

EDUCATIONAL INTERVENTION IN POSITIVE PSYCHOLOGY: DESIGNING A COURSE IN THE HEALTH FIELD



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ABSTRACT

A world where life and living have fundamentally become part of complex dynamics, where the constant experience is uncertainty and the only certainty is the uncertain, demands more than ever contributions that provide citizens with tools to face adversity, crisis and painful moments resulting from the internal and external dynamics experienced by the planet itself. In this context, educational interventions in positive psychology have become not a luxury but a necessity at all educational levels. In these times, considering well-being is a matter of health and nearly of survival. It is now clear that we cannot continue perpetuating behavioral models that lead us to further divide ourselves as a society, nor can we sustain schemes that drive us to compete against each other. The pandemic that has hit the entire world leaves us with a clear message about the need for cooperation and collaboration with one another for our well-being. One of the main objectives of education is to train people to go out and face the world effectively and efficiently, equipping them with skills not only to act but also to allow themselves to be human in such a rapidly changing world.



This chapter presents a proposal for an educational intervention in positive psychology for students at the School of Medicine of the Benemérita Universidad Autónoma de Puebla. Through this chapter, you will explore the process involved in designing, implementing, adapting and evaluating a course program in this disciplinary field.

Keywords: educational intervention, positive psychology, well-being, curriculum design, health.





RESUMEN

Un mundo en el que la vida y el vivir han pasado a ser fundamentalmente parte de las dinámicas de la complejidad, dentro de la cual la constante que se experimenta en el día a día es la incertidumbre y en donde lo único cierto es lo incierto, requiere hoy más que nunca aportes que permitan a sus ciudadanos contar con herramientas para enfrentar la adversidad, la crisis y los momentos dolorosos resultado de las dinámicas internas y externas que el propio planeta experimenta. En este contexto las intervenciones educativas en el campo de la psicología positiva se han vuelto no un lujo sino una necesidad en todos los niveles educativos, es decir, en estos tiempos, pensar en el bienestar es un tema de salud y casi casi de sobrevivencia. Hoy es claro que no podemos seguir perpetuando modelos de comportamiento que nos lleven a dividirnos aún más como sociedad y mucho menos podemos sostener esquemas que nos conduzca a competir unos con otros. La pandemia que ha azotado al mundo entero nos deja un mensaje claro de la necesidad de cooperación y de colaboración de unos con otros para y por nuestro bienestar. La educación tiene como



uno de sus objetivos principales, formar a los hombres para que estén habilitados para salir y enfrentar el mundo de manera eficaz y efectiva, dotándolos de competencias no solo para actuar sino también para permitirse ser humanos en este mundo tan cambiante.

El presente capítulo aborda una propuesta de intervención educativa en psicología positiva en estudiantes de la Facultad de Medicina de la Benemérita Universidad Autónoma de Puebla. A través de este recorrerás el camino de lo que implica el diseño, la puesta en marcha, las adecuaciones y la evaluación de un programa de asignatura en este campo disciplinar.

Palabras clave: intervención educativa, psicología positiva, bienestar, diseño curricular, salud.



INTRODUCTION

One of the common ideas we encounter in various academic forums when addressing the topic of well-being and happiness is the perception that happiness means always being well, smiling, and showing that everything is flowing smoothly in our lives. Nothing could be further from the truth. Positive psychology, as the newest paradigm in this field, seeks to establish a more balanced view of human behavior. It suggests that studying illness, pathology, drama, and unpleasant situations in people's lives is as legitimate as focusing on the things that work well and make people feel fulfilled and self-actualized. Thus, the central point of this field is not to deny those aspects that are not functioning or are not well but also to highlight the factors that contribute to helping people flourish and thrive.

From the moment we are born, life presents us with a significant number of challenges, difficulties, and tough situations. Each of us, to some extent, has had to face complicated circumstances, and it is precisely in these moments that the study of well-being and happiness becomes meaningful. Having scientifically proven tools to generate well-being and happiness can make a difference in people's lives, as experiencing difficulty with psychological resources to help navigate through it is far different from doing so without them. Therefore, it is essential to clarify that many of the strategies, techniques and activities provided by positive psychology not only enhance people's well-being but also support them in navigating adverse times.

When we talk about adversity, what do we mean? We are referring to all those challenging experiences and crises that people generally do not wish to happen in their lives, as facing them often results in significant stress and emotional pain. Many of these experiences lead individuals to go through processes of mourning, as these situations often involve some form of loss. As human beings, it is a fact that the greatest cause of unhappiness and suffering lies in having to face the pain caused by these losses; however, it is something we can never avoid in anyone's life. For this reason, providing psychological tools becomes extremely important, as living through such complex situations can easily cause people to lose their sense of direction and become disoriented, making it very difficult for many of them to find the path that will allow them to move forward.

BACKGROUND ON THE COURSE DESIGN

Going through a period in my life where I faced adverse situations was precisely the driving force behind my decision to dedicate my work to helping people achieve well-being and happiness. In 2011, while working at the academic institution, I began to experience extremely stressful and difficult situations. Over the course of approximately three years, I faced a persistent work environment marked by harassment, hostility, and animosity from my supervisor and her team. This led me to develop an anxiety disorder and nervous gastritis, according to medical diagnosis. Dealing with these illnesses, which required me to take a significant amount of medication to manage, left me feeling very unwell physically, to the point where I was unsure whether my discomfort was due to my body or the medication itself.

It was then that, observing how my physical and emotional health were being affected and realizing that my body was receiving an excess of medication, I decided to take action and start applying what I knew about positive psychology to myself. Gradually, I began to overcome the gastritis, and of the ten medications prescribed by my gastroenterologist, I was left with just one. The treatment for anxiety was also phased out gradually, and I started feeling better and better. Through this experience, I realized the damage that adverse and stressful environments could cause to our health, leading me to rethink what I was doing in my professional life.

Tal Ben-Shahar, in his 2016 video *“Make a Choice,”* mentions that we are the result of our choices and that we can decide at any moment regarding our well-being.

It is even possible to choose to change our circumstances if we do not like what we are experiencing, and if for any reason change is not possible, we can still reinvent or recreate them. Considering these ideas, I decided to reevaluate what I was doing at that stage of my professional and work life. I asked myself what I wanted to dedicate the rest of my life to—a deeply existential question that triggered many profound inquiries and made me reflect on my purpose in life.

After a few days of reflection and asking myself many questions about what I wanted to experience from that moment forward, I decided I wanted to create something that would allow me to help people. I had always enjoyed helping others but was not

doing it in the way I desired. Since I was working at a Higher Education Institution (HEI), I thought about helping students and other members of the university community who were experiencing high levels of stress and adversity, similar to what I had gone through. I chose the School of Medicine as the place to make this change in my life. Given its characteristics, it is one of the largest faculties in the institution, and due to the nature of the medical program, students experience constant stress. Once the decision was made, I processed my transfer to a new academic unit and began a new path in building my well-being and that of the community I would be part of.

Thus, seven years ago, I arrived at my new workplace with the desire to help others. The initial steps were not easy because I was entering a completely unfamiliar environment: a School of Medicine, one of the largest in the university. Initially, the structure of the medical curriculum was very different from most of the institution's other curricula. Therefore, the first thing I did was to understand how it was designed and how it was implemented in practice. At the same time, an institutional call was made for new faculty positions, and I had the opportunity to apply for one. Among the requirements was to critique the medical curriculum, present a research proposal, and deliver a sample class.

Through these activities, I gained a clear understanding of how the Bachelor's Degree in Medicine was structured and found a way to propose an idea for the students and the community. I initially considered creating a new course within the curriculum.

I developed the design for an elective course that would address topics related to positive psychology, which I named "Development of Skills for Well-Being" (DHPB in Spanish). I adhered to the procedures established by the institution for the creation and approval of this course by the legally authorized bodies. The course was approved in the summer of 2015 and has been offered to all students in the Bachelor's Degree in Medicine since the fall semester of 2015. It is worth noting that initially, only one section was opened, but over time, the number of sections increased to six, all of which have been fully enrolled.

A relevant fact considered as a priority for implementing the course was that at that time, the stress level of students in the School of Medicine who were about to enter their clinical rotations was so high that approximately 40% of them had some mood disorder (anxiety disorder or depression). This data was provided by the Psychiatry Department's coordination in 2015. This information highlighted the urgent need

to support these students, as they were going to be responsible for addressing the health needs of the population at that time. If they were already struggling before completing their degree, how could they provide the best care for others?

Initially, a course program was designed for the curriculum in place at that time, known as the four-monthly plan. Later, an update to the curriculum of the Bachelor's Degree in Medicine, known as the semester plan, was implemented, which is the one currently in use. For this, the elective course that was initially designed had to be updated. It is important to mention that most students from the four-monthly plan have now completed their degree, so the offering for this plan has decreased, while the number of sections in the semester plan has increased. The first offering of the course was conducted with a single group, which had high demand from the start. As time has passed, the number of sections offered has increased, confirming the identified need among students regarding stress management.

DESIGN AND IMPLEMENTATION OF THE COURSE

The learning objective of the course from the outset has been for students to understand the theories, methods and strategies that enable them to develop psychological skills to approach life positively. The course design considered a competency-based pedagogical model, aiming to integrate knowledge, skills, and attitudes into its planning. Each study unit was designed to ensure that students could master the knowledge on each topic and apply it to their activities. As its name suggests—Development of Skills for Well-Being—it is a more practical than theoretical course, but that does not mean students are exempt from mastering the fundamental knowledge in the field of positive psychology (see Table 1). The design was planned so that practical exercises were preceded by content that would allow students to understand the topic and serve as a guide for implementing each practice.

Table 1. *Student Workload*

Concept	Hours per Period		Total Hours per Period	Number of Credits
	Theory	Practice		
Theory and Practice Hours	16	32	48	3

Note. BUAP (2015).

Regarding attitudes and values corresponding to the “being” aspect, it was considered that these could be developed and evaluated through the discourse students use to write their activity reports, as well as through their participation and practices in class. The criteria for evaluating the “being” aspect include:

1. That the student shows a constructive and proactive attitude towards their experiences and observations in their real and immediate context.
2. That the interactions around the class and its activities follow an active and constructive pattern and aim to contribute positively.
3. The student’s appreciation of who they are and everything they possess.
4. The attitude of seeing oneself as an agent of change who constructs their own reality and is the protagonist of their own life.
5. The determination to face life’s difficulties with resilience.
6. Utilizing their character strengths in various areas of life.

Regarding the course structure, it is important to note that while positive psychology is more commonly discussed and recognized in Mexico today, in 2015 it was not widely known. The first formal efforts to advance this new field of study in Mexico began in 2013 with the creation of the Instituto de Ciencias de la Felicidad (Institute of Happiness Sciences) at the Instituto Tecnológico de Monterrey, part of the TecMilenio system (TecMilenio, 2013). A review of existing positive psychology programs worldwide was conducted, and the content of the course was structured based on the educational trends at that time. At that time, everything related to this field was

truly novel in Mexico, and academic programs offering such thematic content were very limited.

Thus, the first course program, developed and approved in the summer of 2015, comprised seven thematic units as follows:

1. Unit 1: Introduction to the Study of Positive Psychology. The primary goal was for students to identify the main theories and authors proposed by the new paradigm of positive psychology.
2. Unit 2: Components of Well-being and Happiness. This unit aimed for students to identify the key elements that make up well-being and the factors that determine it.
3. Unit 3: Positive Emotions. The goal was to develop students' self-awareness and self-regulation of positive emotions, enabling them to achieve a state of well-being and counteract the effects of negative emotions.
4. Unit 4: Positive Relationships. The objective was to develop skills in students to establish high-quality personal connections.
5. Unit 5: Resilience. The goal was to develop skills that would allow students to reconstruct themselves healthily in the face of adversity.
6. Unit 6: Purpose and Meaning in Life. The main objective was to develop an understanding of the importance of clarifying one's purpose and meaning in life, providing a tool to guide and orient the direction of their goals, objectives, and achievements.
7. Unit 7: Well-being and Health. The most important objective was for students to identify the positive impact of building and maintaining a state of well-being on their health.

In this way, it was possible to integrate a program that was well accepted and very well received by young students belonging to the four-monthly generation, which, as I mentioned at the beginning of this chapter, was the first to implement this course. Over the months, the course became well-known among the faculty's student community. The way it gained such recognition was through word-of-mouth recommen-

dations among the students themselves, and the demand continued to increase over time, from its implementation to the present. Since then, students have referred to the course as “the happiness course,” and while this is not its official name, it is how they commonly refer to it.

On the other hand, it is important to acknowledge as part of the experience that, just as the course has had its significant successes, it also encountered some complex situations during its implementation. One such issue was the way the evaluation process was structured. This aspect, in particular, has been the most challenging to adapt to the faculty’s evaluation regulations, which stipulate that written exams are a primary form of assessment, accounting for 50% of the final grade (BUAP, 2021).

It is worth noting that, being a highly practical course, it somewhat conflicted with the evaluation methods established by the School of Medicine’s regulations, as most of the criteria considered in these regulations pertained to practical and application-based activities rather than theoretical knowledge. (See Table 2).

Table 2. *Evaluation Criteria*

Criteria	Percentage
Class Activities and Dynamics (Evidence Portfolio)	50%
Presentations and Class Participation	20%
Design of a Positive Life Project	10%
Spaces for Dialogue and the Construction of a Positive Life	20%
Total	10%

Note. BUAP, 2015.

It is important to mention that despite the difficulties of adhering to or deviating from the regulations due to the nature of the course, which has a largely practical focus compared to theory, the evaluation was carried out almost exactly as planned during the initial years of the course design.



UPDATE ON THE COURSE PROGRAM

By early 2016, the university required an update of all curricula. Consequently, the entire curriculum map for the Bachelor's Degree in Medicine was reviewed, along with each course program. The review focused on adjusting the duration of the four-monthly (2009) and semester (2016) plans from 16 to 18 weeks, with a four-week intersession period, and making necessary adjustments to the curriculum map structure and course content. This new curriculum was implemented for the cohort that entered Benemérita Universidad Autónoma de Puebla in the fall of 2016 (see Figures 3 and 4) (BUAP, 2016).

The curriculum map is divided into two levels: The basic level and the formative level.

Basic Level:

It aims to establish the theoretical and methodological foundations necessary for the general and disciplinary training of students. It enables them to understand the biological structure of the human body, its development, function, and regulation in a state of health. (BUAP, 2016, p. 12) [Quote translated from its original in Spanish]

Formative Level: This level is where the course “Development of Skills for Well-Being” (DHPB) is situated. It is essential that students have:

The knowledge, skills, competencies and attitudes necessary for the adequate application of preventive, diagnostic, therapeutic and rehabilitation criteria, as well as the integration and practical application of the knowledge, skills and competencies acquired in previous levels through critical professional practice and social engagement. (BUAP, 2016, p. 13) [Quote translated from its original in Spanish]

The course “Development of Skills for Well-Being” (DHPB) was approved from the outset at the formative level of the curriculum map, within the block of elective courses (see Figures 3 and 4). Area of elective courses. This means that students can freely choose it from a selection of courses offered each semester.

Electives are classified into two categories:

(1) disciplinary and (2) complementary. Both types offer greater flexibility in the program and aim to provide students with opportunities to deepen their knowledge in both clinical areas and Formación General Universitaria (General University Education). There are three mandatory disciplinary electives. (BUAP, 2016, p. 15)

The DHPB course falls into the category of disciplinary electives, marked in pink on the curriculum map at the formative level (see Figures 3 and 4). As mentioned earlier, the DHPB course was approved as an elective during the summer of 2015. At that time, the active curriculum was the four-monthly plan (2009), so the course was only available to students in that plan and who were at the formative level of the Bachelor's Degree in Medicine. An interesting phenomenon observed in this plan was that students enrolled in the course between their ninth and tenth semesters, meaning near the end of their studies and before their internship. This is not the case with the current semester plan, as students can now enroll in the course starting from the fifth and sixth semesters. In this regard, I received feedback from students suggesting that the course should be positioned at the basic level, as it covers knowledge, competencies, and skills that could be useful for handling the challenges of their degree program, and should be mandatory rather than elective.

Figure 1. Quarterly curriculum map (2009 Curriculum).

BENEMÉRITA UNIVERSIDAD AUTÓNOMA DE PUEBLA											
SCHOOL OF MEDICINE											
CURRICULUM MAP OF THE BACHELOR'S DEGREE OF MEDICINE											
PLAN 2009 MUM											
MANAGEMENT 2013-2017											
Quarter	1	2	3	4	5	6	7	8	9	10	11
1	General and Surface Anatomy [B1]MED 001 5 CREDITS	Physiology I [11]MED 010 6 CREDITS	Physiology II [11]MED 010 6 CREDITS	Medical Nutrition [71]MED 283 4 CREDITS	Clinical Practice I [51]MED 267 5 CREDITS	Epidemiology [61]MED 267 5 CREDITS	Clinical Practice II [51]MED 268 5 CREDITS	Nephrology [47]MED 269 5 CREDITS	Clinical Practice III [56]MED 269 5 CREDITS	Internal Medicine [31]PMD 901 6 CREDITS	Social Service [31]SSMD 900 26 CREDITS
2	Circulatory and Respiratory System Anatomy [B1]MED 002 5 CREDITS	Immunology [21]MED 009 6 CREDITS	Pharmacology I [19]MED 012 6 CREDITS	Pharmacology II [39]MED 252 6 CREDITS	Research Methodology [81]MED 260 4 CREDITS	Psychiatry [57]MED 270 4 CREDITS	Infectious Diseases [64]MED 267 4 CREDITS	Otorhinolaryngology [53]MED 266 5 CREDITS	Neurology [48]MED 261 5 CREDITS	Gynecology and Obstetrics [32]PMD 261 5 CREDITS	
3	Cell Biology [12]MED 005 5 CREDITS	Embryology [15]MED 008 6 CREDITS	Immunology [21]MED 013 6 CREDITS	Pathological Anatomy [27]MED 207 6 CREDITS	Endocrinology [41]MED 254 4 CREDITS	Forensic Medicine [46]MED 259 4 CREDITS	Neurology and Clinical of the Respiratory System [49]MED 262 5 CREDITS	Neurology and Clinical of the Cardiovascular System [51]MED 264 5 CREDITS	Genetics [42]MED 255 3 CREDITS	Relatives [33]PMD 903 6 CREDITS	
4	Biochemistry I [13]MED 006 4 CREDITS	Biochemistry II [14]MED 007 4 CREDITS	Microbiology [21]MED 014 4 CREDITS	Clinical Propedeutics [24]MED 201 5 CREDITS	Hematology [43]MED 256 4 CREDITS	Imaging [45]MED 258 5 CREDITS	Ophthalmology [52]MED 265 3 CREDITS	Medical Genetics [50]MED 272 5 CREDITS		Surgery [34]PMD 904 6 CREDITS	
5		Brothers [23]MED 014 4 CREDITS	History and Philosophy of Medicine [24]MED 017 4 CREDITS	Public Health [26]MED 019 5 CREDITS	Neurology and Clinical of the Digestive System [50]MED 263 5 CREDITS	Urology [58]MED 271 3 CREDITS	Pediatric Medicine [61]MED 274 5 CREDITS	Neurology and Clinical of the Head, Neck and Vascular Surgery [65]MED 278 5 CREDITS	Neurology and Clinical of the Head, Neck and Vascular Surgery [65]MED 278 5 CREDITS	Emergency [35]PMD 905 6 CREDITS	
6		DHPC [24]MED 002 4 CREDITS	DHPC [24]MED 002 4 CREDITS		Dermatology [40]MED 253 3 CREDITS	Child Health [40]MED 253 3 CREDITS	Neurology and Clinical of the ME System [64]MED 277 5 CREDITS	Surgery I [60]MED 281 3 CREDITS	Surgery II [68]MED 281 3 CREDITS	Family Medicine [36]PMD 906 6 CREDITS	
7	Foreign language I [17]FGM 004 4 CREDITS	Foreign language II [17]FGM 005 4 CREDITS	Foreign language III [17]FGM 006 4 CREDITS	Electrocardiography [71]MED 600 3 CREDITS	Community Family Medicine [39]MED 202 6 CREDITS	Neurology and Clinical of the Abdomen [66]MED 279 5 CREDITS	Gynecology [60]MED 273 5 CREDITS	Obstetrics [62]MED 275 5 CREDITS			
8				Human Sociology [79]MED 607 3 CREDITS	Handling of Diagnostic Aid [72]MED 601 3 CREDITS	Teaching Strategies in Medicine [73]MED 602 3 CREDITS	Sports Medicine [74]MED 603 3 CREDITS	Oncology [75]MED 604 3 CREDITS	First Aid [76]MED 605 3 CREDITS	Rheumatology [77]MED 606 3 CREDITS	
9					Quality Medical Care [79]MED 608 3 CREDITS	Medical Genetics [80]MED 609 3 CREDITS	Allergology [81]MED 610 3 CREDITS	Sleep Physiology and Disorders [82]MED 611 3 CREDITS	Musculoskeletal Pain Clinic [83]MED 612 3 CREDITS	Neurological and Entrepreneurial Talent [71]JGUA 008 4 CREDITS	
10											
11											
12											

Source: BUAP (2021).

[illegible]

Source: BUAP (2021).

Finally, following the initial proposal for the course in the 2009 four-monthly plan, a second proposal was made as a result of the 2016 curriculum update (semester-based) in January 2017. This update included necessary adjustments to the course on Positive Psychology and Well-Being (DHPB), which underwent primary changes in weeks 16 to 18 and in content. The changes made to the thematic content of each unit are outlined below:

1. Unit 1: Introduction to the Study of Positive Psychology. This unit remains nearly identical to the previous syllabus because it is crucial to provide students with the scientific foundations of positive psychology before starting any activities.
2. Unit 2: Your Mental Model. This content was added to allow students to perform a self-diagnosis and understand their perspective on reality. The aim is for students to become aware of their concept of truth as it influences their thoughts, feelings, and actions. This self-awareness is essential before applying positive psychology tools in the subsequent units.
3. Unit 3: The PERMA Model for Happiness and Well-Being / A Proposal by Martin Seligman. This part of the program also underwent changes from the previous version. The goal is to better integrate the PERMA model, as the previous syllabus presented the elements as isolated units.
4. Unit 4: Character Strengths. Changes were also made to this unit, which now focuses specifically on character strengths. Although this topic was included in the previous syllabus, it lacked sufficient content and time for detailed review.
5. Unit 5: Happiness, Success, and Prosperity – The Key to a Good Life. A new content and title were created for this unit. It was necessary to clarify that success does not always lead to happiness, but happiness can lead to success. Success is defined here as achieving a good life based on personal virtues and strengths, while prosperity refers to a life of abundance in all aspects.
6. Unit 6: Meditation – A Tool for Mental and Emotional Control for Stress Management and Health. Significant changes were made to this unit in response to student requests for meditation exercises. Students reported that meditation helped them stay calm and improve their daily well-being. Consequently,

meditation became a thematic unit and a cross-cutting element of the course. This means that meditation and mindfulness practices are integrated into the course at various times, either at the beginning or end of classes, to help students form a regular meditation habit and easily incorporate it into their daily lives.

- 7. Unit 7: Resilience. It was essential to retain the content related to resilience in this unit. The focus here is on teaching students how the tools they learn throughout the course enhance their resilience and change their perspective on adversity, crises, and pain. Understanding that life has both positive and challenging moments, and that psychological tools from positive psychology can ease the process of overcoming difficulties, helps students move from fear to enjoyment of every moment.

In this way, the units were integrated into the updated course program concerning content. Additionally, as mentioned earlier, changes were also made to the hours and weeks, as shown in Table 3:

Table 3. *Student Workload*

Concept	Hours per Week		Total Hours per Period	Total Credits by Period
	Theory	Practice		
Hours of theory and practice	18	36	54	3
Activities under Instructor Guidance (e.g., lectures, lab practices, workshops, online courses, seminars).				
(18 hours = 1 credit)				

Note. BUAP (2017).

As shown in Table 3, the course hours increased from 48 to 54, with the number of weeks extending from 16 to 18. It is important to note that all elective courses carry three credits, and each credit corresponds to 18 class hours. Additionally, adjustments to the assessment criteria were also made, as detailed in Table 4.

Table 4. *Evaluation Criteria*

Criteria	Percentage
Class Activities and Practices (Evidence Portfolio)	30%
Class Participation (Presentations and Voluntary Student Participation)	20%
Midterm Exams (two per semester)	50%
Total	100%

Source: BUAP (2017).

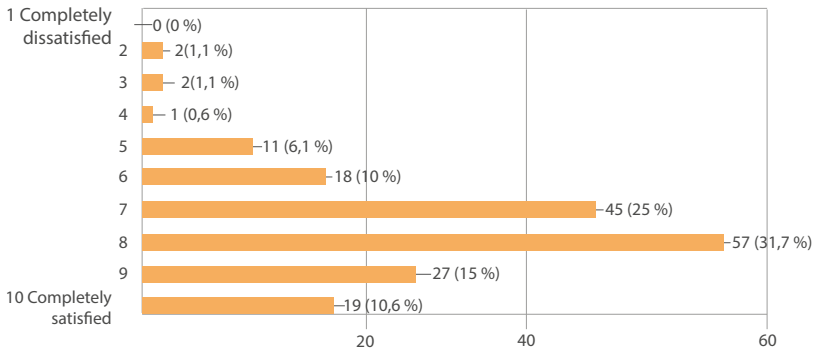
Finally, this section considers the evaluation regulations mentioned earlier, which propose that 50% of the evaluation be based on written exams. Given that the course is not highly theoretical, relying heavily on written exams for this percentage was not ideal for developing skills. After analyzing how to apply this regulation, a balance was achieved in the evaluation criteria.

INITIAL AND FINAL EVALUATION OF THE COURSE'S CONTRIBUTIONS TO STUDENTS

I would like to conclude this chapter by sharing some results from the student responses for one of the periods with the highest enrollment, Fall 2020, which was also one of the most critical periods of the pandemic. The following figures provide comparative data from the initial and final diagnostic questionnaires administered to the students in the courset.

Figure 3. *Question 1. Initial Questionnaire.*

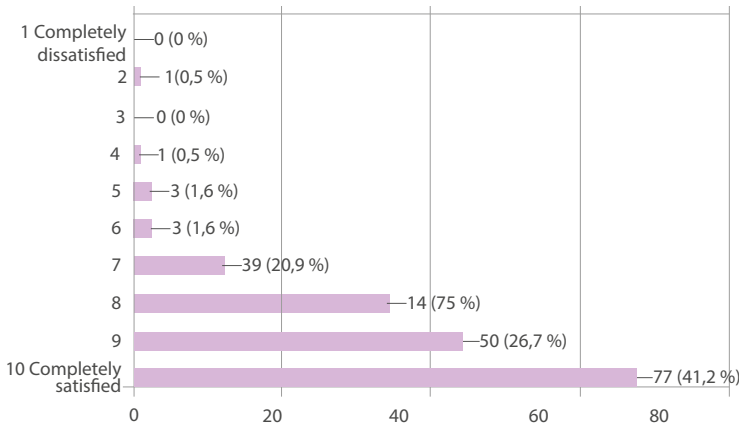
All things considered, how satisfied are you with your life at this moment? Please use this scale where 1 means “completely dissatisfied” and 10 means “completely satisfied”. Where do you fall?
180 responses



Source: Created by the author.

Figure 4. *Question 1. Final Questionnaire.*

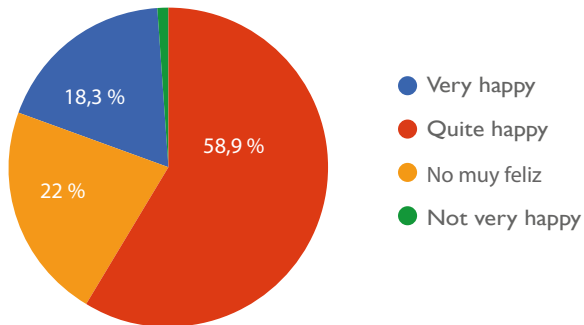
All things considered, how satisfied are you with your life at this moment? Please use this scale where 1 means “completely dissatisfied” and 10 means “completely satisfied”. Where do you fall?



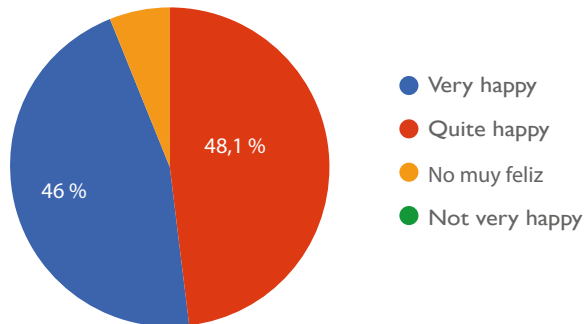
Source: Created by the author..

Figure 5. Question 2. Initial and Final Questionnaires.

Taking the overall picture, how would you describe yourself?
180 responses



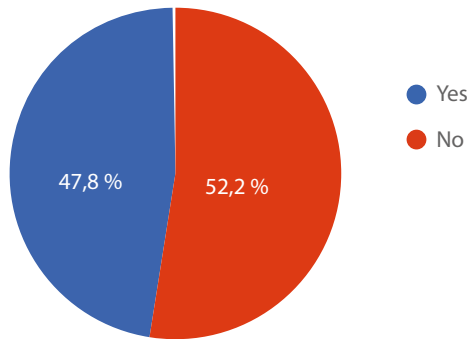
Considering how you felt at the beginning of the course and how you feel now at the end, would you say you feel?
180 responses



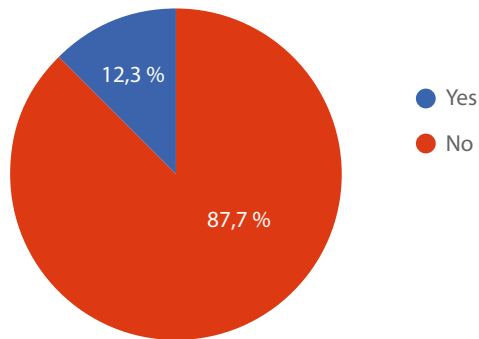
Source: Created by the author.

Figure 6. *Question 3. Initial and Final Questionnaires*

In the past few weeks, have you felt... Depressed or very unhappy?
180 responses



In the past few weeks, have you felt... Depressed or very unhappy?
180 responses

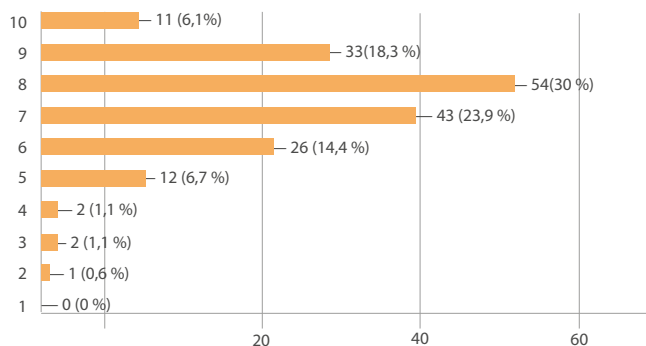


Source: Created by the author.

Figure 7. Question 4. Initial Questionnaire

Imagine a ladder with 10 steps, where 1 is the lowest and 10 is the highest. Suppose the highest step represents the best possible life for you, and the lowest step represents the worst possible life for you. On which step of the ladder do you feel you are currently?

180 responses

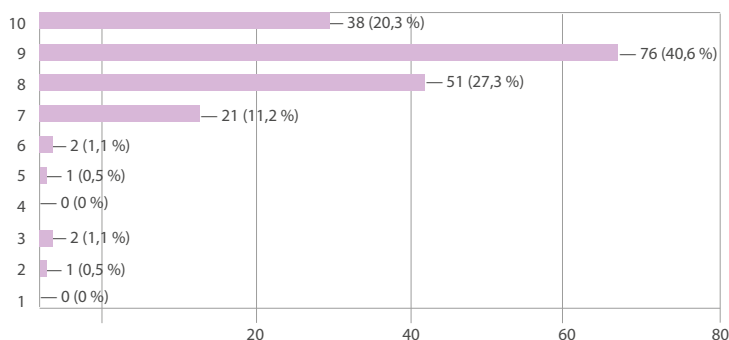


Source: Created by the author.

Figure 8. Question 4. Final Questionnaire

Imagine a ladder with 10 steps, where 1 is the lowest and 10 is the highest. Suppose the highest step represents the best possible life for you, and the lowest step represents the worst possible life for you. On which step of the ladder do you feel you are currently?

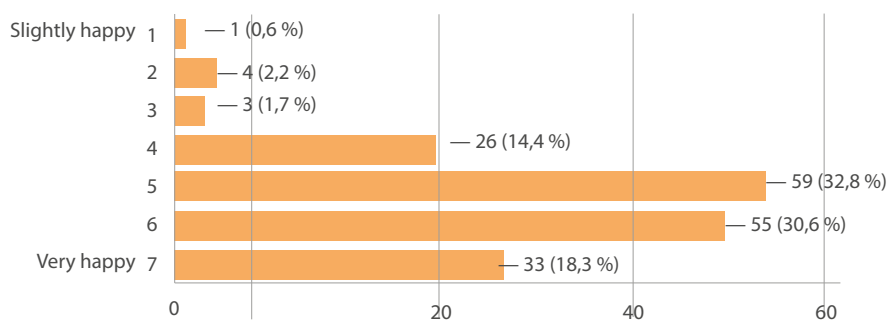
187 responses



Source: Created by the author.

Figure 9. Question 5. Initial Questionnaire.

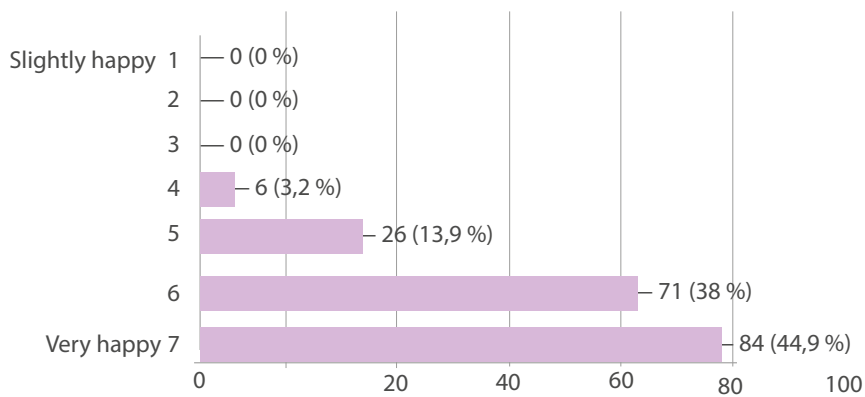
In general, I consider myself: 180 responses



Source: Created by the author..

Figure 10. Question 5. Final Questionnaire.

In general, I consider myself: 187 responses

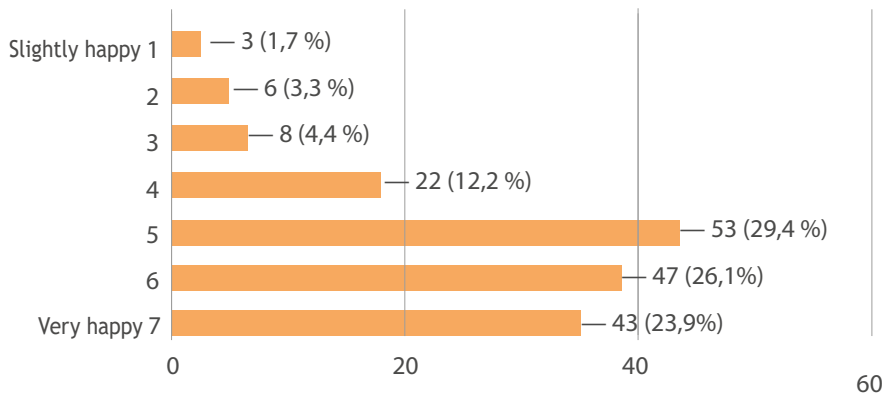


Source: Created by the author.

Figure 11. Question 6. Initial Questionnaire.

Compared to most of my peers, I consider myself:

188 responses

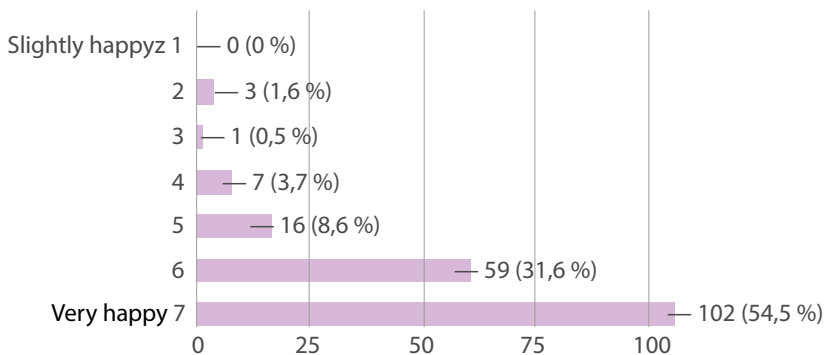


Source: Created by the author.

Figure 12. Question 6. Final Questionnaire.

Compared to most of my peers, I consider myself:

187 responses



Source: Created by the author..

As observed in all the figures presented on the previous pages, the changes shown by the students from the initial questionnaire to the final questionnaire reflect a favorable modification across all figures. This demonstrates quantitatively the effectiveness of the course for the students in the School of Medicine who took it. Similarly, it is clear that educational interventions in positive psychology can improve the well-being of the groups or communities in which they are implemented.

CONCLUSIONS

The experience of implementing an educational intervention through the proposal, design, implementation and evaluation of a course aimed at helping students in the School of Medicine live well has been both challenging and rewarding. This course, focused entirely on the student and their well-being, stands out distinctly from the typical subjects offered in this academic unit. Students often remark that this course is very different from others they have taken, as it provides them with practical tools for their own benefit rather than for application to others.

One of the biggest challenges was gaining trust and acceptance for this new scientific paradigm. As previously mentioned, when the course “Development of Skills for Well-Being” was first implemented, the concept of positive psychology was relatively unknown and emerging in Mexico. One of the most significant hurdles was paving the way and earning credibility and recognition for this new approach within the scientific and health sciences communities. Consequently, the initial course program had both successes and shortcomings due to the limited knowledge at the time. The second iteration of the course program is now better organized and structured; however, it does not necessarily mean that one version is better than the other; each has its strengths and areas for improvement.

Another challenge was aligning the course evaluation with the School of Medicine’s evaluation regulations. Since the course focuses on skill development, evaluating it based on written exams, which are required to account for at least 50% of the grade, proved complex. However, from a competency-based perspective, the 50% allocated to knowledge exams was seen as a measure of the student’s understanding of the

topic, which could then be applied in practical activities. This perspective made the adaptation more manageable, as the remaining 50% evaluated the student's ability to apply knowledge in practice, as well as the necessary attitudes and values.

These adjustments have been particularly relevant since the onset of the COVID-19 pandemic, as aligning content with activities has made it easier for students to follow the course.

The pandemic also necessitated a special mention, as the shift to remote learning due to university health measures to protect its community and prevent potential contagions presented a significant challenge for many professors. Specifically, the DHPB course transitioned to online education using the Moodle platform; therefore, it was crucial to have a clear understanding of the course components to apply them effectively to the instructional design needed. This design, based on a teaching-learning model proposed in my master's thesis, integrates learning objectives, content, and activities in a straightforward and clear manner. It was also supported by a competency-based pedagogical perspective focusing on knowing, doing, and being.

This approach allowed for a practical and simple design to guide students step by step towards achieving the course's goals. The online platform made it easier to design written exams and provide immediate feedback. The initial design of the course proved adaptable to online instruction, helping to maintain the core objective of the course—developing the skills necessary for well-being in life.

Regarding the changes made from a four-monthly program to a semester program, the experience was improved. Since the course is an elective with only three credits, which is relatively few hours, the longer term allowed for deeper exploration of topics and better consolidation of learning.

Finally, the improvements the course offers to students are evident from the statistics presented at the end of the chapter. Students enter the course with a certain understanding of their well-being, which can be enhanced throughout the course through educational interventions based on positive psychology. This evidence demonstrates the significant contribution that this new paradigm can make to education and encourages more colleagues to innovate in their educational practices.

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