



Collective resilience

It is impossible to reflect on our profession's response to SARS-CoV-2 to date in BC without coming across the concept of resilience—particularly the strength demonstrated by our front-line workers, those working on second or third lines, and British Columbians generally, who remained inside their homes, ensuring our population was able to access food, water, shelter, health care, and other supports needed to address the first wave.

Together, we succeeded in flattening our curve without overwhelming our health care system. What cannot be emphasized enough in our success is the resilience of our health care providers, particularly physicians, midwives, and nurses. This pandemic has tested each of us.

As I reflect on what resilience means to me, I envision similarities with the five-Cs model described by the Forum for Youth Investment.¹ The model includes competence, confidence, connection, character, and contribution as measurable and supportable tenets in building a strong adolescent mind. I first heard about this model at a conference of the American Academy of Pediatrics in Seattle in 2004; others have since modified the model to include coping and control.²

While we recognize the importance of these areas in the mental well-being of children and teens, there is overlap with how we maintain our mental health as physicians. In my view, no amount of yoga will fix us. No amount of self-reflection or meditation will fix a broken system. I do not intend to belittle the need for self-care and avoidance of maladaptive coping strategies, such as substance use, but I believe true resilience is more complicated.

Ethics are foundational to our training as physicians. We care. This is the reason we

studied medicine, and why we show up to work every day. We value empathy and sympathy in our work. The inability to provide necessary services in the manner required to meet patient needs and expectations was already a major contributor to burnout prior to the pandemic.

As the pandemic took hold, there was a shift in our model of care. This shift saw us prioritizing certain treatments and certain conditions above others to ensure the broader system continued to meet critical needs. We were able to shift our ethical desire to optimally treat everyone who needed care because of our pre-existing connections to our patients and to each other. Physicians understood that sacrifices across the board were necessary to save lives. This thought process lessened the sense of helplessness we may have felt in the face of an overwhelming crisis.

We are now finding our way forward, catching up on assessments and treatments that were not prioritized. To remain resilient, I propose that we follow similar collective thinking and planning processes to ensure we cope collectively.

As physicians, we want to contribute our expertise to ensure our health care system is sustainable. Our governing bodies must consider the physician voice and experience in this process if we are to maintain resilient. We physicians understand where efficiencies exist, and where they are lacking. Prior to the pandemic, we may have felt we lacked a sense of control or influence over many areas of practice. Pandemic planning and implementation brought meaningful

consultation with all physicians, both leaders and those on the front line, to build capacity in services to address COVID-19 patients.

Examples abound, including streamlined emergency room assessments, COVID-19 wards, community assessment clinics, and rapid adaptation of virtual assessment and treatment options. It was this sense of professional contribution and control that energized us. It drove us forward through unprecedented long hours spent planning, redesigning, and implementing models of care and system access and flow that allowed us to meet patient needs. We spent hours evaluating processes, risks, and successes. Keeping this trust and collaboration with our governing bodies will be our next challenge.

The pandemic disrupted additional five-C areas for physicians. Our knowledge and expertise were tested. We spent considerable time and energy building our confidence and competence, individually and collectively. Endless simulation development and training reinforced

optimal practice, PPE use, and other safety protocols.

Individual and team research and communication across all avenues, including email, WhatsApp, Facebook, and Twitter, ensured we leveraged our experiences across juris-

dictions. I would argue that our profession has never been connected more or over as many channels. Innovation and adaptation in some areas were exponential. Practices found to be successful across the globe could be introduced and tested here. This global connection, our participation, and our contributions coalesced into better collaborative treatment and coping strategies. We were not alone in our work. Governing bodies sought our assistance and guidance, often daily. Our voices carried a greater weight; we felt that the value of our work countered the weight of our responsibilities.

Throughout these trying times, we recognized and emphasized the need to stay connected with our families, our environment, and our society to maintain our own emotional reserves. We had to practise establishing limits and downtime to process our experiences. Perhaps in this case, self-reflection and meditation

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do have a role in addressing our psychological resilience after all.

While self-care has its place, I maintain that a systemic approach is needed to truly address resilience and avoid burnout. Perhaps allowing physicians to incorporate key aspects of the five-Cs model into the design and delivery of our health care services would provide the most benefit to our profession, our patients, and our health care system. We can build on our profession's strong character, caring attitude, confidence, and connection. Our health care system leaders could continue encouraging physicians to contribute their expertise, take on aspects of system management, and develop a shared sense of control over our working environments. This could lead to greater individual

and systemic resilience throughout the current crisis, and those to come.

At the end of the SARS-CoV-2 pandemic, I hope to reflect positively on the shared responsibility that was necessary to sustain strength at all levels, to look back on our ability to adapt, and to ensure we met the needs of patients, providers, and the system through a five-Cs lens.

I hope that, together, we will have built a stronger collective that promotes and ensures resilience in our new models of health care. Each of us will have had a personal, local, and global role to play in meeting this vision. I commit to reflecting on the steps needed to maintain my personal health, the health of my colleagues, and my connections to the health care system. I know I am not unique,

nor am I alone, in amplifying my confidence, character, connections, competence, and contributions—and let me add caring—to achieve better control, coping, and resilience. ■

—Kathleen Ross, MD
Doctors of BC President

References

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