
DEVELOPMENTS

Student-Led Stress Management Program for First-Year Medical Students

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Background: The medical education community has emphasized repeatedly the importance of teaching stress management and self-care skills to medical students. However, descriptions and evaluations of intervention programs are infrequent. This article describes a student-led stress management program for 1st-year medical students and summarizes program evaluation data from 1,111 participants.

Description: The Stress Management Program is a voluntary activity that involves small groups of 1st-year medical students meeting with 2nd-year student coleaders. At the beginning of the fall semester, each group meets 1 hr per week for 7 consecutive weeks. Two psychologist faculty members serve as program coordinators.

Evaluation: Mean annual participation rate for 1st-year students was 94% over 16 years. Program evaluation results are strongly positive.

Conclusions: Based on longevity, participation, and student feedback, the program has been successful. Recommendations for creating and maintaining similar programs are offered.

Teaching and Learning in Medicine, 19(1), 42–46

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The stressors of medical education, and associated negative consequences for the physical and mental health of medical trainees, have been described in the literature for many years.¹ Several medical education constituencies have emphasized the importance of teaching stress management and self-care skills to medical students.^{2–5} The American Medical Student Association has developed a Medical Student Well-Being Web page⁶ that provides resources to help medical students cope with the stressors of medical school. Accreditation standards for the Association of American Medical Colleges⁷ require that “Each school must have ... programs to promote the well-being of students and facilitate their adjustment to the physical and emotional demands of medical school.” A recent literature review discovered that, although more than 600 articles addressed the importance of stress management programs, only 24 reported intervention programs with accompanying

data.⁸ Mental health professionals or physician faculty led most of these programs, and the majority involved fewer than 30 participants. This article describes a student-led stress management program for first-year medical students and summarizes evaluation data from 1,111 students who participated during the initial 16 years of the program.

Description

Overview

The Stress Management Program at Oklahoma State University Center for Health Sciences is a voluntary activity for incoming first-year medical students. The program is delivered in a small-group format. Groups consist of six to eight first-year students (randomly assigned) and two second-year students who

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serve as group leaders. At the beginning of the fall semester, each group meets 1 hr per week for 7 consecutive weeks. We serve as program coordinators but have no direct contact with the first-year group members; we meet only with the group leaders for training and supervision. The program has been offered annually for 16 years and has been modified many times based on student feedback.

The objectives of the Stress Management Program include facilitating the adjustment of first-year students to medical school, aiding in the development of personal stress management skills, facilitating development of a peer support system, providing a confidential forum for discussion of concerns, identifying specific second-year medical students as resource persons for new students, and providing introductory training to medical students in behavioral sciences and health promotion.

Recruitment and Selection of Group Leaders

During each of the past several years, from 35 to 40 of 88 first-year students volunteered for 26 group leader positions. The most common motive for students who volunteer to be a group leader is a desire to “give back” by helping the program continue for the next class. To be eligible for selection, volunteers must be in good academic standing and express a commitment to the time requirements.

Group leaders receive no course credit or other formal compensation for their time and effort. Most group leaders have recommended maintaining this practice to discourage other motivations for service. As an expression of appreciation, each group leader receives a restaurant gift certificate donated by the Alumni Association.

Training for Group Leaders

Before the program begins, the faculty program coordinators provide group leaders with 7 hr of training in group facilitation skills. Training topics include the role of the group leader, empathic responses, helpful responses to students who discuss personal problems, dealing with negative or difficult behavior from group members, working with a coleader, and mental health resources. The program coordinators have the group leaders practice group facilitation skills in small groups, using scenarios that arise commonly in group meetings. Training focuses on preparing the group leaders to assist students in dealing with the stresses common to first-year medical students. The group leaders do not receive training in responding to serious mental health or safety concerns; they receive instructions to bring such concerns to the program coordinators for guidance.

In leading the training and supervision sessions, the faculty coordinators model the group facilitation skills that they want the leaders to use in their small groups. For example, the coordinators use brainstorming and problem-solving techniques, rather than didactic presentation, to elicit training content from the group leaders.

Supervision of Group Leaders

During the 7 weeks of small-group meetings, the group leaders and program coordinators meet as a group once weekly for 60- to 90-min supervision sessions. Each supervision session has two components. First, each coleader team describes briefly the most recent group meeting. If he or she identifies any concerns, the faculty coordinators guide the group leaders in brainstorming possible solutions. The most common challenge identified by group leaders is group members who are hesitant to join in discussions. Second, faculty coordinators present a detailed topical outline for the next group meeting. The coordinators encourage group leaders to conduct each small-group meeting in a way that is flexible and responsive to the needs of their group members. Because group leaders might revise their plans for a meeting to allow their group to discuss topics of immediate concern, the degree of coverage and method of presenting topics varies by group.

Recruitment of Group Members

Incoming students receive information about the Stress Management Program during their orientation program at the beginning of the fall semester. They view a video presentation of previous group leaders describing their experiences in the program. As an incentive for participation, students who attend six of seven group meetings receive 5 bonus points in the Health Promotion/Disease Prevention course. The coordinators of this course view the extra points as appropriate because the Stress Management Program embodies fundamental principles of health promotion and disease prevention.

Schedule of Group Meetings

Program duration originally was 10 weeks, but because of attendance difficulties near midterm examinations, duration was reduced to 8 and then to 7 weeks. All Stress Management groups meet at noon on the same day of the week, and the Student Senate ensures that student organization meetings and special programs do not conflict with Stress Management meetings.

Topics and Activities for Group Meetings

The goals of the first group meeting are to set ground rules and start building rapport. Icebreaker exercises help group members begin to know one another. Leaders present a group contract for discussion. The contract stipulates that group members agree to keep confidential personal information that is shared at meetings and to treat each other with respect. Each group may opt to add more agreements to their contract; many groups add that studying during group meetings is not allowed.

Between the first and second meetings, physician faculty in the Osteopathic Manipulative Medicine course provide a lecture on the health effects of stress and instruct first-year students in the practice of relaxation methods during a lab session. At the second group meeting, group leaders follow-up on instruction regarding the relaxation response⁹ and discuss study and test-taking skills. Instructions for practice of the relaxation response are available on a student Web site.

The third meeting addresses the role of peer support in maintaining health. Discussion focuses on empathic listening as an excellent method for demonstrating support. Groups view a humorous video created by group leaders showing medical students giving various responses to a classmate who is disappointed by a failing exam grade. The video contrasts less supportive responses to an empathic response.

The topic for the fourth group meeting is reframing thoughts. Students practice identifying their thoughts about stressful events and adopting a new perspective that results in a decreased level of stress. Groups view a video created by group leaders showing medical students reframing their thoughts about stress-producing situations such as feeling picked on by a professor, waiting for exam results, and considering dropping out of school.

The fifth group meeting covers medical student well-being and personal relationships. Groups review "A Primer on Medical Student Well-Being,"¹⁰ prepared by the American Medical Student Association (www.amsa.org/well/wellres), and group leaders reinforce the importance of self-care for future physicians. This meeting also addresses ways to prevent and reduce strain in personal relationships during medical school. Groups discuss ideas for maintaining positive relationships with spouses, significant others, children, family members, and friends.

Conflict resolution is the topic of the sixth meeting. Groups view a video created by group leaders showing students using and not using conflict resolution skills. The scenarios involve a study group member who habitually is not prepared and anatomy lab partners who do not complete their share of dissection or who are careless in dissection techniques.

During the last meeting, group members complete written evaluations of the program and group leaders.

Faculty Coordinators

Although the faculty coordinators for our Stress Management Program are psychologists, other faculty or professional staff could coordinate this program as well. It is an enjoyable activity because the group leaders participate on a voluntary basis, and no grades or examinations are involved. Students and faculty working together for a common purpose in a relaxed environment creates a sense of collaboration that is uncommon in other medical education activities.

Evaluation

During the 16 annual presentations of the Stress Management Program, 1,282 (94%) of 1,368 eligible first-year students completed the program (i.e., missed no more than one group meeting). Attendance was at least 90% for all but 2 years, during which it was 87% and 85%.

Participants completed written evaluations of the program and of their group leaders, and group leaders completed a written evaluation of the program and their training and supervision. Evaluations included a series of statements with which participants or group leaders indicated strong agreement, agreement, neutrality, disagreement, or strong disagreement. For simplicity, results reported here combine those who indicated strong agreement or agreement into one category of agreement. Summary results on selected items are reported here.

Of the 1,111 (87%) participants who completed program evaluations, most agreed that the program was a valuable learning experience (72%) and should continue to be offered to future classes (88%). Most (72%) agreed that the program would have been worth attending even without the grade incentive. They agreed also that the program enabled them to manage stress better (68%). Only 3% of participants indicated that they felt uncomfortable participating in their group. With regard to specific components of the program, most agreed that they received support from other members of their group (83%) and that training for the relaxation response (74%), empathic listening (74%), study and test-taking skills (67%), reframing (67%), and relationship issues (71%) was useful. (Data regarding the conflict resolution and medical student well-being components are not reported because they are relatively recent additions to the program.) No aspect of the program has received consistently negative feedback across time, probably because of modifications in response to students' suggestions (e.g., reduc-

ing length of program from 10 weeks to 8 weeks and then to 7 weeks).

With regard to the performance of their group leaders, ratings were high on all dimensions. Most participants agreed that their group leaders performed their roles effectively (98%), promoted open discussion (99%), were well prepared for group meetings (96%), and were open, honest, and genuinely concerned (97%).

Of the 340 (94%) leaders who completed evaluations, most agreed that the program was a valuable learning experience (91%) and that they would recommend volunteering as a group leader to other students (90%). With regard to supervision by the faculty coordinators, the group leaders agreed that the supervision sessions were well organized (85%) and that the supervisors were supportive of the leaders (98%) and receptive to the leaders' ideas (99%). The leaders agreed also that they learned specific skills (90%) and that the skills they learned have relevance for other settings (97%). The lowest-rated aspect of the program was the duration of the weekly supervision sessions, which 22% of the group leaders thought was too long.

Discussion

The Stress Management Program has been successful when measured by level of participation of both first-year student participants and second-year students who volunteer to serve as group leaders, longevity of the program, and evaluation ratings from participants and group leaders. After 16 years and 1,282 participants, the program has become in essence part of the medical school curriculum and culture. Several factors seem to contribute to its success. First, we believe that the use of second-year medical students as group leaders, rather than mental health professionals or faculty members,⁸ is fundamental to its success. The recency of the group leaders' experiences as first-year students enables them to understand well the stresses involved in beginning medical school and makes them credible role models. Their student status encourages group members to openly discuss issues of concern and makes them easily accessible to group members.

Second, the use of a small-group format with activities designed to facilitate group interaction aid the development of peer support. Students frequently report that getting to know classmates, ventilating feelings, and discovering "I'm not the only one" who is anxious, lacking confidence, lonely, and so on was the most beneficial aspect of the program. Other groups of medical students have reported the significance of peer support as a stress management strategy.^{11,12}

Third, timing considerations are another key factor in the program's high level of participation and longevity. Medical students report that transition periods (i.e.,

beginning medical school, clinical rotations, and residency) are particularly stressful.¹² A study of first-year medical students found that the early weeks of the first semester of medical school seemed to be more difficult emotionally than later periods of the year.² Students may be more receptive to assistance offered during this "teachable moment." The length of the program, 7 weeks, seems to be long enough to develop rapport with other students and learn some basic stress management skills but not so long that the time commitment interferes with academic demands.

Fourth, the videotapes scripted and produced by group leaders seem to have made a significant impact on students' enjoyment of the program and learning of stress-management skills. The poor examples in the videos are remembered well by students because they are funny, and the good examples demonstrate how students can use their skills to cope with situations relevant to their current experience. The videos also expose students to additional role models.

Fifth, validation of the importance of stress management from physician faculty, offered at the beginning of the Stress Management Program, contributes to the program's success. The continuing endorsement of the program by other students, physician faculty, administration, and the Alumni Association has been important for the program's longevity.

Sixth, group leaders' freedom to adapt meeting content to their group's needs promotes a positive group experience. Involving group members in setting the agenda for meetings, instead of adhering rigidly to the curriculum guide, increases group members' involvement and provides a model for patient-centered care in future practice.

Seventh, student feedback has led to ongoing program improvement and has been especially useful for the selection and sequence of meeting topics and identification of effective methods of presentation. Students seem to view the Stress Management Program truly as "their" program, with the faculty coordinators providing administrative support and continuity.

Although the Stress Management Program is not part of students' required coursework, we believe that it serves as a valuable first step in the behavioral sciences and health promotion curriculum. By engaging students at a point of readiness to try behavioral stress management skills and directly experience the positive outcomes from using these skills, the program may have a positive effect on medical students' attitudes toward behavioral and preventive approaches to health care. Participants begin learning skills that are important for medical interviewing (e.g., empathic listening) and skills that can be taught to patients in the future (e.g., relaxation response). Students who serve as group leaders gain advanced-level training in skills relevant to patient care, such as facilitating problem solving without taking responsibility for another person's problems.

The Stress Management Program could be replicated at other medical schools or health professional programs. The group leader training manual, meeting outlines, and handouts for group members are available from the authors.

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Final revision received on July 6, 2006