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# Resilience workshop: Building resilience for academic success - From stumble to soar

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## Abstract

**Introduction:** Medical students are known to have a higher prevalence of psychological distress although they begin medical school with better mental health than their peers. Depression and burnout rates are high among them and many of these students do not seek help due to the associated stigma linked with mental health concerns. At present, there are several known resilience-enhancing modules incorporated within the curriculum to improve students coping skills, however, there are no known modules yet that introduce this concept within the early medical curriculum, especially within the pre-clinical years.

**Methods:** IMU University introduces a Resilience Workshop within early pre-clinical years to appropriately engage students to recognise and address common challenges. This can be tackled by understanding the various coping mechanisms that can be adopted. This workshop describes four main areas: introduction to resilience, interactive activities, discussions, and reflection platforms. This initiative aligns with the university's curriculum focus on person-centred care, emphasising personalised care as a priority.

**Results:** Preliminary results suggest that the Resilience Workshop can aid in developing suggested and self-regulated interventions to manage adversities faced by medical students. Attention to individual students' coping reservoirs can help promote well-being and minimise burnout. Formal and informal offerings within medical schools can help fill the reservoir.

**Conclusion:** This article provides a perspective on fostering resilience building within the early medical curriculum to cultivate core strengths among medical students for managing adversities.

## Practice Highlights

- Psychological distress is prevalent among medical students.
- Challenges occur in medical students seeking help.
- Resilience strength is vital to medical students to recognise and address common challenges.
- A gap exists in the curriculum to improve medical students' coping skills in the early years.
- Fostering resilience in early medical curricula can cultivate core strengths among medical students for managing adversities.

## I. INTRODUCTION

IMU University's Resilience Workshop was designed and implemented within the medical curriculum in pre-clinical years to develop students' core inner strengths to their possible highest growth. This is so that they are fully equipped and ready to meet the challenges of competent care delivery to patients. In line with IMU University's revised medical curriculum's direction which focuses on the philosophy of person-centred care with humanistic values, this workshop emphasises self-

care as a priority before embarking on to selfless care of patients.

In this revised curriculum, much emphasis is placed on the development of skills, behaviours, and attitudes within the delivery of care to patients, encompassing the basic concepts of human interaction, patient safety, quality improvement, and systems thinking; while enhancing the skills of teamwork, effective communication, leadership, negotiation, and cooperation.

The aim has been to best prepare our graduates to practice within the needs of the health profession in the 21st century. This includes equipping them in communication, clinical, cultural, interpersonal, research, and system thinking competencies. These prepare our students to be ready for any advanced clinical training within local or international institutions.

The curriculum's goal is also to produce graduates who are person-centred and with humanistic values, with professional attributes of being empathetic, compassionate, responsive, and adaptive besides being a transformative leader, lifelong learner, and professionally competent.

Thus, the new curriculum emphasises graduates' wellness, person-focus services, effective communication, personalised care, multi-disciplinary collaboration & approach, coordinated, continuous & seamless care delivery manner; & application of system thinking and value-based care.

In aligning with this direction and ensuring that our graduates are fit to practice as global doctors with opportunities to practice internationally, the Resilience Workshop engages and guides students in building their own core coping mechanisms while reviewing the principles of determinants of resilience. It is designed to inspire and empower students to be resilient. The postulation is that the students would have retained a substantial knowledge base which constitutes an increasing resource for coping with the diverse challenges they will be exposed to in their medical journey, and for building core resilience strength.

## II. METHODS

### A. Structured Workshop Flow

The lesson outcomes from this workshop aim at achieving student's understanding of the importance of adapting well in the face of adversity, threats, or even significant sources of stress, as well as engaging in resilience throughout medical school. With inspiring themes such as "*Bend, But Do Not Break*" in semester two and "*Be Managing Adversities Delightfully (Be MAD)*" in semester four, pre-clinical medical students are exposed to challenging scenarios that they may encounter. These scenarios extend beyond their roles as students, to include their relationships with friends, roommates, peers, and more.

The workshop is designed to engage students in four main areas:

#### Session 1: Introduction to Resilience

#### Session 2: Activity on Resilience

#### Session 3: Discussions on Resilience

#### Session 4: Reflection on Resilience

At the beginning of the workshop, students are provided with The Brief Resilience Scale adapted from Ohio University. It consists of simple and focused scoring scales. It is concise and has good psychometric properties including strong validity and reliability, capturing resilience effectively. Students can score and gauge their resilience levels with easy-to-follow instructions. This allows them to understand their coping strengths, identify their ability to recover from adversities, focus on areas for improvement, and guide them toward improved performances within medical training.

Subsequently, students are introduced to the concept of resilience. They are then led into small group discussions to engage, brainstorm scenarios presented, and grasp levels of coping and managing difficult scenarios that are commonly encountered. They are also given opportunities to share their experiences and discuss possible solutions to the scenarios and their insights. Debriefing includes discussions based on structured questions that could engage students in their thought processes and emotional experiences. It also focuses on their possible courses of action, ideas, or solutions in managing difficult situations within the scenario presented.

### B. Reflection Analysis

Students are encouraged to reflect on their experiences and take-home messages from the workshop. They are required to submit a 500-word essay via e-mail, documenting the challenges and strengths that surfaced for them during the session. This must be submitted within a stipulated time frame after the workshop, via e-mail to facilitators for assessment. These reflection essays are reviewed and students with potential mental health concerns are identified. They are then followed personally or referred to their mentors for appropriate support.

## III. RESULTS

The scenarios used exposed students to common issues encountered during their early medical training. It encompassed adjustments to the new environment on campus and hostels, adjustments to a new culture of peers, understanding new subjects, meeting professionalism requirements, and addressing unique and individualised adversities.

These scenarios stimulated discussions in the breakout sessions, where standard questions were posed to ignite the development of possible solutions to the simulated adversities faced: (A) How would you handle this situation? (B) What would you do? (C) How would you feel? (D) Explain.

Students were encouraged to narrate their experiences and explore their thoughts and emotions. This helped students realise that there are common issues that are endured by many. Most students reported that the workshop helped them to understand the various coping mechanisms that can be adopted to solve issues that may arise within their journey and progress in medical school. Verbal responses received include:

*"I didn't realise how important managing stress was until I was hit by a personal issue. It affected my studies. This workshop showed me how I can handle stress better..."*

*"I didn't want to attend this workshop at first. But the scenarios discussed were mostly what I had endured. I wish I knew these coping strategies earlier..."*

#### IV. DISCUSSION

Students can establish strong foundations in coping strategies, emotional intelligence, and stress management by introducing resilience throughout the preclinical years. The hurdles are mostly theoretical and academic, making it a less demanding environment to begin honing these talents. Students can study the fundamentals of resilience, through such workshops. The basic ideas from the preclinical years could be modified and built upon to deal with the interpersonal, ethical, and emotional difficulties that may arise in their academic obligations and their clinical practice.

The challenges encountered can be described within the following phases:

##### A. Pre-workshop Challenges

The lack of facilitators with adequate skills in resilience science and mental health advocacy was the main challenge. As mental health issues require more in-depth management, the deliverance of such workshops had to be done by facilitators who are skilled in strong communication skills, empathy, patience, and compassion. The initial perspective was that all faculty would be well-equipped with these skills, however, it became clear post-workshop, that this was not the case. The selection of such facilitators to deliver the context of this workshop in a non-lecturing but inspiring way posed a challenge. The solution is to include training for faculty before the workshop.

##### B. Workshop Challenges

During the Malaysian Movement Control Order (M.C.O.) when this workshop was first introduced to help students cope, it was delivered online. Hence, the active involvement of students was limited as being on camera had its challenges. Further, many students considered such a workshop to be non-mainstream and non-exam oriented, thus, needing much encouragement to participate fully. The solution is to introduce face-to-face workshops to better engage students.

##### C. Post-workshop Challenges

Most students who attended the workshop completed and e-mailed the reflection exercises. However, a certain percentage of them failed to do so. This presents a challenge in identifying any student who may have a serious underlying issue with managing adversities resiliently. The solution is to track attendance when delivering assignments.

A possible way to capture all reflections would be to make attendance marked only upon receiving the assignment. As these are medical students in their early years, this approach may not be effective and can lead to non-genuine or robotic responses. While addressing and reinforcing professionalism may be another goal for obtaining reflective essays, it may seem forced. More self-regulating and motivating strategies should hence be developed and applied.

This two-hour workshop is a brief intervention within the time-limited curriculum within semesters two and four. Moving forward, a half-day workshop with more time for interaction with peers and educators could better engage students. A survey could be conducted post-workshop to assess students' feedback. Providing progression reports of students' resilience levels could be a more accurate measure of the workshop's impact. Also, the BRS could be re-used in semester four, to review recovery or the ability to regain equilibrium after adversity.

The students' submissions of their reflective essays constitute a dataset that can be analysed for further studies in this field, to address and create various aspects of positive interventions within mental health access and stress-relief resources. The aim is, to create better impacts on students' learning and experience in medical school.

#### V. CONCLUSION

Above all, we need to understand that resilience is a lifelong ability that cannot be acquired in a single workshop. It needs to be constantly supported through

different educational stages, within challenging and stressful circumstances.

Attention to individual students' coping reservoirs can help promote well-being and minimise burnout. Formal and informal offerings within medical schools can contribute to this effort. Helping students cultivate the skills to sustain their well-being throughout their careers has important payoffs for the overall medical education enterprise.

IMU University's Resilience Workshop can aid in the development of suggested as well as self-regulated interventions to manage adversities faced by medical students. A formal study is ongoing to substantiate this. Further to this, the development of a student-led multifaceted approach that promotes not only care-taking behaviours but also focuses on institutional and cultural change to empower students to participate in these resiliency strategies can be considered.

This and other models of coping should be empirically validated, for students to not stumble through medical school, but soar.

#### Notes on Contributors

Dr Juliet Mathew is the first author who designed and wrote this article. Director of the Clinical Skills & Simulation Centre at IMU University, she teaches simulation concepts to pre-clinical students. She confirms sole responsibility for this article's conception, design, analysis, interpretation of results of context, and manuscript preparation.

Dr Hazlina Binti Abu Bakar supervised the conception of this project and contributed to the critical review of the manuscript. She is a lecturer teaching clinical skills and simulation concepts at the School of Medicine University, IMU University. She also holds a master's degree in healthcare and medical simulation.

Dr Shilpa Murthy contributed to the continuous review of the important intellectual content and final version of the manuscript. She also contributed to the conception of this project. She is a senior lecturer teaching clinical skills and simulation concepts to pre-clinical medical students at the School of Medicine, IMU University.

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#### Declaration of Interest

The authors of this paper have no conflicts of interest to declare.

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