UBC CPD

CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

SPECIALIST CPD ECOACH
SAMPLE RESPONSE - DEPRESSION

STEP 1: DEFINE YOUR TOPIC

1.1 Think back to what inspired you to learn more about this topic or improve your practice. Briefly summarize the encounter or situation. Consider the following questions as you reflect:

- What about the situation made you want to improve your knowledge?
- What specifically piqued your interest?

I am a neurologist and work in a rural community seeing outpatients and hospital inpatients. I see many patients with somatic complaints and neurological symptoms that seem to be psychiatric in origin; particularly I wonder about depression as a source. I also see patients who appear to have psychiatric symptoms in addition to their neurological condition. I would like to be able to properly screen my patients for depression.

1.2 What topic or area of practice would you like to focus on?

Screening tools for depression

1.3 What specifically would you like to improve in your practice? Define your improvement goal(s). It should be specific, measurable, achievable, realistic, and time-bound (SMART) to facilitate your success in achieving it.

Within in the next two months, I would like to have a psychiatric screening tool(s) to administer to the appropriate patients, and incorporate the results into my assessments and consultative reports.

How much time (in hours) have you spent working on this step? 0.5

STEP 2: SELF ASSESSMENT: MEASUREMENT

STEP 2A: CREATING A MEASUREMENT STRATEGY

2A.1 List one or more measures you can use to assess your progress towards your improvement goal(s).

Percentage of patients screened for depressive symptoms in my practice.

2A.2 How will you collect the information for your measures?

- If you are using an EMR, what queries will you run?
- If you are using other existing information sources, what are they?
- If you are creating your own information source, describe your collection process.

My clerical staff will track which patients have screening results included in my dictated initial consultations.

2A.3 What do you predict your practice baseline will be?
0% - I am not currently screening any of my patients for any psychiatric symptoms.

STEP 2B: GATHERING THE INFORMATION

2B.1 Was your baseline what you expected? If not, why do you think your baseline was different?

Yes, this was an expected baseline.

2B.2 What is the current literature, guidelines, or scientific evidence on this topic? List your sources and any best practice standards, if applicable.

Most relevant to my purposes:

US Preventative Services Task Force Recommendation Statement

- I can use the Patient Health Questionnaire 2 (PHQ2); followed by one of Patient Health Questionnaire 9, or the Geriatric Depression Scale.

Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder

- Suggests using the PHQ2 in primary and secondary care settings, in individuals with risk factors for depression:

- Clinical Factors:
    - history of depression
    - family history of depression
    - psychological adversity
    - high users of the medical system
    - chronic medical conditions (esp CVD, DM, Neurological disease)

- o   other psychiatric conditions
- o   times of hormonal change (i.e. peripartum)

- **Symptom Factors:**
  - unexplained physical symptoms
  - chronic pain
  - fatigue
  - insomnia
  - anxiety
  - substance use

2B.3 How does your baseline compare to current literature, guidelines, or scientific evidence on this topic?

I am not screening at present.

How much time (in hours) have you spent working on this step? 2.5 hours

STEP 3: CREATE AN IMPROVEMENT PLAN

3.1 Based on your comparisons with clinical guidelines or other ways you evaluation your success, what values for your measures will indicate success? How will you know when you have achieved your improvement goal(s)?

I will have achieved success when 100% of the patients in my practice with risk factors for depression (which will be all patients as per CANMAT Guidelines) are screened and the results from screening are reported in my consultations.

3.2 Generate your improvement plan.

Action Plan
What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

I can track my success in completing tasks in the following timeline:

Action Steps	Timeline	Resources/ Supports	Potential Challenges	Results
Request literature review from the BC College of Physicians and Surgeons of BC re: depression screening tools, recommendations/ guidelines regarding tools and screening the general and adult neurological patients for depression.	Week 1	BC College of Physicians and Surgeons Library		Completed. Received literature from BCCPS
Review articles from the literature search.	Week 2	Independent reading	I suspect absence of literature specific to neurology patients	Completed. Suspicion partially correct; level 3 and 4 evidence supports screening in neurological patients in CANMAT guidelines. Results adequate to inform a change to practice however.
Speak with my clerical staff about my plan to track which patients are screened and including results in my consultations.	Week 3	Independent	finding time	Completed

Begin screening patients and sharing results in consultations.	Weeks 4-8	Office clerical staff	finding time and remembering to screen patients.	Completed with 90% success rate
Reflect on my improvement effort and record my results in Step 4 of this tool.	Week 8	Independent		Completed and claimed MOC Section 3 credits.

3.3 Which CanMEDS-FM roles do your goals fit under?

	CanMEDS Role	Description
x	Medical Experts	As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe-patient care. Medical Expert is the central physician role in the CanMEDS Framework and defines the physician's clinical scope of practice.
	Communicator	As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.
	Collaborator	As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.
	Leader	As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.
x	Health Advocate	As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.
x	Scholar	As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.
	Professional	As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

3.4 How confident do you feel about following through on your plan (on a scale from 0 to 10 with 10 being very confident)?

Very confident (9/10). This seems like a realistic goal to achieve.

3.5 If you answered **less than 7**, what might you change in your plan to increase your confidence?

N/A

How much time (in hours) have you spent working on this step? 1 hour

STEP 4: EVALUATE THE IMPLEMENTATION

4.1 Did you observe any changes in your measures?

Yes

4.1.1 Describe the changes.

I have been successful at screening 90% of my patients for depression with the PHQ2. The 10% not screened did not complete a paper copy of the screening questionnaire, and I did not ask them these questions specifically in my assessment/history taking.

4.1.2 What are some reasons why there was no change? Do you need to reconsider your improvement plan. If so, how?

N/A

4.2 Did you encounter challenges or barriers while implementing your improvement plan?

Lack of patient cooperation, lack of time, forgetfulness on my part to ask the patients who did not complete the paper copy of the screen.

4.3 If yes, what were the challenges and how did you manage them?

In the future, I will aim to incorporate the 2 PHQ2 questions into my history.

4.3 Has there been a change in your comfort level/confidence in managing the situation/encounter?

Yes

4.4 Has there been a change in your comfort level/confidence related to this topic?

Yes.

4.5 Describe any steps you can take to further increase your comfort level/confidence.

I will read the full CANMAT guidelines referenced above. I also plan to do further CME on diagnosis and treatment of depression, as well as interview the local Mental Health Unit manager to identify local resources for assessment and treatment.

4.6 How will you use the results of your improvement plan to inform your practice in the future? What strategies will you use to address any areas that need further improvement? How will you overcome potential barriers?

Describe your next steps.

Please see my answer to question 4.5.

How much time (in hours) have you spent working on this step? 1 hour

Total time spent on Steps 1 to 4 (in hours): 5 hours

MOC Section 3 credits earned: 5.0 Credits