

A Well-Being Workbook for New Residents

Welcome. This workbook is here to support you through the transition into residency with practical guidance, reflection prompts, and space to think about what you need most right now.

It is meant to be interactive, not just read once and set aside. As you move through the pages, you'll find opportunities to pause, write, and make this guide your own.

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Dr. Kelly Holder provides consultation services and presentations to support the medical education ecosystem. Visit kellydholder.com.

The Shock of Becoming a Doctor

Understanding the UME-to-GME Transition

The UME-to-GME transition is one of the highest-risk windows for mental health strain—and for good reason. Trainees often describe a deep sense of disorientation that goes beyond nerves or first-day jitters. One day you are a student, measured by tests and evaluations. The next, you are the physician of record, and real people depend on your decisions. That shift doesn't come with a soft landing.

What makes this especially challenging is that it often catches high-achievers off guard. You have spent years proving your competence—and now, suddenly, you may feel like you don't know what you're doing. That's not a reflection of your abilities. It's a reflection of how genuinely new and complex this role is. Many residents later wish they had been told earlier: *feeling unprepared is part of the process, not a personal failure.*

What to Expect

- Loss of confidence despite real competence
- Increased responsibility with less structured feedback
- Imposter cycles—not just moments
- Role ambiguity as you find your footing

How to Reframe It

Discomfort is not a signal that you are failing—it is a signal that you are growing.

"You didn't suddenly become less capable—the role just became more real."

Reflect

1. What surprised you most about your first days as a resident?
2. When have you felt most like an imposter — and what helped you move through it?
3. What does "feeling unprepared" bring up for you emotionally?
4. What would you tell yourself on day one if you could go back?
5. What does growth feel like for you — and how do you know when it's happening?

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Know Your Warning Signs Before You Need Them

Mental Health in Motion

Burnout, anxiety, and depression in residency rarely arrive all at once. They tend to emerge early and quietly—showing up first as irritability, then avoidance, then a numbness you can't quite name. Both the SGU and AMA emphasize that mental health is not separate from clinical performance: when you are struggling internally, it shows up in your work, your patient interactions, and your ability to think clearly under pressure. Early recognition is protection.

One of the most important things you can do before your first week begins is to establish your personal baseline. What does a "normal" day look like for you in terms of sleep, mood, focus, and energy?

Before your first day, take one proactive step: ask your Program Director what mental health resources are available, and put those contacts in your phone *now*.

Reflect

1. What does a "normal" day look and feel like for you — in terms of mood, energy, and focus?
2. What are your personal early warning signs that something is off?
3. What has stopped you from seeking help in the past — and is that still true today?
4. Who is one person you could call if you were struggling? Do they know that?
5. What would it mean to take your mental health as seriously as your patients' health?



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Who's in Your Corner?

Relationships, Support Systems & Community in Residency

Isolation is one of the most consistent risk factors for burnout.

Less time and energy often means more miscommunication. Intentional, low-barrier connection matters—especially when schedules are unpredictable and stress is high.

Drifting from friends outside medicine is common. Even light, intentional connection reduces isolation and helps you stay grounded in the parts of life that exist beyond training.

What Actually Helps: Staying Connected

- **Lower the Bar—But Stay Consistent:** A text. A check-in. Ten intentional minutes. Consistency matters far more than intensity.
- **Communicate Before There's a Problem:** Proactive communication reduces misinterpretation and resentment.
- **Redefine "Good Enough":** Presence doesn't have to be constant to be meaningful.
- **Build a Small, Real Support System:** You don't need many people—you need a few safe ones.

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Who's in Your Corner? (continued)

When It Starts to Feel Hard

Some difficulty is normal in residency. But there is a difference between a rough week and a pattern of suffering that deserves support. Paying attention early can help you protect both your well-being and your relationships before strain becomes crisis.

Watch For These Signs

- Withdrawal from colleagues, friends, or family
- Increased conflict in close relationships
- Feeling alone even when people are around
- Persistent numbness, cynicism, or hopelessness
- Decline in clinical engagement or care quality

Asking for help in relationships is just as important as asking for help clinically. The sooner you notice what is changing—and the sooner you speak up—the more likely you are to stay connected, effective, and well.

"Support systems shouldn't be built in crisis—they should be in place before it."

Reflect

1. Who are the 2–3 people you can be completely honest with right now?
2. Which relationship in your life is most at risk of being neglected during residency — and what's one small thing you could do this week?
3. What does "good enough" connection look like for you during this season?
4. Have you ever felt alone even when people were around? What did that feel like, and what helped?
5. What would you want the people who love you to know about what you're going through?

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You're Not Alone: Building a Family During Residency

Residency doesn't pause for the deeply personal decisions about family. Whether you're thinking about starting one, navigating infertility, pursuing adoption, managing a pregnancy, or trying to sustain breastfeeding through unpredictable shifts—these experiences are more common among residents than most programs openly acknowledge. The silence around them can make you feel isolated in something that is, in fact, shared by many of your colleagues. This section is here to remind you that you're part of a larger community facing these same challenges, and there are ways to navigate them without sacrificing your well-being or your training.

Reflect

1. What aspects of family-building feel most uncertain or overwhelming for you right now?
2. Have you talked openly with anyone at your program about your family plans or needs? What made that easy or hard?
3. What would it mean to advocate for yourself in this area — and what gets in the way?
4. Who on your team (medical, personal, institutional) do you still need to identify or connect with?
5. What do you wish your program understood about what you're navigating?

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You're Not Alone: Building a Family During Residency (continued)

Get the Right People on Your Team

You don't have to navigate these complexities alone. Assemble a personal support team that understands the unique pressures of residency and family building:

A trusted OB/GYN or reproductive specialist

who understands the unique demands and scheduling limitations of residency.

A lactation consultant

if you plan to breastfeed, to help you navigate pumping schedules and challenges.

An HR or GME contact

who is knowledgeable about your institution's leave policies, FMLA rights, and accommodation options.

A peer or mentor

who has navigated similar experiences; their insights and empathy can be invaluable.

A therapist or counselor


if the emotional weight becomes overwhelming. Prioritizing your mental health through this process is key.

"Whatever path to parenthood you're on—or considering—you deserve support, not silence. Ask early, advocate clearly, and let people in."

- Communities like The MedCommons connect residents navigating family-building with others who have been there. You don't have to figure this out alone.

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Your Body Keeps the Score

Surviving Sleep Deprivation, Nutrition Gaps, and Fatigue

Sleep deprivation in residency is not a rite of passage—it is a physiological stressor with documented consequences. Research consistently links chronic sleep loss in trainees to impaired cognition, increased medical errors, and significant mood instability. You cannot discipline your way out of biological limits, and trying to do so often accelerates the very burnout you're trying to avoid. Understanding your body's needs is not soft—it is strategic.

The challenge is that residency creates a perfect storm of physiological strain: irregular meals, shift work that disrupts circadian rhythm, chronic fatigue that accumulates faster than it can be recovered. The goal is not to achieve perfect wellness habits—that standard is neither realistic nor fair. The goal is to develop *protective habits*: ones that actually work on your worst days, not just on your best ones.

From the research on residency wellness: well-being is not about perfection—it is about **protection under pressure**. You are not trying to optimize. You are trying to stay functional and humane through a demanding season. That reframe removes the guilt associated with imperfect self-care and replaces it with something more realistic: *am I protecting myself today?*

Even on your most exhausted days, small protective choices add up. A five-minute reset between patients. A glass of water before your next admission. Telling a colleague "I'm struggling today." These are not failures of self-care—they are its truest expression.

You don't need perfect habits. You need protective ones that work on your worst days.

Reflect

1. What is one physical signal your body gives you when you're running on empty?
2. What is your most reliable "protective habit" — the one thing that helps you recover, even briefly?
3. When was the last time you ate a real meal, slept more than 6 hours, or moved your body? What does that tell you?
4. What does "good enough" self-care look like for you on your worst days?
5. What is one small protective choice you could make today?

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Holding On to Yourself

Identity, Bias, and Meaning in the Work

Who you are shapes how you experience residency—and that is not a peripheral truth. Research consistently documents the impact of microaggressions, implicit bias, and structural inequities on physician well-being and burnout, particularly for trainees from underrepresented backgrounds. These are not abstract forces. They are daily realities that can erode your sense of belonging, increase psychological distress, and—critically—reduce your willingness to seek help when you need it most.

You are also navigating an identity transition that goes beyond race, gender, or background. Moving from student to physician means moving from individual achiever to system member. Your identity expands and, in some ways, gets compressed simultaneously. Residency may also intersect with major life milestones—parenthood, partnership, loss, delayed personal goals—that don't show up on your clinical schedule but carry enormous emotional weight.

"You are not just becoming a physician—you are becoming one within systems that must also be navigated. Your full identity is worth protecting."

Reflect

1. How has your sense of identity shifted since starting residency — and what parts of yourself feel most at risk of getting lost?
2. Have you experienced a microaggression or moment of bias in your training? How did you respond, and how did it affect you?
3. Who in your program sees you fully — not just your credentials? How did that relationship develop?
4. What originally drew you to medicine? Is that still alive for you — and if not, what happened to it?
5. What is one small thing you could do this week to reconnect with meaning in your work

Don't Forget Joy

A Closing Note for the Whole Person Becoming a Physician

In the urgency of everything else this series has covered—burnout prevention, support systems, sleep, identity, and relationships—it would be easy to overlook one of the most evidence-supported buffers against physician distress: joy. Not the performative kind. Not toxic positivity. But genuine, small, recurring moments of meaning, laughter, and connection that remind you that you are a full human being—not just a resident.

Research on physician well-being consistently shows that even brief moments of joy have measurable protective effects. A meaningful exchange with a patient. Shared laughter with a co-intern during a brutal overnight. A walk outside in the afternoon light between clinic and rounds. A meal with someone you love. These are not distractions from your training. They are physiological and emotional recovery—they restore the capacity that makes good medicine possible.

You can do this. Not because it will be easy, but because you have what it takes to navigate hard things and grow through them. The foundation starts here.

Reflect

1. What brought you genuine joy in the last week — inside or outside the hospital?
2. What is one thing you used to do for fun or restoration that residency has crowded out? Is there a way to bring even a small version of it back?
3. What does a moment of real connection with a patient feel like for you? When did you last have one?
4. What does "being a whole person" mean to you — and how close are you to that right now?
5. What is one thing you want to protect about yourself throughout this training?

This workbook is not a checklist. It is a companion. Return to it when things feel hard, when you've lost your footing, or when you simply need a reminder that what you're doing matters — and so do you.

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