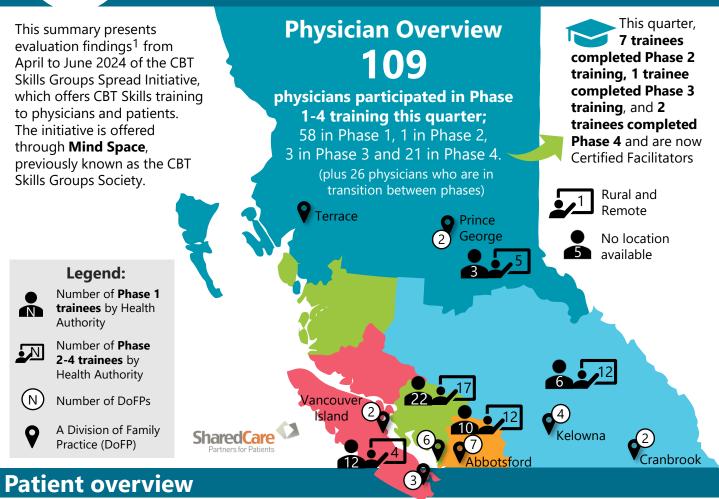
April - June 2024 Quarterly Evaluation Report

CBT Initiative



724

Individuals participated in CBT Skills Foundations Groups this quarter, **primarily from the following DoFPs**: South Island (n=292), Vancouver (n=156), and Nanaimo (n=31)

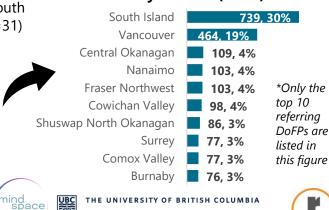
2532

Participants were referred this quarter by **1,085** providers. On average, providers referred 2 participants each.

¹Findings are based on administrative data of participating physicians / patients during the quarter, and participant 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.

² The number of referrals is higher than the number of CBT Skills Foundations Groups participants because referrals can be made to 2 other types of entry-level groups, and participants can register at their leisure.

The highest number of referrals were made by the following Divisions of Family Practice (DoFP)*:



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Impacts on Phase 1/Physician Wellness Participants Learning and applying CBT Skills

Based on survey responses of Phase 1 / Physician Wellness participants this quarter (33 of 58; 57% response rate), **97%** agreed they will use CBT skills in their personal and professional lives.

Strongly agree Agree Neutral Disagree Strongly disagree I will use CBT Skills in my 70% 27% 3% personal life (n=33) I will use CBT skills in my 64% 33% 3% professional life (n=33) The program energized 52% 39% 3% me in my work (n=33)

The program made me feel more connected to my colleagues (n=33)

* "Strongly Disagree" responses were from a single individual who attended 6 out of 8 sessions

48%

39%

3%

Satisfaction with the program

Based on survey responses of Phase 1 / Physician Wellness participants this quarter (n=33), **over 94% agreed they would recommend the program to others, and it was a valuable use of their time.**

of physician wellness participants (32 of 33) would **recommend the program to colleagues**

of physician wellness participants (31 of 33) would **recommend the program to patients**



of physician wellness participants (32 of 33) **agreed the program was a valuable use of their time**

Interest in becoming a CBT Skills Group Facilitator

Based on survey responses of Phase 1 / Physician Wellness participants, **12 physicians** (39%; 12 of 31) **would like to be trained to become a CBT Skills Group facilitator**.

Of these 12 physicians...

25% (3 of 12) WERE ALREADY interested when they started training

75% (9 of 12) BECAME interested by the end of training

Professional Fulfillment & Burnout

Physicians are requested, at the start and end of their training, to complete a survey which employs the **Stanford Professional Fulfillment Index**³ 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:

> "Breaking up the knowledge content with practical exercises helped absorb and practice the material being taught. **The program was delivered in a way that promotes spiral learning and ongoing engagement**."

> - Physician wellness participant

"Not only was [the facilitator's] **approach and expertise exceptional**, but [they] very much engendered an environment that made it **feel safe to be vulnerable**, something that can be hard for physicians."

Physician wellness participant

³ The <u>Stanford Professional Fulfilment Index (PFI)</u> is a 16-item instrument that covers burnout (work exhaustion and interpersonal disengagement) and professional fulfilment. 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 fulfilment scale is more favourable. In contrast, higher scores on the work exhaustion or interpersonal disengagement scales are less favourable.



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Impacts on CBT Skills Foundations Participants Learning and applying CBT Skills

Based on survey responses of this guarters' participants, 83% agreed that as a result of the group they are more confident managing their emotions.

■ Strongly Agree ■ Agree Disagree Neutral Strongly Disagree 1% I am more confident managing 14% 69% 15% my emotions (n=354)1% 1% My ability to manage my mental health 17% 64% 17% symptoms has improved (n=352) 1% I feel better equipped to manage 3% 16% 64% extremes of emotion (n=354)17% 1% 2% I am better able to respond to myself 18% 59% **19%** with kindness and compassion (n=354)

"[The CBT Skills Group] has helped me so much. I now understand why I have had some of the challenges that I have had. I appreciated the "buffet" of tools and knowing I am not alone in this journey."

– CBT Skills Foundations participant

Satisfaction with CBT Skills Foundations groups

Based on survey responses of this guarter's participants, over 94% agreed they felt safe in the group and would recommend it to friends and family.



of participants (340 of 358*) 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, 1% disagreed, and 1% strongly disagreed)



of participants (333 of 355) agreed, or strongly agreed, they would recommend this program to friends and family

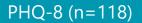
"The most valuable part of the experience was being in a group with people who were facing similar struggles. It was really normalizing, and our facilitator [created] a safe and comfortable space for everyone." - CBT Skills Foundations participant

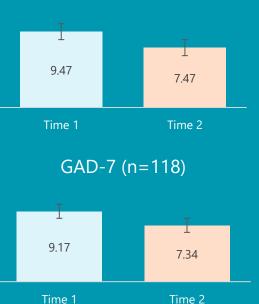
Depression and anxiety severity

Participants are requested, at the start and end of their group, to complete a survey which employs the Patient Health Questionnaire 8⁴ (PHQ-8) and the Generalized Anxiety **Disorder 7⁵ (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 postscores. A paired t-test and 95% confidence interval was applied.

Participants experienced statistically significant improvements in their symptoms of depression and **anxiety.** Effect sizes were moderate (0.465 for PHQ-8 and 0.458 for GAD-7).

1%





Furthermore, 79% of participants with moderate to severe depression

improved by one or more degrees of severity.

⁴ The <u>PHQ-8 is an 8-item instrument for screening</u>, 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.

⁵The <u>GAD-7</u> 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 cutoff points for mild, moderate and severe anxiety, respectively.



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