community and realise that we all have our struggles in this profession.**”

– Physician wellness participant

“(Name of Facilitator) leads with her willingness to share her vulnerabilities and as a result **we all get to realise we are not alone in this challenging profession that can feel isolating with its demands and culture of perfectionism.**”

– Physician wellness participant

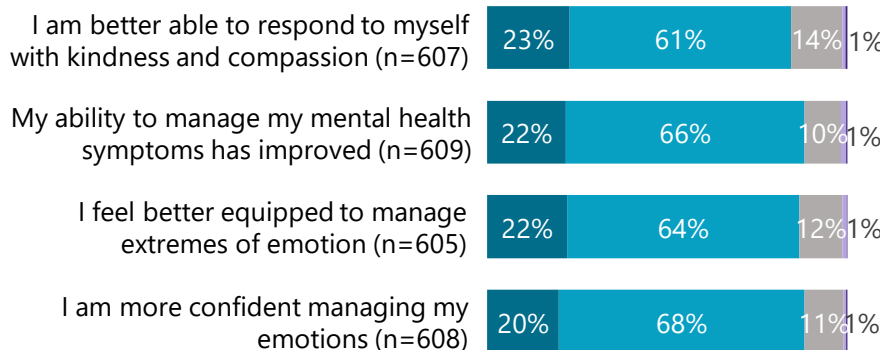
² The [Stanford Professional Fulfillment Index \(PFI\)](#) is a 16-item instrument that covers burnout (work exhaustion and interpersonal disengagement) and professional fulfillment. Response options are on a five-point Likert scale. Scale scores are calculated by averaging the item scores of all the 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 (n=609) of patients completed a group this quarter, **most patients 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 ■ Strongly disagree



"I have gained so much knowledge and personal growth that has extended to my daily life so positively. One of the best things for me I have ever done."

- Patient participant

Satisfaction with CBT Skills groups

Based on survey responses (n=609) of patients who completed a group this quarter, **most patients agreed they were satisfied with the program and would recommend it to friends and family.**

93%

of patients (564 of 604) said they were **satisfied or very satisfied** with the group

95%

of patients (580 of 609) **agreed or strongly agreed they would recommend this program to friends and family**

"Really like the solidarity aspect of interacting with others going through similar emotions but from all different situations. Very supportive & safe."

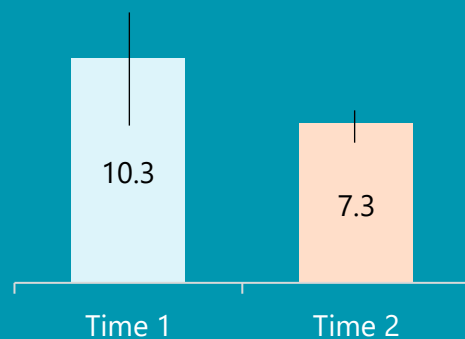
- Patient participant

Depression and anxiety severity

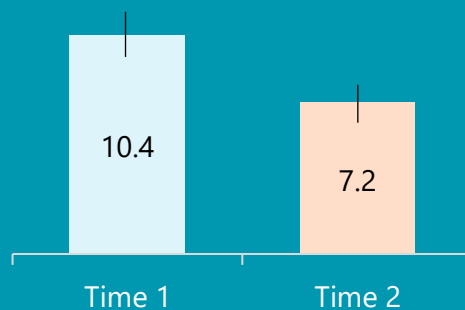
Patients are requested, at the start and end of their group, to complete a survey which employs the **Patient Health Questionnaire 8³ (PHQ-8)** and the **Generalized Anxiety Disorder 7⁴ (GAD-7)** to investigate **impacts of CBT Skills on depression and anxiety, respectively.** Analysis includes only 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 **improvements in their symptoms of depression and anxiety.**

PHQ-8 (n=230)



GAD-7 (n=230)



Furthermore, the majority of patients with moderate to severe depression **improved by one 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.