

We Get by With a Little Help From Our PEERS: The Practice Enhancement, Engagement, Resilience, and Support Program for Building Community and Well-Being in Medical Education

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Abstract

Problem

Physician distress is a growing national problem that begins in medical school. Solutions that teach well-being concepts and coping skills during medical school and throughout medical training are needed.

Approach

The Practice Enhancement, Engagement, Resilience, and Support (PEERS) program was designed at the Icahn School of Medicine at Mount Sinai (ISMMS) in 2017 as a longitudinal program for medical students to process challenges and learn evidence-based coping strategies in a supportive group setting. The curriculum comprises 10 small-group sessions incorporating principles of mindfulness, positive psychology, cognitive behavioral therapy, and dialectical behavioral therapy. Students remain with

the same group of approximately 8 students throughout the PEERS program, which spans all 4 years of medical school. As an established part of the core medical school curriculum, PEERS centers physician well-being as an essential clinical skill for providing sustainable, high-quality patient care.

Outcomes

Now in its fourth year, PEERS is recognized as an effective, sustainable intervention to support trainee well-being. Cross-sectional survey data collected in 2020 reveal that PEERS has effectively established a space for emotional support and community building among peers and mentors. The program has successfully garnered institutional and administrative support, including protected curricular time and dedicated faculty leadership.

Next Steps

PEERS continues to evolve, incorporating feedback in real time to reflect the changing landscape of medical education, particularly in the era of remote learning. Given the demand for well-being initiatives throughout the Mount Sinai Health System, PEERS programming is being adapted and implemented across various residency, fellowship, and graduate school programs at ISMMS with the support of Mount Sinai's Office of Well-Being and Resilience and the Office of Graduate Medical Education. The PEERS program offers an evidence-based, trainee-led model that can be flexibly implemented at medical training programs across the country to support trainee well-being.

Problem

Physician well-being—a state of positive physical, mental, and social functioning beyond simply the absence of dysfunction or illness—is essential to the ability to provide excellent, compassionate care. Yet, there remains a considerable gap between the current state and the goal of well-being for U.S. physicians. Compared with the general population, medical professionals in the United States are disproportionately affected by symptoms of burnout, depression, anxiety, and suicidal ideation^{1,2}; half of medical

residents¹ and physicians³ are afflicted with burnout, and early-career physicians are significantly more depressed than general population age-matched controls.¹ The stakes are high: The medical community loses an estimated 400 physicians per year to suicide.⁴

Despite a heightened focus on physician and trainee well-being over the last decade,^{5,6} medical student well-being remains poor, and recent research shows that the proportion of students experiencing distress, burnout, and depression during medical school continues to rise.² To our knowledge, no best practice recommendations or wide-scale curricula have been implemented across medical education institutions to reduce distress and/or promote well-being directly and effectively.

Medical school is a critical period to establish habits and priorities that promote well-being. At the Icahn School of Medicine at Mount Sinai (ISMMS), we have implemented a feasible,

effective, student-driven program that equips learners with a forum to practice activities aimed at cultivating well-being and supporting their colleagues.

Approach

In 2016, the suicide of an ISMMS medical student left our community grieving, reckoning with systemic factors that drive distress, and yearning for interventions to adequately support students. Among numerous initiatives, the Practice Enhancement, Engagement, Resilience, and Support (PEERS) program was designed and implemented by students for students. PEERS is a longitudinal well-being curriculum for all medical students, composed of small groups that take place approximately 10 times throughout medical school. Launched in fall 2017, each session targets specific stressors at each stage of training that are associated with potential distress (e.g., the transition to medical school, United States Medical Licensing Examination Step 1 preparation, residency applications, etc.).

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PEERS provides a space to normalize personal and academic challenges and equips learners with evidence-based skills and frameworks to navigate obstacles.

The core values of the PEERS program are explained by its acronym:

- **Practice Enhancement:** The pursuit of one's own well-being is a necessary clinical skill to be able to provide excellent and compassionate patient care.
- **Engagement:** Deliberate reflection on one's values and character strengths encourages connection with a greater sense of meaning in day-to-day routines.
- **Resilience:** One's ability to move forward and grow through adversity can be developed as a tool to cope with inevitable challenges in medicine.
- **Support:** Peer support, the foundation of the program, normalizes and validates challenges in medical training, and fosters relationships and belonging among classmates and facilitators.

PEERS groups consist of approximately 8 students who remain together throughout medical school; these cohorts are established in a 2-year-long weekly clinical skills course, helping to ensure that group members develop close relationships. Each PEERS group is facilitated by a more senior medical student (typically one class ahead of group members) who serves as a longitudinal peer mentor. A clinical social worker is often present to cofacilitate. This nested-mentorship model fosters interclass and interprofessional relationships. Facilitators receive training in principles of supportive techniques, antioppressive practices, and positive psychology-based session content, developing skills that are useful throughout their professional lives.

Sessions are 60 to 90 minutes during mandatory curricular hours, either in person or via videoconference, and each follows a similar format. All session content is contained in a manual for group facilitators and participants to follow. Groups begin with a mindfulness exercise to ground students in the present space. Then, through guided discussion and exercises, students explore

evidence-based techniques from positive psychology, cognitive behavioral therapy, and dialectical behavioral therapy. An overview of the PEERS curriculum is found in Table 1.

Though almost entirely student led, the program is overseen by the dean's Office of Well-Being and Resilience (OWBR). This administrative support has been crucial for overseeing logistics, scheduling the sessions, and sustaining the program. Protected curricular time for PEERS demonstrates the institution's commitment to a learning environment that encourages and supports openness and vulnerability. Additionally, the PEERS faculty advisor serves as a liaison between student leaders and the OWBR, in a role that offers guidance for trainees and advocacy for policy change (e.g., systems-related problems expressed in sessions).

Outcomes

Cross-sectional data from August and September 2020 assessed ISMMS medical students' desires, needs, and satisfaction with PEERS 3 years into the program's existence. All 611 medical students at ISMMS were invited to participate in the optional electronic survey. With 319 (52.2%) respondents distributed across classes, these data include responses from first-year ($n = 126/140$, 90%), second-year ($n = 61/139$, 44%), third-year ($n = 68/146$, 47%), and fourth-year ($n = 43/158$, 27%) students, and from scholarly year students—those completing an academic year devoted to a scholarly project, traditionally taken between the third and fourth years of medical school ($n = 21/28$, 75%). Not all students answered each question; sample sizes for individual questions are reported. First-year students were excluded from questions that they would lack sufficient experience to answer. An abbreviated list of survey questions may be found in Supplemental Digital Appendix 1 at <http://links.lww.com/ACADMED/B247>. The ISMMS institutional review board reviewed this study and deemed it exempt.

For questions not pertaining to a class year-specific issue, responses were collapsed across years, and counts for each response were generated using the `table()` function in R (R Foundation, Vienna, Austria) and exported to Excel

(Microsoft, Redmond, Washington), where they were converted to frequencies. For questions about class year-specific issues, responses were first broken up by class year and then analyzed as described. Based on these data, which we present below, we found that students at ISMMS are generally satisfied with the PEERS program, enjoy the sessions, believe in the program's mission, and find the program to be effective.

Feasibility of PEERS

PEERS programming is feasible with a limited budget. Every session has been successfully run as scheduled, including the transition from in-person to virtual during COVID-19. Primary financial costs include stipends for the PEERS faculty advisor and clinical social worker cofacilitators, and food for students during in-person sessions. A core group of student leaders comprises a student group that collaborates directly with the faculty advisor to manage the program (coordinating sessions, updating the curriculum, engaging in scholarly work, etc.). Bi-weekly meetings among student and faculty leadership enable session planning and staying on top of yearly tasks.

Satisfaction with PEERS

The majority ($n = 191/280$, 68.2%) of medical student respondents agreed that they generally enjoy PEERS sessions, while 9.6% ($n = 27/280$) did not. Moreover, 70.4% ($n = 200/284$) of respondents indicated that they would choose to participate even if the mandatory PEERS program were made optional, compared with 29.6% ($n = 84/284$) who might opt out. Students generally felt that the current frequency of sessions was adequate; 65.6% ($n = 168/256$) were satisfied with 2 to 4 sessions per year, 21.5% ($n = 55/256$) asked for more sessions, and a minority ($n = 33/256$, 12.9%) would prefer fewer. Among medical students who had completed at least 1 full year of the program (i.e., second- through fourth-year student respondents), 85.9% ($n = 153/178$) reported that their satisfaction with PEERS had remained the same or increased over time.

Effectiveness of PEERS

Approximately three-quarters (74.9%, $n = 212/283$) of total respondents agreed with the statement that "PEERS has helped

Table 1

Overview of the Icahn School of Medicine at Mount Sinai Practice Enhancement, Engagement, Resilience, and Support (PEERS) Curriculum, 2017–Present^a

Session title	For whom and when	Session objectives and skills
1. Introduction to PEERS: Getting to Know One Another	First-year orientation	<ul style="list-style-type: none"> • Get to know group members and facilitators. • Share fears and excitement about starting medical school. <p>Activity: Write a letter to your future self (letters will be opened in the fourth year around Match Day).</p>
2. Maintaining Self: Living by Our Values	First-year orientation	<ul style="list-style-type: none"> • Identify core values. • Discuss how personal core values fit into the values of our institution, and how these might potentially conflict. • Consider how daily routines may (or may not) presently align with our values. <p>Activity: Make a concrete plan using a SMART goal to live by our values on a daily and weekly basis during the first year of medical school.</p>
3. Self-Compassion: Turning Empathy Inward	First semester of first year, a period that is often personally challenging and academically demanding	<ul style="list-style-type: none"> • Engage in a loving-kindness meditation. • Learn about the concept of self-compassion, based on the work of Neff and Germer.⁷ • Discuss why it can be hard to be kind to ourselves. • Conceptualize how we may already be practicing self-compassion. <p>Activity: Make a self-compassion plan to implement in the next 24 hours.</p>
4. Appreciative Inquiry: Embracing What Works	Second semester of first year, after students have gained familiarity with medical school routines and community	<ul style="list-style-type: none"> • Learn about the concept of Appreciative Inquiry and compare this with traditional problem solving. • Discuss the negativity bias and how it impacts our lives as humans and as medical students. • Unpack what has been working well so far in medical school, in various domains (personally, academically, socially, etc.). <p>Activity: Complete an abbreviated Appreciative Inquiry 4-D cycle: Discover, Dream, Design, Destiny.</p>
5. The ABCs of CBT: Examining Our Thoughts and Beliefs	First semester of second year, while students are learning about CBT in the Brain and Behavior course	<ul style="list-style-type: none"> • Learn about the reinforcing pathways among stressful events, automatic thoughts, underlying beliefs, emotions, behaviors, and physiological consequences. • Explore how activating events in our lives can induce downward spirals and lead to undesired consequences. • Identify common cognitive distortions. <p>Activity: Identify a recent activating event and understand what thoughts came to mind, whether a cognitive distortion was at play, what the consequences of that thought were, and how we can reframe our thoughts.</p>
6. Signature Strengths: Identifying and Using the Best of Us	Second semester of second year, as students anticipate and prepare to leave campus for the dedicated study period for USMLE Step 1, notoriously the most stressful part of the preclinical years	<ul style="list-style-type: none"> • Learn about the 24 VIA Character Strengths.⁸ • Identify personal strengths. • Appreciate strengths in peers and share these out loud (“strengths-spotting”). • Evaluate how these strengths have served us in the past and how they can serve us as we enter study period. <p>Activity: Use a top strength in a new way during study period.</p>
7. A Nuanced Approach to Empathy: Practicing Rational Compassion	Beginning of first semester of third year, as students prepare to engage in their first clinical rotations	<ul style="list-style-type: none"> • Discuss the science of empathy and the distinct components of empathy (emotional and cognitive). • Explore how empathy can be fraught with bias. • Practice cognitive perspective-taking through common third-year case scenarios. • Review the concept of self-compassion from PEERS Session 3. <p>Activity: Create a third-year self-compassion plan.</p>
8. “Yes, And”: Appreciating Ambivalence in Third Year	First semester of third year, after students have finished the first block of clinical rotations	<ul style="list-style-type: none"> • Reflect on experiences from the first block of clinical year. • Debrief challenges that came up and appreciate what has gone well. • Deconstruct idealization and depreciation of positive and negative experiences. • Review and integrate past PEERS session content thus far (mindfulness, values, self-compassion, signature strengths, CBT). <p>Activity: “Yes, And”: Observe and embrace conflicting feelings as they happen.</p>
9. On Becoming: Authoring Our Personal Narratives	Second semester of third year, as students choose specialties and prepare for residency applications	<ul style="list-style-type: none"> • Reflect on where we are in our training in the context of our sense of self and relationships. • Discuss potential challenges of ambiguity in upcoming transitions to the next phase of training. • Evaluate personal development in a nonjudgmental way. • Prospect upon goals for the future. <p>Activity: Engage in self-authorship of past and future narratives. (<i>For many students, this exercise serves as the basis for what they will write in their residency personal statements.</i>)</p>
10. Gratitude: Reflecting on Where We Are and How We Got Here	Second semester of fourth year, leading up to Match Day	<ul style="list-style-type: none"> • Open the letters that we wrote to ourselves as first-year students. • Reflect on experiences during medical training. • Identify relationships that have sustained us. <p>Activity: Write a gratitude letter to someone who has helped you along this journey.</p>

Abbreviations: SMART, specific, measurable, achievable, relevant, time-bound; CBT, cognitive behavioral theory; USMLE, United States Medical Licensing Examination.

^aSlight changes to the curriculum, including the development of new sessions based on student feedback, have been adapted each year. This is a sample curriculum based on academic year 2020–2021.

me realize that I am not alone in what I am going through in medical school.” Among students who have engaged with at least 1 full year of the program, 62.7% (n = 111/177) felt that PEERS had helped them reflect on stressful experiences in medical school, and nearly half (n = 129/282, 45.7%) of respondents endorsed that PEERS has given them structures or words with which to frame their medical school experiences, while 35.6% (n = 101/284) were neutral. Many (n = 106/281, 37.7%) respondents agreed that PEERS helped them form more meaningful connections with students they would not otherwise have connected deeply with, while 49.5% (n = 139/281) were neutral.

Among non-first-year students, 74.6% (n = 132/177) felt that they can seek support from their medical student colleagues. While these effects cannot be directly attributed to PEERS, it is encouraging that our program provides a means to access peer support. Finally, 70.0% (n = 198/283) of all participants agreed that PEERS might be particularly helpful in the remote learning environment of the COVID-19 pandemic.

Limitations

This survey study has several limitations. First, it is cross-sectional, capturing data from a single timepoint at the start of the academic year from 52.2% of the student population. It is possible that this sample is subject to a response bias, such that the students who opted to participate in the survey are simply more engaged in the program or have strong feelings about the program—be they positive or negative. Given the large proportion of first-year students who participated compared with second-, third-, and fourth-year students, it is possible that more senior students were busier with clinical responsibilities during the survey period, and/or experiencing survey fatigue from the many surveys they receive throughout the year. The fact that most responses are from the first-year students who are newest to medical school indicates that conclusions are coming from those with some of the least experience with the PEERS program. While first-year students were excluded from questions that they would lack sufficient information to answer, as indicated, for several questions their perceptions are

overrepresented compared with their senior counterparts.

Analyzing longitudinal data on students’ distress and well-being collected each year from before students began PEERS until they have graduated from the program would shed more light on the efficacy of specific PEERS curricular elements. These data exist, and our analysis will be reported in a forthcoming article. Furthermore, future data will be tagged, while remaining de-identified, so that individuals’ responses can be tracked over time.

Additional considerations

As a primarily student-run program, PEERS depends on a large team of highly motivated students who are committed to serving as group facilitators. With approximately 150 students per class, at least 18 student facilitators are needed to run each PEERS session. We ask facilitators to commit to running 8 to 10 sessions over 3 consecutive years to maintain longitudinal relationships with their groups, each requiring several hours of work (i.e., trainings, prep time, running the session, debriefing). The time adds up, and it can be difficult for facilitators to maintain their PEERS schedule when they are also balancing clinical, academic, and personal responsibilities. While facilitator continuity is a goal, it is not always possible. To optimize engagement, student facilitators may receive 1 week per year of elective credit in both the third and fourth years of medical school to lead groups.

Additionally, participation in PEERS is a mandatory aspect of the medical school curriculum, which reinforces well-being as a priority. However, it also means that curricular time must be allocated, and simply adding extra mandatory requirements could paradoxically worsen well-being for students who are already stretched thin. We worked with the Offices of Curriculum Support and Student Affairs to identify classes that could be replaced with PEERS content. Considering scheduling constraints, each class has between 1 and 4 PEERS sessions per year (4 in the first year, 2 in the second year, 3 in the third year, and 1 in the fourth year; see details in Table 1). The relative infrequency is a potential limitation of the program’s impact, and

some students may benefit from more frequent, optional PEERS sessions outside of curricular hours.

In addition, while we do our best to meet the needs of the greatest number of students, buy-in for a mandatory well-being initiative does not come easily. However, mandatory attendance brings in students who might be struggling in silence and could benefit from peer support. Facilitators are trained to reach out to students in distress discretely and confidentially; over the years, a handful of students have been directed to mental health resources or received expeditious treatment. Importantly, PEERS is a curriculum and not group therapy—it does not replace mental health services.

PEERS has been possible because of a firm commitment to medical student well-being from institutional leaders and a small army of dedicated student doctors. The institution provides necessary resources, oversight, curricular time, and support, while honoring the mission-critical “by students, for students” ethos and not micromanaging content.

Next Steps

PEERS continues to evolve according to the needs of trainees and mentors by incorporating live feedback and adapting to the ever-changing landscape of medical education. Medical students need deliberate spaces like PEERS to foster relationships, build a sense of community, and practice often-underdeveloped self-care skills. In addition to our work in the medical school, there has been demand for PEERS programming for other trainees across the Mount Sinai Health System. In 2019, the ISMMS graduate school adapted the PEERS curriculum for first-year PhD students. In 2020, PEERS was adapted for residents and piloted as a monthly series for the pediatrics residency at ISMMS; several graduate medical education programs are currently in the process of implementing PEERS programming for the 2021–2022 academic year. Results of these adaptations of the core program will be evaluated on an ongoing basis.

Iterative evaluations of PEERS are ongoing, including assessing its effectiveness in preparing learners for transitions to further stages in their

training. We have continued to collect data on medical student well-being, burnout, and resilience annually to measure the impact of the program over time; analysis of these data is forthcoming.

Ultimately, PEERS is a well-being and peer-support curriculum that may be customized to various populations and institutions that seek to enhance a sense of community, incite positive discourse, and begin to move the needle on student and clinician distress and well-being. Such a program can be implemented in any medical school, graduate school, or residency program.

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Previous presentations: Presentations describing preliminary work on the PEERS program have been delivered at the American Association of Directors of Psychiatric Residency Training Annual Meeting, Dallas, Texas, March 2020; the American Psychiatric Association Meeting, San Francisco, California, May 2019; the Society of General Internal Medicine Mid-Atlantic Regional Conference, Morristown, New Jersey, November 2018; and the Medicine and Psychiatry Conference, Chicago, Illinois, October 2018.

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