

Bolstering Access by Building Competence in First-line Insomnia Care: Results from a Canadian Interdisciplinary Educational Program

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BACKGROUND

- Cognitive Behavioural Therapy for Insomnia (CBT-I) is the first-line treatment for chronic insomnia
- Access to CBT-I in Canada is lacking; thus, sedative-hypnotics are prescribed despite drawbacks
- Gaps in recommendations and practice are partly due to a lack of training among providers

AIM

- Develop educational programming to build capacity in insomnia care among healthcare providers

METHOD

- Programming developed by an interdisciplinary team
- **Topics:** insomnia assessment and treatment, CBT-I (stimulus control therapy, sleep restriction, cognitive restructuring, relaxation training), group-based CBT-I, deprescribing sedative-hypnotics, insomnia intervention in brief appointments
- **Program 1: Live + On-demand**
 - 8 online sessions (6 live Zoom sessions, 2 on-demand modules)
- **Program 2: On-demand**
 - 8 on-demand modules
- Learners rated self-perceived capacity from low (1) to very high (10) on learning outcomes pre-program and after each session

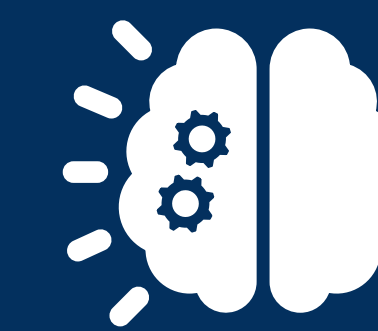


KEY FINDINGS:

About the Learners

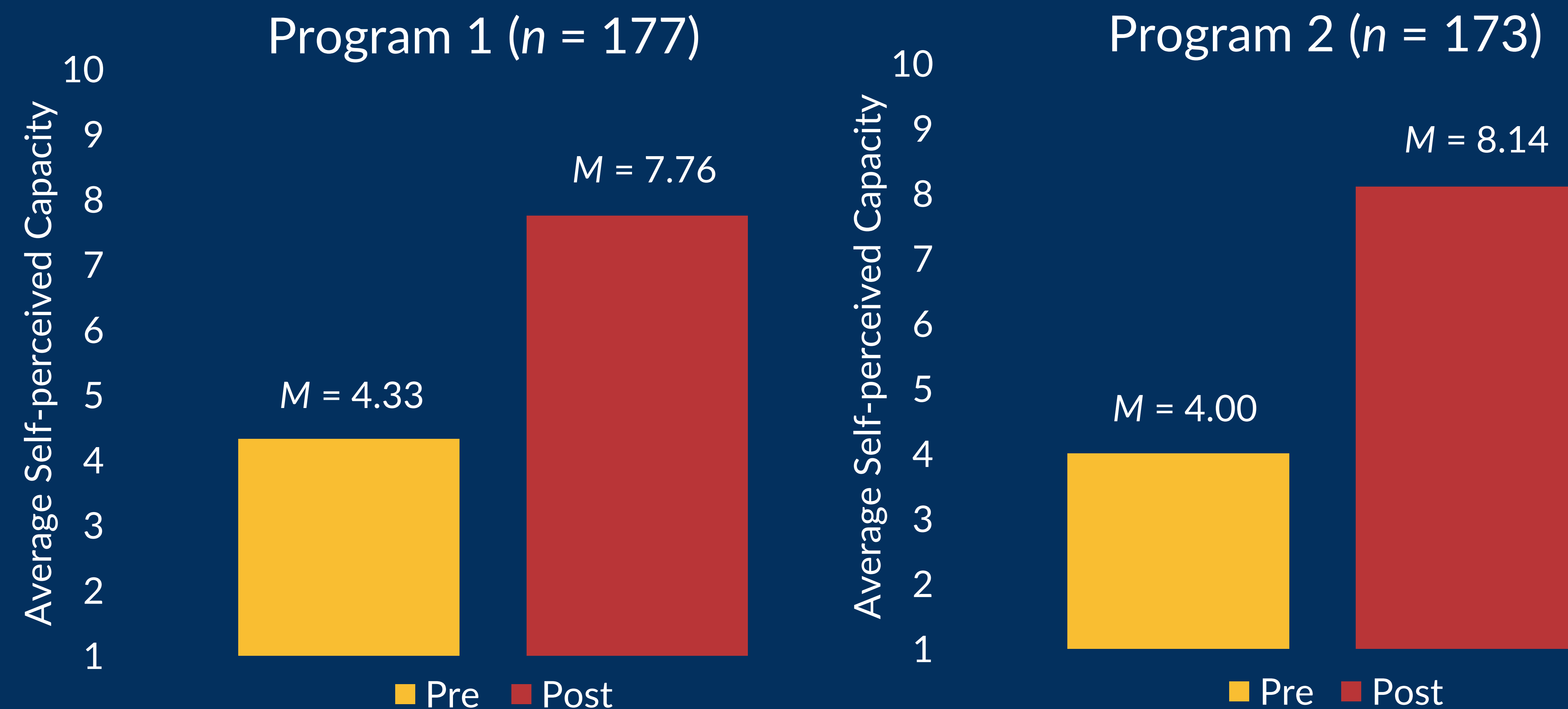


350 healthcare providers from BC, AB, SK, MB, ON, QC, NS, NB, NL, NWT including: family medicine, psychiatry, social work, psychology, nursing, occupational therapy, pharmacy



Success of the Programs

Comparing Self-reported Capacity on Learning Outcomes Pre vs Post Training



RESULTS

- Both iterations of the program resulted in improvements on all learning outcomes
- Learners reported high likelihood of applying learning to practice (> 93% for both programs)
- High level of agreement that learners' knowledge was enhanced (> 92% for both programs)

CONCLUSIONS

- Both program models resulted in effective learning on key topics related to first-line insomnia intervention
- Learners' reports indicate a high degree of applicability of training to clinical practice

IMPLICATIONS

- This programming provides a feasible and effective educational model for bolstering nationwide capacity in first-line insomnia care across providers
- This educational model can be adapted to serve unique needs of diverse populations
- **Next steps:** CIHR-funded study underway to adapt program for Akwesasne Mohawk Nation in collaboration with healthcare providers and community members



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