



CBT Skills Groups Initiative

Physician Overview

75

physicians participated in Phase 1-4 training this quarter

(58 physicians participated in Phase 1 and 17 in Phases 2-4)

Based on pre-program physician survey responses (n=67)*, **physicians heard of the program mainly by:**

UBC CPD Emails **42%**

DoFP **33%**

Colleague **28%**

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

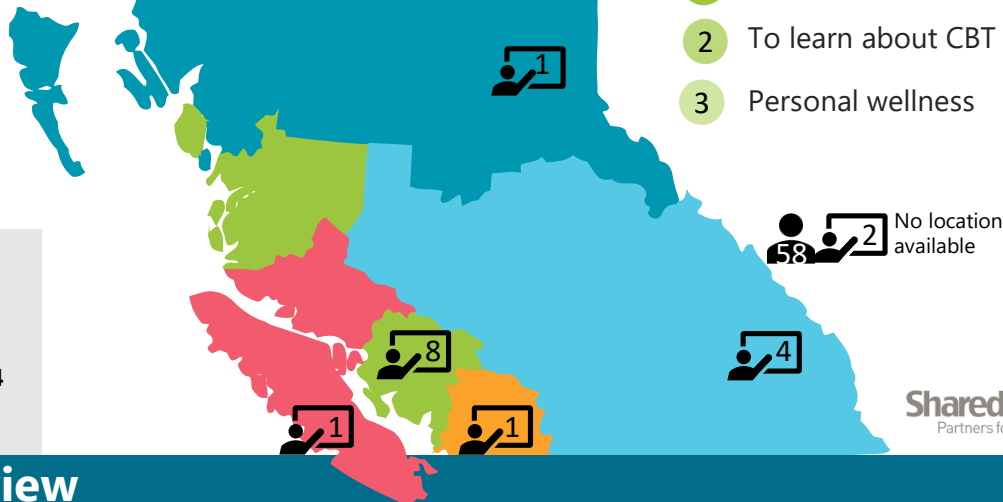
Legend:

- Number of **Phase 1 trainees** by Health Authority
- Number of **Phase 2-4 trainees** by Health Authority

This summary presents evaluation findings¹ from October to December 2022 of the CBT Skills Groups Initiative, which offers CBT Skills training to physicians and patients. *The number of physician and patient participants may be under-represented this quarter as not all data from Oct-Dec 2022 was available at the time of preparing this summary.*

Physicians' top 3 motivations to register were:

- 1 To better support patients
- 2 To learn about CBT skills
- 3 Personal wellness



SharedCare
Partners for Patients

Patient overview

73

Patients participated in CBT Skills Foundations Groups this quarter, **primarily from the following DoFPs:** Victoria / South Island (n=33), Cowichan Valley (n=6), Surrey (n=3) and Abbotsford (n=3)

1884

Patients were referred this quarter by **828** providers. On average, providers referred 2 patients each.

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

Victoria / South Island	779
Vancouver	263
Nanaimo	112
Cowichan Valley	82
Comox Valley	64
Central Okanagan	56
Fraser Northwest	50
Shuswap North...	43
Northshore	42
Burnaby	41

*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.



THE UNIVERSITY OF BRITISH COLUMBIA

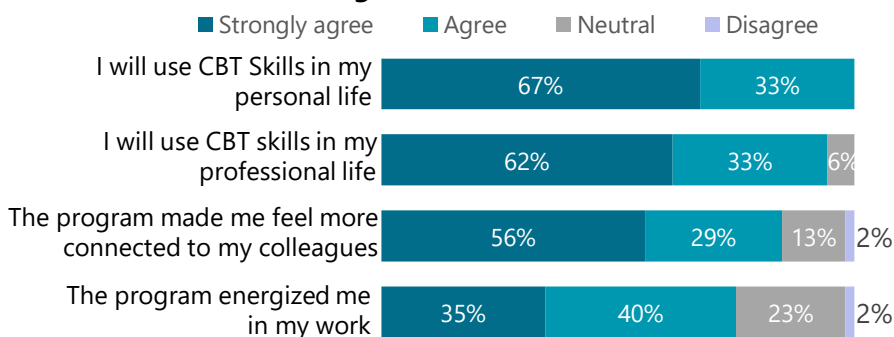
Continuing Professional Development
Faculty of Medicine



Impacts on Phase 1/Physician Wellness Participants

Learning and applying CBT Skills

Based on survey responses of Phase 1 / Physician Wellness participants this quarter (52 of 58; 89% response rate), **over 85% agreed they gained CBT Skills they will use and feel more connected to their colleagues**



Satisfaction with the program

Based on survey responses of Phase 1 / Physician Wellness participants this quarter (n=52), **over 94% agreed they would recommend the program to others and that it was a valuable use of their time.**

94% of physician wellness participants (49 of 52) would **recommend the program to colleagues**

94% of physician wellness participants (49 of 52) would **recommend the program to patients**

96% of physician wellness participants (50 of 52) **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, **29 physicians (56%; 29 of 52) would like to be trained to become a CBT Skills Group facilitator.**

Of these 29 physicians...



Note: 6 physicians initially interested indicated they were no longer interested by the end of training.

Of the 29 interested physicians, 31% are in Fraser Health, 21% in Interior Health, 21% in Island Health, and 17% in Vancouver Coastal and across 16 DoFPs.

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.

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:

"It was really helpful to hear the facilitator participate in the check-ins and also share her experiences and stories and how she uses CBT to help with particular struggles/challenges in her day-to-day life."

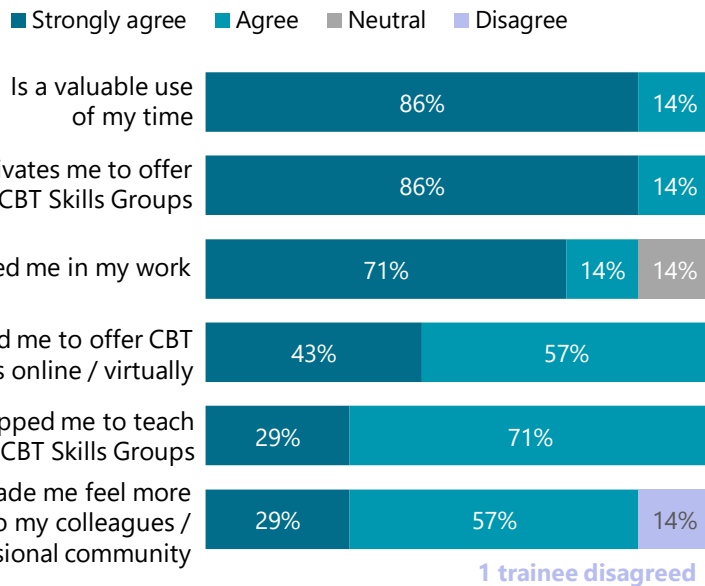
- Physician wellness participant

"[Name of Facilitator] helped open the door for myself to be vulnerable with sharing amongst physicians and also has increased my knowledge and interest in CBT for personal and professional use. Many, many thanks."

- Physician wellness participant

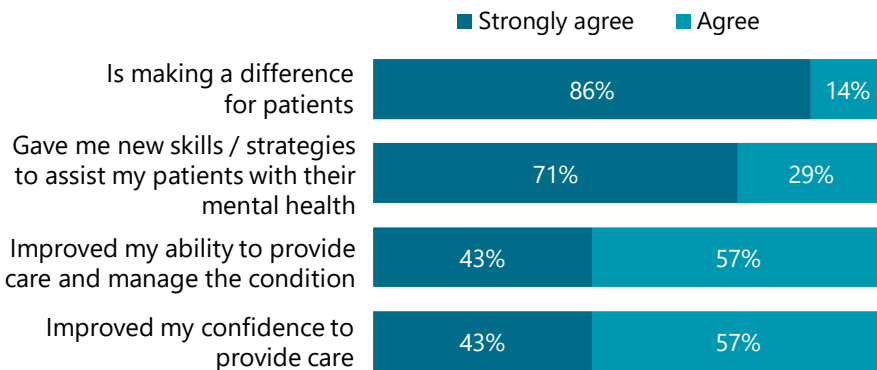
Impacts on Phase 2-4 / Facilitator Trainees

Based on survey responses of trainees who completed Phase 3 training this quarter (7 of 9; 78% response rate), **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 who completed Phase 3 training this quarter (n=7), **100% agreed, or strongly agreed, that the program is making a difference for patients.**



Satisfaction with the program

86% of Phase 3 trainees (6 of 7) 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 3 trainees this quarter:

"I continue to see how the more I do the course the more I integrate new skills into my own personal life and professional tool box as well. A life long journey of learning. It has also improved my confidence and autonomy and satisfaction with offering services within the current medical system."

- Phase 3 Trainee

"I also am much more aware of my own thought distortions, and this course has changed my own relationship to thoughts and feelings. It has made me more self compassionate and I am working on my own things too."

- Phase 3 Trainee

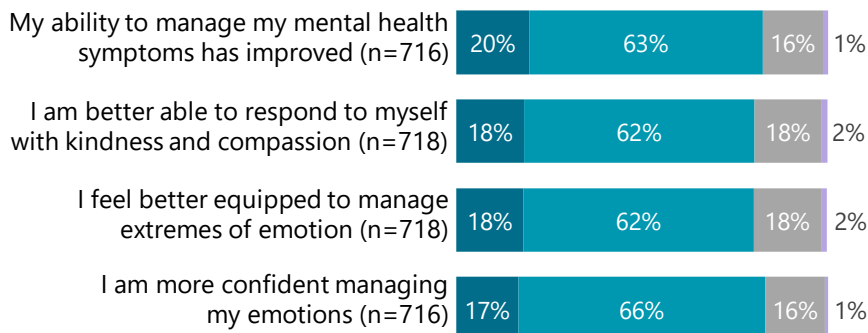
²The [Stanford Professional Fulfillment Index \(PFI\)](#) is a 16-item instrument that covers burnout (work exhaustion and interpersonal disengagement) and professional fulfillment. Response options are on a five-point Likert scale. Scale scores are calculated by averaging the item scores of all the 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 participated in a group this quarter, **over 80% agreed that as a result of the group they are better able to manage their mental health symptoms.**

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree



"[The program] helped me through a really difficult time and I find being able to come back to practice engaging in these skills helps me to continue to manage my mental health."
- Patient participant

Satisfaction with CBT Skills groups

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

96%

of patients (689 of 717*) **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 4%, 3% were neutral, 0.1% disagreed and 0.4% strongly disagreed)

95%

of patients (682 of 718) **agreed, or strongly agreed, they would recommend this program to friends and family**

"It was positive and inviting. I gained valuable tools to assist me in my anxiety and managing my triggers. It was great!"
- 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.** *There was an insufficient number of completed PHQ-8 and GAD-7 scores available for analysis at the time of preparing this summary.*

The following feedback was received from patient participants this quarter:

"One of the biggest things I have benefitted from is **the knowledge gained from sharing experiences with others that I'm not alone** or anomalous in my thoughts and behaviour. The examples of others has **helped me better develop my empathy and given me hope that I'm going to find my way through.**"
- Patient participant

"I remember when my doctor recommended it to me and I checked it out I felt pretty anxious about how it was run but I gave it a try because I knew that it would help me. **I'm happy I did this and it will help me for the rest of my life.**"

- Patient participant

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.