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## LETTER Resilience

# Comment on "Emotional Intelligence and Resilience 'PROGRAM' Improves Wellbeing and Stress Management Skills in Preclinical Medical Students" [Letter]

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#### **Dear editor**

We are writing to provide a detailed analysis of the article titled "Emotional Intelligence and Resilience 'PROGRAM' Improves Wellbeing and Stress Management Skills in Preclinical Medical Students" by Versel et al, published in Advances in Medical Education and Practice.<sup>1</sup> Our interest in this study is because it has the advantage of using a longitudinal design with pre- and post-intervention assessments, providing strong evidence of the impact of the Emotional Intelligence (EI) and Resilience curriculum on medical students. Positive outcome findings showed significant improvement in EI scores and all sub-scores, demonstrating the effectiveness of the intervention in improving students' emotional intelligence and resilience. The high level of participation and positive feedback from students regarding the benefits of the selected curriculum and their intention to use the skills learned in the future is commendable.

Despite these strengths, we note that the absence of a control group limits the internal validity of the impact of the intervention, and a comparison with a group of students who did not receive the intervention would strengthen the study. A single-institution study design with a relatively small sample size may limit the generalizability of the findings to other medical schools. Participant selection, where enrollment is voluntary, may introduce selection bias, potentially affecting the results of the study.

We therefore recommend the inclusion of a Control Group. Future research should consider including a control group to better assess the impact of the EI and Resilience curriculum by comparing it to the group of students who did not receive the intervention.<sup>2</sup> Multi-Institutional Studies by Replicating the study across multiple institutions with a larger sample size will provide stronger evidence regarding the effectiveness of the intervention and improve the general-izability of the findings. Implementing the curriculum as a mandatory component of the medical school curriculum will offer a different perspective on the impact of the intervention and potentially reduce self-selection bias.

## Disclosure

The author(s) report no conflicts of interest in this communication.

## References

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