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Building RESILIENCE for WELLBEING

Visiting Medical Education Scholar Webinar | Faculty of Medicine, Mahidol University

TODAY'S FOCUS

#1

RESILIENCE
CONCEPTS

#2

RESILIENCE
INDICATORS

#3

RESILIENCE
SOURCES

#4

RESILIENCE
STRATEGIES

Reflection on Well-Being

No	Wellbeing Statement	Rating Scale			
1	I often feel a sense of accomplishment from the activities I engage in	1	2	3	4
2	The amount of time I feel calm and peaceful in my daily life is significant	1	2	3	4
3	I am frequently fully engaged in my current tasks	1	2	3	4
4	I feel that the things I do in my life have value and are meaningful	1	2	3	4
5	My general tendency is to have positive expectations and hope for the future	1	2	3	4
6	My overall level of happiness, considering all aspects of my life, is high	1	2	3	4
7	The level of support and help I receive from the people I am close to when I need it is substantial	1	2	3	4
8	My ability to bounce back and recover from challenging or adverse situations and grow stronger is notable	1	2	3	4
9	I feel very positive about myself	1	2	3	4
10	The amount of time I experience a high level of energy is considerable	1	2	3	4

Please indicate the extent to which you agree with the following statements based on your experiences.

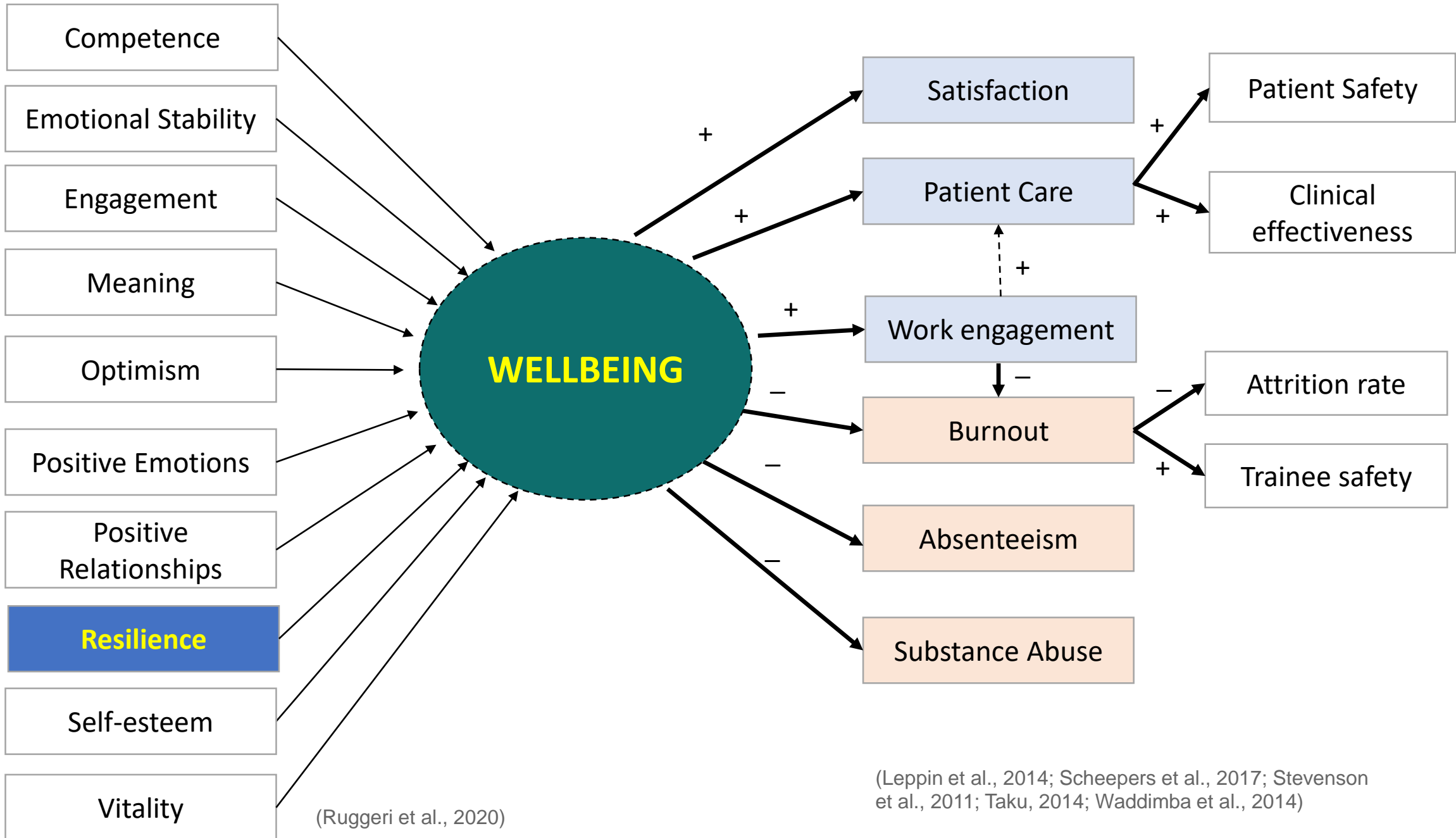
1 - Strongly Disagree

2 - Disagree

3 - Agree

4 - Strongly Agree

10 Indicators of Wellbeing



(Leppin et al., 2014; Scheepers et al., 2017; Stevenson et al., 2011; Taku, 2014; Waddimba et al., 2014)

The Evolution of Resilience Concepts

1st Wave

Resilience is seen as
a stable trait

A consistent characteristic,
demonstrated through
repeated observations of
positive accomplishments in
individuals identified as
"survivors," "stress-
resistant," or "resilient."



2nd Wave

Resilience is seen as
a dynamic process

Resilience development
through the process of
coping with adversities that
results in a better outcome.



3rd Wave

Resilience is seen as
**multiple dynamic
processes that shape
resilience development**

Identification of the **forces that
drive individuals to resilience
reintegration.**

SPECIAL
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Evolution of Resilience Construct, Its Distinction with Hardiness, Mental Toughness, Work Engagement and Grit, and Implications to Future Healthcare Research

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¹*Department of Medical Education, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, MALAYSIA*

Figure 1: Relationship between resilience and related concepts.

Note: ^a(44–45); ^b(46–47, 50); ^c(52, 55); ^d(43, 56, 59–60).

Reflection on Resilience

No	Resilience Statement	Rating Scale			
1	I can stay calm in hard situations	1	2	3	4
2	I can handle unpleasant feelings	1	2	3	4
3	I can control my anger	1	2	3	4
4	I can adapt to change at work situations	1	2	3	4
5	People always believe in me to make difficult decision	1	2	3	4
6	I have good coping skills when dealing with stress	1	2	3	4
7	I know who to talk to when I have a problem	1	2	3	4
8	I know where to go if I need help	1	2	3	4
9	I always have someone by my side when I have problems	1	2	3	4
10	I believe everything happens for a reason	1	2	3	4
11	When I face new situations, I will learn from it	1	2	3	4
12	I believe by helping others, I am helping myself too	1	2	3	4

Please indicate the extent to which you agree with the following statements based on your experiences.

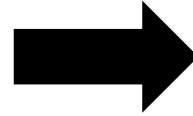
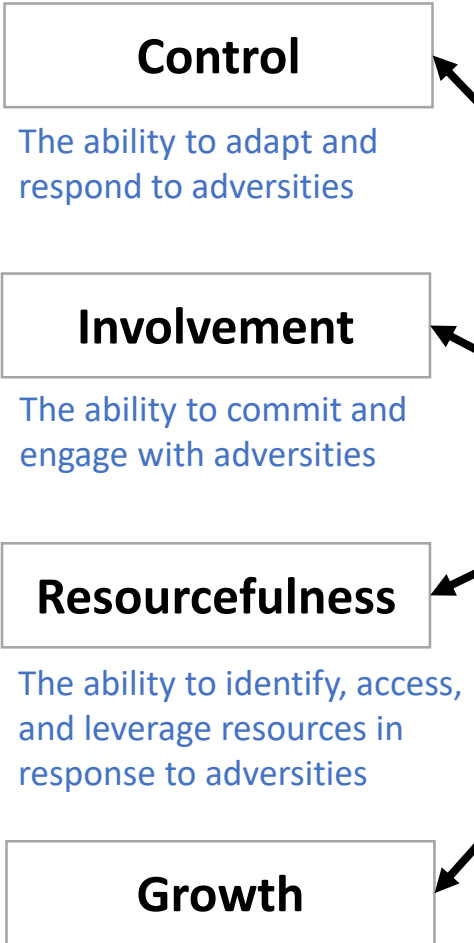
1 - Strongly Disagree

2 - Disagree

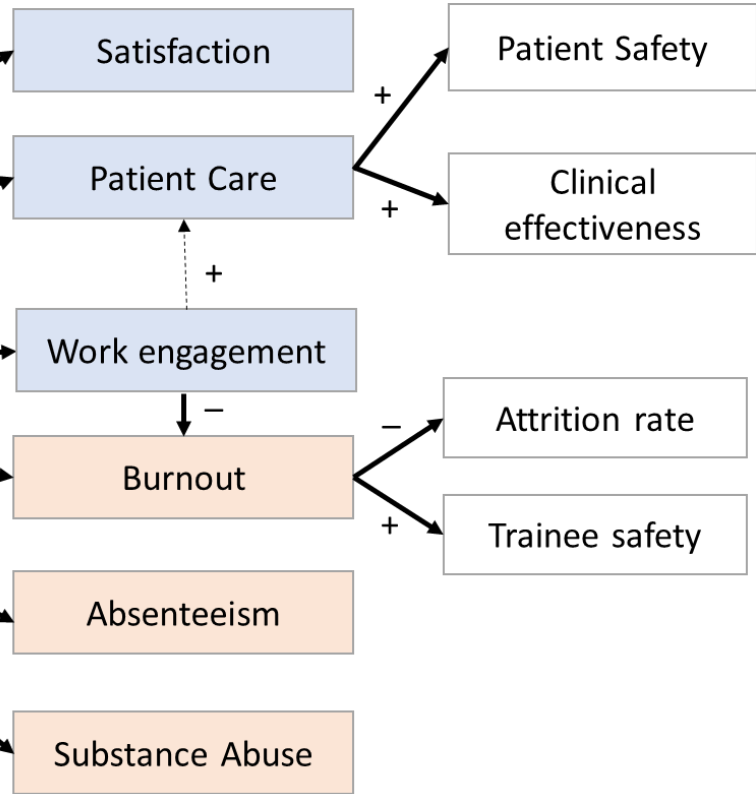
3 - Agree

4 - Strongly Agree

Resilience refers to the ability to bounce back/ recover from adversities and grow stronger



(Ruggeri et al., 2020)



Control: 1-3 - Average score; 1-1.80 (Low), 1.81-3.13 (Moderate), 3.14-4.0 (High)

Involvement: 4-6 – Average; 1-1.75 (Low), 1.76-3.16 (Moderate), 3.17-4.0 (High)

Resourcefulness: 7-9 – Average; 1-1.83 (Low), 1.84-3.0 (Moderate), 3.01-4.0 (High)

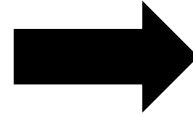
Growth: 10-12 – Average; 1-1.75 (Low), 1.76-3.0 (Moderate), 3.01-4.0 (High)

Global: 1-12 – Average; 1-1.78 (Low), 1.79-3.19 (Moderate), 3.20-4.0 (High)

(Leppin et al., 2014; Scheepers et al., 2017; Stevenson et al., 2011; Taku, 2014; Waddimba et al., 2014)

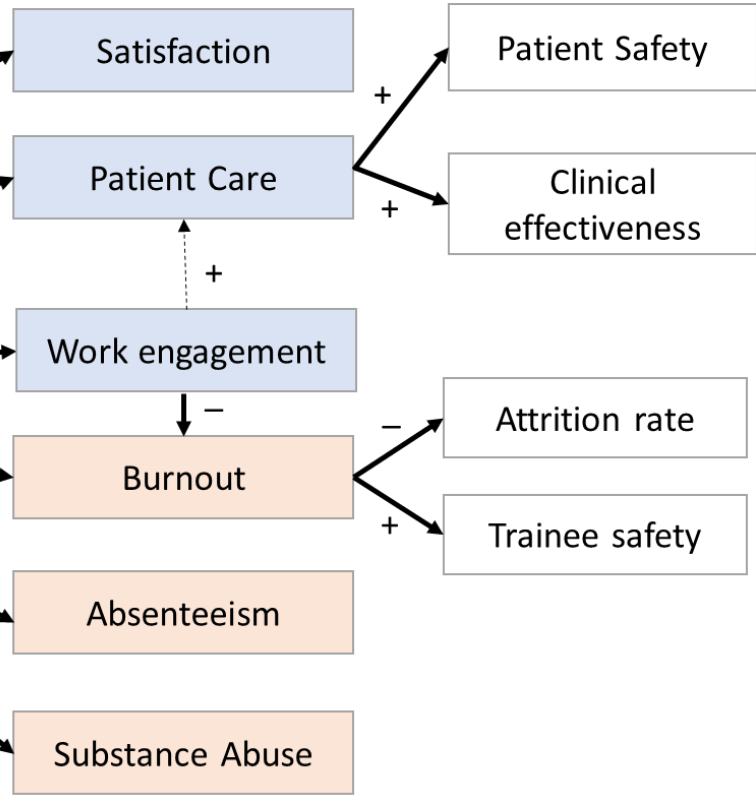
(Wadi et al, 2020, Rahman et al, 2021)

Resilience refers to the ability to bounce back/ recover from adversities and grow stronger



(Ruggeri et al., 2020)

Sources of Resilience



(Leppin et al., 2014; Scheepers et al., 2017; Stevenson et al., 2011; Taku, 2014; Waddimba et al., 2014)

(Wadi et al, 2020, Rahman et al, 2021)

CONTROL

The ability to adapt and respond to adversities

INVOLVEMENT

The ability to commit and engage with adversities

SOURCES OF RESILIENCE

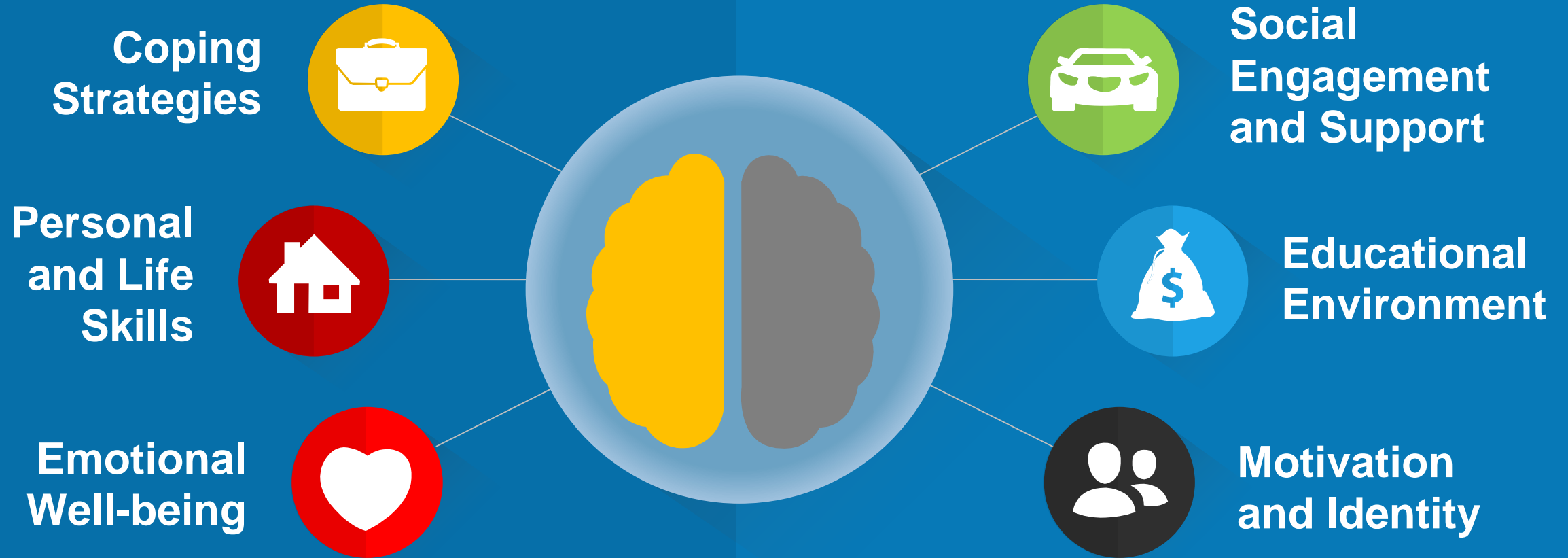
The ability to take adversities as opportunities for self-development and learning

GROWTH

The ability to identify, access, and leverage resources in response to adversities

RESOURCEFULNESS

Six Sources of Resilience



(Yusoff, 2017)



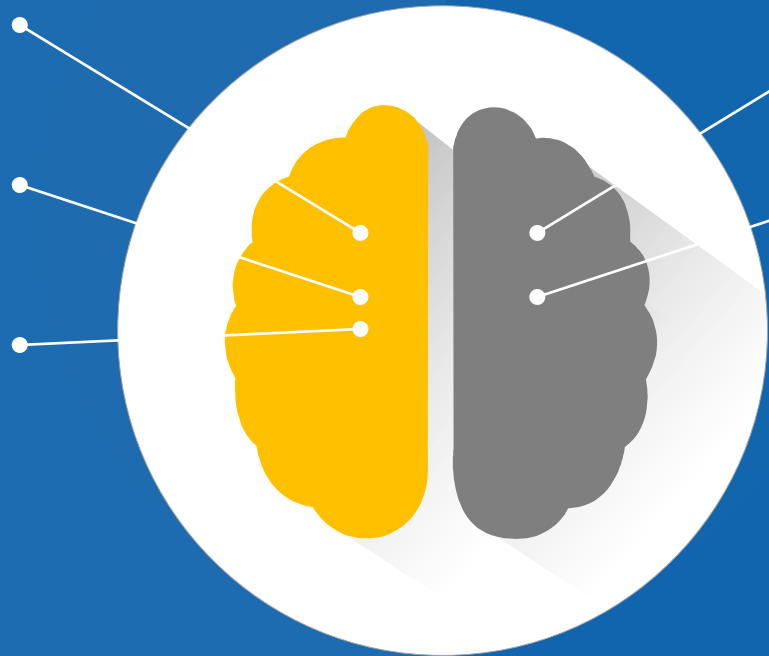
Coping Strategies

Increased Resilience

Flexibility & involvement
(Neumann et al., 1990)

Positive attitude & feeling
toward challenges (Cazan, 2015)

Task-oriented coping
(Watson et al., 2008)



Reduced Resilience

Emotion-oriented coping
(Watson et al., 2008)

Avoidance coping (Gibbons, 2010)



Personal and Life Skills

Increased Resilience

Self-efficacy (Neumann, 1990; Yang, 2004; Gibbons, 2004; Yang et al., 2005, Cazan, 2015)

Commitment & compassion (Neumann, 1990; Kyeong, 2013)

Positive life events (Dyrbye et al., 2009, 2010; Capri et al., 2012)

Dispositional control, self-esteem & self-oriented perfectionism (Gibbons, 2010; Skodova, 2013; Chang et al, 2015)



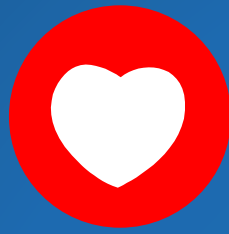
Reduced Resilience

Negative life events (Dyrbye et al., 2006; Dyrbye et al, 2009)

Intention to leave the course or profession (Dyrbye et al., 2009; Moneta, 2011)

Lack of confidence in skills (Chang et al., 2015)

Negative self-judgment – being harsh to self in time of suffering (Beaumont, 2016)



Emotional Well-being

Increased Resilience

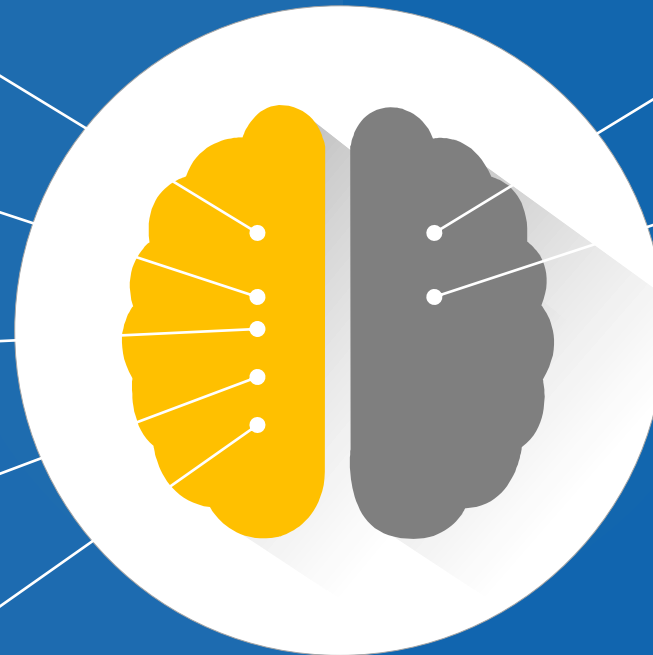
Psychological wellbeing - less stress (Dyrbye et al., 2010; Kyeong, 2013)

Less fatigue (Dyrbye et al., 2010)

Emotional intelligence (Cazan, 2015)

Vacation days (Howard-Hamilton et al., 1998)

High sleep quality (Rella et al., 2008)



Reduced Resilience

Low motivation to learning (Tukaev et al., 2013)

Unfavorable stress (Watson et al., 2008)



Social Engagement and Support

Increased Resilience

- Support uplifts (Gibbon, 2010)
- Social support (Dyrbye et al., 2010; Yeang, 2004; Yang & Farn, 2005)
- Engage with social activities (Fares et al., 2016)
- Music-related activities (Fares et al., 2016)
- Femininity – sex-role socialization (Atalayin et al., 2015)



Reduced Resilience

- Lack of social integration & competence (Pohlmann et al., 2005)
- In an unhealthy relationship (Fares et al., 2016)
- Living with relative (Fares et al., 2016)
- Socially prescribed perfectionism (Chang et al., 2015)
- Living away from family (Atalayin et al., 2015)



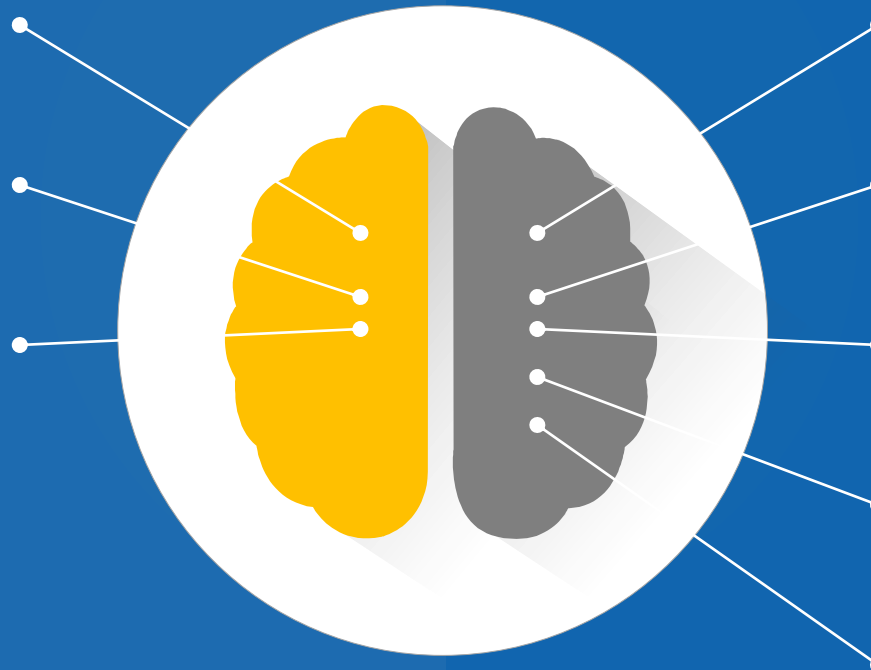
Educational Environment

Increased Resilience

Psychological need satisfaction
– autonomy, competence &
relatedness (Sulea et al., 2015)

Academic satisfaction
(Atalayin et al., 2015)

Positive learning climate
(Dyrbye et al., 2009)



Reduced Resilience

High course load (Yang, 2004; Pohlmann, 2005)

Hospital ward rotation, overnight
call & placement hassles (Dyrbye et
al., 2009; Gibbons, 2010)

Excessive workload (Atalayin et al.,
2015; Pohlmann, 2005)

Dissatisfaction with learning
support (Dyrbye et al., 2009; Chang
et al., 2015)

Course organization, teaching &
learning hassles (Gibbons, 2010)



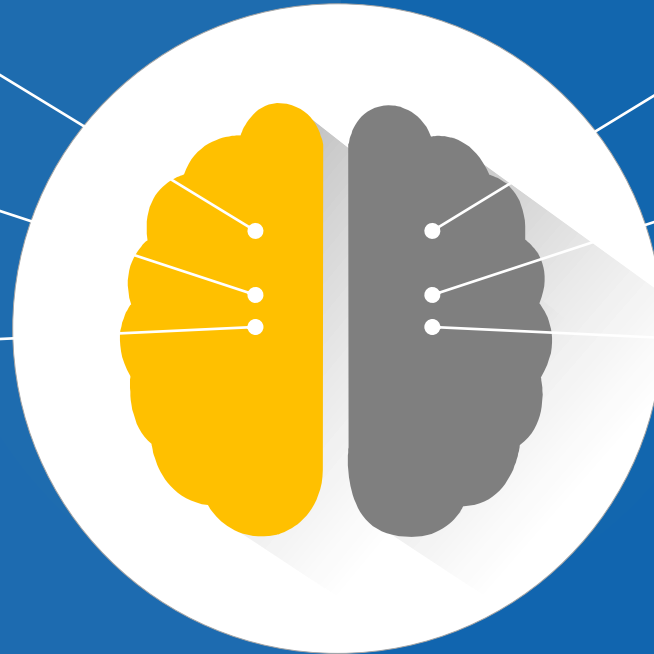
Motivation and Identity

Increased Resilience

Intrinsic motivation (Pisarik, 2009)

Need for achievement
(Moneta, 2011)

Learning motivation (Cazan, 2015)



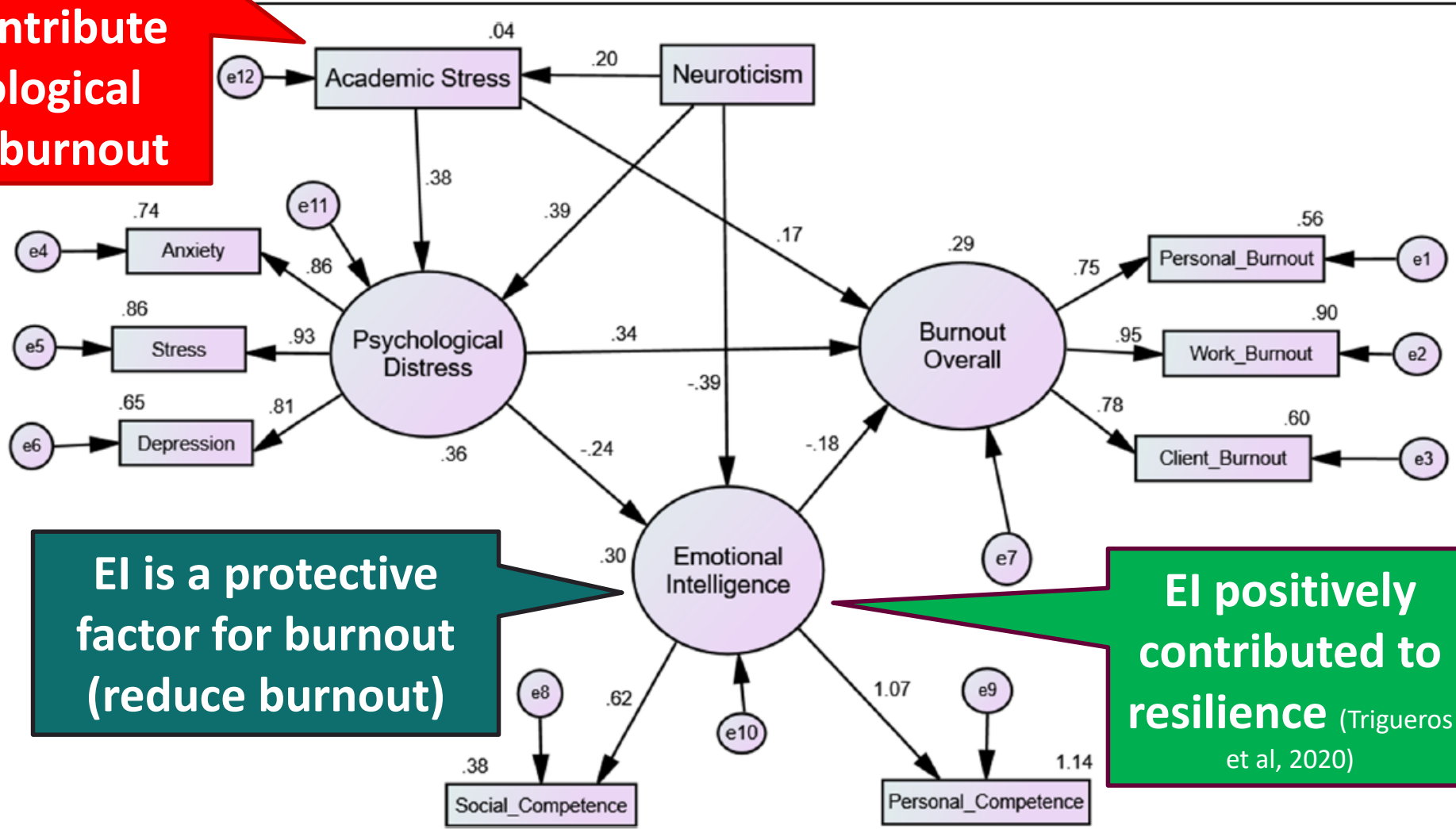
Reduced Resilience

Amotivation & external
regulation (Pisarik, 2009)

Extrinsic motivation
(Chang et al., 2015)

The choice of a specialty with
a high income (Enoch et al., 2013)

Academic stress directly contribute to psychological distress & burnout



EI is a protective factor for burnout (reduce burnout)

EI positively contributed to resilience (Trigueros et al, 2020)

Fig. 2 Structural equation modelling (standardised estimates) for the mediating effects of academic stress, neuroticism, and emotional intelligence on the psychological distress-burnout relationship. (*e* = error; the decimal value estimates contribution of an item to the construct's variance)

Article

The Influence of Emotional Intelligence on Resilience, Test Anxiety, Academic Stress and the Mediterranean Diet. A Study with University Students

Rubén Trigueros ¹, Ana M. Padilla ², José M. Aguilar-Parra ^{3,*}, Patricia Rocamora ^{4,*},
María J. Morales-Gázquez ⁵ and Remedios López-Liria ⁴

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- * Correspondence: jmaguilar@ual.es (J.M.A.-P.); rocamora@ual.es (P.R.)

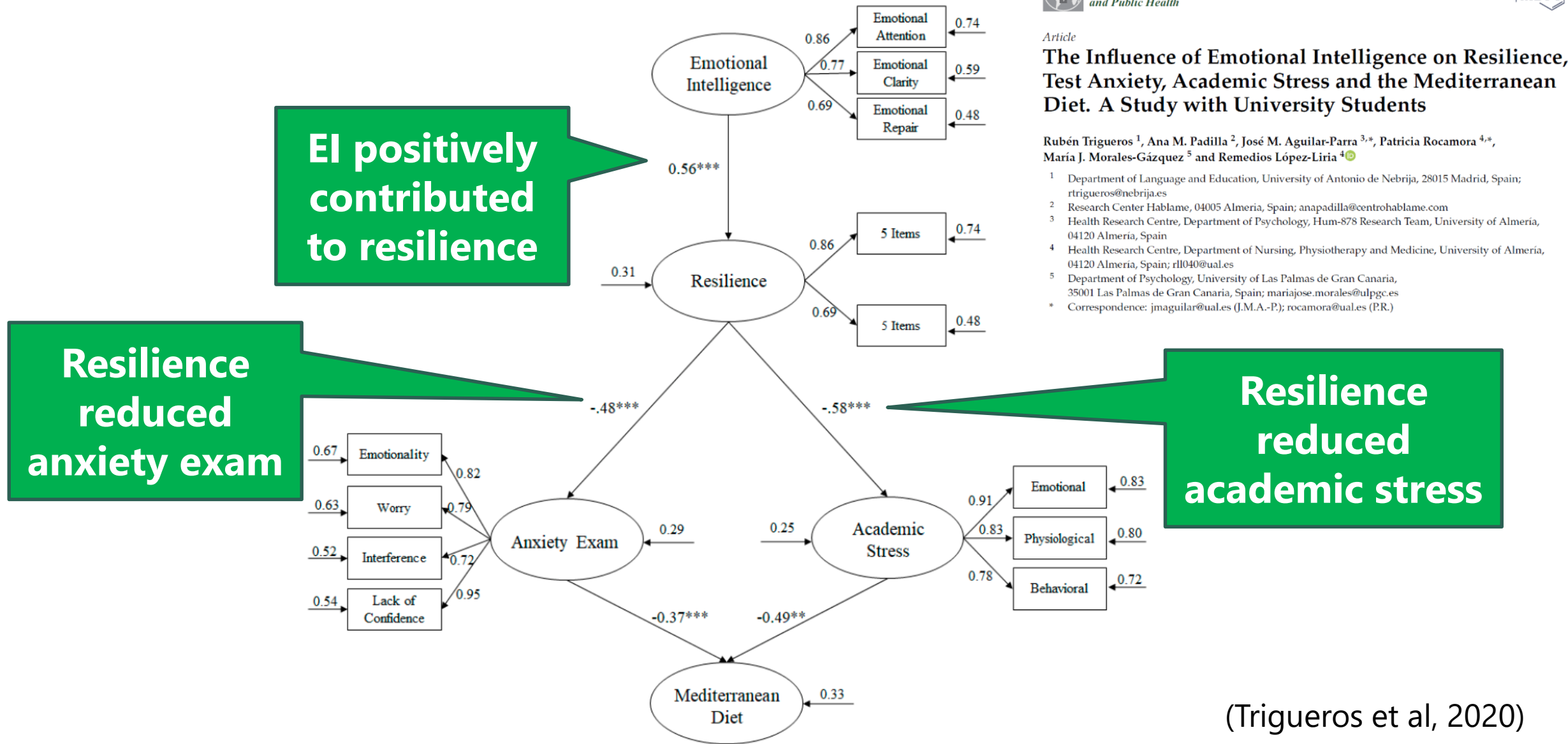


Figure 3. Relationship between variables through a structural equation model (SEM). All the relationships are significant, showing the variance on the small arrows. Note: *** $p < 0.001$; ** $p < 0.01$.

(Trigueros et al, 2020)

Resilience refers to the ability to bounce back/ recover from adversities and grow stronger

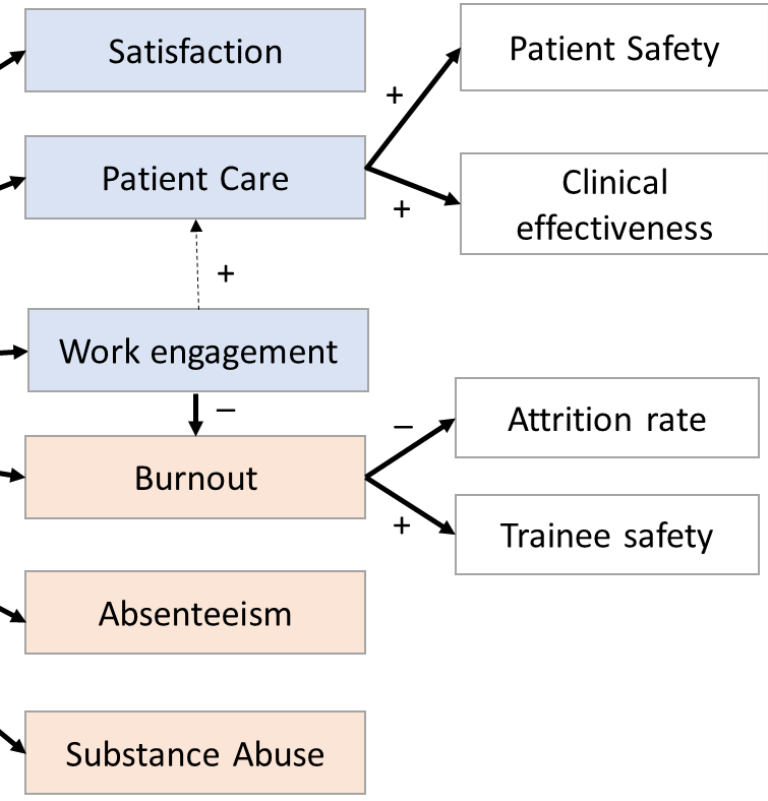


(Wadi et al, 2020)

Six Sources of Resilience

(Ruggeri et al., 2020)

WHAT STRATEGIES TO BUILD RESILIENCE?



(Leppin et al., 2014; Scheepers et al., 2017; Stevenson et al., 2011; Taku, 2014; Waddimba et al., 2014)

CONTROL

The ability to adapt and respond to adversities

INVOLVEMENT

The ability to commit and engage with adversities

RESILIENCE STRATEGIES

The ability to take adversities as opportunities for self-development and learning

GROWTH

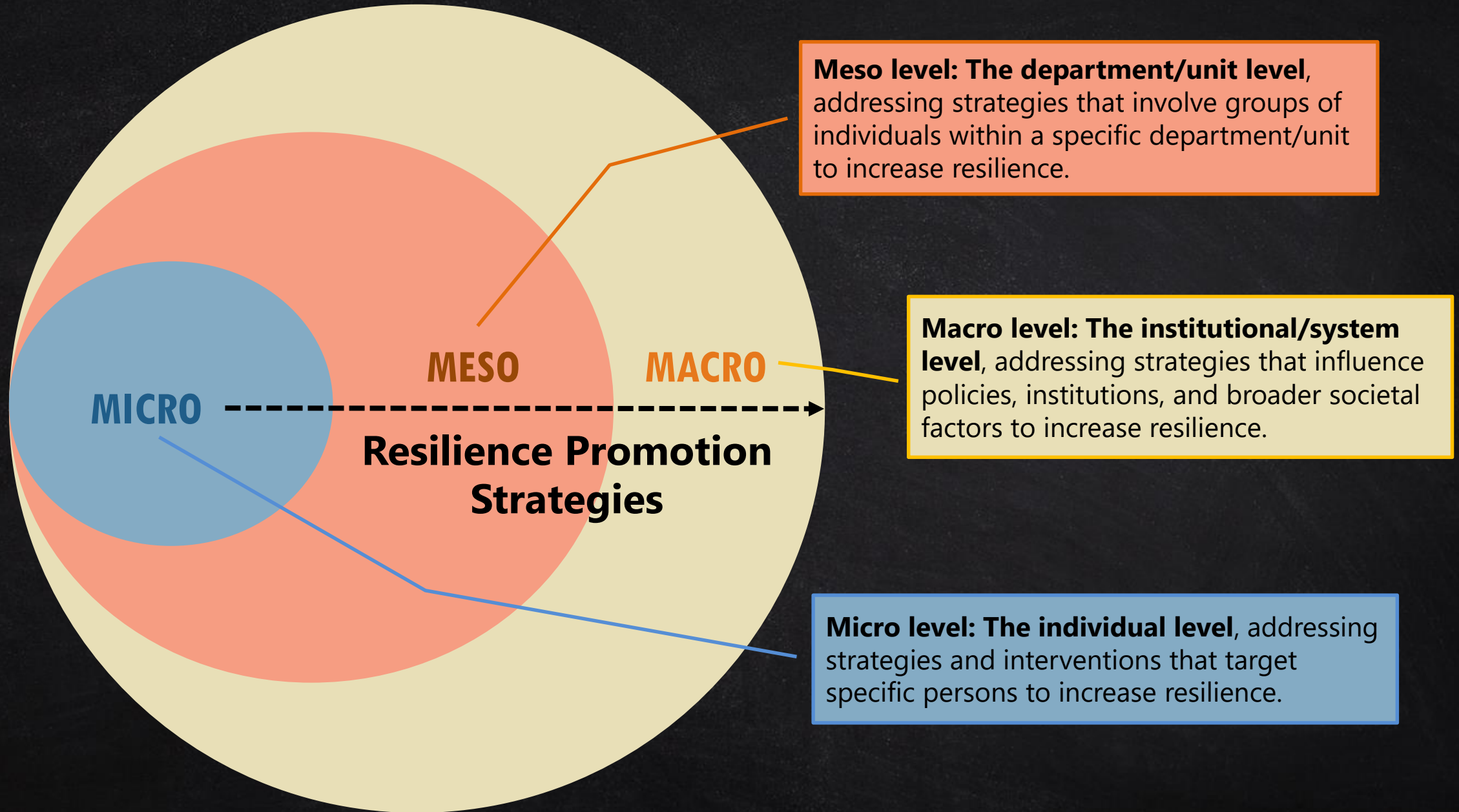
The ability to identify, access, and leverage resources in response to adversities

RESOURCEFULNESS

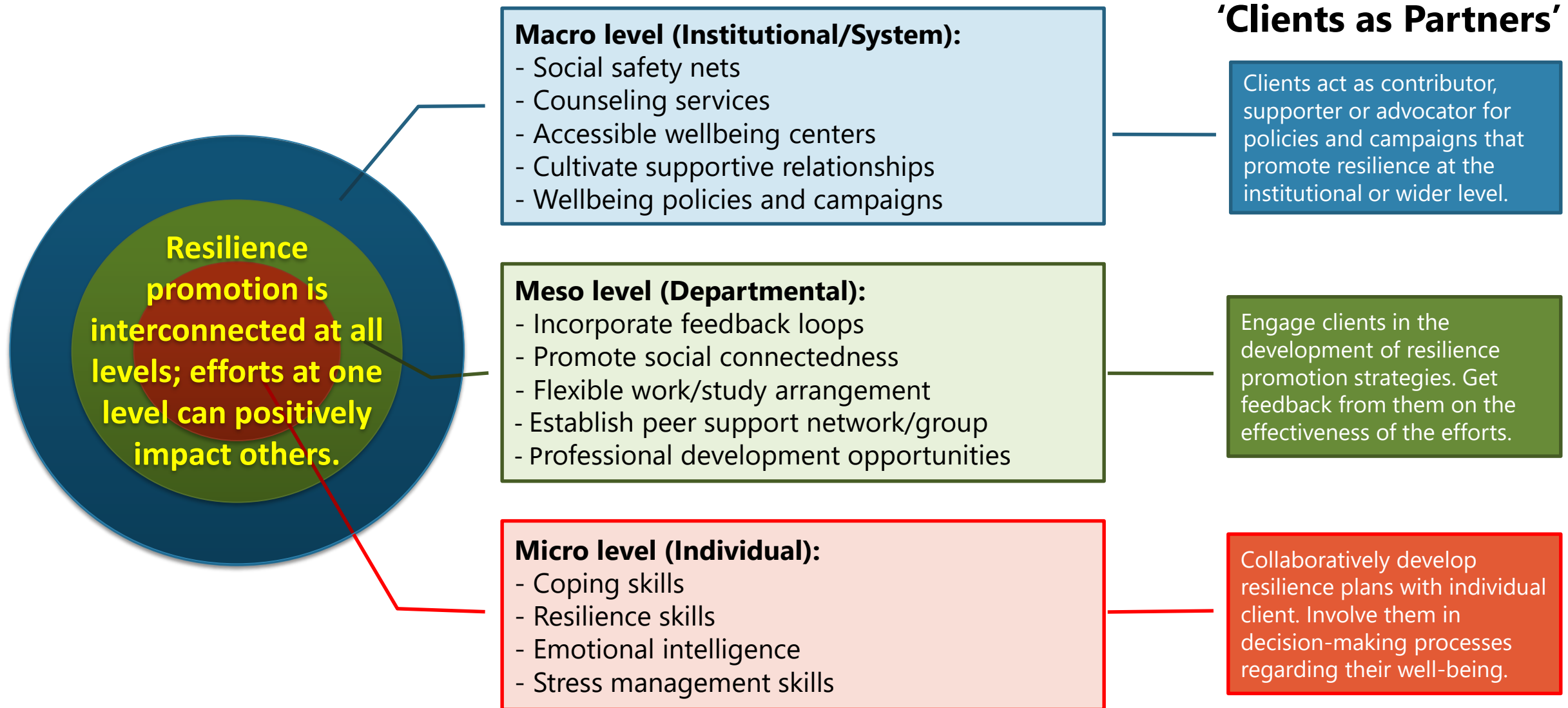
The benefits of **any strategies for wellbeing** could be enhanced by adoption of organization-directed approaches due to **wellbeing is an effort of the whole organization, rather than individuals.**

(Panagioti et al., 2017; Henning et al., 2018; Yusoff, 2023)





A Resilience Promotion Strategy Framework



Implications on Medical Education Facets

01 Curriculum Design & Development



02 Assessment & Test Development



03 Teaching & Learning



04 Faculty Development



05 Ethics & Professionalism



06 Teacher & Student Wellbeing



07 Quality Assurance



Implications on Medical Education Facets



Effectiveness of universal programmes for the prevention of suicidal ideation, behaviour and mental ill health in medical students: a systematic review and meta-analysis

Katrina Witt,^{1,2} Alexandra Boland,² Michelle Lamblin,² Patrick D McGorry,^{2,3} Benjamin Veness,⁴ Andrea Cipriani,⁵ Keith Hawton,⁵ Samuel Harvey,⁶ Helen Christensen,⁶ Jo Robinson²

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/ebmental-2019-300082>).

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²Orygen, The National Centre for Excellence in Youth Mental Health, University of Melbourne, Melbourne, Victoria, Australia

³Centre for Youth Mental Health, University of Melbourne, Melbourne, Victoria, Australia

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⁵Department of Psychiatry, University of Oxford, Oxford, UK

⁶Black Dog Institute, Sydney, New South Wales, Australia

Correspondence to

ABSTRACT

Question A growing body of work suggests that medical students may be particularly at risk of mental ill health, suicidal ideation and behaviour, resulting in recent calls to develop interventions to prevent these outcomes. However, few reviews have synthesised the current evidence base regarding the effectiveness of these interventions and provided guidance to improve future intervention efforts.

Study selection and analysis The authors conducted a systematic review to identify studies of any design reporting the effectiveness of any universal intervention to address these outcomes in medical students. Embase, MEDLINE and PsycINFO databases were searched from their respective start dates until 1 December 2017.

Findings Data from 39 studies were included. Most investigated the effectiveness of relatively brief interventions designed to reduce stress; most commonly using mindfulness-based or guided meditation approaches. Only one implemented an intervention specifically designed to address suicidal ideation:

Summary box

What is already known about this subject?

- Higher rates of suicidal ideation and attempted suicide have been reported in medical students as compared with age-matched members of the general population.
- Medical students face a unique range of personal and professional stressors.
- However, medical students are less likely to access services despite better knowledge of appropriate treatment options for mental illness and suicidal ideation and/or behaviour.

What are the new findings?

- Relatively brief mindfulness-based stress management interventions may be effective in reducing anxiety, depression and stress in medical students in the short term.
- Despite recent concerns around suicide rates



ELSEVIER

Journal of Affective Disorders

Volume 257, 1 October 2019, Pages 568-584



Review article

A systematic review of prevention programs targeting depression, anxiety, and stress in university students

Leslie R. Rith-Najarian^a, Maya M. Boustani^b, Bruce F. Chorpita^a

Show more

<https://doi.org/10.1016/j.jad.2019.06.035>

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The DEAL Program

Single 4-hour workshop

Psychoeducational and Problem-oriented Stress Management Program

Session one - psychoeducation on stress, stressors, and coping mechanisms

Session two - learning problem-solving techniques and coping strategies to manage stress.

Session three - group-based exercises to practice these strategies

Session four - sharing experiences

(Rith-Najarian et al, J Affective Disorder, 2019; 257, 568-584; Witt K, et al. *Evid Based Mental Health*, BMJ, 2019;22:84-90)

The DEAL PROGRAM

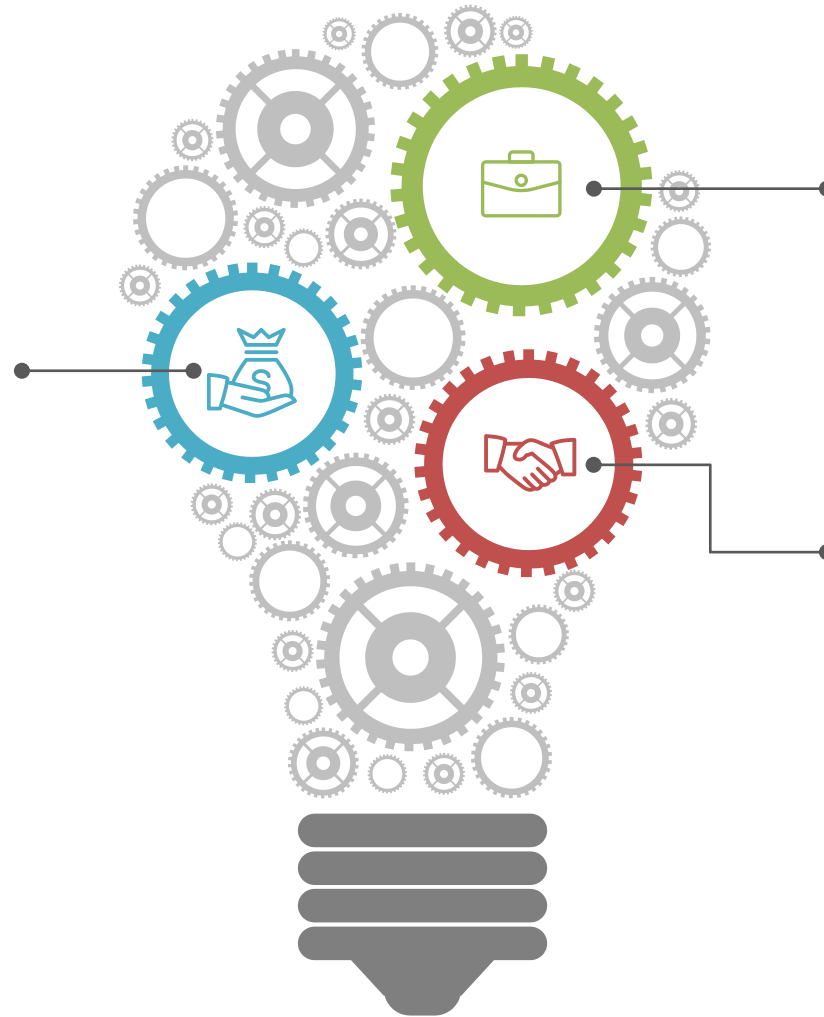
Training of Trainers



EXPECTATIONS

#1 PARTICIPATE

Participate in the DEAL steps actively with full attention



#2 REFLECT

Reflect on the DEAL steps

#3 PRACTICE

Practice on the DEAL steps



FORM GROUP

Form 4-6 home groups

DEAL in Action!

01

02

03

04

05

06

07



ASSIGN A WORK

Assign each member to a working group (WG) – A, B, C



DISCUSS

Each WG discusses on specific topics



PRODUCE RESOURCE

Each WG produces educational resource on specific topics



RETURN

All members return to the home group



SHARE & TEACH

The WG member share & teach the home group members



REFLECT

Home group members reflect on important learning points

Are we distress?



Have you recently... <i>Adakah baru-baru ini anda...</i>	Kolum 1 0	Kolum 2	Kolum 3 1	Kolum 4
1. lost much sleep over worry? <i>(kekurangan tidur kerana risau?)</i>	Not at all <i>(Tiada langsung)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather more than usual <i>(Lebih dari biasa)</i>	Much more than usual <i>(Sangat lebih dari biasa)</i>
2. felt constantly under strain? <i>(sentiasa merasa tertekan/tegang?)</i>	Not at all <i>(Tiada langsung)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather more than usual <i>(Lebih dari biasa)</i>	Much more than usual <i>(Sangat lebih dari biasa)</i>
3. been able to concentrate on what you are doing? <i>(boleh menumpukan perhatian kepada apa sahaja yang dibuat/dilakukan?)</i>	More than usual <i>(Lebih dari biasa)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather less than usual <i>(Kurang dari biasa)</i>	Much less than usual <i>(Sangat kurang dari biasa)</i>
4. felt that you are playing a useful part in things? <i>(rasa yang anda memainkan peranan yang berguna dalam banyak perkara?)</i>	More than usual <i>(Lebih dari biasa)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather less than usual <i>(Kurang dari biasa)</i>	Much less than usual <i>(Sangat kurang dari biasa)</i>
5. been able to face up to your problems? <i>(dapat mengatasi masalah-masalah anda?)</i>	More than usual <i>(Lebih dari biasa)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather less than usual <i>(Kurang dari biasa)</i>	Much less than usual <i>(Sangat kurang dari biasa)</i>
6. felt capable of making decisions about things? <i>(merasa mampu membuat keputusan tentang sesuatu?)</i>	More than usual <i>(Lebih dari biasa)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather less than usual <i>(Kurang dari biasa)</i>	Much less than usual <i>(Sangat kurang dari biasa)</i>
7. felt you could not overcome your difficulties? <i>(merasa tidak mampu untuk mengatasi masalah/kesukaran anda?)</i>	Not at all <i>(Tiada langsung)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather more than usual <i>(Lebih dari biasa)</i>	Much more than usual <i>(Sangat lebih dari biasa)</i>
8. been feeling reasonably happy, all things considered? <i>(merasa cukup gembira dalam segala hal yang difikirkan?)</i>	More than usual <i>(Lebih dari biasa)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather less than usual <i>(Kurang dari biasa)</i>	Much less than usual <i>(Sangat kurang dari biasa)</i>
9. been able to enjoy your normal day to day activities? <i>(dapat menikmati kegiatan harian anda?)</i>	More than usual <i>(Lebih dari biasa)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather less than usual <i>(Kurang dari biasa)</i>	Much less than usual <i>(Sangat kurang dari biasa)</i>
10. been feeling unhappy or depressed? <i>(merasa tidak gembira dan sedih?)</i>	Not at all <i>(Tiada langsung)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather more than usual <i>(Lebih dari biasa)</i>	Much more than usual <i>(Sangat lebih dari biasa)</i>
11. been losing confidence in yourself? <i>(telah hilang kepercayaan terhadap diri anda sendiri?)</i>	Not at all <i>(Tiada langsung)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather more than usual <i>(Lebih dari biasa)</i>	Much more than usual <i>(Sangat lebih dari biasa)</i>
12. been thinking of yourself as a worthless person? <i>(memikirkan diri anda seorang yang tidak berguna?)</i>	Not at all <i>(Tiada langsung)</i>	No more than usual <i>(Tidak lebih dari biasa)</i>	Rather more than usual <i>(Lebih dari biasa)</i>	Much more than usual <i>(Sangat lebih dari biasa)</i>

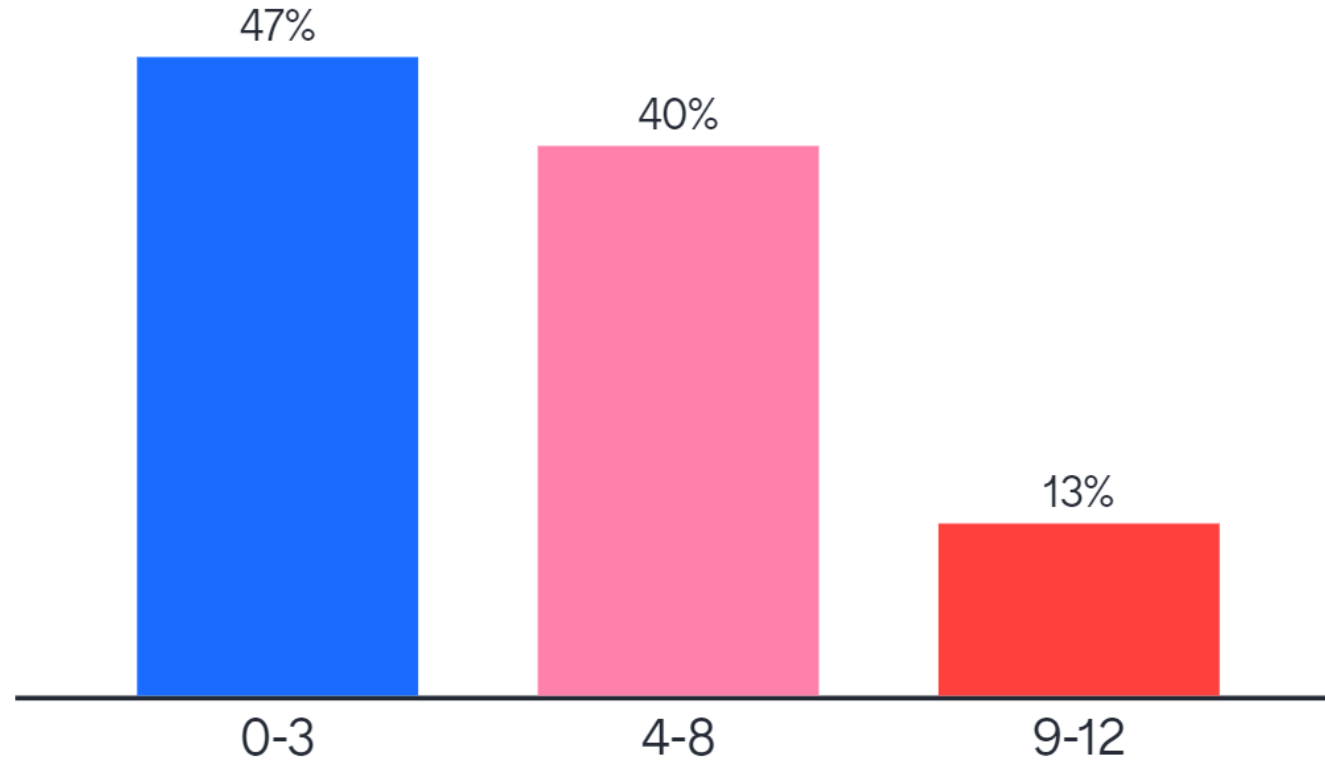
GHQ-12 Score

0-3 = Normal stress

4-8 = Moderate distress
(considering help)

9-12 = high distress
(need help)

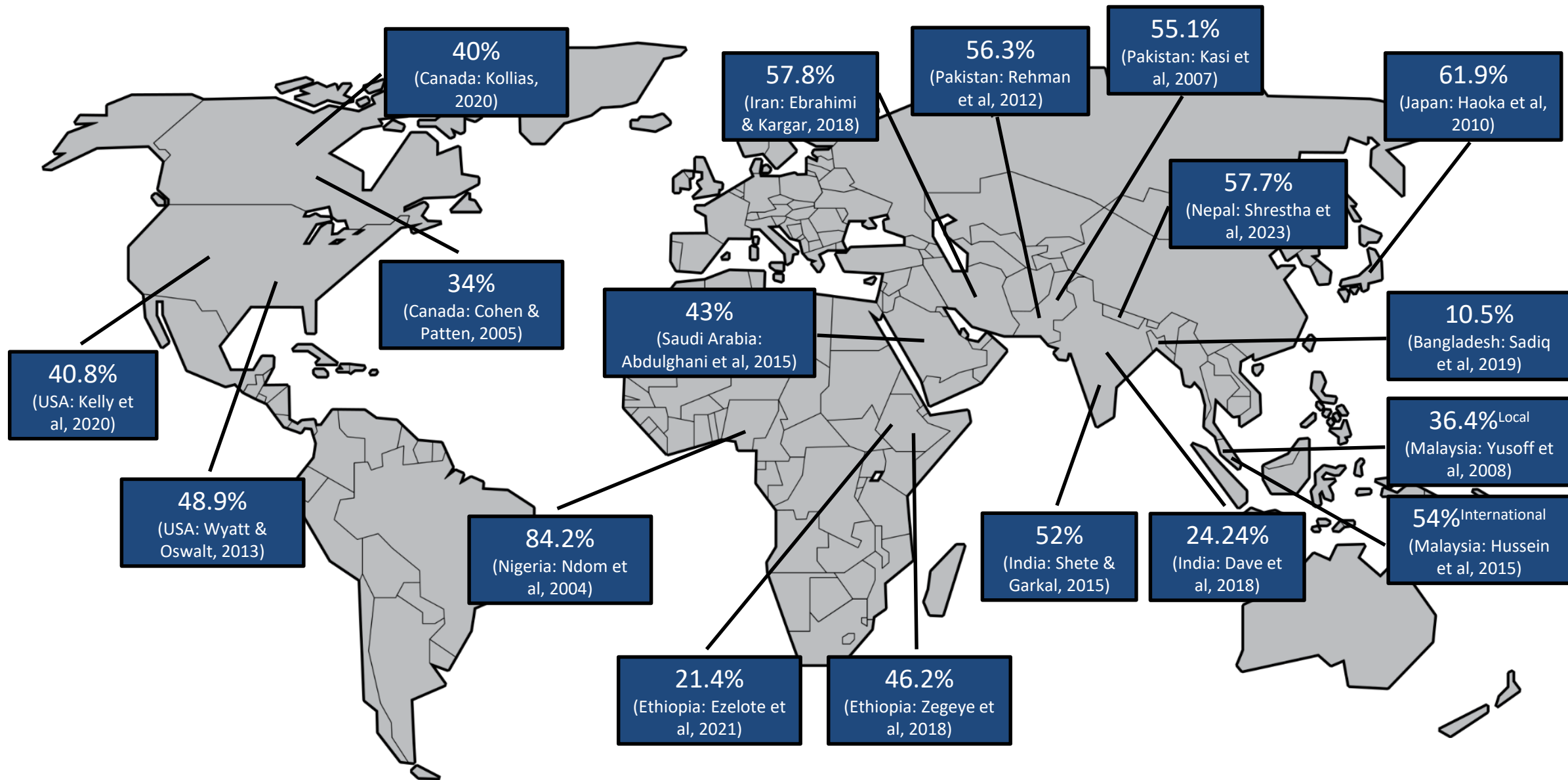
Choose your GHQ-12 score



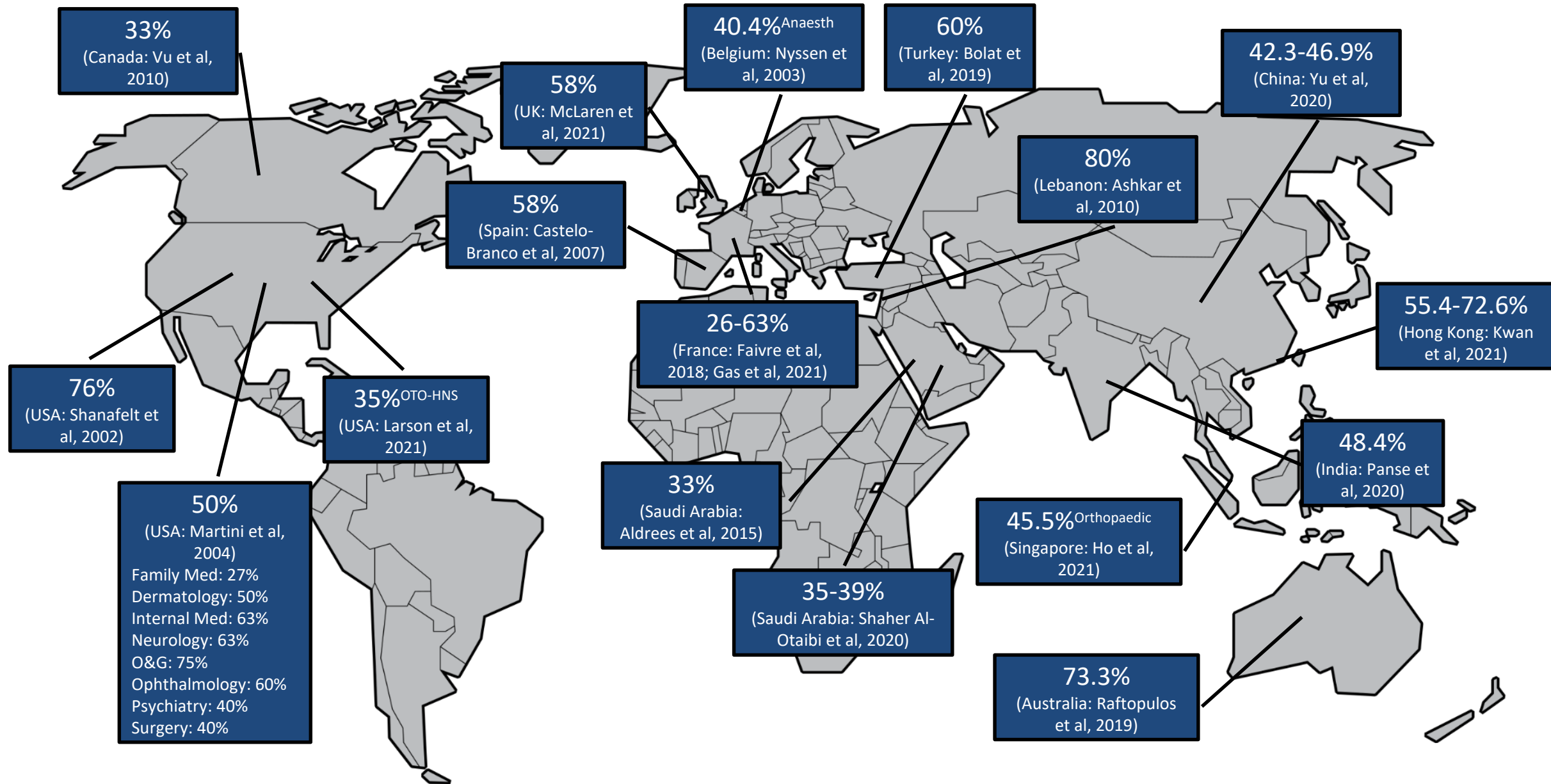
The wellbeing is not optimal during UG medical training, especially during examination

	Before Medical Training	During Medical Training	During Final Examination
DISTRESS	4.1%	11.8-19.7%	19.9%
ANXIETY	55.6%	41.1-57.3%	56.7%
DEPRESSION	1.8%	12.0-16.8%	30.0%

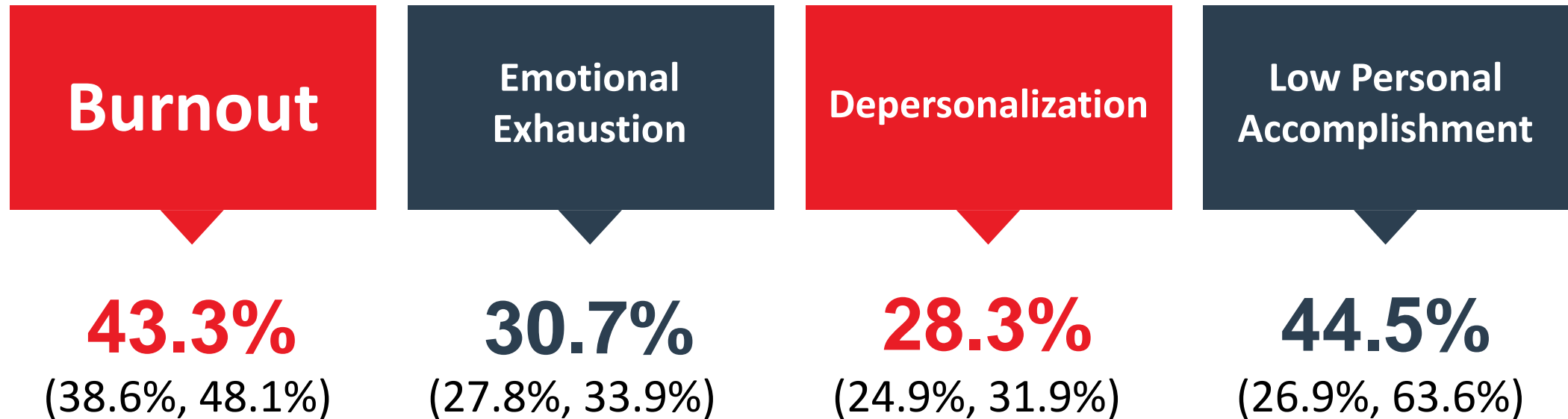
The Prevalence of Psychological Distress in PG Learners



The Prevalence of Burnout in PG Learners

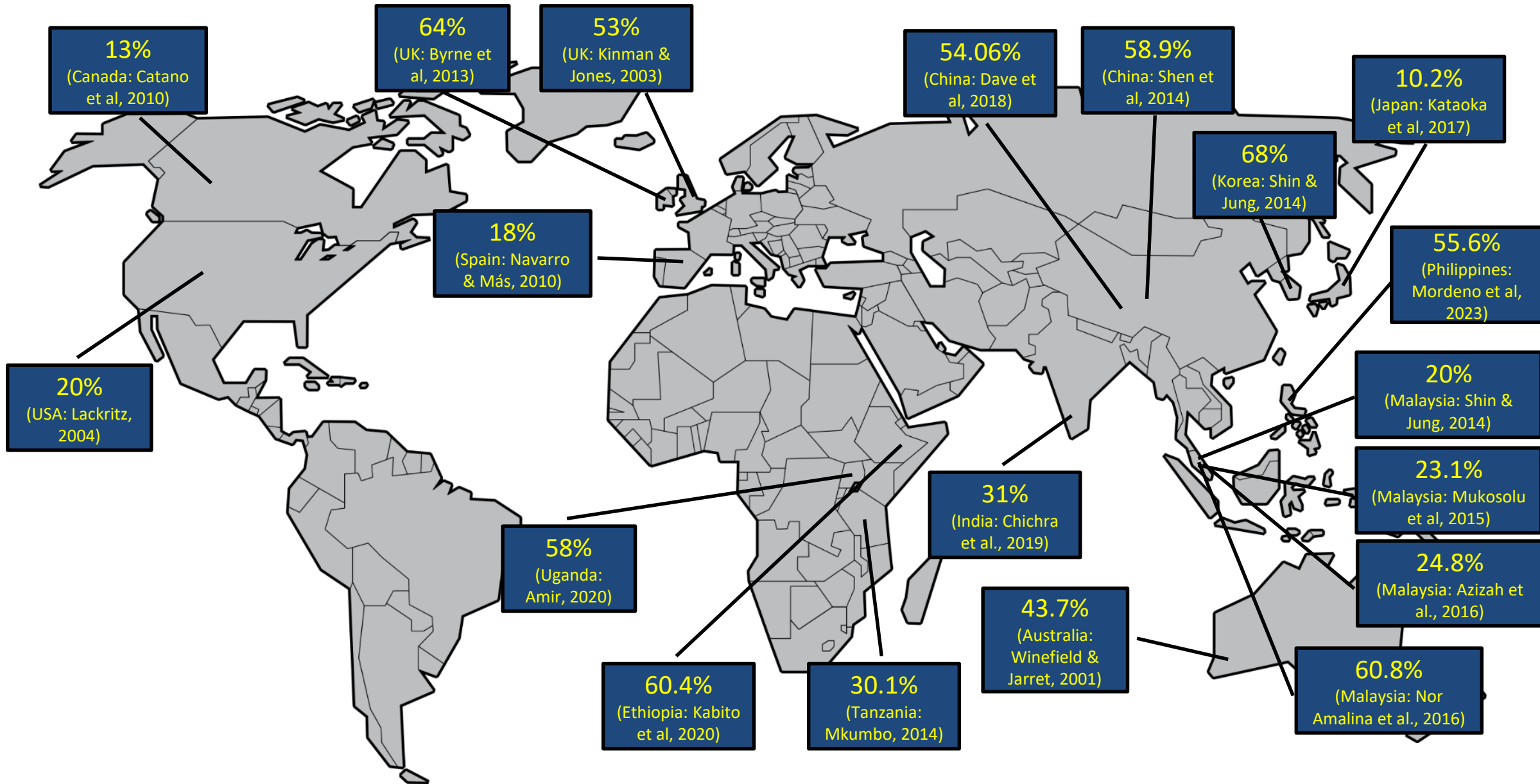


Burnout mostly relate to the experience of low personal accomplishment

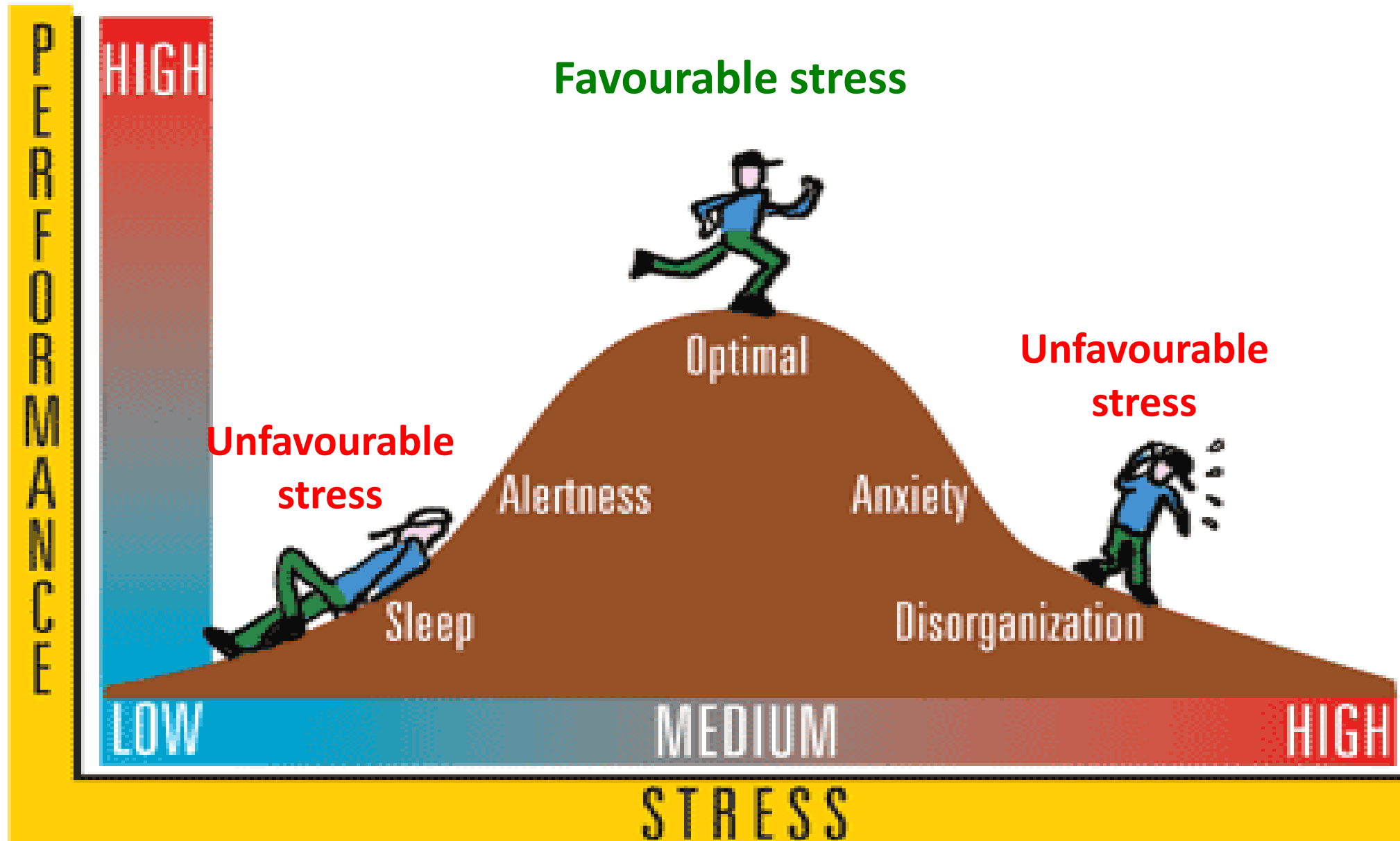


(Henning et al, 2018; Yusoff, 2018, 2019)

The Prevalence of Psychological Distress in Academic Staff



Stress Performance Connection



Distress Manifestations

Cognitive

- Memory impairment
- Indecisiveness
- Inability to concentrate
- Trouble thinking clearly
- Poor judgment
- Thinking negatively
- Racing thoughts
- Loss of objectivity

Physical

- Muscle tension
- Nausea
- Insomnia
- Chest pain
- Diarrhoea or constipation
- Headaches or backaches
- Weight gain or loss
- Frequent colds

Emotional

- Moodiness
- Agitation
- Restlessness
- Short temper
- Irritability or impatience
- Inability to relax
- Feeling tense
- Sense of loneliness

Behavioural

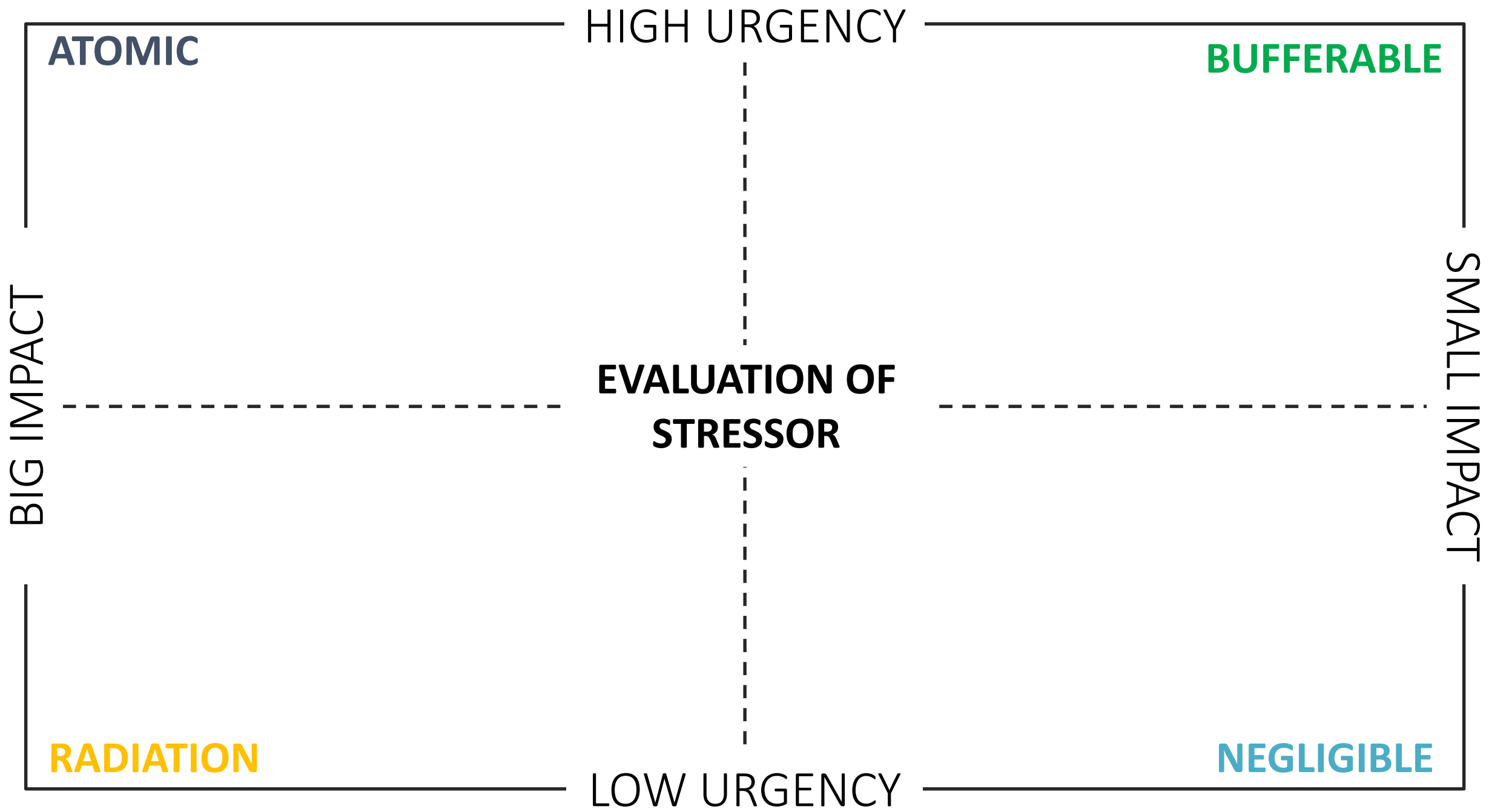
- Eating more or less
- Sleeping too much or little
- Isolating yourself from others
- Using alcohol, cigarettes
- Overdoing activities
- Teeth grinding
- Neglecting responsibilities
- Jaw clenching

My Stressor!

List 5 main sources of stress that causing distress on you (past two weeks)

Go to www.menti.com and use the code





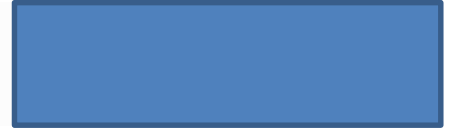
My Coping!

Section A	A	B	C	D	E
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Score					

Section B	F	G	H	I	J
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Score					

Section C	K	L	M	N	O
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Score					

Go to www.menti.com and use the code



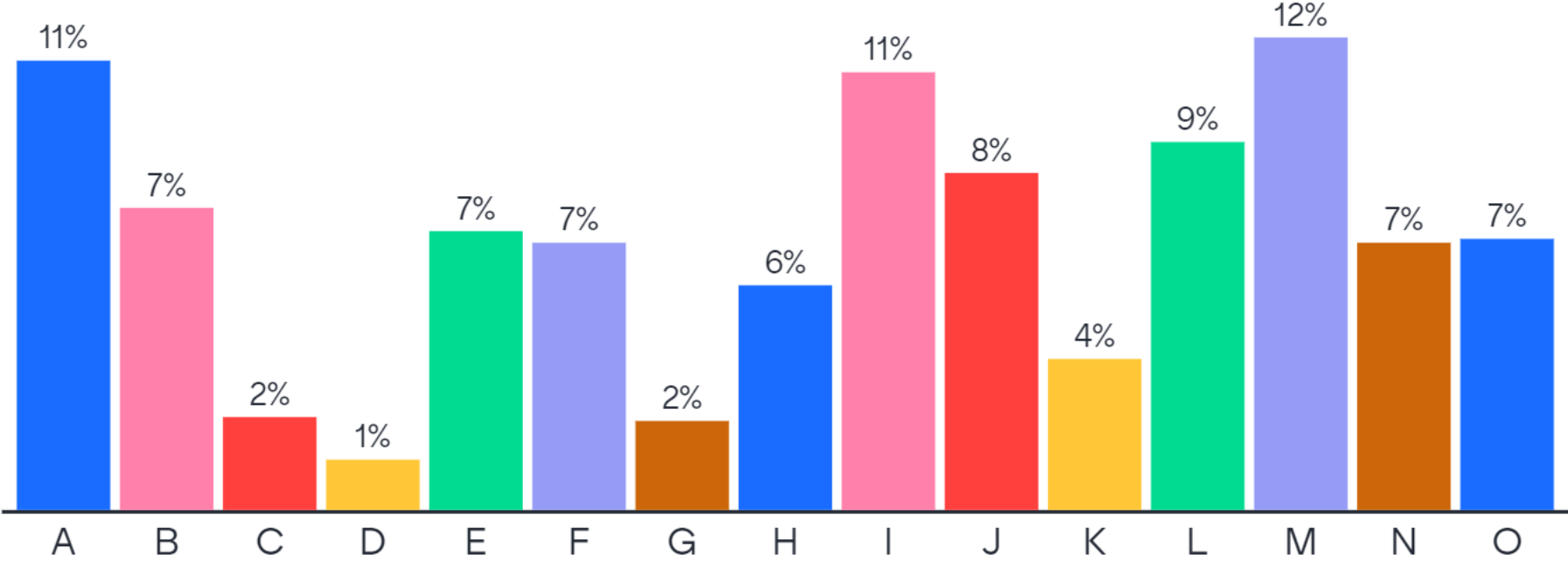
Skor	Domain
8	Very often use this strategy in dealing with stress
7	
6	It is quite common to use this strategy in dealing with stress
5	
4	Sometimes using this strategy in dealing with stress
3	
2	Very rarely use this strategy in dealing with stress

My Coping!

Coping Styles

Adaptive	Accommodative	Non-adaptive
(B) Active Coping	(E) Emotional support	(A) Self-distraction
(I) Positive reinterpretation	(F) Social support	(C) Denial
(L) Acceptance	(H) Venting of emotion	(D) Substance Abuse
(J) Planning	(K) Humor	(G) Behavioral Disengagement
(M) Religion		(N) Self-blame
		(O) Restraint coping

Coping Strategies (the score is 6 and above)



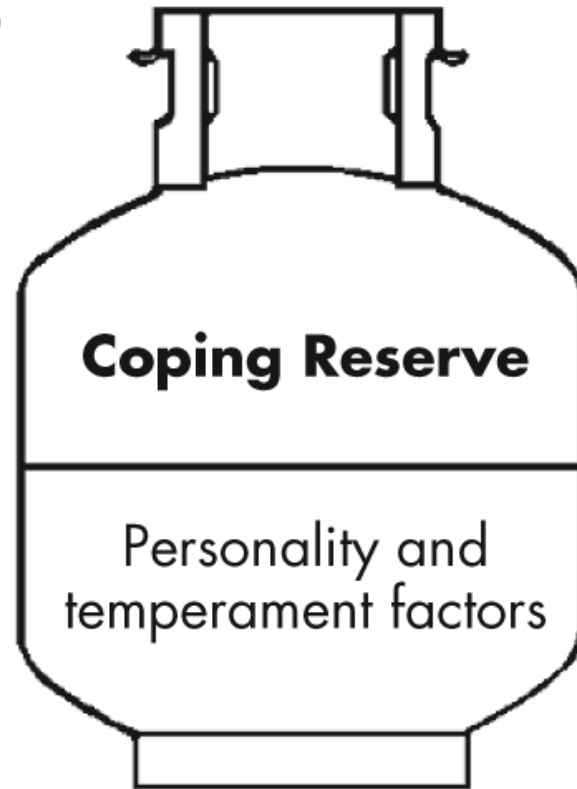
<i>Courtesy by Dr Nurhanis</i>		Coping Style (Carver, 1997; Baumstarck et al, 2017)	Depr	Anxiety	Stress	Burnout-P	Burnout-W	Burnout-C	CDRISC (Resilience)
Problem solving	Active coping (B)	↓*							0.316**
	Planning (J)	↓*					↓*		0.352**
	Restrain (O)	↑**	↑**	↑**	↑**	↑**	↑**	↑*	
Positive thinking	Acceptance (L)								0.298**
	Humor (K)			↑*					0.190**
	Positive Reinforcement (I)	↓*							0.404**
Seeking social support	Emotional Support (E)			↑**	↓*	↑**	↑*		0.078*
	Social Support (F)			↑**					0.100**
	Religion (M)					↓*	↓*		0.137**
	Venting (H)	↑**	↑**	↑**	↑**	↑**	↑**	↑*	-0.111**
Avoid-ant	Self-distraction (A)	↑**	↑**	↑**	↑**	↑**	↑**	↑*	
	Self-blame (N)	↑**	↑**	↑**	↑**	↑**	↑**	↑**	-0.202**
	Behavioral disengagement (G)	↑**	↑**	↑**	↑**	↑**	↑**	↑**	-0.372**
	Denial (C)	↑**	↑**	↑**	↑**	↑**	↑**	↑**	-0.189**
	Substance Abuse (D)	↑*			↑**		↑**	↑**	-0.152**

Let's Reflect!

- **What have you learnt from the story?**

Deplete the coping reservoir for handling challenges.

Negative Input

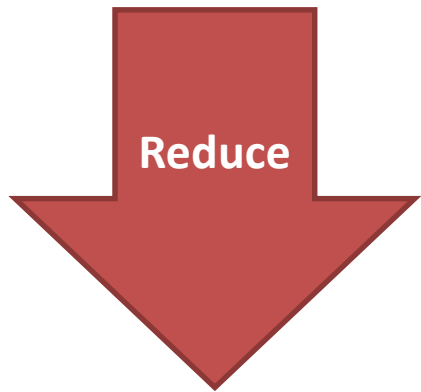


Positive Input

Replenish the coping reservoir for handling challenges.

Outcomes

Deplete the coping reservoir for handling challenges.



Negative Input

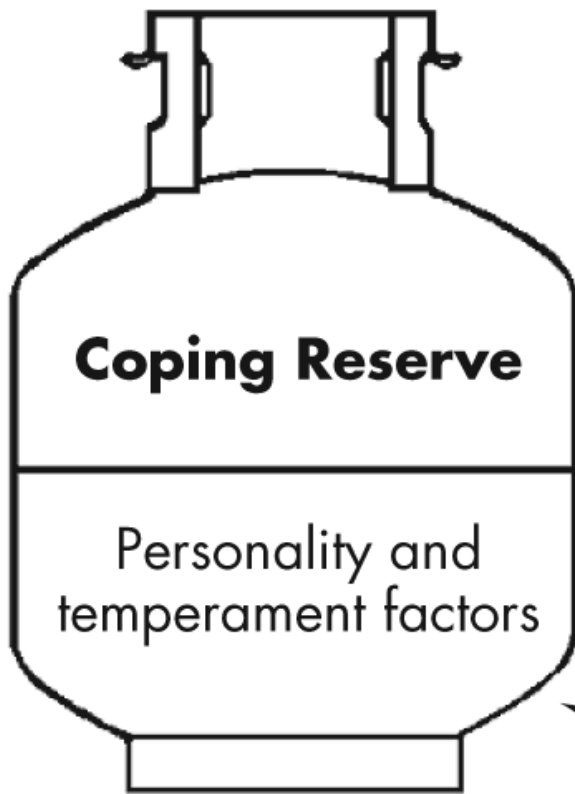
Stress



Internal conflict



Time and energy demands



Positive Input

Psychosocial support



Social/healthy activities



Mentorship



Intellectual stimulation



Replenish the coping reservoir for handling challenges.



Outcomes

Preventing



Burnout

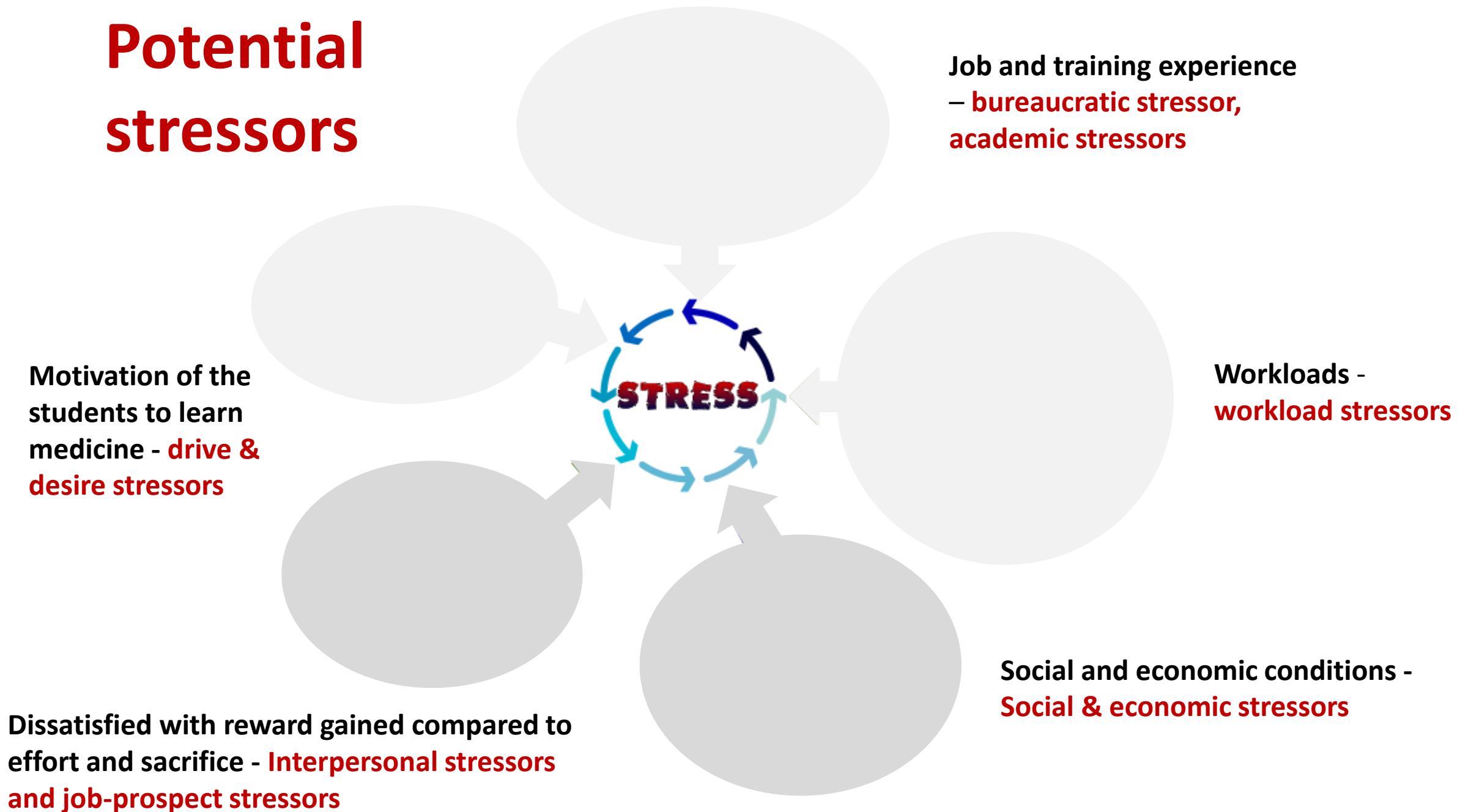
Promoting



Resilience

(Dunn et al, 2008; Yusoff, 2014; Yusoff et al, 2015)

Potential stressors



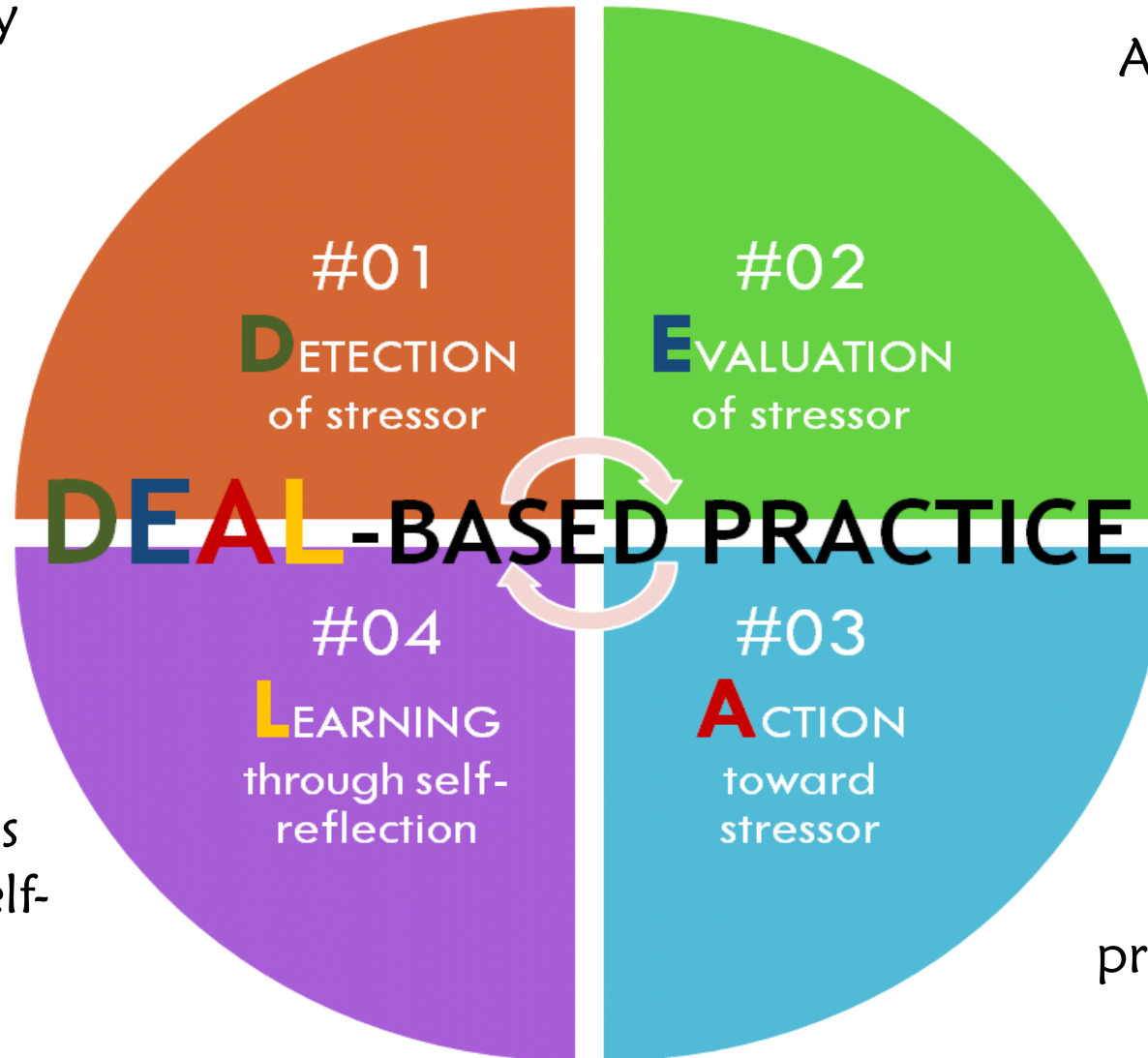
Barriers to seek helps



(Givens & Tjia, 2002)

Detect problems early and have positive perception/attitude/believe toward it.

Appraise problems positively and appropriately



Learn from the problems through reflection for self-improvement

Cope with problems positively



Teach students to detect problems early and have positive perception/attitude/believe toward it.

Teach students to learn from the problems through reflection for self-improvement



#01
DETECTION
of stressor

#02
EVALUATION
of stressor

DEAL-BASED PRACTICE

#04
LEARNING
through self-
reflection

#03
ACTION
toward
stressor



Teach students to appraise problems positively and appropriately

Teach students to cope with problems positively



DETECT

DETECTION OF STRESSORS



According to this principle, to manage stress effectively individuals should have:

- 1) knowledge and awareness about the signs and symptoms of psychological distress;
- 2) knowledge and awareness about the potential stressors in their context;
- 3) knowledge about the effective coping strategies to handle the stressors.

EVALUATE

EVALUATE STRESSORS



According to this principle, to manage stress effectively individuals should:

- 1) learn to filter and prioritise stressors into priority based on its impact and urgency, hence appropriate solutions can be generated to handle the main and real stressors;
- 2) have healthy and positive perception towards the stressors because only a few will be the main and real stressors.

ACT

ACT ON STRESSORS



According to this principle, to manage stress effectively individuals should

- 1) use the best coping strategies to handle specific stressors;
- 2) practice coping strategies that best work in specific context;
- 3) develop personal positive coping strategies, hence similar stressors can be effectively handled in future.

LEARN

LEARN FROM STRESSORS



According to this principle, to manage stress effectively individuals should:

- 1) learn from various stressors that provide different learning experience;
- 2) reflect on the insight gained as a result of previous stressor encounter;
- 3) ask what else could be done to deal with a particular stressor in better ways;
- 4) use it as a self-evaluation mechanism to enhance own ability to manage stress that is well-suited with personal need, believe and context.



Quantitative Data



Qualitative Data

Reduced distress

Reduced depression

Reduced denial

Reduced self-blame

Reduced perceived academic stress

Perceived as a very useful, relevant, applicable and feasible educational strategy

Improved coping ability

To apply DEAL approach in dealing with adversities

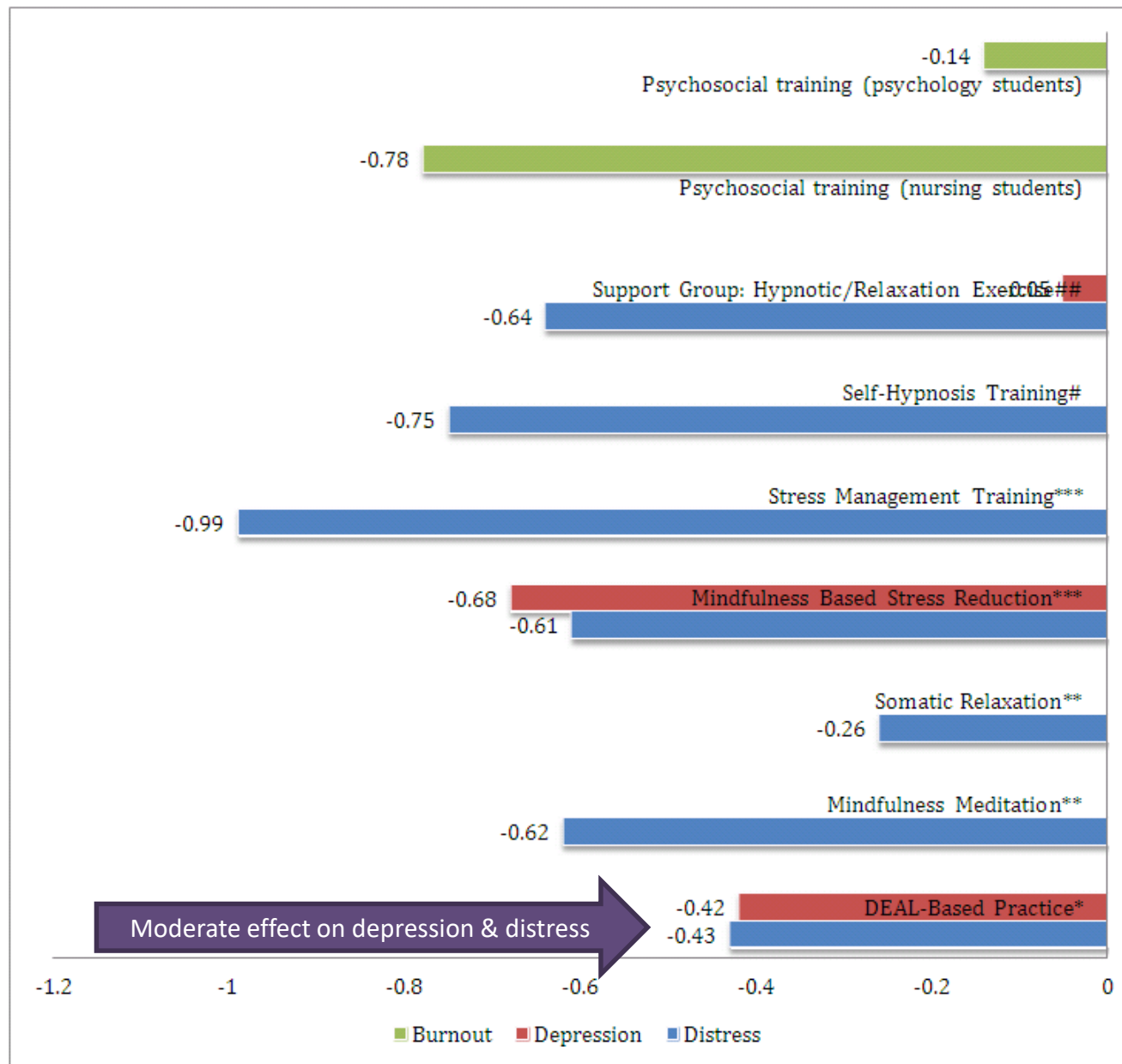
“Excellent and unexpected!! I think it will be bored like only motivation class but it was totally wrong at all. And now, I know the level of my stress and how to cope with it.” **Student A**

“Gained a lot of knowledge what exactly stress and how to cope with it. Basically this workshop had help the student how to identify good & bad stress which is good so that the students can choose how to deal with it in right way” **Student B**

“I learn how to cope with stressor and the DEAL which is very useful for my future, I can detect my stress level and which aspect that I’m stressing about.” **Student C**

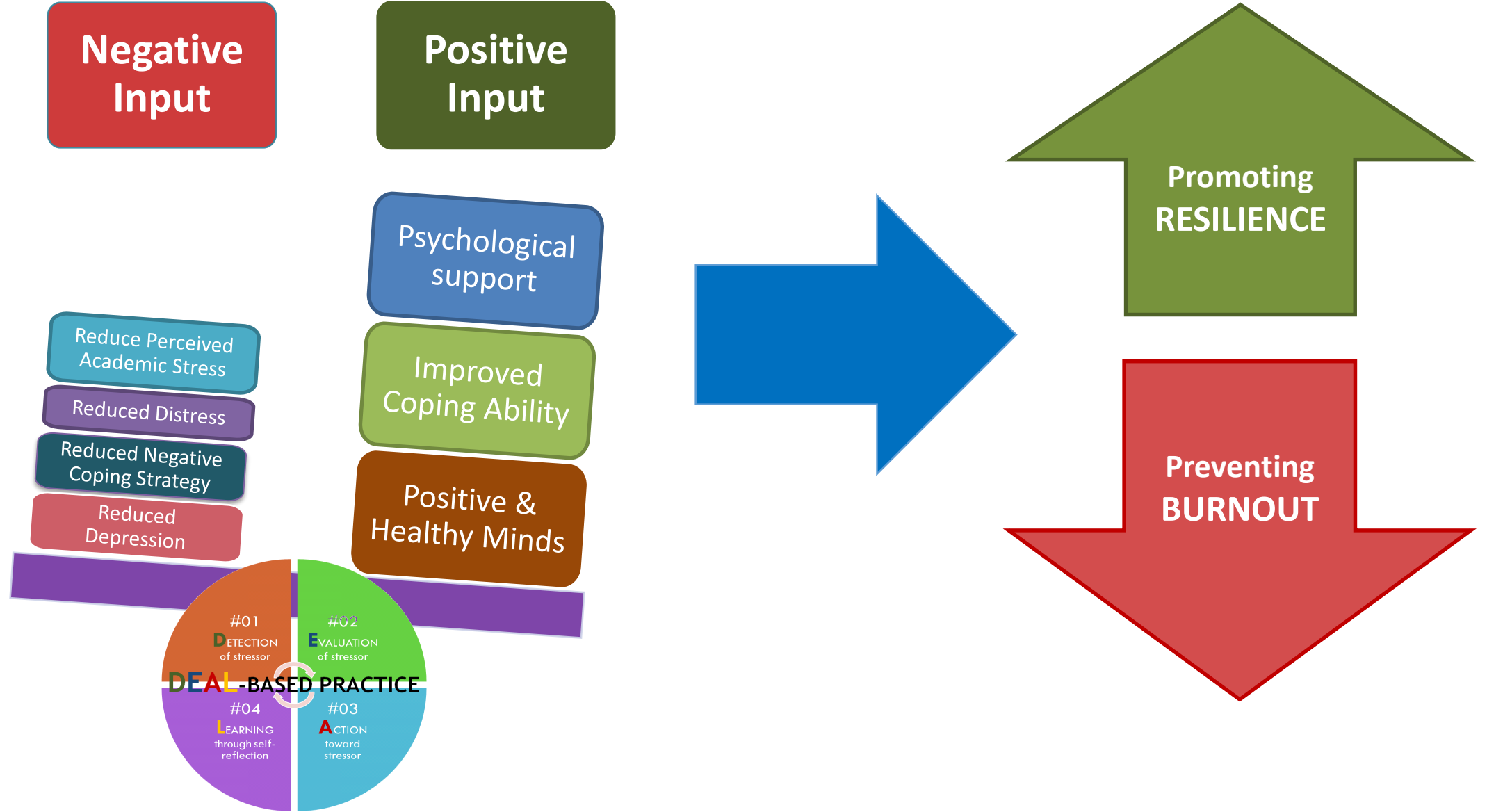
“I try to cope with my stress more positively, don't stress too much, take the stress as a challenges to make me better.” **Student D**

“The DEAL method, I'll try my way of thinking, detection of problems and peoples around me, I'll try to make a difference for myself in the scope of personality as a medical student that surely need to cope with a bundle of stress.” **Student E**



*brief (less than 2 days), **short-duration (2 days to 4 weeks), ***medium-duration (more than 4 weeks and up to 8 weeks), #long-duration (more than 8 weeks) and ##other (duration was not mentioned in the articles)

Effect size comparison between different strategies to promote resilience and prevent burnout.





DISTRESS is part of our life that can lead to many consequences.



DEAL with stress (adversity) systematically and effectively.



The DEAL program is a psycho-educational and problem-oriented stress management program.

KEY MESSAGES FROM DEAL PRACTICE

Publications related to the DEAL Model:

1. Yusoff MSB, Esa AR. The medical student wellbeing workshop. MedEdPORTAL. 2012, Association of American Medical Colleges accessible at <https://www.mededportal.org/publication/9241/>
2. Yusoff MSB, Esa AR. Stress management for medical students: A systematic review. Social sciences and cultural studies-issues of language, public opinion, education and welfare: IntechOpen; 2012
3. Yusoff MSB, Yaacob MJ, Naing NN, Esa A. An educational strategy to teaching stress management skills in medical education: the DEAL model. Int Med J. 2013;20(2):1-11.
4. Yusoff MSB, Yaacob MJ, Naing NN, Esa AR. A conceptual framework of stress management intervention for medical students. Education in Medicine Journal. 2013;5(3).
5. Yusoff MSB. Dealing with Occupational Stress - A Self-Changed Model. Occupational Medicine & Health Affairs. 2013.
6. Yusoff MSB. Interventions on medical students' psychological health: a meta-analysis. Journal of Taibah University Medical Sciences. 2014;9(1):1-13.
7. Yusoff MSB, Esa AR. A DEAL-based intervention for the reduction of depression, denial, self-blame and academic stress: A randomized controlled trial. Journal of Taibah University Medical Sciences. 2015;10(1):82-92.
8. Yusoff MSB, Yaacob MJ, Naing NN, Esa AR. The Effectiveness of a DEAL-Based Intervention to Reduce Stress and Depression Symptoms. Education in Medicine Journal. 2015;7(1).
9. Yusoff MSB. Promoting Resilience and Minimising Burnout, Wellbeing in Higher Education: Cultivating a Healthy Lifestyle Among Faculty and Students: Routledge; 2018.
10. Yusoff MSB. What does It Take to Minimise Burnout and Build Resilience of Healthcare Learners? Preparing Healthcare Learners for a Changing World. 8: Faculty of Medicine, University of Hong Kong; 2019. p. <http://tinyurl.com/y3yraorl>.
11. Witt K, Boland A, Lamblin M, McGorry PD, Veness B, Cipriani A, et al. Effectiveness of universal programmes for the prevention of suicidal ideation, behaviour and mental ill health in medical students: a systematic review and meta-analysis. Evidence-based mental health. 2019;22(2):84-90. <https://ebmh.bmj.com/content/ebmental/22/2/84.full.pdf>
12. Rith-Najarian LR, Boustani MM, Chorpita BF. A systematic review of prevention programs targeting depression, anxiety, and stress in university students. Journal of Affective Disorders. 2019.



TEACHING DELIVERY AWARD

Past Winner Teaching Delivery Award: Universiti Sains Malaysia, Malaysia



Project: Promoting Resilience and Preventing Burnout in Medical Students through the DEAL-Based Practice

Participants in the DEAL-based practice program acquire greater insight about personal ability to handle problems via self-awareness, experience, and conscious effort that allows problems to be handled in effective ways. Eventually, students achieve autonomy by developing the skills necessary efficiently deal with common problems faced in a tertiary education environment. www.usm.my

<https://www.reimagine-education.com/teaching-delivery-award/#1627366154193-719860e5-00c9>



The award goes to

Professional Resilience Skill Training
(Pro-ReST): An evidence-based and feasible
educational module.

Nurhanis Syazni Roslan



Hanis Roslan



Muhamad Sai...



SITI SURIANI ...



Ronald Harden

GMT 110: Medical Professionalism

2 credit unit

Coordinator:

Dr Nurhanis Syazni Roslan

(Dept of Medical Education)

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Describe the principles of medical

Incorporate the
**DEAL-based
RESILIENCE
TRAINING** into this
course.



professionalism perspective.

A Community of Practice Focused on Resiliency in Graduate Nursing Students



Megan Wildes, BSN, RN
FNP/DNP Student, UNC-CH SON

3/3/2016

DEAL Model



Adapted by permission from Yusoff, Yaacob, Naing & Esa, 2013

Book Title:

The DEAL Practice – Cultivating
Resilience in University Students

MUHAMAD SAIFUL BAHRI YUSOFF

Accepted for publication on 29 September 2021 by Penerbit USM, Pulau Pinang, Malaysia



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AUSTRALIA

**USED BY EDUCATORS & STUDENTS FOR
TEACHING, SELF-LEARNING & TRAINING**



Brittle describes something that is fragile and prone to breaking

Anxious reflects a state of worry or unease

Non-linear refers to processes that do not follow a straightforward path

Incomprehensible indicates something that is difficult to understand

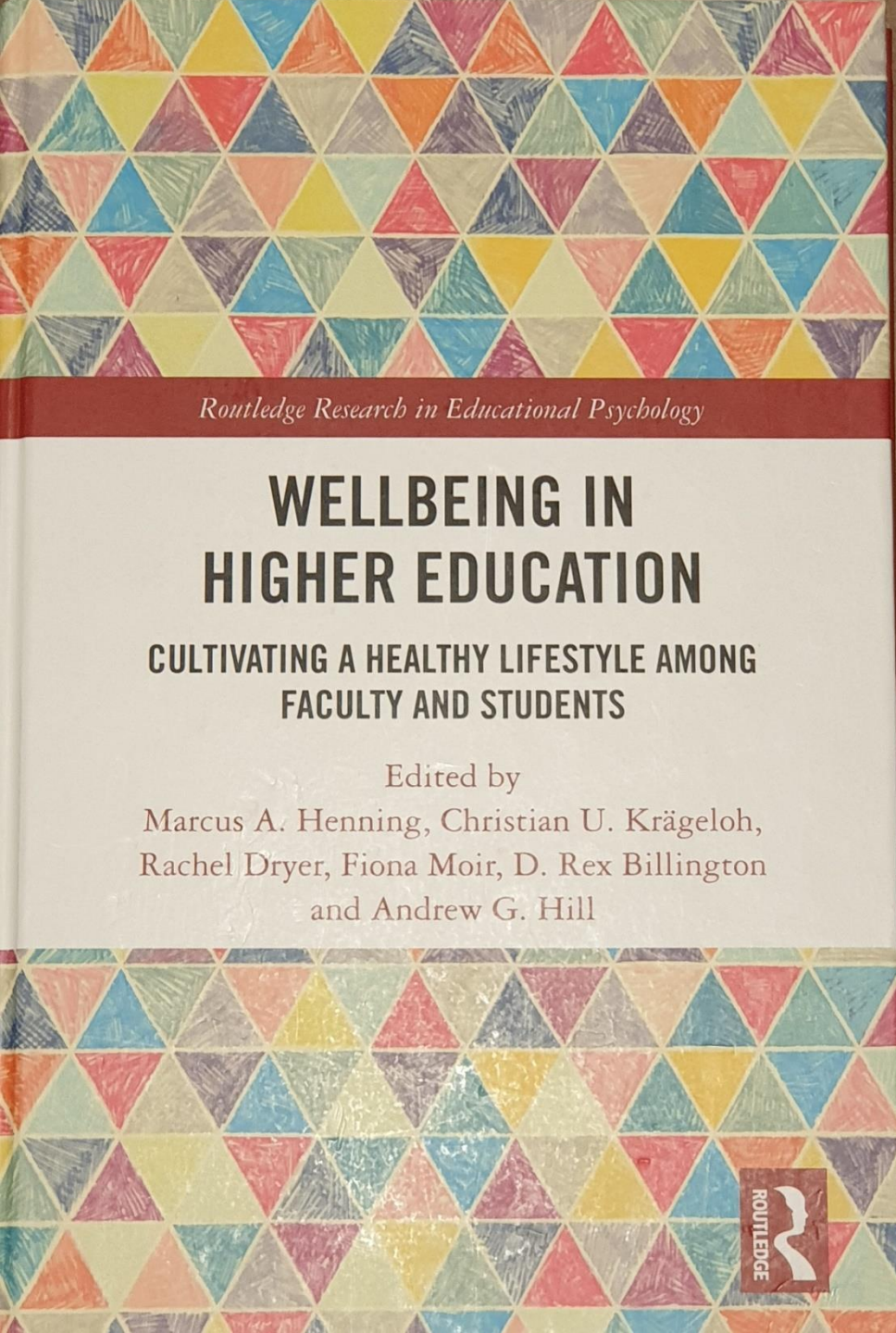
Embracing these forces, medical education can prepare future healthcare professionals for a transformative future

BRITTLE ↔ **RESILIENCE**

ANXIOUS ↔ **WELL-BEING**

NON-LINEAR ↔ **FORESIGHT**

INCOMPREHENSIBLE ↔ **ACCESSIBLE**



Routledge Research in Educational Psychology

WELLBEING IN HIGHER EDUCATION

CULTIVATING A HEALTHY LIFESTYLE AMONG
FACULTY AND STUDENTS

Edited by

Marcus A. Henning, Christian U. Krägeloh,
Rachel Dryer, Fiona Moir, D. Rex Billington
and Andrew G. Hill



“ **Time, Culture, Opportunity** and **Individual Strengths** are **four overriding elements to influence achievement in higher education and life in general.** They are realities that need to be considered in the structure of the higher education environment by leaders as well as academics and students. Some may apply more than others, but all should be considered. ”

(Henning et al, 2018)

Wellbeing Drivers

INDIVIDUAL STRENGTHS

The things individuals are good at and the unique qualities that make them who they are.

CULTURE

The diverse backgrounds, beliefs, and ways of doing things that people bring to a group or community.

T

TIME

The number of hours individuals have and how they manage them.

I

OPPORTUNITY

Having a chance to do something or access resources that can help individuals.

O

C

Nelson Mandela

once said:

“Education is the most powerful weapon which you can use to change the world.”





‘Extending educational experiences and innovations to new settings through sharing of practices and policies will be crucial.’

(UNESCO, 2021, pg 129)



REIMAGINING
A new social
OUR FUTURES
contract for
TOGETHER
education

REPORT FROM THE INTERNATIONAL COMMISSION ON THE FUTURES OF EDUCATION

Final Thoughts

01

Resilience Concepts

Resilience has been seen in numerous lenses; a trait, a quality, a process, a cycle, a system and a trajectory

Resilience Strategies

The resilience promotion strategies offer a framework to infuse resilience at different levels – micro, meso & macro.

03

02

Resilience Factors

The resilience factors must be taken into consideration to promote resilience at different levels.

It has potential implications on important facets of medical education

ME Implications

04





Thank You

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https://www.researchgate.net/profile/Muhamad_Saiful_Bahri_Yusoff
