Can we discuss resiliency in relation to a patient safety incident, and how patients and providers harmed can heal through resilience?

Cultivating resilience does help the patients, families, and providers heal and move forward, stronger. COVID-19 has complicated the ability to empathize due to barriers, but necessary communication can still take place.

I have been witness to, and subject to, leaders speaking to caregivers about the duty to be resilient, as if threats to resilience or the inability to be resilient in the face of challenges were personal flaws. Challenges to resiliency instead stem from burnout, lack of support, or lack of appropriate resources to function as expected in our roles, unrealistic expectations, stresses of long hours, and other work-related factors.

Unfortunately, this is part of the culture of healthcare that needs to change. As we discussed during the webinar, people who bounce back from horrible adversity do not do it alone, and it is critical for leaders to make resources available proactively during these difficult times.

As a healthcare worker, we usually help patients’ families build resilience through our presence. How do we do that today in the context of COVID-19 when there is a call to limit physical connection? Also, how do we help our COVID-19 positive patients maintain resiliency through their prognosis when our utilization of PPEs could make them feel isolated?

There is no doubt it is more difficult to provide support, but data is being shared about the value of technology (such as iPads) that can facilitate communication. In our first Webinar, there is an excellent example of providing support through Zoom technology that demonstrates ways around the physical limitations. Also, it is often the small gestures that mean a lot. For example, I have seen a picture of staff holding up a sign on the window that said: “He is at peace now.” Compassion in any form helps build resilience both in the giver and receiver.
RCMP officer training and graduation in Canada includes a session for families that helps to support the officer. Families are the first line of defense for officers. Are you aware of how families of healthcare workers can support them?

We think this is an excellent area of future research and innovation.

Have you noticed any differences between the generations and resilience, and are your approaches different?

We have not seen any literature on this topic, but it is also worthy of exploration. It is sometimes said that people who have gone through adverse events can get stronger and more resilient (“the strongest iron has passed through the fire multiple times”).

During the COVID-19 pandemic, have you had any of these conversations via telemedicine? If so, how did this go?

Many conversations are taking place via telemedicine, and the initial reports indicated high satisfaction once familiarity with the technology is achieved.

It would be wonderful to have more information on Motivational Interviewing.

We will be covering that in the next RLDatix ECRI combined webinar happening on Tuesday, June 9.

I think a hand on the person featured in the video at this time is appropriate.

Touch can be very therapeutic—we often recommend you ask before touching unless you know the person well enough from prior encounters that touch would be reasonable.

Where can we get more information about training peer supporters?

Send your query to RLDatix.com/CANDOR

How could we incorporate this into an annual skills clinic for staff?

Consider adding the recorded webinar to an LMS module

Do you find that healthcare professionals are hesitant to share and/or support each other due to fear of litigation?

This occasionally comes up when we do Peer Support training, but most clinicians have concluded that the benefits far outweigh the risk, especially when the focus is on helping one cope with emotions, rather than the specifics of any given case.