

ORIGINAL ARTICLE

**Positive Deviants among MBBS Clinical Students: Study Habits, Lifestyle Choices and Social Dynamics at UniKL RCMP.**

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**Abstract**

The MBBS program is renowned for its academic intensity, which often challenges students' ability to maintain personal well-being and a balanced lifestyle. However, a distinct group of students, termed "positive deviants," consistently excel academically while also thriving personally. This study investigates the unique study habits, lifestyle choices, and social dynamics of these high-performing MBBS clinical students at UniKL RCMP. Using a mixed-methods sequential explanatory design, 150 Year 4 students completed a quantitative survey, from which 13 positive deviants (scoring in the 90th percentile across all domains) were identified for in-depth focus group discussion. The findings reveal that positive deviants employ intentional, replicable strategies, including structured study routines with active recall, disciplined time management, consistent wellness practices (regular exercise and adequate sleep), and proactive cultivation of emotionally supportive peer networks. These students succeed not through innate talent but through deliberate, sustainable behaviours. The study concludes that these strategies offer a valuable framework for institutional interventions, suggesting that integrating such practices into student support programs could enhance academic performance and well-being across the wider student population.

**Keywords:** *Clinical medical students, lifestyle choices, positive deviant, social dynamics, study habits.*



## Introduction

The MBBS program is known for being demanding, with students often struggling to manage their studies, personal well-being, and social life. However, some students, called “positive deviants,” excel academically while also maintaining a balanced lifestyle. Crucially, these positive deviants achieve superior outcomes not by avoiding challenges but by employing unique behavioral strategies despite facing the same constraints as their peers. These individuals use uncommon practices that lead to success in areas where others struggle. Positive deviance offers a community-driven, low-cost approach to solving problems in areas such as health, education, and organizational change [1]. The Positive Deviance approach has been experimented with and applied among medical students before and has shown that learning strategies based on the PD framework can improve students' performance [2]. However, literature on this subject remains scarce, warranting further exploration. This study aims to investigate the unique study habits, lifestyle choices, and social dynamics of high-performing MBBS clinical students at UniKL RCMP who successfully navigate the challenges of the program. It was hypothesized that positive deviant MBBS clinical students at UniKL RCMP use more structured and consistent study habits compared to their peers, have regular exercise and healthy eating habits, set clear study schedules, minimize distractions, have strong peer support, and actively participate in social groups.

## Methodology

This research utilized a mixed-methods approach, specifically a sequential explanatory design. The study began with a quantitative phase using a questionnaire to identify positive deviants among Year 4 MBBS students based on their study habits, lifestyle choices, and social interactions. In the subsequent qualitative phase, focus group discussions were conducted with students

identified as positive deviants to gain deeper insight into their behaviours and practices.

### *Study population*

All Year 4 MBBS students at UniKL Royal College of Medicine Perak were selected as the study population. The study was conducted from 30 September 2024 to 16 May 2025. The total cohort consisted of 151 students, of whom 147 were Malay, one was Chinese, one was Indian, and two were from other ethnic backgrounds.

### *Data collection*

**Quantitative Phase:** All students in their fourth year are eligible to participate. They were given a questionnaire to identify the positive deviants. **Qualitative Phase:** Positive deviants were identified based on their academic performance and responses regarding study habits, lifestyle, and social interactions. All students from this group were selected for a focus group discussion session. These interviews followed a semi-structured format using open-ended questions to explore deeper insights into their study habits, lifestyle, and social interactions that may contribute to their high academic performance. The focus group discussion was conducted in a location convenient for the participants and was audio-recorded for transcription and analysis later. Questions were asked until data saturation was reached.

### *Plan of data analysis*

#### *Quantitative data analysis*

Descriptive statistics were used to summarize the demographic characteristics, study habits, lifestyle choices, and social dynamics of the participants. The study habits component was scored on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), across 11 questions. The total possible score for this section ranged from a minimum of 11 to a maximum of 55, with higher scores reflecting more positive study habits. The lifestyle choices component followed a similar scale, consisting of

13 questions, resulting in a minimum score of 13 and a maximum of 65, where higher scores indicate healthier lifestyle choices. For social dynamics, 10 questions were scored, with a minimum of 10 and a maximum of 50, representing more positive social interactions with higher scores. Participants who scored in the 90th percentile across all three components combined were identified as positive deviants. These individuals were then selected for a focus group discussion to explore the factors contributing to their exceptional performance.

#### *Qualitative Data Analysis*

The audio recordings of the focus group discussions were transcribed verbatim. After that, coding was performed manually by two researchers to identify key themes, ensuring reliability through independent coding and consensus. Key themes and patterns related to effective study habits, lifestyle choices, and social interactions that contribute to academic success were identified.

#### *Ethical considerations*

All participants were informed about the purpose of the study, their role in the research, and their right to withdraw at any time without any consequences. Both identities and respondents' feedback were kept confidential. Data were stored securely, and only the research team had access. Ethical approval was obtained from UniKL RCMP's Ethics Committee before commencing the study.

## **Results**

#### *Profiles of subjects*

Among 150 respondents who participated, 58.7% (n= 88) were female and 41.3% (n = 62) were male. This indicates a female-majority composition in the cohort of MBBS Year 4. The overwhelming majority (97.3%) were aged 20 - 24 years, which is typical for undergraduates in clinical years, with only 4 students (2.7%) falling into the 25-29 range. Regarding the academic

performance (CGPA), out of 150 students, 81.3% (n = 122) had a CGPA of 3.0 to 3.5 and 18.7% (n = 28) achieved CGPA above 3.5 with none falling below a CGPA of 3.0 indicating good academic standing across the cohort (Table 1) The top 18.7% in academic performance likely include individuals classified as positive deviants.

#### *Study habits*

This section measured behaviors related to academic engagement and reflection. Out of 150 responses, the majority showed neutral responses (40 - 50%) across most questions. This might suggest a lack of strong commitment to active study habits. Collaboration was moderately high, with 47.3% agreeing to regular peer collaboration. Only 24% of responses strongly agreed that they sought additional learning opportunities, and only 6% actively mentored junior students (Table 2). While a few students utilized structured, reflective, and proactive study behaviors, the majority remained passive or inconsistent. This highlights the distinctiveness of positive deviants who likely scored highly in these behaviors.

#### *Lifestyle choices*

Table 3 summarizes findings from the health and time management domain. In terms of routine and time allocation, more than half (54%) expressed neutrality towards maintaining a consistent study schedule. However, 52% reported setting aside time for leisure activities, indicating some effort toward achieving balance. When it comes to physical health, regular exercise was reported by only 33.3%, and 38.7% affirmed maintaining a healthy diet, pointing to moderate awareness of physical well-being. Sleep appeared to be a lower priority: only 12.7% strongly agreed they got adequate rest, while 22.7% disagreed or strongly disagreed. Hydration stood out more positively, with 60.6% agreeing or strongly agreeing that they stayed hydrated, suggesting stronger adherence to this habit. As for goal setting and reflection, responses were generally encouraging, with 52% actively setting academic or career goals and 43.3% engaging in reflective practices.

Students show a moderate effort toward wellness, but with some inconsistencies—especially regarding sleep and exercise. Positive deviants, however, are likely to be more successful at consistently incorporating healthy habits into a well-structured routine.

#### *Social dynamics*

Table 4 examined interpersonal relationships and communication. Regarding help-seeking and participation, around 50% of respondents felt comfortable seeking help, and 46.6% actively participated in group discussions, displaying moderate collaboration. In terms of mentorship and leadership, these were weaker areas, with only 22% agreeing or strongly agreeing to mentoring juniors and 31.3% feeling comfortable leading discussions. As for communication and conflict management, responses showed moderate strength with 39.3% agreeing that they manage conflict well and 39.3% reported effective communication. Participation in community involvement, for example, volunteering and social events was low, with only 26% and 18.7% agreeing to involvement, respectively (Table 4). Although students generally show some openness to collaboration and communication, few actively assume leadership or initiative-taking roles. Social interaction beyond academics appears limited. Positive deviants are likely distinguished by their involvement in peer mentorship and providing emotional support.

#### *Positive deviants*

Applying the 90th percentile criteria on all components measured (study habits, lifestyle choices, and social dynamics) among high-performance students (CGPA of 3.5 and above), 13 students were identified as positive deviants (Table 5). They were invited to participate in a focus group discussion to explore the factors contributing to their exceptional performance.

Focus group discussion among 13 positive deviants (PD) revealed the following findings. Across all domains, positive deviants demonstrated intentionality, balance, and adaptability. In terms of study habits, the most dominant theme among the positive deviants was structure and intentionality in their academic routines, with 6 out of 13 positive deviants maintaining fixed daily study schedules for consistency and focus. The rest of them follow a few other themes, for example, actively using learning tools and motivation-driven (Table 6). Positive deviants exhibit strategic academic behaviors that evolve from passive to active learning. Their motivation is rooted in long-term goals and fear of academic stagnation. These habits are deliberate and adaptable, making them applicable for wider student support interventions. Regarding lifestyle choices, the focus group revealed that positive deviants consciously prioritize balance and health as key to academic sustainability. For 6 students, planning and scheduling were essential tools for managing responsibilities, while task chunking and prioritization in another 4 students enhanced their mental clarity. Leisure time was not neglected; 3 PD students used time-blocking for rest and hobbies a key component of their routine. Lifestyle management among positive deviants is proactive and holistic. Their emphasis on physical and mental wellness supports a broader understanding of success, not as pure academic output, but as sustainable high performance. The fact that some students still struggled with consistency showed the challenges of applying these habits under pressure, but also reveals awareness and intentionality. Positive deviants varied in their social engagement but consistently leveraged relationships for academic benefit. Collaborative peer relationships were common among half of the positive deviants, while others formed smaller, emotionally safe circles in 4 out of 13 students. A minority preferred distance or independence (the remaining 3 students). Friendships and support networks helped with learning and made it easier

to cope with stress. Even those with limited circles relied on a few select peers for critical support. These findings highlight the importance of peer relationships as informal yet impactful educational structures.

These students blend structured habits, wellness practices, and meaningful social connections to sustain performance. These students don't just work harder; they work smarter, using accessible strategies that could be replicated by peers if institutional support is provided. These findings validate the positive deviance approach: by studying outliers who succeed despite facing the same challenges, we uncover low-cost, community-driven solutions that are already working. Institutions can scale these behaviors by embedding them in mentorship programs, wellness initiatives, and reflective learning strategies.

## Discussion

This study explored the academic behaviors, lifestyle choices, and social dynamics of high-performing MBBS clinical students termed positive deviants at UniKL RCMP. By using a mixed-methods approach, the study aimed to identify effective and replicable practices that support both academic excellence and student well-being.

In terms of study habits, the quantitative results revealed that most students adopted passive or neutral study approaches, with over half expressing neutrality toward active engagement, such as asking questions in class or mentoring juniors. However, the focus group data offer a clearer view of distinct practices among positive deviants. For example, only 24% of non-deviant students reported using techniques such as active recall or spaced repetition, compared to 85% of positive deviants based on focus group responses. Six out of 13 students reported adhering to structured daily schedules, while others described using active recall tools (e.g., Anki, flashcards) and Pomodoro-based time-blocking to enhance focus. This is consistent with findings by Sun et

al., who demonstrated that active recall and spaced repetition significantly improved academic outcomes among medical students [3]. Similarly, other studies [4] [5] [6] also highlighted the importance of active learning and intrinsic motivation in enhancing academic performance. Markedly, they display the ability to adjust well moving from just memorizing to really understanding ideas in reflective study. It highlights that many students may be underperforming not due to a lack of ability but due to inefficient learning strategies. Positive deviants also demonstrated stronger peer collaboration and a greater willingness to mentor others' behaviors that reinforce knowledge, build confidence, and create a sense of academic community, a pattern similarly observed in previous studies that collaborative environments strengthen learning [7]

Concerning lifestyle choices, the overall student group demonstrated only a moderate level of healthy behavior according to the quantitative findings; many students were neutral or inconsistent about exercise, sleep, or balanced diets. Practical differences were equally striking. While only 33% of non-deviants reported engaging in regular physical exercise, positive deviants prioritized physical activity (7 out of 13), sleep hygiene, and time-blocked leisure to avoid burnout. Positive deviants emphasized careful time planning, consistent routines, and health-conscious decisions. They viewed well-being not only as stress management, but also as a driver of academic performance. Activities such as regular physical activity, mindfulness, and sufficient sleep were consistently linked to improved focus, memory retention, and emotional resilience. This finding is in line with a study that found physical activity is linked to lower anxiety and improved academic performance [8], and that good sleep quality supports better cognitive function and academic success [9]. The significance here lies in the fact that such habits are accessible and adoptable by all students with proper awareness and support.

When it comes to social dynamics, survey results indicated moderate collaboration among students but limited leadership or mentorship roles. Few students took part in extracurricular or social events. The qualitative responses revealed several themes. Most deviants described their relationships as either collaborative or selectively supportive. Peer interactions provided not only academic assistance but also emotional reinforcement. Five students cited that their peers motivated them to maintain discipline and served as study partners or accountability anchors. While many non-deviants reported feelings of stress and isolation, deviants described emotionally supportive peer relationships that helped them remain motivated and resilient. These findings are consistent with other studies showing social support is a key factor in enhancing resilience and academic persistence among medical students [10]. Similarly, peer support mitigates burnout and supports academic success [11].

For the integration and implications of these findings, the focus group responses validate and enrich the survey findings, illustrating that positive deviant students do not rely on innate talent but instead cultivate intentional strategies that promote balance, discipline, and connection. Their success is rooted in replicable behaviors such as goal setting, structured study habits, wellness routines, and emotional intelligence. These insights offer a practical framework for academic interventions. Institutions can leverage these findings by promoting peer mentorship programs, wellness workshops, and reflective study groups to help other students adopt these effective behaviors. This supports the positive deviance model, which advocates for identifying successful outliers to inform low-cost, community-driven solutions [1].

The integration of quantitative and qualitative findings paints a comprehensive picture of what distinguishes high-performing students in medical school. Positive deviants do not rely on innate intelligence or extreme effort, but rather on intentional, sustainable behaviors that are accessible to others. These behaviors - proactive

learning, balanced routines, and strong social connections - can be promoted through institutional strategies.

Medical schools can translate these insights into actionable interventions [12]. For instance, structured peer mentorship programs could connect high-performing students with those struggling academically. Time-management workshops and wellness seminars could be embedded into the formal curriculum, not just offered as optional events. Furthermore, students could be trained in reflective practices and goal setting early in their academic journey to help them adopt a growth mindset.

These findings are particularly relevant in the context of the high-stress, high-demand environment of clinical years. As mental health issues and burnout rates rise among medical students globally, there is a pressing need for a more compassionate, student-centered approach to medical education. Promoting positive deviance as a model of success not only enhances academic outcomes but also encourages healthier, more resilient future doctors.

While the study offers valuable insights, it has several limitations. The sample was drawn from a single cohort at one institution, which may limit generalizability. Moreover, the reliance on self-reported data introduced the possibility of social desirability bias, particularly in the survey responses. The focus groups, while rich in detail, included only a small number of positive deviants and may not capture the full diversity of successful strategies. Future research could expand this study across multiple institutions or include longitudinal follow-up to track how these behaviors influence long-term performance and well-being during housemanship. Additionally, experimental studies could test the effectiveness of specific interventions, for instance, structured peer mentoring or wellness programs, that are inspired by the behaviors of positive deviants.

From a practical standpoint, medical schools should consider incorporating the identified positive deviant behaviors into structured support systems. Recommendations include developing

peer mentorship programs, facilitating skills-building workshops in active learning and time management and embedding wellness education into the formal curriculum. These initiatives could help bridge the gap between average and high-performing students, supporting a more resilient and competent future medical workforce.

### Conclusion

The findings revealed that while the general student population displayed moderate engagement in study habits, wellness routines, and social collaboration, a small subset of students, the positive deviants, exhibited distinct, intentional strategies that set them apart. These strategies included structured time management, active learning, self-reflection, regular physical activity, and the cultivation of meaningful peer networks. Importantly, these behaviors were not attributed to innate ability or privilege, but to consistent effort, self-regulation, and a growth-oriented mindset. With the right strategies and institutional backing, high performance can

become an attainable norm rather than an exceptional outcome.

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### Conflict of interest

There are no conflicts of interest between the authors in conducting, authoring or publishing this study.

### Author contributions

The study was conceptualized by all authors. AZS, MSS, and DAK collected and analyzed the data, and draft the manuscript. OA supervised the study, reviewed and edited the manuscript.

### Financial assistance

This study was self-funded.

Table 1. Socio-demographic of respondents

Variable	Category	Number (n)	Frequency (%)
Gender	Male	62	41.3
	Female	88	58.7
Age Group	20 to 24 years	146	97.3
	25 to 29 years	4	2.7
CGPA	3.0 to 3.5	122	81.3
	Above 3.5	28	18.7

Abbreviation: CGPA; cumulative grade point average

Table 2. Study habits of respondents

Variables	Responses n (%)				
	Strongly agree	Disagree	Neutral	Agree	Strongly agree
I actively seek out additional learning opportunities outside the classroom.	7 (4.7)	12 (8.0)	68 (45.3)	45 (30.0)	18 (12.0)
I frequently ask questions in class to deepen my understanding of the material.	14 (9.3)	22 (14.7)	80 (53.3)	21 (14.0)	13 (8.7)
I regularly collaborate with my peers to enhance our learning experiences.	4 (2.7)	10 (6.7)	65 (43.3)	47 (31.3)	24 (16.0)
I often contribute to team discussions and activities.	4 (2.7)	9 (6.0)	61 (40.7)	56 (37.3)	20 (13.3)
I take time to reflect on my clinical experiences and identify areas for improvement	7 (4.7)	14 (9.3)	55 (36.7)	56 (37.3)	18 (12.0)
I enjoy finding innovative solutions to challenges faced in clinical practice	5 (3.3)	18 (12.0)	66 (44.0)	46 (30.7)	15 (10.0)
I strive to understand the emotions and needs of my patients.	1 (0.7)	13 (8.7)	55 (36.7)	55 (36.7)	26 (17.3)
I support my peers emotionally during stressful times	3 (2.0)	14 (9.3)	61 (40.7)	48 (32.0)	24 (16.0)
I serve as a role model for professionalism among my peers	12 (8.0)	25 (16.7)	74 (49.3)	25 (16.7)	14 (9.3)
I actively seek opportunities to mentor junior students	24 (16.0)	36 (24.0)	64 (42.7)	17 (11.3)	9 (6.0)
I adapt easily to new situations and changing protocols	9 (6.0)	16 (10.7)	64 (42.7)	47 (31.3)	14 (9.3)

Table 3. Lifestyle choices of respondents

Variables	Responses n (%)				
	Strongly agree	Disagree	Neutral	Agree	Strongly agree
I maintain a consistent daily study routine	8 (5.3)	25 (16.7)	81 (54.0)	28 (18.7)	8 (5.3)
I allocate specific times for relaxation and leisure activities	3 (2.0)	15 (10.0)	54 (36.0)	55 (36.7)	23 (15.3)
I prioritize physical exercise in my weekly schedule	16 (10.7)	21 (14.0)	63 (42.0)	32 (21.3)	18 (12.0)
I make conscious choices to eat a balanced diet	5 (3.3)	28 (18.7)	59 (39.3)	40 (26.7)	18 (12.0)
I stay hydrated by drinking adequate water throughout the day	2 (1.3)	6 (4.0)	51 (34.0)	53 (35.3)	38 (25.3)
I limit my intake of sugary or processed foods	6 (4.0)	25 (16.7)	61 (40.7)	44 (29.3)	14 (9.3)
I ensure adequate sleep each night	6 (4.0)	28 (18.7)	66 (44.0)	31 (20.7)	19 (12.7)
I maintain positive relationships with my peers and faculty	1 (0.7)	6 (4.0)	56 (37.3)	53 (35.3)	34 (22.7)
I feel I have a strong support system in place for difficult times	3 (2.0)	12 (8.0)	54 (36.0)	48 (32.0)	33 (22.0)
I set clear academic and career goals for myself	2 (1.3)	15 (10.0)	55 (36.7)	47 (31.3)	31 (20.7)
I engage in extracurricular activities related to my field of study	20 (13.3)	29 (19.3)	64 (42.7)	25 (16.7)	12 (8.0)
I regularly reflect on my experiences to promote personal growth	8 (5.3)	15 (10.0)	62 (41.3)	50 (33.3)	15 (10.0)
I set aside time for personal interests and hobbies.	0 (0.0)	3 (2.0)	68 (45.3)	53 (35.3)	26 (17.3)

Table 4. Social dynamics of respondents

Variables	Responses n (%)				
	Strongly agree	Disagree	Neutral	Agree	Strongly agree
I feel comfortable approaching my peers for help when needed	7 (4.7)	15 (10.0)	53 (35.3)	56 (37.3)	19 (12.7)
I actively participate in group discussions and activities	6 (4.0)	13 (8.7)	61 (40.7)	53 (35.3)	17 (11.3)
I encourage my peers to share their ideas and perspectives	5 (3.3)	11 (7.3)	57 (38.0)	53 (35.3)	24 (16.0)
I often take the initiative to mentor my peers or junior students	21 (14.0)	33 (22.0)	63 (42.0)	23 (15.3)	10 (6.7)
I feel comfortable leading group projects or discussions	15 (10.0)	21 (14.0)	67 (44.7)	35 (23.3)	12 (8.0)
I communicate openly and effectively with both peers and instructors	10 (6.7)	12 (8.0)	69 (46.0)	39 (26.0)	20 (13.3)
I am responsive and available to my peers when they need assistance	5 (3.3)	9 (6.0)	56 (37.3)	58 (38.7)	22 (14.7)
I manage conflicts with my peers constructively	13 (8.7)	7 (4.7)	64 (42.7)	43 (28.7)	23(15.3)
I participate in community service or volunteer activities with my peers	17 (11.3)	19 (12.7)	60(40.0)	39 (26.0)	15 (10.0)
I attend social events organized by my institution to build relationships	20 (13.3)	30 (20.0)	61(40.7)	28 (18.7)	11 (7.3)

Table 5. Frequency of respondents based on percentile

	Frequency	percentage
Below 50th percentile (< 112 scores)	77	51.3
50th - 90th percentile (112 - 141 scores)	60	40.0
Above 90th percentile (> 141 scores)	13	8.7

Table 6. Thematic responses from Focus Group Discussion

Study Habits			Lifestyle choices			Social dynamics		
Questions	Thematic responses	Number responded (n=13)	Questions	Thematic responses	Number responded (n=13)	Questions	Thematic responses	Number responded (n=13)
Can you describe your typical study routine?	<b>Structured Daily Study Schedule</b> – Following a fixed daily schedule that included designated morning or evening study sessions. These students emphasized consistency and time allocation based on peak concentration hours.	6	How do you manage your time between academic responsibilities and personal life?	<b>Planning and Scheduling Ahead</b> – Using planners, Google Calendar, or to-do lists to allocate specific times for study, rest, and personal activities. This helped them avoid last-minute cramming and better visualise their weekly balance.	6	How would you describe your relationships with your peers?	<b>Supportive and collaborative peer relationships</b> - Their peer relationships as strongly collaborative, involving study groups, shared resources, and emotional support. These peers helped them stay motivated and accountable.	6
	<b>Active Recall and Spaced Repetition Techniques</b> – Used tools such as Anki, Quizlet, or handwritten flashcards. These methods helped improve long-term retention, particularly for high-volume subjects like pathology and pharmacology.	4		<b>Prioritisation and Task Chunking</b> – Practiced breaking down larger tasks into smaller goals and ranked their priorities using tools like Eisenhower Matrix or simple task-ranking. This allowed them to focus on what matters most without feeling overwhelmed.	4		<b>Emotionally supportive but selective connections</b> - Having emotionally supportive but smaller or more selective friend circles, relying on a few close peers for motivation and understanding.	4
	<b>Pomodoro Technique or Time-Boxing</b> – Adopted focused study bursts (e.g., 25 minutes study / 5 minutes break) to maintain concentration and avoid fatigue, especially during long study days.	3		<b>Time-Blocking for Leisure</b> – Deliberately set aside blocks of time for breaks, family time, or hobbies. They emphasized that guilt-free relaxation prevented burnout and helped them return to study sessions feeling refreshed	3		<b>Neutral or distant relationships</b> - A more distant or individualistic approach, preferring to study independently and keeping peer interactions surface-level.	3
What motivates you to stick to this routine?	<b>Clear Career Aspirations</b> – Being driven by long-term goals such as becoming competent doctors, gaining residency placements, or achieving scholarships. This intrinsic motivation gave them purpose and discipline in maintaining their study habits.	5	What activities do you prioritise to maintain a healthy balance?	<b>Regular Physical Activity and Movement</b> – Prioritised physical activities such as jogging, home workouts, walking, or yoga as their main lifestyle adjustment. These were said to help maintain physical stamina, mental clarity, and a sense of structure during academic demands.	7	In what ways do these relationships contribute to your academic success?	<b>Motivation and dependability</b> - Their peers helped them to stay disciplined and provided a sense of accountability through shared study goals and routines.	5
	<b>Fear of Falling Behind</b> – The competitive and fast-paced nature of medical school pushes them to stay consistent. They were motivated by a desire to avoid last-minute stress and ensure they understood content in real time.	5		<b>Intentional Rest and Sleep Routines</b> – Emphasised the importance of maintaining consistent sleep schedules and avoiding all-nighters. They reported that good sleep hygiene helped them concentrate better and reduced feelings of fatigue and emotional instability.	4		<b>Knowledge Sharing and Academic Support</b> - Sharing notes, explanations, and feedback as key contributions from peers that enhanced their understanding and academic preparation.	5
	<b>Peer Accountability and Group Study</b> – Relied on study groups or partners to stay on track. Regular peer discussions and shared goals helped reinforce mutual commitment and kept them motivated	3		<b>Social Connection and Peer Interaction</b> – Spending time with friends, joining study groups, or having casual social interactions were essential in maintaining	2		<b>Emotional Support Reducing Stress</b> - Having emotionally supportive friends helped reduce academic stress, indirectly improving their performance.	2
							<b>Confidence Building and Perspective</b> - Peer interactions helped boost their confidence and broadened their academic approach through exposure to different viewpoints.	1

				emotional balance and avoiding isolation.				
What strategies do you use to stay on top of your clinical studies and assignments?	<p><b>Use of Study Schedules and To-Do Lists</b> – Emphasized the importance of daily or weekly planners to track tasks, assignment deadlines, and clinical responsibilities. This helped them stay organized and reduce procrastination.</p> <p><b>Active Recall and Spaced Repetition</b> – Used techniques like Anki, flashcards, and question banks to reinforce key clinical concepts. These methods improved memory retention and exam performance.</p> <p><b>Early Preparation and Pacing</b> – Starting assignments or revision well before deadlines. Breaking large tasks into smaller, manageable parts reduced stress and helped them keep up consistently.</p>	7  3  3	What role does physical exercise and relaxation play in your daily routine?	<p><b>Stress Relief and Mental Recharging</b> - Physical exercise or relaxation activities helped them unwind, manage stress, and reset mentally after intense academic work.</p> <p><b>Improved Focus, Energy, and Sleep</b> - Linked these habits to better concentration, consistent energy levels, and improved sleep.</p> <p><b>Low Priority or Inconsistent Practice</b> - Although they valued exercise and relaxation, they struggled to maintain consistency due to academic pressure or time constraints.</p>	7  3  3	How do you handle social interactions when dealing with stress or heavy workloads?	<p><b>Selective Social Engagement for Balance</b> - Maintained limited but intentional social contact, using brief interactions or group study to stay grounded without feeling overwhelmed.</p> <p><b>Withdrawal or Isolation to Focus</b> - Withdrawing from social interactions during stressful periods to avoid distractions and focus on academic tasks.</p> <p><b>Emotional Reliance on Close Friends</b> - Leaned on a small circle of trusted peers to vent or seek comfort when under pressure.</p>	6  4  3
How do these strategies differ from your earlier study methods?	<p><b>From Passive to Active Learning</b> – They previously relied on reading and highlighting textbooks but later shifted to active techniques like practice questions, spaced repetition, and teaching others, which made learning more effective.</p> <p><b>Better Time Management</b> – Last-minute cramming in earlier years but with clinical demands increasing, they transitioned to structured schedules and consistent weekly reviews to avoid stress and improve performance.</p> <p><b>Clinical Relevance Focus</b> – Before entering clinical years, their study was more theoretical. Now, they prioritize real patient cases, presentations, and clinical decision-making, making their learning more practical and engaging</p>	6  5  2	How do these choices impact your academic performance?	<p><b>Enhanced Focus, Memory, and Productivity</b> - Exercise and relaxation directly improved their concentration, memory retention, and efficiency in completing tasks.</p> <p><b>Improved Sleep and Routine Discipline</b> -These choices supported better sleep and daily structure, indirectly contributing to more consistent academic effort.</p> <p><b>Reduced Burnout and Better Emotional Resilience</b> -The role of these habits in preventing burnout, managing stress, and maintaining emotional stability, especially during exams or heavy workloads</p>	6  5  2	Do you rely on your social circle for support during challenging times?	<p><b>Yes, Strong Emotional and Academic Support.</b> - 5 out of 13 said they actively rely on peers for both academic and emotional support, including help with topics, advice, or just someone to talk to.</p> <p><b>Yes, but Only to a Trusted Few</b> - Rely on 1–2 close friends, preferring quality over quantity in emotional support and avoiding sharing too widely.</p> <p><b>Sometimes, Depends on Situation</b> - Occasionally rely on peers, especially for emotional support, but tend to handle academic challenges more independently.</p> <p><b>No, Prefer Independence or Self-Reflection</b> - Preferred managing challenges alone or through journaling/self-reflection, feeling that sharing might burden others.</p>	5  4  3  1

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