

The WRaP Toolkit: Protecting and Enhancing the Well-being of Residents and Partners during Postgraduate Medical Education (PGME) and Training

WRaP Toolkit for Residents and Partners

Inspired and informed by the Well-being of Residents and Partners (WRaP) research projects (UnWRAP, CoWRAP) and team, led by Dr. Catharine Munn and Dr. Enas El Gouhary



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HOW TO USE THIS TOOLKIT

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NOTES ABOUT QUOTES

Throughout this document, you will notice that there are quotes in blue shapes with a large quote symbol. These are quotes from historic and modern writers and thinkers to inspire reflection and conversation.

In green are direct quotes from residents gathered as part of our WRaP studies, chosen to illustrate an experience, issue, or theme. Identifying details have been removed.

In purple are direct quotes from partners, gathered as part of our WRaP studies, chosen to illustrate an experience, issue, or theme. Identifying details have been removed.



RELATIONSHIPS ARE MEDICINE.¹
~INDIGENOUS TEACHING

CLARIFICATION OF TERMS

Resident and Residency: We have chosen to use the term “**resident**” or “**trainee**” in this toolkit, to refer to anyone who is a resident, fellow, or postgraduate medical trainee, that is, physicians who have completed medical school and are now in post-graduate medical education (PGME) and training programs (residency or fellowship). This document intends to be inclusive to “**fellows**” (clinical and research fellows) who have participated in our studies. We refer to their year in training as Postgraduate Year # (e.g., PGY2). In the United States, the equivalent term to PGME is graduate medical education (GME). For simplicity, we have also used the term “**residency**” in this toolkit, which includes any PGME training experience, including “**fellowships**”.

Partner: We have also chosen to use the term “**partner**” to refer to an **intimate partner**. Again, we use this term with the intention to be inclusive but distinct from friends or peers, recognizing there can be intimate aspects of those relationships too. In the context of this toolkit, a partner can also be a resident (i.e., in two-resident couples). An “intimate partner” generally refers to a person with whom someone has or had a close personal relationship, including current or former spouses, common-law partners, and dating partners.

- A more comprehensive **definition of intimate partner** states: “An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners’ emotional connectedness, regular contact, ongoing physical contact and sexual behaviour, identity as a couple, and familiarity and knowledge about each other’s lives. The relationship need not involve all of these dimensions. Intimate partners may or may not be cohabiting. Intimate partners can be opposite or same sex.”²

Internationally Trained Physician (ITP): ITP broadly refers to residents and/or fellows who completed their prior medical education and training outside of Canada, often historically referred to as International Medical Graduates (IMGs). In our studies they describe many similar experiences to domestically trained residents, but some different and unique experiences.

A. INTRODUCTION TO THE WRAP TOOLKIT

Why did we develop the WRaP toolkit?

- To help protect, preserve, and enhance resident and intimate partner well-being and relationships in residency by providing information, ideas and resources
- To inspire conversation, connection, and compassion among physicians, their partners, and leaders (educational and healthcare)
- To help intimate partner relationships of **all kinds** grow and flourish during medical training and practice.



Who can benefit from the WRaP toolkit?

- This toolkit has been developed for post-graduate medical trainees—that is, physicians in residency and/or fellowship training—and their partners, families, friends, allies, and supporters.
- It can also help medical students, physicians, other health care trainees and professionals, graduate students, and anyone navigating relationships and challenging careers, academic or otherwise.
- Alongside this toolkit, a supplementary toolkit is being developed for physician educators, leaders, supervisors, program directors, program staff, and mentors who support trainees, to expand their understanding and efforts in supporting medical trainees and relationships.



WHAT DO WE LIVE FOR, IF IT
IS NOT TO MAKE LIFE LESS
DIFFICULT FOR EACH OTHER?³

~ 'GEORGE ELIOT'
MARY ANN EVANS
(1819-1880)

How was the WRaP toolkit developed and who contributed to it?

- This project was initially sparked by the work of Hayley Harlock, Founder of The Flipside Life, who is a co-author of this work.
- It is inspired and informed by years of **research** conducted by the WRaP research team, focused on understanding the needs of residents and partners during training from various perspectives
- The toolkit is also inspired and informed by stories and lived experiences, bravely shared with us by residents and partners during our research and in other academic and professional contexts.
- It is informed by many compassionate program directors, staff, and physicians at McMaster University who work closely with and care deeply about residents, and who share our vision to improve resident and physician well-being and relationships, as well as their own!
- The WRaP work was initially sponsored by Dr. Parveen Wasi, Associate Dean, Postgraduate Medical Education in the DeGroote School of Medicine at McMaster University. We extend deep gratitude to Dr. Wasi for her leadership and support of this work. Without her, we would never have gotten here!



EACH FRIEND REPRESENTS A
WORLD IN US, A WORLD POSSIBLY
NOT BORN UNTIL THEY ARRIVE,
AND IT IS ONLY BY THIS MEETING
THAT A NEW WORLD IS BORN.⁴

~ ANAÏS NIN (1903-77)

B. RELATIONSHIPS AND WELL-BEING IN RESIDENCY

What are the connections between relationships and well-being in residency?



In general, in almost every study at every age and stage of life, across the globe, **healthy and supportive relationships are good for mental health and well-being**. Conversely, loneliness, social isolation and abusive relationships are associated with physical and mental health problems and a reduced lifespan. Also - love feels good!⁵



When a resident or partner is distressed or struggling with mental health or substance use issues, this can affect their emotional state and their ability to manage emotions, which can affect partners too. Emotions such as worry, frustration, sadness, and anger can arise in both people and can increase relationship stress and conflict or otherwise negatively impact relationships, especially if the person is unwilling or unable to acknowledge the issues or seek help.



When a resident or their partner is struggling with distress, burnout, poor mental health, or a mental health disorder, having a partner, close friend or family member can also be protective. Ideally, they can offer support, emotionally and practically, and encourage and help the other partner to seek additional personal and professional help and resources if they are needed.



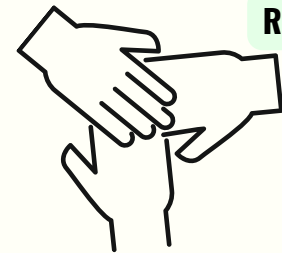
What can be done about resident and partner well-being?

Well, that's why we developed this toolkit!

You deserve to be loved and respected. Relationships can be a vital source of love, support, and stability for residents and partners, given the intense and often unpredictable demands of residency and life at this age and stage. Healthy, high-quality relationships with partners, peers, family, and close friends can offer fun, enjoyment, comfort, emotional connection, practical support, and fresh perspectives that can help buffer against stress and burnout. The rest of this toolkit is designed to offer suggestions and strategies that can help you and your relationships, particularly your intimate relationships, to flourish. If a relationship is languishing, we hope this toolkit can help you to reflect on this and consider what might need to change.

PARTNERS

RESIDENTS



EDUCATIONAL LEADERS

It will require collaboration!

Improving the experience of residents, partners, and physicians and their relationships during the training and practice of medicine requires collective effort at the individual, couple, and systemic levels. **We do not expect residents and partners to do all of the work to change the culture, practices, and policies in medicine**, but it's a place to start making change right now! By working together with diverse learners, physicians and leaders in medicine, we will be able to cultivate more supportive learning and working environments and improve work-life integration. This can eventually benefit more physicians, educational leaders, health care professionals, partners, and families in the future. We envision this can help us to practice better medicine for longer to benefit our patients and communities.



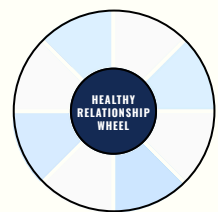
Photo By Liz Fosslien⁶

B. RELATIONSHIPS AND WELL-BEING IN RESIDENCY

Residents, partners, and relationships — What do they look like?



- **Everyone deserves love and support.** Some residents will not want an intimate or sexual relationship right now or ever. Nonetheless, supportive relationships are important for everyone and can take many different forms. Everyone has different needs and desires for social connection, partners, intimacy, and sex.
- **There are many different types and forms of intimate partner relationships.** Committed, casual, married, common law, living apart, living together, planning for children or not, already have children or not, etc.
- **Residents have many family configurations and living arrangements.** During residency, many residents, especially internationally-trained physicians (ITPs), live at a distance from partners, and from families and children. Some residents live alone, some with friends, other with partners and/or children, some with their parents, extended family, etc/
- **Partners have a variety of roles, education, careers, and professions.** They can be physicians or health care professionals, work in other professions or careers, or be stay-at-home parents or caregivers. Balancing challenging resident and partner careers and lives creates complexity, and contributes to dynamic relationships and lives.
- **Residents and partners are diverse in their personal identities.** This diversity is increasing and enriching the culture and practice of medicine and the patient experience, and is reflected in physician relationships. Increasingly, members of equity-deserving groups are represented in medicine and among physician partners. The traditional image of a physician who is a man in a monogamous, heterosexual relationship with a stay-at-home partner who is a woman is a stereotype does not reflect the reality today. Diversity in gender, sexual orientation, marital status, family status, ethnicity, culture, religion, disability status and in other ways among residents and partners is growing and must be acknowledged, celebrated, and reflected in supports and resources.
- **Physician relationships can be healthy, but they can also be unhealthy and abusive.** Below, the healthy relationship wheel outlines some qualities of flourishing relationships (blue), and the power and control wheel (orange) outlines qualities that may be unhealthy, coercive, or abusive. These wheels can be helpful when you're considering the health of your current or past relationships, or reflecting on what you want or need to change.

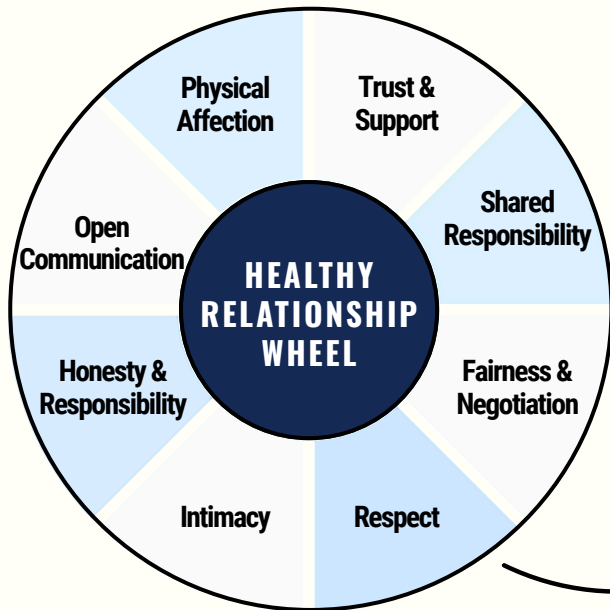


Statement on gender and sexual diversity:

- As a team of researchers that includes physicians, physician partners, learners, and faculty among us in various types and stages of relationships, we recognize that paradigms and assumptions of heteronormativity and the gender binary have been historically present and perpetuated in medicine, despite evidence and experiences to show us that other ways of being and loving exist.
- We do not wish to perpetuate these assumptions and paradigms. We acknowledge the diverse gender identities and sexual orientations of our readers, and encourage you to read our toolkit critically.
- In the research by this team conducted to date, we have intentionally and deliberately included and selected for a diversity of residents, partners and relationships; however, the content and resources included may not sufficiently meet the needs of all equity-deserving groups, in part due to a paucity of available information and resources. Please let us know if you have ideas or suggestions about how we might improve this toolkit to better meet your and others' needs (munncc@mcmaster.ca).

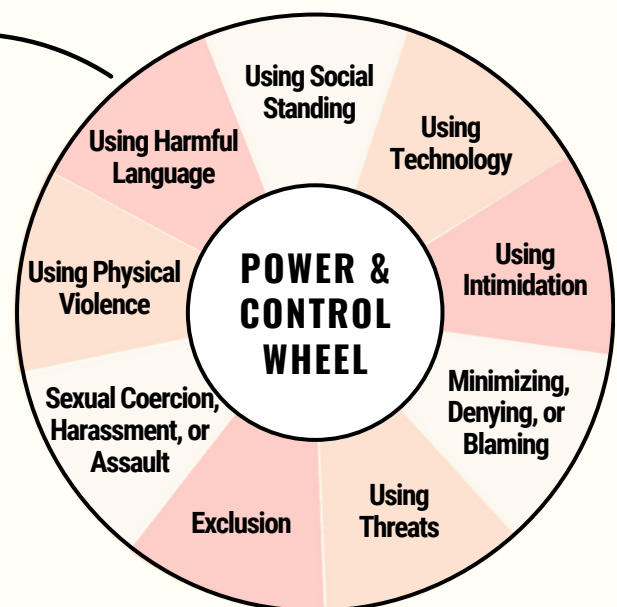
B. RELATIONSHIPS AND WELL-BEING IN RESIDENCY

How healthy is your relationship?



Open Communication	<ul style="list-style-type: none"> Feel safe to express thoughts and feelings – you can say what you mean and mean what you say. Active listening is practiced and needs are expressed openly. Concerns are addressed before they become conflicts. Can communicate about how careers impacts both partners.
Physical Affection	<ul style="list-style-type: none"> Can express physical needs. Understand one another's needs and preferences for physical contact. Prioritize physical connection despite fatigue and long work hours. Maintain physical intimacy and connection (hugs, hand-holding, love notes/texts).
Trust & Support	<ul style="list-style-type: none"> Provide emotional support, especially during stressful times & transitions Value partner's opinion. Cultivate trust despite challenges in life and relationship. Appreciate and celebrate each other and abilities, qualities & achievements. Share commitment and loyalty to each other.
Shared Responsibility	<ul style="list-style-type: none"> Make important decisions together. Intentionally communicate about and decide on household, financial, parenting and other responsibilities together. Adjust and adapt roles flexibly as demands and schedules change. Approach decision-making as a team, ensuring both have a voice.
Fairness & Negotiation	<ul style="list-style-type: none"> Recognize that relationships and careers require compromise, flexibility and adaptability. Regularly check in about each others' needs and expectations. Work together to make big decisions that impact both partners. Practice being able to agree to disagree at times or take a pause to prevent escalation of conflict.
Respect	<ul style="list-style-type: none"> Show regard for each others' feelings, wishes, rights and traditions. Value each other's contributions, at home and in career. Respect personal and professional boundaries. Appreciate the sacrifices each partner makes in the relationship. Resolve conflict without disrespecting the other.
Intimacy	<ul style="list-style-type: none"> Create space for emotional closeness and deep conversations. Share joys, fears, and dreams without judgement. Foster intimacy through quality time, not just quantity of time. Respect each others' boundaries & comfort levels, ensuring consent. Each can express sexual desires and needs. Recognize that affection can be emotional as well as physical.
Honesty & Responsibility	<ul style="list-style-type: none"> Able to be honest about challenges, stressors, and emotional needs. Able to admit to mistakes. Take responsibility for personal actions and relationship well-being. Acknowledge the realities of life and career, and acknowledge positive and negative effects on each partner and the relationship.

Using Social Standing	<ul style="list-style-type: none"> Leveraging status to assert superiority over a partner. Diminishing a partner's value or contributions. Controlling social interactions, limiting friendships, or excluding a partner from professional circles.
Using Technology	<ul style="list-style-type: none"> Excessive monitoring or controlling a partner's phone, location, social media, emails, or messages. Ignoring or withholding communication as a form of control. Using work-related technology as an excuse to avoid meaningful connection.
Using Intimidation	<ul style="list-style-type: none"> Creating fear through tone of voice, body language, knowledge or threats. Controlling partner's behaviour through fear. Using stress or burnout as a justification for aggressive behavior. Making a partner feel small, unheard, or unimportant in decisions.
Minimizing, Denying, or Blaming	<ul style="list-style-type: none"> Dismissing a partner's concerns by saying, "You're overreacting" or "It's not that bad." or denying their concerns (gaslighting). Refusing to acknowledge the impact of long hours, stress, or emotional unavailability. Shifting blame for relationship struggles onto the partner rather than taking responsibility.
Using Threats	<ul style="list-style-type: none"> Threatening to leave, withhold financial or emotional support, or damage a partner's reputation. Threatening harm to self, partner, family members or others. Using guilt, shame, or other manipulation to control behaviour. Manipulating a partner into staying silent about problems.
Exclusion	<ul style="list-style-type: none"> Isolating a partner from friends, family, or support networks. Preventing access to necessary professional services or treatment. Dismissing the partner's need for community and connection. Prioritizing work and professional obligations at the expense of the relationship.
Sexual Coercion, Harassment, or Assault	<ul style="list-style-type: none"> Pressuring a partner into physical intimacy despite exhaustion, stress, or disinterest. Using guilt or obligation to demand affection. Not obtaining voluntary consent for sexual contact. Disregarding emotional readiness/preferences for intimacy.
Using Physical Violence	<ul style="list-style-type: none"> Any form of physical harm, including pushing, grabbing, or hitting. Sexual touching or contact without voluntary consent Using physical dominance or intimidation or threats of physical harm to control another person or the relationship. Threatening physical harm to self, partner, family members or others.
Using Harmful Language	<ul style="list-style-type: none"> Dismissing or belittling a partner's feelings, career, or contributions. Using sarcasm, passive-aggressiveness, insulting or degrading comments to undermine confidence, in private or public. Making critical remarks about the partner, or the partner's role in the relationship or family.



B. RELATIONSHIPS AND WELL-BEING IN RESIDENCY

CAUTION CAUTION CAUTION CAUTION CAUTION CAUTION CAUTION CAUTION

This toolkit is focused on providing information, ideas, and resources that can protect, preserve, and enhance relationships, as well as resident and partner well-being, during medical training. This content is not designed for those in abusive relationships. **Not all relationships are worth preserving.**

UNHEALTHY AND ABUSIVE RELATIONSHIPS:

It can be hard to recognize or acknowledge that you are in a relationship that is not serving you and your partner well, not good for your or their well-being or health, or that is unhealthy or abusive.

If you are questioning whether your relationship is healthy or satisfying, unhealthy or unsatisfying, abusive or neglectful, or whether you should work to change it or end it, consider the wheels above, which outline some indicators of healthy and unhealthy relationships. Couples counselling can be very helpful if you are uncertain or struggling in your relationship, but should not be undertaken if the relationship is abusive. Individual counselling can be especially helpful if it is abusive, if you are trying to make decisions about your relationship, or are coping with a breakup. For McMaster residents, contact Resident Affairs for support and/or for a list of counsellors in the community.

Ending a relationship is never easy, and it can be a difficult decision to make and to cope with when also managing the demands of medical training. Breakups, separation, and divorce are usually challenging for everyone involved, and can cause grief and emotional upheaval. It can be helpful to seek professional support at such times and to turn to other personal supports, like friends and family. Breakups can be even more challenging when children are involved, as you will always remain your children's parents. Prioritizing children's emotional well-being, maintaining stability in their routines and lives, and approaching the process and each other with care, respect and dignity, without criticizing one another or exposing children to fighting and conflict, can help children to better navigate difficult life transitions. Children may also need professional support in this context.

Physicians and physician partners can find themselves in emotionally, physically, sexually abusive or neglectful relationships, just like anyone can. It is not your fault. If you feel your safety or someone else's safety including your children's is at risk⁸, please consult the Resident Affairs page⁹ for a comprehensive list of resources, and contact Resident Affairs for support or another community resource for help. If your safety is at imminent risk or you need assistance to remove yourself and your children from a situation or from the home, please call 911, your local police, victim services or intimate partner violence resources. Across Ontario, there are Sexual Assault and Domestic Violence Care Centres¹⁰ in the community. In Hamilton, through Police we have Victim Services¹¹. At McMaster University¹², we have the Office of Equity and Inclusion, which includes support for faculty, staff, and students experiencing sexual and gender-based violence.

Physicians and physician partners can be perpetrators of abuse. If you feel you are behaving in some of the ways indicated in the power and control wheel toward your partner, children or others, are at risk of being abusive, or are being abusive in other ways, please reach out for professional help with Resident Affairs, your family doctor, or counselling. **You can stop. You can change your behaviour.**

C. WHAT DO RESIDENTS AND PARTNERS SAY ABOUT RESIDENCY & RELATIONSHIPS?

As part of conducting our qualitative CoWRaP study (Co-designing Solutions for the Well-being of Residents and Partners), members of the WRaP team had the privilege of interviewing residents and partners. Summarized here are the **seven key themes** from that work, drawing on conversations with residents and partners about their experiences of residency, relationships during residency, and the impact of residency on their well-being and mental health. Many of the resources in this toolkit have been inspired by this and subsequent work, the issues identified, and solutions offered by residents, partners, and educational leaders. This work will be described in future publications; these themes are summarized and expanded on in a [MSc thesis](#) by Marina Boutros Salama, supervised by Dr. Catharine Munn and Dr. Anita Acai within the Health Sciences Education Graduate Program at McMaster.

What did we learn from residents and partners?

In the CoWRaP study, we sought to answer this broad question:

How do McMaster postgraduate medical trainees and intimate partners of trainees experience and understand postgraduate medical training and the connections between training, relationships, and their mental health and well-being?



D. RELATIONSHIP “PORTRAITS”

These ‘portraits’ have been created with knowledge of the issues and themes identified in our research on relationships in medicine, shared with us by residents and partners. We hope some of these portraits and the issues raised within them will resonate with you. They are intended to provoke reflection on your own experiences and challenges, to consider the experiences of others, and to get us all thinking about potential strategies and solutions for residents in relationships during residency.

MEET KAI & JAMIE

- **Kai is a third-year Internal Medicine resident, and her wife, Jamie, is an engineer.**
- They rent a small house with a backyard for their beloved dog Max. Kai is currently applying for fellowships and studying for exams, and the stress level is high. When they have more time, Jamie and Kai love to spend time together and with their friends outdoors, and they are in a soccer league together.
- Both Kai and Jamie hope to stay where they are as it would allow for a better lifestyle, but Kai is worried about whether she’ll match there because her fellowship is highly competitive. Having already moved and changed jobs three years ago for Kai’s residency, Jamie dreads the thought of going through this again and having to find a new job.
- Kai’s current position has allowed them to pay off loans, afford better housing, and vacations, although it demands long hours, travel, and a lengthy commute.
- Both Kai and Jamie are eager to start a family; however, Kai feels this isn’t the right time as they sometimes have trouble even being home enough to walk Max. Jamie is concerned about her fertility as they’ve agreed she will hopefully be the one to carry their future baby and she’s in her mid 30s.
- Kai is experiencing more anxiety and recently saw her doctor as she’s constantly tired.



MEET MADDIE & JOEY

- **Maddie is a first-year Radiology resident. Her partner, Joey, is a physiotherapist who moved with her for residency, leaving behind a job he loved and close friends.** They are living together for the first time, far from family.
- Joey is looking for work but it has been difficult to find a clinic and position that are a good fit. He is typically very social, so is frustrated and lonely but knows that the move was necessary for them to stay together, which they both really wanted.
- Maddie recognizes her long work hours are hard on Joey; she feels guilty but tries to remind him (and herself) that their situation is temporary. She has been encouraging him to join a basketball league. Joey finds Maddie to be more stressed and irritable than she used to be, and less interested in sex. He has tried talking to her about his feelings, but sometimes he feels like she is not listening, because she is too exhausted or studying.
- Although Joey loves Maddie, he has been having second thoughts about their relationship and the move, though he hasn’t shared this. Maddie recognizes she has been relying on Joey for a lot of practical and emotional support and wonders how she’d even get through residency if it weren’t for him.

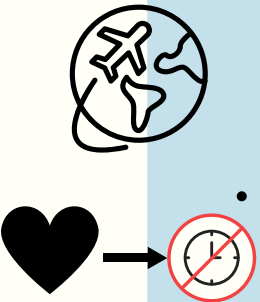
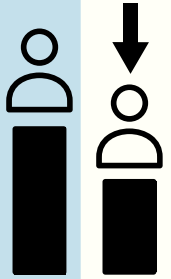


D. RELATIONSHIP “PORTRAITS”



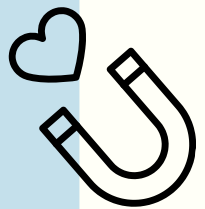
MEET BELA & KARTIK

- **Bela is a second-year Pediatrics resident, and her husband, Kartik, is a second-year Surgical resident.** Both are internationally trained physicians, with no family in Canada. Their first year was incredibly difficult, having to adapt to a new country, culture, and health care system.
- The couple has a three-year-old son who attends daycare. Recently, their son has been sick quite often. Bela feels she is always the parent who has to figure out childcare and adjust her schedule. She knows she is not performing at her best, as she often feels overwhelmed and torn between home and residency demands. Sometimes, she feels like her job is perceived as less important than Kartik's, although she believes this may be due to his more demanding call schedule, and is not his fault.
- Kartik feels guilty and wants to help more with childcare, but it's not really possible. Kartik sees his colleagues without children having more time to study and do research than he does, and he worries that he won't be accepted into a good fellowship.
- Bela and Kartik enjoy spending time together as a couple and family when their schedules align, but they almost never have time as a couple anymore, and their sex life has suffered, although it's not something they really talk about.

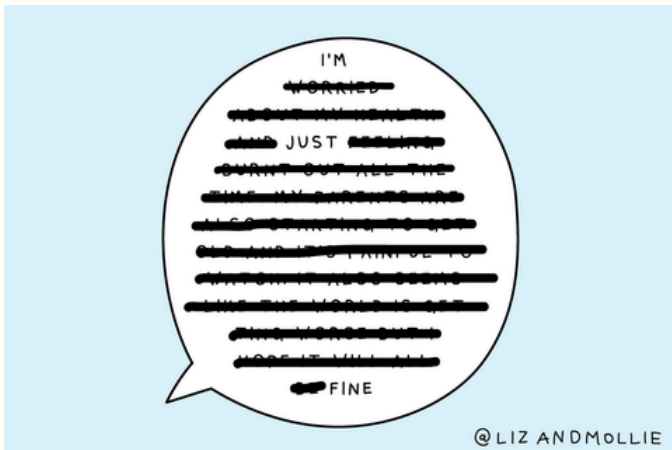


MEET BORIS & BETH

- **Boris and Beth are both in their first years of fellowship programs, and are highly motivated and focused on finding good positions post-training.** They met six months ago following breakups of longstanding relationships in their previous cities where they completed residencies, and each live in their own apartment. Both struggled in their previous relationships due to the demands of work and had tough breakups.
- They really like each others' company, have fun together, enjoy common interests, are intellectually well-matched, and have a shared commitment to medicine. However, they have trouble finding time to spend together and have recently had a few fights, one of which led to a several-day 'break'.
- Boris and Beth are very physically attracted to one another and have a positive sexual connection; however, neither are comfortable expressing emotions or discussing relationship concerns proactively. When differences or disagreements arise, they tend to avoid talking about them, but more often lately they will escalate, leaving them both upset.
- They have not really discussed a future together, though they both want to end up in a committed long-term relationship with children. Their relationship feels intense but unstable, leaving them questioning whether they are truly compatible or simply drawn together by circumstance and shared professional experiences.



E. RELATIONSHIP CHALLENGES IN MEDICINE



@LIZ AND MOLLIE

Photo by Liz and Mollie¹⁴



RESIDENCY IS ALL-CONSUMING AND BURNOUT IS COMMON

Medicine is not a typical or predictable career with regular hours and working conditions. Typically, there is not a clear distinction or boundaries between physicians' professional and personal lives (think about the term "home call," for example, or that the term resident came to be because trainees were "residents," living in the hospital). Medical training comes with unique challenges and stressors, including long hours, limited sleep, high levels of responsibility, and low levels of control, making work-life 'balance' challenging. In this context, burnout and mental health issues often emerge, which can have negative impact on residents and on partners and relationships.



EXPOSURE TO STRESSFUL & TRAUMATIC EVENTS IS THE NORM

Residents are exposed to devastating and traumatic events and situations in people's lives in their work, which can affect their view of themselves, others, and the world, and for which they may feel unprepared. These situations can be difficult for residents to experience, talk about, and cope with. They can also be difficult for partners, especially those not in healthcare, to hear about, or alternatively, *not* to hear about, and to know how best to support their physician partner. Without support and resources, this can lead to physician burnout, compassion fatigue, and moral distress, and can contribute to emotional distance or disconnection in couples.



MEDICINE CAN BE TOUGH ON PHYSICIAN PARTNERS

Residency can be frustrating and challenging for partners or potential partners to understand and cope with, on a practical and emotional level. This can act as a barrier to developing committed, meaningful relationships and can cause misunderstandings, conflict, and fractures in relationships. As a result, it can be difficult to sustain satisfying and meaningful relationships without intentional and continuous effort.



PARTNERS GO THROUGH RESIDENCY TOO

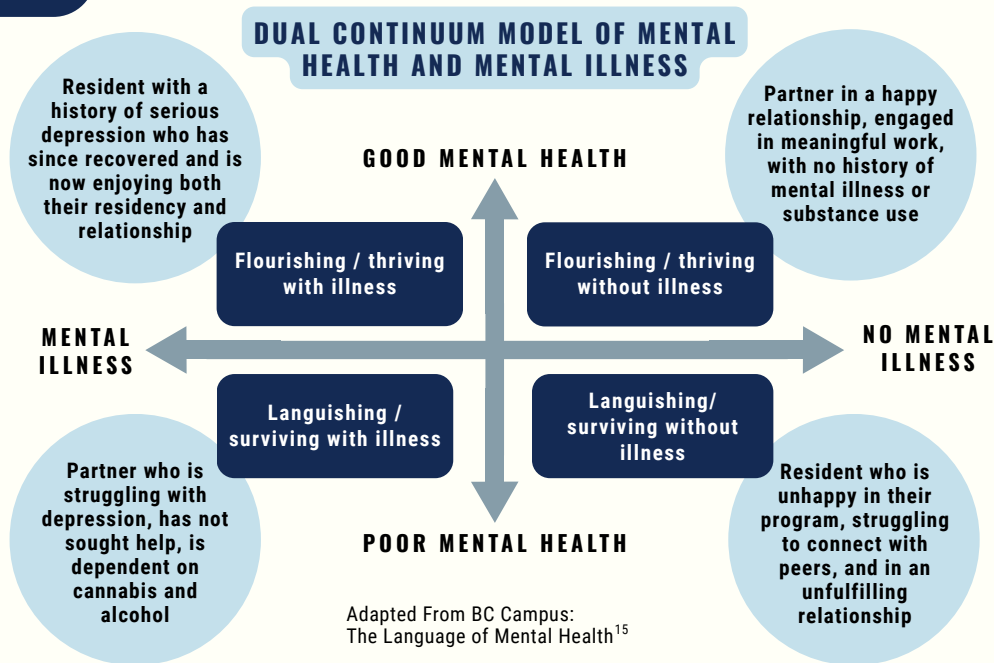
Partners are often the "invisible witnesses and observers" to the challenges of residency training. In many ways, partners "go through residency" too—adapting to unpredictable schedules, emotional highs and lows, and the often relentless demands of training. They experience and navigate residency challenges alongside their physician partners and often have even less control, fewer choices, and carry more of the burden on the homefront than residents do. Their careers, educational pursuits, well-being, and relationships are impacted, yet institutional support remains scarce. Historically, the system and culture of medicine has overlooked and excluded physician partners from the medical training experience by not consistently or meaningfully acknowledging, including, or supporting them, and failing to recognize the essential role they play in supporting the physicians they care about and love.

RESIDENCY AND RELATIONSHIP CHALLENGES AFFECT THE MENTAL HEALTH AND WELL-BEING OF RESIDENTS AND PARTNERS

F. MENTAL HEALTH MATTERS

HOW IS YOUR MENTAL HEALTH?

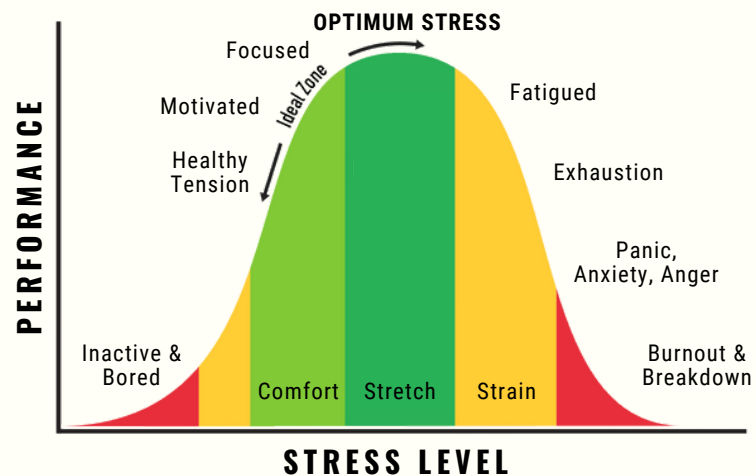
The dual continuum model helps us to appreciate and visualize the similarities, differences, and relationship between mental health and mental illness. We all have a state of mental health, which can vary daily, weekly or monthly, but we do not all have symptoms or diagnoses of a mental illness or mental health disorder, although such symptoms and disorders are common. The quadrant in which we locate ourselves on this diagram can shift over time, and is not always as clear cut as this suggests, however it can be helpful to reflect on.



HOW MUCH STRESS IS TOO MUCH STRESS?

Too little stress is not good for us, but this is rarely a problem in residency! Stretching ourselves to approach, not avoid, new experiences and develop our skills can be stressful *and* helps us learn and grow. The optimum stress level means we feel challenged and motivated, can cope with the stress, and while we may become overwhelmed, we can recover and bounce back. When we experience too much stress, especially chronic stress, it can outstrip our coping abilities and impact self-care. If our bodies, minds, and spirits don't get a chance to recover, persistently, we can develop burnout or other physical and emotional signs. This can eventually lead to deterioration in our daily functioning, relationships and performance at work and home. With time and practice, we can widen our '**peak performance zone**' or **ideal zone**, tolerating more stress while still functioning highly, building our stress tolerance without compromising our health and well-being. But there are limits to our capacity.

YERKES-DODSON STRESS PERFORMANCE CURVE



Adaptation of the Yerkes-Dodson law "inverted U-curve"^{16,17}

THE MENTAL HEALTH AND WELL-BEING OF RESIDENTS AND PARTNERS AFFECTS THE EXPERIENCE OF RELATIONSHIPS AND RESIDENCY

F. MENTAL HEALTH MATTERS

ARE YOU EXPERIENCING PSYCHOLOGICAL DISTRESS? HOW DISTRESSED ARE YOU?

This scale prompts us to think about the degree to which we are experiencing psychological distress or mental health symptoms (like anxiety, low mood, anger), whether they are temporary or persistent, and how much they are affecting us and our ability to function at work and home. If you are having difficulty coping with your emotions or your life, day after day, it is important to reach out to a partner, friend, mentor or a professional for help. You can do a deeper dive or 'check up' on your mental health in Section G below.

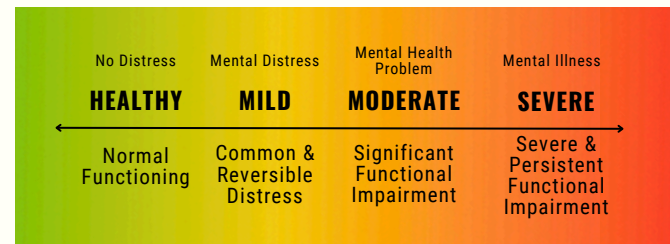
IF YOU ARE OVERWHELMED OR EXHAUSTED, WHAT CAN YOU DO?

Using the **HALT acronym**, you can ask yourself: "Am I hungry, angry, lonely, or tired?". Seek a simple solution, if at all possible. More problems that we would like to admit are solved by taking a break, eating a snack, or having a good night's sleep, but that's not always easy to achieve in residency, with young children, etc.. without help.

RESIDENTS AND PARTNERS ARE PEOPLE WITH HUMAN NEEDS TOO

- Maslow's humanistic psychological theory, the Hierarchy of Human Needs, was originally framed as a pyramid, suggesting that lower-level needs (like hunger or need for safety) should be satisfied before higher-levels needs (e.g., belonging). This holds true in many ways, and it can be hard in residency, and at times in life, to ensure our basic needs are being met, even for those with much privilege.
- As a framework for resident well-being, Maslow's pyramid has been redrawn as a non-hierarchical circle, understanding that even when lower-level needs cannot be met, like hunger, people still need and deserve higher level ones to be met, like love and belonging.
- Meeting our 'self-care' and human needs in residency, is really a '**collective care**' effort - we need to work together and strategically with our partners, families, peers, and colleagues (as well as leaders and institutions!) to make it happen. A few examples - one resident spelling off another to take a nighttime nap on call, one partner packing the other a lunch, a nurse holding off on paging the resident overnight for non-urgent issues. This is how it really works. No one can go it alone for very long, as the pandemic taught us.
- Tending to our own human needs, health and the needs of our loved ones allows us to continue caring for patients, compassionately, over the long term. **Practicing self-care and self-compassion is not selfish- it's self-preserving. You can't pour from an empty cup.**

MENTAL HEALTH CONTINUUM



Adapted From BC Campus: The Language of Mental Health¹⁸

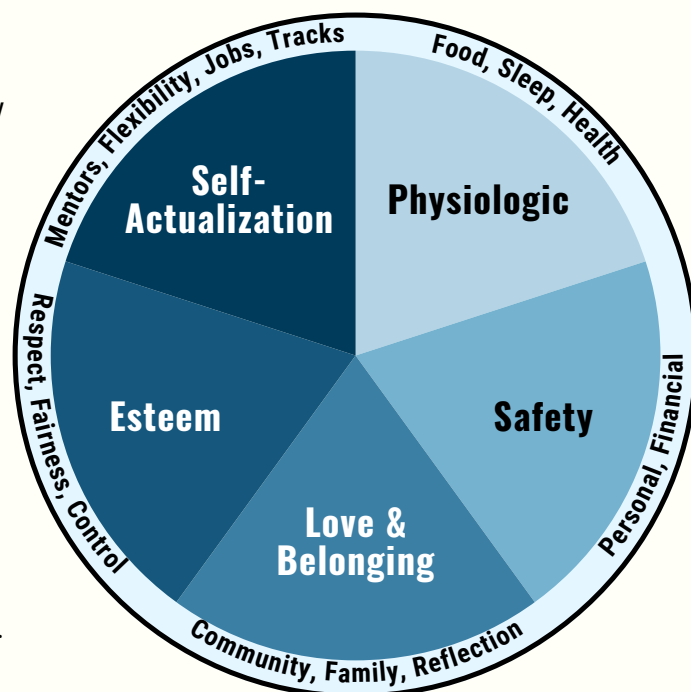
ARE YOU...

Hungry? – have a snack

Angry? – diffuse or distract

Lonely? – connect with someone

Tired? – take a break, nap, or sleep

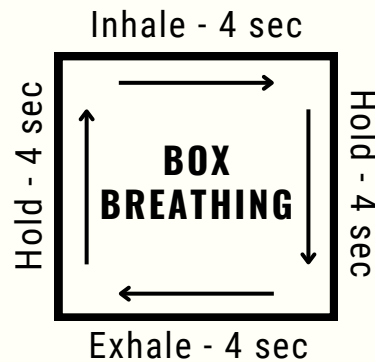


MASLOW'S HIERARCHY OF NEEDS, ADAPTED FOR RESIDENT WELL-BEING¹⁹

F. MENTAL HEALTH MATTERS

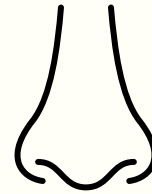
IF YOU'RE EXPERIENCING INTENSE EMOTIONS, WHAT CAN YOU DO IN THE MOMENT?

Start with taking some deep, mindful breaths. Focus on the breath, the current moment, and observing your feelings, thoughts and experiences, not judging or chasing them. Try Box breathing²⁰ OR five-second breathing²¹, also known as deliberate sigh breathing. After this, you could check in on your emotional state with the feelings wheel.

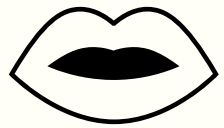


A FEW IDEAS....

DELIBERATE SIGH



Through nose, inhale once deeply, then take a one-second short inhale to top up



Through mouth, take long, slow exhale

“Name It to Tame It” and Feelings Wheel

Taking a moment to name our emotions, especially when we are upset, can help us to slow down, be mindful of and regulate our emotions *before* reacting. The feelings wheel can help to guide the naming process. Doing this can help de-escalate emotions and reactions and reduce conflict in relationships, which can arise when we react intensely or impulsively to something someone says or does that triggers us. Some researchers refer to this process as **“affect labelling”**²² and others as **“emotional granularity”**.²³ Over time, learning to pause, label and reflect on our emotions can help us to cope with or “tame” our emotions better, and to better understand the triggers for our emotions. This can help us to better manage conflict in our relationships and to practice reflectively. Developing our **“emotion regulation” skills and emotional intelligence** is key to thriving in relationships and residency.

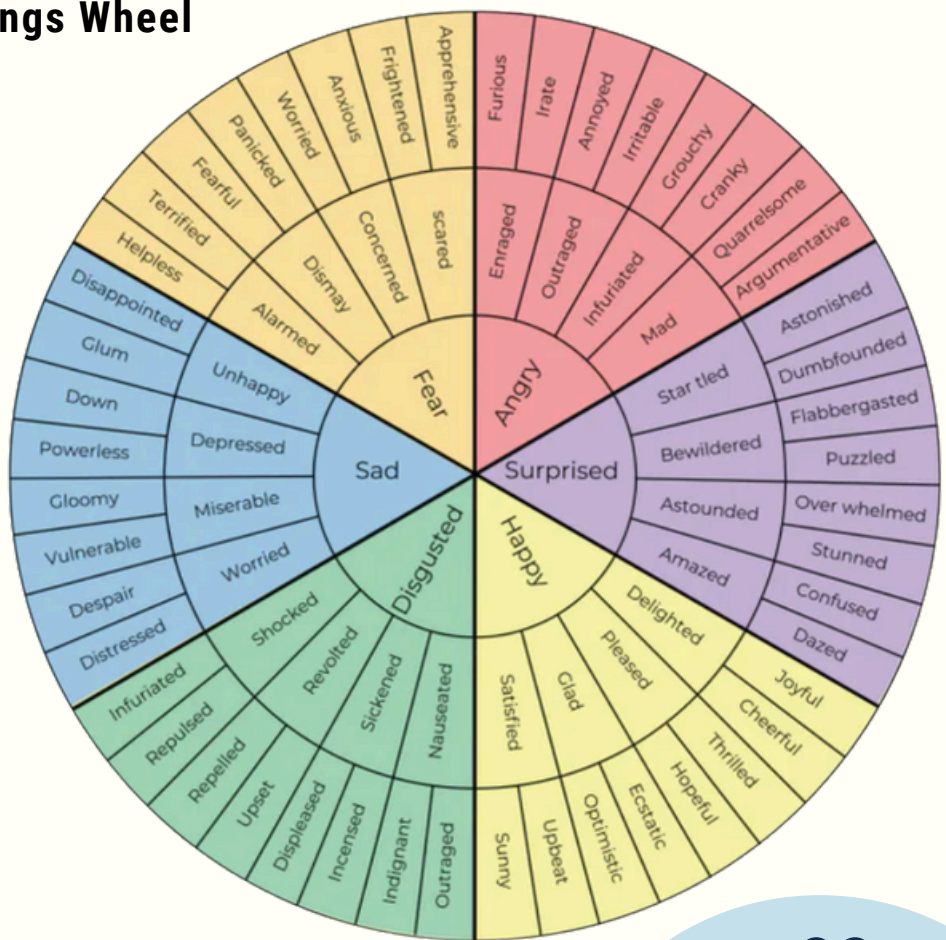


Photo From Youth Mental Health Canada²⁴



AND SOMETIMES I HAVE KEPT MY
FEELINGS TO MYSELF, BECAUSE
I COULD FIND NO LANGUAGE
TO DESCRIBE THEM IN.²⁵
~ JANE AUSTEN (1775-1817)

G. MENTAL HEALTH CHECK-UP



This section includes questionnaires which intend to help you 'check up' on or self-assess how you're feeling and your current state of mental health and well-being, and whether you may be experiencing some mental health difficulties.

These questionnaires are included to help you to consider if there are areas in your life in which you may be struggling or want to make change. They are not the only available surveys; they are brief ones that are often used with health professionals for screening, and have strong psychometric properties. Try to **be curious, not judgemental**, with yourself as you complete them and only share your results with those you trust.

- These are not diagnostic tools and do not replace professional assessment, but can be a helpful first step in identifying or describing a problem or challenge you're dealing with, or an area of life needing your attention, so you can take steps to address it.
- If you identify some problems or symptoms, this does **not** mean that these are a major problem or hurdle to overcome, that they define you, or that you alone are responsible for solving the issues or problems that led to or contributed to these difficulties. However, if they are affecting your life, your function, or your well-being, it can be important to identify and acknowledge them.
- If you identify issues while doing these questionnaires, often the first step to take is to talk to your partner, friend, another trusted person, or a health or mental health professional about it, to help you to explore and investigate further. Surveys are just one source of information.
- The reason to do this check-up is so that you can find strategies and solutions to improve your mental health, relationships, professional fulfillment and well-being, and reduce stress, distress, and burnout. It also can help you find hope, if you're feeling stuck or losing hope.

If you are experiencing thoughts of self-harm or suicide, which are not uncommon, particularly in the context of depression, it is very important to reach out for help, to whomever or however you can. Across Canada, 9-8-8 is our national 24/7/365 suicide hotline.

[CLICK HERE IF YOU NEED HELP](#)



NOT EVERYTHING THAT IS FACED
CAN BE CHANGED, BUT NOTHING CAN
BE CHANGED UNTIL IT IS FACED.²⁶

~ JAMES BALDWIN (1924-87)



MENTAL HEALTH PROBLEMS DON'T
DEFINE WHO YOU ARE.
THEY ARE SOMETHING YOU EXPERIENCE.
YOU WALK IN THE RAIN AND YOU FEEL
THE RAIN, BUT YOU ARE NOT THE RAIN.²⁷

~ MATT HAIG (B. 1975)



LISTEN TO THE PEOPLE WHO LOVE YOU.
BELIEVE THAT THEY ARE WORTH LIVING
FOR EVEN WHEN YOU DON'T BELIEVE IT.²⁸

~ ANDREW SOLOMON (B. 1963)



G. MENTAL HEALTH CHECK-UP



Questionnaires for residents and partners to self-assess their mental health and well-being

SURVEY

SAMPLE QUESTIONS

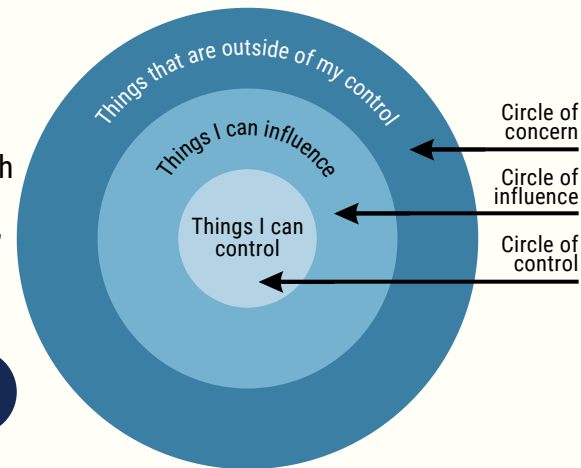
<p>HOW STRESSED ARE YOU? Perceived Stress Scale (PSS)²⁹ 10-item measure of your stress level</p>	<p>In the LAST MONTH, how often have you:</p> <ol style="list-style-type: none"> Found that you could not cope with all the things that you had to do? Felt that you were unable to control the important things in your life? <p> <input type="radio"/> Never <input type="radio"/> Almost never <input type="radio"/> Sometimes <input type="radio"/> Fairly often <input type="radio"/> Very often </p>
<p>HOW FULFILLED ARE YOU FEELING IN YOUR WORK? Stanford Professional Fulfillment Index³⁰ Six-item measure of your professional fulfillment</p>	<p>How true do you feel the following statements are about you during the PAST TWO WEEKS?</p> <ol style="list-style-type: none"> I feel in control when dealing with difficult problems at work. I'm contributing professionally (e.g., patient care, teaching, research, and leadership) in the ways I value most. <p> <input type="radio"/> Not true at all <input type="radio"/> Somewhat true <input type="radio"/> Moderately true <input type="radio"/> Very true <input type="radio"/> Completely true </p>
<p>HOW IS YOUR MENTAL HEALTH? Mental Health Continuum (SF)^{31,32} 14-item measure of your mental health</p>	<p>During the PAST MONTH, how often did you feel:</p> <ol style="list-style-type: none"> Good at managing the responsibilities of your daily life? That you belonged to a community (like a social group, or your neighbourhood)? Interested in life? <p> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> About once a week <input type="radio"/> About two or three times a week </p>
<p>ARE YOU EXPERIENCING BURNOUT? Mini-Z Survey^{33,34} 10-item measure of burnout</p>	<p>Using your own definition of "burnout," please circle one of the answers below:</p> <ol style="list-style-type: none"> I enjoy my work. I have no symptoms of burnout. I am under stress, and don't always have as much energy as I did, but I don't feel burned out. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot. I feel completely burned out. I am at the point where I may need to seek help.
<p>ARE YOU EXPERIENCING ANXIETY OR DEPRESSIVE SYMPTOMS? K10 Assessment of Anxiety & Depressive Symptoms^{35,36} 10-item measure of anxiety & depressive symptoms</p>	<p>In the PAST FOUR WEEKS how often did you feel:</p> <ol style="list-style-type: none"> So nervous that nothing could calm you down? So sad that nothing could cheer you up? That everything was an effort? <p> <input type="radio"/> None of the time <input type="radio"/> A little of the time <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> All of the time </p>
<p>HOW ARE YOU COPING & APPROACHING YOUR WELL-BEING? Personal Assessment: 8 Dimensions of Wellness^{37,38} Assesses 8 dimensions of wellness (for guidance, not validated)</p>	<ol style="list-style-type: none"> I find healthy ways to cope with stress (e.g., exercise, meditation, social support, self-care activities, etc.). I am able to ask for assistance when i need it, either from friends and family, or professionals. I maintain a network of supportive friends, family and social contacts. I have at least one meaningful relationship in my life. <p> <input type="radio"/> Rarely, if ever <input type="radio"/> Sometimes <input type="radio"/> Most of the time <input type="radio"/> Always </p>

CLICK HERE IF YOU NEED HELP

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

OVERVIEW

- In this section of the toolkit, we dig into the ways in which you and your partner can strengthen and improve your relationship in order to grow individually and as a couple as you navigate the ups and downs of your life together during medical training and practice.
- As you work through this toolkit, you may find yourself focused on the “pebbles in your shoes”—all of those things that are getting in the way of finding joy and fulfillment in your work and in your relationship.³⁹ We don’t want you to get stuck there!
- While it is important to acknowledge and reflect on stressors and barriers, not to deny them, there will be stressors and difficulties that you can’t control during residency, as an individual and as a couple.
- It can be most helpful to focus on those “pebbles” or issues over which you have some control or influence. Focus your thinking and action here. Ask yourself - “**Is this within my circles of control or influence?**”
“**Is this within our circles of control or influence, as a couple?**”



Adapted From Positive Psychology⁴⁰

7 APPROACHES TO PROTECTING AND ENHANCING RELATIONSHIPS

- 1 **Prioritize Your Relationship and Each Other**
- 2 **Enhance Communication and Navigate Conflict Better**
- 3 **Explore and Establish Relationship Expectations and Boundaries**
- 4 **Manage Stress, Well-Being, and Mental Health Matters Together**
- 5 **Talk About and Prioritize Intimacy and Sex**
- 6 **Grow Your Relationship: Dream and Plan Your Future Together**
- 7 **Build Your Community: Foster Strong Relationships With Peers, Friends, and Family**

DESCRIPTION OF TIPS AND STRATEGIES - COMING UP NEXT!

Let’s Check In!: In this area, we ask a few questions to prompt you to reflect on on your relationship now.

Tips and Strategies: We suggest some relationship tips and strategies, big and small.

Real Talk: We’ve included direct quotes from residents and partners gathered during the WRaP studies that capture some of their suggestions and solutions (much more to come, as the best ideas come from you).

Resources: We’ve included some key resources and references that outline various perspectives, tips and strategies, in the form of articles, videos, podcasts, books and more. We have tried to limit these to resources that are supported by evidence, based on the expertise of our team, and/or that we or other learners, physicians, or professionals have found to be helpful. We hope they provide a good place to start.

A toolkit cannot replace professional help and expertise.

If you or your partner are distressed or struggling in your relationship, please consider professional help. Individual and couple counselling can be perspective-changing, hope-inducing, and even life-changing!

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

1 PRIORITIZE YOUR RELATIONSHIP AND EACH OTHER

LET'S CHECK IN!

- Are you making intentional time for each other, even during busy times?
- Do you practice non-verbal ways to enhance your connection—e.g., body language, eye contact, touch?
- Do you find opportunities to check in on your relationship and well-being?
- How do you and your partner intentionally stay connected, even during busy times?
- Do you regularly acknowledge and express gratitude for each other's efforts?
- Do you focus on and celebrate what is going well in your relationship?
- Are you treating and talking about each other with respect?
- How do you celebrate each other's strengths?
- Do you focus on what is going well in your relationship?

TIPS AND STRATEGIES

- Schedule **intentional moments** and plan fun activities together. Turn off your screens and pay attention to each other.
- Show your partner you care with **small acts of kindness** like a touch, thoughtful text, a little note, or a favourite snack. Ask them what helps them feel loved, and embrace "micro-moments" of connection.
- **Prioritize quality time** and connection over quantity time. Set aside distractions to be fully present.
- Create daily and weekly **rituals of connection**, such as morning hugs, check-ins, bedtime chats, or a weekly movie night. Be intentional about scheduling fun activities together.
- **Celebrate big and small successes** together, whether it's finishing a tough rotation or a personal achievement. Consider a "highlight reel" tradition where you share good things that happened in the week.
- Inquire and reflect on how things are going, as individuals and as a couple: "How are you, really?" and "**How are we doing?**"
- Be curious, listen, and **listen to understand**. Observe and **notice** what your partner does and says, seeking to better understand them.
- Regularly **express gratitude and appreciation** for your partner's strengths, contributions, and efforts.

REAL TALK:

"You have to be intentional. We go in together with all this stuff as a team, and not in opposition to each other, and I think that's what makes all the difference." ~ Resident

"We just managed to stay involved in each other's lives whether it be playing board games, going out to dinner, going out to get ice cream. We just managed to be in the presence of our respective selves, and make sure that the [stress] that is around us, stays around us." ~ Partner

"I come back to this foundation that we built, because we have this trust for each other, this love for each other; anything that we do talk about is fruitful to our relationship" ~ Partner

RESOURCES

- [Build Love Maps - The Gottmans](#)⁴¹
- [30 Good Questions to Ask to Get to Know Someone More Deeply](#)⁴³
- [What is The Sound Relationship House?](#)⁴⁴
- [John Howard - What Really Drives Connection](#)⁴⁵
- [Sue Johnson - Hold Me Tight](#)⁴⁶
- [Sue Johnson's Website](#)⁴⁷

"HAND THEM A MAP TO YOUR INNER WORLD"⁴¹

A **love map** can help deepen your understanding of your partner's **inner world**—their thoughts, feelings, hopes, and dreams.

Strong relationships start with **genuine curiosity** and **ongoing learning** about each other, fostering a lasting friendship and connection.

The Sound Relationship House

Floor 7: Create Shared Meaning

Floor 6: Make Life Dreams Come True

Floor 5: Manage Conflict

Floor 4: The Positive Perspective

Floor 3: Turn Towards Each Other

Floor 2: Share Fondness & Admiration

Floor 1: Build a Love Map

TRUST

COMMITMENT

Adapted Version of the Gottmans' Sound Relationship House⁴²

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

2 ENHANCE COMMUNICATION AND NAVIGATE CONFLICT BETTER

LET'S CHECK IN!

- Are you listening to each other?
- Do you and your partner feel emotionally connected and supported by one another despite the demands of medical training?
- Are you able to share thoughts, feelings, and concerns openly and respectfully?
- How and when do you make decisions as a couple?
- How do you handle disagreements—do you work as a team, or do conflicts create distance and fractures in your relationship?

TIPS AND STRATEGIES

- Prioritize regular check-ins to discuss your feelings, needs, stressors, and practical aspects of life. Be open and honest with one another and talk about how you're really doing—i.e., **"How are WE doing?"** This can also include discussions regarding sex and intimacy.
- **Use "I" statements** to express concerns without assigning blame (e.g., "I feel overwhelmed" vs. "You never help me").
- **Practice actively listening** and seek to understand one another, with compassion. Focus on listening to understand your partner's perspective rather than listening to respond. **You are on the same team.**
- Discuss expectations regarding work and personal schedules, responsibilities, and emotional needs to prevent conflict.
- **Which decisions will you make together?** What should be shared versus independent: holiday time, pets, entertainment, large purchases?
- **Embrace disagreements as normal** in healthy relationships and approach them with care and respect. Remember, conflict isn't a problem—it is how you navigate and resolve conflict with your partner that matters most. **When tensions are rising, can you ask, "What is going on right now?"** (in the words of Brené Brown), to allow for a productive conversation versus an impulsive or explosive emotional reaction.
- Reflect on your approach to conflict and where it comes from. It can be helpful to discuss how conflict was navigated as you were growing up or in previous relationships as these patterns can be easy to replicate, whether or not they worked well. Ask yourself and each other: "What are our ground rules?" and **"How can we disagree or fight better?"**.

REAL TALK:

"We don't try to finish an argument right away. We like to take that step back for both of us to collect our thoughts, what our intentions were, and talk about like, 'Okay, what happened? How can we avoid it in the future?' And obviously, apologize to one another, and not just apologize for the sake of apologizing, but acknowledging how that hurt each other." ~ Partner

"Any time we've had a little argument, we discuss it right away and then we just flip the page and we take each other's feedback." ~ Partner

"If I didn't convey [my stresses] to her, I would have held that in, and it would have been something bad, and it would have exploded into something worse. I genuinely, genuinely do think that our talking and being communicative and being informed about our lives at every step of the way has really laid the foundations for our relationship and actually fostered the growth that both she and I see today." ~ Partner

"Trust can be so easily broken, but trust can also be really strengthened. It's just that communication, that respect, and that trust between us. And to know that he's doing what he loves, and I'm striving to do what I love." ~ Partner

RESOURCES

- [Floor 2: Share Fondness & Admiration](#)⁴⁸
- [Floor 3: Turn Towards Each Other](#)⁴⁹
- [Floor 4: The Positive Perspective](#)⁵⁰
- [Improving your listening skills in relationships](#)⁵¹

The Sound Relationship House

Floor 7: Create Shared Meaning

Floor 6: Make Life Dreams Come True

Floor 5: Manage Conflict

Floor 4: The Positive Perspective

Floor 3: Turn Towards Each Other

Floor 2: Share Fondness & Admiration

Floor 1: Build a Love Map

TRUST

COMMITMENT

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

2 ENHANCE COMMUNICATION AND NAVIGATE CONFLICT BETTER

What NOT TO DO and what TO DO to make your relationship work:

A key learning from decades of research led by clinical psychologists Drs. John Gottman and Julie Gottman is summarized as **"The Four Horsemen of the Apocalypse."** These are four behaviours including criticism, defensiveness, stonewalling, and contempt, which have been demonstrated in studies to be destructive to relationships, and are associated with relationship breakdown and divorce. When all four are seen in marriages, divorce is much more likely. It is helpful to be aware of them in order to avoid them and, instead, to proactively engage in alternative behaviours, what they call the **"Antidotes"** including: gentle start-up, appreciation, taking responsibility, and self-soothing.⁵³

FOUR HORSEMEN

Are you critical?

Do you tend to express your complaints as a character flaw? Do you rely on phrases like "you always" or "you never?"



ANTIDOTES

Try gentle start-up and complain without blame. Avoid using "you" and instead use "I" statements to express feeling—e.g., "I am feeling frustrated right now. I've had a long day too. Can we talk about that for a bit?" vs. "Enough about you!"

Do you get defensive?

Do you have an impulse to refute or rebut the ideas and suggestions coming at you? Do you have a hard time taking responsibility? Do you take all of the responsibility?



Try taking responsibility versus assigning blame for at least part of the conflict or problem, recognizing you may have a tendency to self-protect through righteous indignation or innocent victimhood—"I know I am driving too fast. I am trying to get us there on time."

Do you "stonewall" or check out during fights?

Do you shut down when the moment gets too intense? Do you find yourself self-soothing in ways that harm your relationships?



Try physiologic self-soothing instead of completely withdrawing or shutting down, which can happen when we're emotionally overwhelmed. Take a timeout or break for at least 20 minutes to do something calming, like taking a walk or a shower or reading a book, then come back together

Are you mean-spirited or do you demonstrate "contempt"?

Do you tend to think of yourself—even unconsciously—as better, smarter, more attractive, more righteous, or even more relationally astute than others? That's contempt.



Try building a culture of appreciation and respect instead: The Gottmans talk about doing "small things often" versus "grand gestures." Doing small things that let your partner know you care, appreciate, and respect them. And remember the 'magic' ratio: You want to have five positive interactions to every one negative interaction to keep the emotional bank account full and foster successful relationships.

RESOURCES

- [The Four Horsemen: Criticism, Contempt, Defensiveness, and Stonewalling](#)⁵²
- [16 Fair Fighting Rules: How to Fight Fair in Relationships](#)⁵⁴



CONFLICT IS INTRINSIC TO ALL RELATIONSHIPS. THE PRESENCE OF BICKERING OR DISAGREEMENTS DOESN'T MEAN THE RELATIONSHIP ISN'T GOOD, OR THAT IT ISN'T WORTH IT. OFTEN, IT'S AN ALARM. YOUR RELATIONSHIP NEEDS ATTENTION. SOMETIMES THE BEST FIGHT YOU CAN HAVE IS THE FIGHT FOR EACH OTHER.⁵⁵ ~ ESTHER PEREL

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

2 ENHANCE COMMUNICATION AND NAVIGATE CONFLICT BETTER

Understanding and leaning into conflicts:

- Esther Perel is a Belgian couple and sex therapist, with several books and podcasts.
- Perel highlights three hidden dimensions or contributors to most relationship fights: power and control, care and closeness, respect and recognition.
- She and others point out that the issues that couples fight about are often not the real issues. Often, it's about needs, vulnerabilities, and unresolved issues that resurface. What are you *really* fighting about?
- Perel and others note that key relationships and attachments we have experienced and ways in which we have learned to navigate conflict in our childhoods, families, and previous relationships can be important to reflect on and address, as we can repeat these patterns in our current relationships in ways that may or may not serve us well.

What types of fights are you having⁵⁶?

- 1. Power and Control:** "Why are you the one who gets to decide how we spend our money?"
- 2. Care and Closeness:** "Why am I the one always making plans for us?"
- 3. Respect and Recognition:** "You don't appreciate all that I do around the house."

Externalizing conflict:

One helpful strategy when navigating conflict or potential conflict is to place the conflict or issue "outside" of the people involved, versus the problem being "inside" or within the relationship or people. For example, "Our house is messy because you're not cleaning it" can be reframed as a task or problem to be solved together: "How can we figure out what to do about our messy house, together?"

Relationship REPAIR after conflict:

- Given that conflict is inevitable, it is important to think not only about the triggers, but also how we navigate and resolve conflicts (i.e., repair and reconnect). Just like when we have a fall and break a bone, how quickly and how well we recover from the "fracture" and how much distress or distance it creates depends not only on the severity of the fall and fracture, but what we do following it to promote healing.
- Without repair, resentment and misunderstanding can rise, trust can wane, and couples can lose their joy and spark and grow apart.

How can you repair or recover during and after a fight?

Take a 'time out'. Ask for a 're-do'. Make an apology or own your part. Discuss - How effective are we in repair after conflict? What are our patterns of conflict and repair; can we 'lean in' to understand them? How can we navigate conflicts in ways that bring us closer versus push us apart?

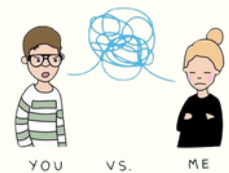


Adapted From The Marriage Place⁵⁸

RESOURCES

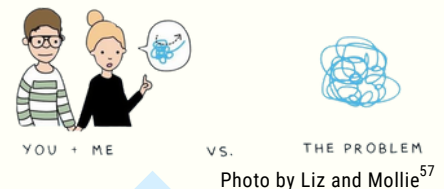
- [The Relationship Fights You Keep Having](#)⁵⁶
- [Brené Brown Video on 'Blame' in Relationships](#)⁵⁹
- [Humorous Video - How to Ruin your Relationship](#)⁶⁰
- [R is for Repair](#)⁶¹
- [How We Used the Aftermath of a Fight to Repair Our Relationship](#)⁶²
- [Rifts and Repairs in the Fabric of Family Life](#)⁶³

UNHEALTHY CONFLICT



© LIZ AND MOLLIE

HEALTHY CONFLICT



The Sound Relationship House

Floor 7: Create Shared Meaning

Floor 6: Make Life Dreams Come True

Floor 5: Manage Conflict

Floor 4: The Positive Perspective

Floor 3: Turn Towards Each Other

Floor 2: Share Fondness & Admiration

Floor 1: Build a Love Map

TRUST

COMMITMENT

Adapted Version of the Gottmans' Sound Relationship House⁴²

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

3 EXPLORE AND ESTABLISH RELATIONSHIP EXPECTATIONS AND BOUNDARIES

LET'S CHECK IN!

- Are you satisfied with the time you have together and how you are spending it? Is there a need to be more intentional about this?
- Are you each working to maintain a balance between your work life and personal life? How might you do better at this or try to better align on this?
- Do you each have some space to pursue your individual interests while also staying connected and sharing interests and experiences as a couple?
- What do you consider to be shared responsibilities and how are you navigating these, together? (i.e., household, parenting, finances)?
- Do you or can you discuss how to navigate family expectations (e.g., holiday time, visiting)?

REAL TALK:

"We have had to think a lot about what our roles are and where we want that to be. I think it's been hard to always stay connected with all of the competing demands. [Residency has] forced us to really think about what we want and who we are, and be very confident in that. We've had a lot of conversations pretty early on about where we want to be and what we want to do, and what his career goals are, and what mine are." ~ Resident

"[Residency] had the impact of making us super strong. It has allowed us to decide, you know, 'What's acceptable to me? What do I really need as a partner? Where am I willing to kind of take a step back and let you do your thing and same for her?' Learning how to support each other when there's uncertainty and when to take a step back, I think, has been like really hard, but empowering too." ~ Resident

"We have a lot of beliefs and identities founded outside of medicine. So, for us, residency was just another stage in life that we're going through together." ~ Resident

RESOURCES

- [Boundaries - Online Article and Exercises](#)⁶⁵
- **Boundaries Books**
 - [The Better Boundaries Workbook](#)⁶⁶
 - [Set Boundaries, Find Peace](#)⁶⁷

TIPS AND STRATEGIES

- **Explore and determine together how you envision, integrate and determine boundaries between your work and personal life and between your life as an individual and life as a couple.** (e.g., talk about work start and end times and focus on what you can control).
- Set **device-free time** or device "rules" at certain times.
- Decide when work talk is welcome and when it's time to hit pause.
- **Set a study or work-at-home schedule your partner can live with** and make best use of this time. Can you study when your partner has other people to see or activities to engage in?
- Be intentional and **prioritize the time you spend together.** What is important to each of you to do together (e.g., meal times, Saturday nights, morning coffee, date night)?
- Do your best to **make time for individual interests and friendships,** and consider bringing your partner into those aspects of your life, too.
- Respect each other's need for independence and time with others (e.g., friends, family) outside the relationship. Sometimes "alone time" to decompress or recharge is necessary, especially for introverts. Sometimes extroverts will need more social time than their partners. **Be honest about what you need,** inside and outside the relationship.
- Acknowledge and adjust responsibilities if one partner is carrying more of the household or emotional load. **Share the "crappy" jobs.** Consider paying for household help if it's possible, even just in the busy seasons, especially if the burden is falling consistently to one person or it's causing frustration or resentment in your relationship.
- **Don't be shy about asking for help** or advice from others—practical, emotional, or relational, whatever is needed, individually and as a couple, from people you can rely on. People like to help others.

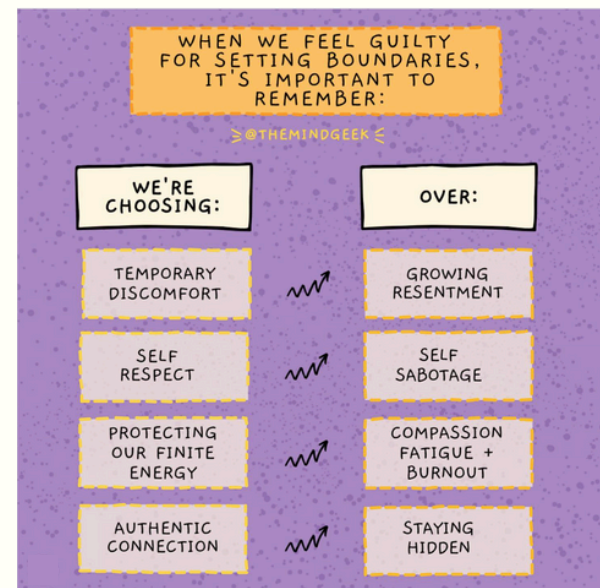


Photo by Sarah Crosby⁶⁴

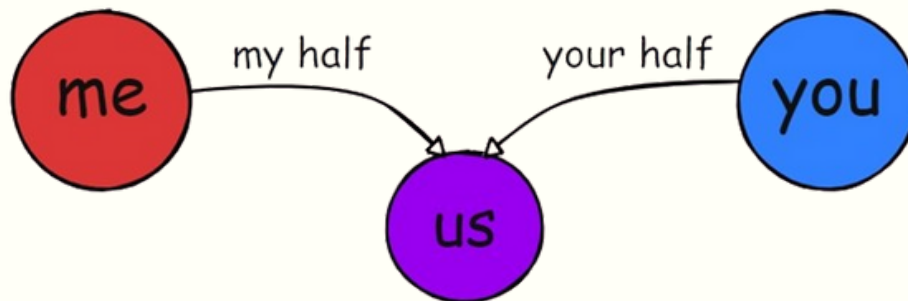
H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

3 EXPLORE AND ESTABLISH RELATIONSHIP EXPECTATIONS AND BOUNDARIES

The myth of the “50-50 mindset” in relationships (Brené Brown):

“Everyone says marriage should be 50-50. Marriage is [relationships are] not something that’s 50-50. A partnership works when you can carry their 20 or they can carry your 20. When you both just have 20, you have to plan so you don’t hurt each other.” ~Brené Brown, Social Scientist and Writer

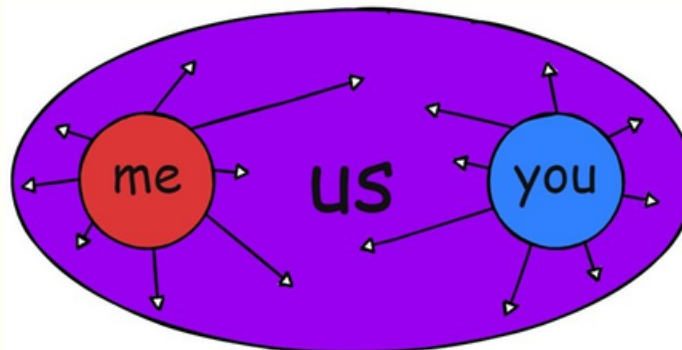
- Brown has described the problem of the 50-50 mindset in relationships. While on the surface it seems sensible and fair to share the work and the burden 50-50, in reality Brown states this can often be unrealistic and unachievable.
- Each of us carry different stresses and burdens at different times, which can make us more or less available to do “half” of the day-to-day “labour” that needs to be done to make our relationships, households, and families work.
- Brown suggests that we think and talk instead about how much each partner has to give on a given day or week. Sometimes one can give 80 and the other only has 20 to give.
- If both are tapped out, you’ll have to figure out how to manage the tasks, together. This requires talking it out, problem solving, and compromising.



DITCH THE 50-50 MINDSET

Another way to think about this is to adopt a “100-100 mindset” versus a 50-50 mindset. You’re going to give all you have—100%—to make the relationship work. You’re not aiming to give 50%. You give all that you can and trust that the other person will too. As has been expressed:

“Us is a place we’ve built together to thrive in together.”⁶⁸



ADOPT A 100-100 MINDSET

RESOURCES

- [Brené Brown 50/50 Relationship](#)⁶⁸
- [“Marriage Can Never Be 50-50”](#)⁶⁹
- [Brené Brown Podcast on Comparative Suffering, the 50-50 Myth and Settling the Ball](#)⁷⁰

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

4 MANAGE STRESS, WELL-BEING, AND MENTAL HEALTH MATTERS TOGETHER

LET'S CHECK IN!

- How do you navigate stress, individually and as a couple? Is this working?
- When life is stressful or overwhelming, do you feel like a team that works together? Or do you feel like you are working against your partner?
- Do you feel supported by your partner and other external support networks?
- Are you worried about your own or your partner's health or mental health? Can you talk about it?
- Are you worried about your own or your partner's substance use or other habits? Can you talk about it?
- How well do you handle unexpected changes or challenges?

TIPS & STRATEGIES

- Remember: You're on the same team!
- Acknowledge that medical training *and* being a partner in medical training is hard. **Take turns venting and listening**, but consider setting a limit on venting time. Sometimes deciding on a small, purposeful action can help.
- Develop shared, healthy coping strategies and interests, such as exercising, practicing mindfulness, watching a show together, or engaging in other mutually relaxing or fun activities. **Have fun together!**
- Support each other's self-care by encouraging independent activities, interests, downtime, and time with friends or family.
- **Let your partner know if you're concerned** about or uncomfortable with a pattern or habit you've noticed, including if you're worried about the impact on their health or your relationship (e.g., drinking or drug use, internet use, gambling etc.). This can be hard to navigate but, in the long term, is essential to your relationship. It's usually received best if it comes from a place of care, not anger, so pick your words and time wisely.
- **Develop a "code word,"** phrase, or signals to use to alert each other when one of you feels overwhelmed or needs immediate support. This could be a time-out sign or a phrase to say or text, "It's a red" (emergency).
- **Cultivate connections with trusted professionals** you can turn for health maintenance and care, such as a family doctor or counsellor.

REAL TALK:

"We've actually created something called 'The Mood and Annoyance Checker,' where the first thing that we say in our phone call is, 'Hey, what's your mood? And what's your annoyance?' In the event that our mood is not good or if our annoyance is not low, we will spend as much time as needed to talk about what the stressors are that have made us feel this way. We make sure that we talk about it first. That way it eliminates the chance of it festering up and potentially popping up that bubble." ~ Partner

"I am not as present as I used to be, and she sees that. [...] I used to have energy and excitement to say, 'Let's go in the car, and we'll find something to do.' I don't do that as much. Usually I stay at home. She tries to get me out more often to walk, but I just don't want to walk. It's that stuff she sees. She sees me being a bit run down by the system. So it does affect her." ~ Resident

"Don't sit on problems. If you have something that you're not happy about—their schedule, how their residency is affecting them, their availability, their stress levels—sit down and talk to them right away. Don't just be like, 'Oh, it'll sort itself out,' or it won't" ~ Partner

RESOURCES

- [Tips on How to Support your Partner, Emotionally](#)⁷¹
- [Dr. Susan David, Psychologist Has Some Helpful Hints about How to Respond in the Moment to Your Partner in Ways That Will Help Build, Versus Break, Your Relationship and Support Each Other](#)⁷²
- [Changing Your Habits](#)⁷³

Photo by Liz Fosslien⁷⁴

WHAT WE SEE



WHAT WE DON'T



LIZ FOSSLIE

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

5 TALK ABOUT AND PRIORITIZE INTIMACY AND SEX

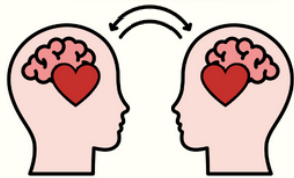
LET'S CHECK IN!

- Is physical and emotional intimacy a priority in your relationship?
- Do you both feel satisfied with this aspect of your relationship?
- What small gestures from your partner help you feel connected when sex isn't possible or isn't a priority?
- As a couple, do you have open and honest conversations about your needs, desires, and boundaries around intimacy?
- Do you both feel comfortable initiating sex and discussing sex and intimacy without fear of judgment or rejection?

TIPS & STRATEGIES

- Make time for and **practice small acts of intimacy** to stay physically connected—words of affirmation, hugs, holding hands, other gestures that show your love and affection.
- **Discuss your needs** and expectations about sex and intimacy openly, recognizing how the demands of medical training might impact this aspect of your relationship.
- Acknowledge and **navigate mismatched intimacy needs**. Residency can impact libido and emotional availability differently for each partner. Approach these differences with respect, patience and understanding and with creativity and a commitment to bridge them.
- **Be creative** with connection—leave love notes, send texts or voice messages, or share songs or playlists. **Offer small gestures often**.
- Take time to learn and understand how to **make your partner feel seen, valued and appreciated**—this can be incredibly helpful in fostering a meaningful connection and nurturing intimacy.
- **Stay curious** about each other. Keep asking questions, exploring new ways to connect, and deepening your understanding of what makes your partner feel loved. You can keep learning and changing, together.
- **Plan intentional intimate time** when needed. While spontaneity is great, sometimes scheduling time for intimacy (physical or emotional) can help maintain closeness during busy seasons.

REAL TALK:



"Medicine attracts a certain type of personality and person to be able to perform in medicine, and that person needs to be nurtured and loved, intimately. And if we can't love them because they're too busy and they're too stressed, they're also not going to be the best version of themselves because they're not being loved in the way that they need." ~ Partner

"My partner is not as exhausted as I am and he totally gets it. He's like, 'How would you have the energy to be intimate when you've just been working constantly and all you want to do is sleep at the end of the day?' [Intimacy is] an important way for me to feel connected to my partner and for him to feel connected to me. [We're] aware of where our relationship is, like, 'Oh, we haven't been intimate in a long time, I'm feeling distant from you.' [And] really turning attention towards that." ~ Resident

"At some point in residency, [we were] feeling distant and made a conscious practice of every morning we'd get up and give each other a hug, you know, otherwise, if you're not consciously bringing attention to your relationship, it is so easy to just like forget sexual intimacy, even just like holding hands and hugs and like that." ~ Resident

RESOURCES

Books:

- Come As You Are by Emily Nagoski⁷⁵
- Sex Talks: The Five Conversations That Will Transform Your Love Life by Vanessa Marin⁷⁶
- Mating in Captivity⁷⁷

Podcasts:

- Pillow Talks Podcast by Vanessa and Xander Marin⁷⁸
- Where Should We Begin Podcast by Esther Perel⁷⁹
- Sex With Emily⁸⁰

Videos:

- The Secret to Desire in a Long-Term Relationship⁸¹



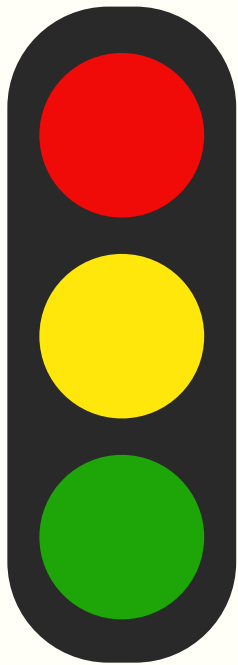
H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

5 TALK ABOUT AND PRIORITIZE INTIMACY AND SEX

Understanding Boundaries and Desires

The following is inspired by the intimacy and relationship work of sex educator and researcher Emily Nagoski (Come As You Are)⁸² and relationship expert and psychotherapist, Esther Perel (Mating in Captivity)⁸³. Intimacy is a feeling of being close, connected and supported in your relationship.

In the fast-paced, stressful world of medicine and in residency, intimacy, including physical intimacy and sex, can often be overlooked. Below, we share some language and prompts to help couples explore their comfort levels and desires in a way that fosters **connection, trust, and mutual understanding**.



Red Light (Hard Nos & Boundaries)

These are **firm limits**—things that make you uncomfortable, cause distress, or are non-negotiable.

Example: *"I need uninterrupted sleep post-call, so intimacy will have to wait until I'm rested" or "I'm not comfortable with that".*

Yellow Light (Maybe, With Conversation)

These are areas where you might be **open to discussion, but with conditions** such as timing, emotional readiness, or specific preferences.

Example: *"I like spontaneous intimacy, but I also need time to transition from work mode to partner mode" or "Maybe later, but not right now"*

Green Light (Yes, Please!)

These are things that make you feel **loved, connected, and desired**—what brings you joy in your intimate life.

Example: *"I love when you send a thoughtful message during the day—it makes me feel close to you even when we're apart" or "That turns me on".*

FIVE "SEX TALKS"

Vanessa and Xander Marin discuss five conversations to have with your partner about sex to deepen intimacy:

1. **Acknowledgement:** "Let's talk about our sex life."
2. **Connection:** "How can we feel and stay connected to each other?"
3. **Desire:** "What do we each need to get turned on?"
4. **Pleasure:** "What do we each need to feel good?"
5. **Exploration:** "What should we try next?"

RESOURCES

- Sex Talks: The Five Conversations That Will Transform Your Love Life by Vanessa Marin⁸⁴
- 5 Conversations That Will Transform Your Love Life⁸⁵
- 9 Rules for Talking About Sex With Your Partner⁸⁶
- Pillow Talks Podcast by Vanessa & Xander Marin⁸⁷



Anything but a clear, freely given, ongoing YES, means NO⁸⁸

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

6 GROW YOUR RELATIONSHIP: DREAM AND PLAN YOUR FUTURE TOGETHER

LET'S CHECK IN!

- Are you and your partner aligned on roles, responsibilities, and future goals and plans? What about finances?
- Are you ready to talk about family planning? Are you in agreement on issues related to family planning?
- Are you flexible as individuals when the unexpected requires you to pivot and make changes? How well do you navigate unexpected changes together?
- Do you and your partner discuss your relationship goals and expectations to build understanding and alignment?

TIPS & STRATEGIES

- Do your best to **practice flexibility**, not rigidity, with yourself and one another. Life and medical training can be unpredictable, and your ability to adapt and shift as individuals and as a couple is key—it's a dance!
- **Talk early and often about MONEY** and how you'll navigate money matters, independently and together. Discuss your accounts and debts and how you'll manage them. If you share expenses and finances, create budgets and set financial goals. Evolve a team to help you—e.g., a financial planner, accountant, and/or lawyer. **BEWARE** of financial "infidelity." Practice honesty and transparency about money matters and resolve financial conflicts.
- **Seek support early and proactively** if your relationship is struggling. Individual or couple counselling, peer support groups, or relationship workshops can be helpful to growing, not just saving, your relationship.
- **Talk about your individuals goals and dreams** and how you can reach them. Support each other to achieve them and celebrate one another when you do. Even small "wins" can be celebrated!
- Discuss long-term and relationship goals early and often to establish and build alignment as a couple. Discuss your priorities, as individuals and as a couple. **Dream big, and small, together!**



REAL TALK:

"I'm starting to have to parse out, 'Where am I in my career path? Do I feel okay with taking a bit of a break? How would we do that? How would we share the roles and responsibilities? Who would go back to work first? How would we prioritize those things?'" ~ Resident

"We make it a point that every couple of months or after like big life events happen or there's been a lot of changes, to sit down and have a talk about where we are at in our relationship, like where we at in our goals of a couple, whether that's moving in together, sharing finances, travelling, seeing each other's family.

We do intentional check-ins and then we set goals for ourselves over the next couple of months, like, 'What is the goal?' I think if you check in with each other and you're on the same page, you prevent a lot of conflict. That's my preventative practice now."

~ Resident

Floor 7: Create Shared Meaning⁸⁹

How do we develop a culture, as a couple?

4. Create shared values & symbols

3. Discuss & plan shared goals

2. Support each others' roles

1. Establish rituals of connection

RESOURCES

- Floor 6: Make Life Dreams Come True⁹⁰
 - Trusting Each Other⁹¹
- Floor 7: Create Shared Meaning⁸⁹
- Family Planning: Qualitative Study on Ontario Residents and Fellows⁹²
- Resident Doctors of Canada: Family Planning⁹³
- Family Planning for Canadian Physicians⁹⁴
- Understanding your Finances⁹⁵
- CMA Wellness Hub on Finances⁹⁶
- PARO Financial Primer⁹⁷

The Sound Relationship House

Floor 7: Create Shared Meaning

Floor 6: Make Life Dreams Come True

Floor 5: Manage Conflict

Floor 4: The Positive Perspective

Floor 3: Turn Towards Each Other

Floor 2: Share Fondness & Admiration

Floor 1: Build a Love Map

TRUST

COMMITMENT

H. PROTECTING AND ENHANCING RELATIONSHIPS DURING RESIDENCY

7

BUILD YOUR COMMUNITY: FOSTER STRONG RELATIONSHIPS WITH PEERS, FRIENDS AND FAMILY

LET'S CHECK IN!

- Are you connected to others who understand the challenges of medical training?
- Do you feel like you have people beyond your intimate partner whom you can trust and lean on?
- Do you maintain relationships with others outside of medicine?
- Do you share friends?

REAL TALK:

"I'm around such a lovely group of people, especially my residency cohort. We have become close friends." ~ Resident

"We live in this awesome age of technology. I can talk to my family any time, [which] is really, really helpful. And when he doesn't do the dishes and I'm at my last straw, I can call my mom. They're really supportive, all of my friends and my family." ~ Partner

"[We're coping by] focusing on our daughter. After a long day or a stressful day, I come through the door and she's walking and saying, 'Mama, mama.' Focusing on her helps me cope with stress." ~ Resident

"I do think that there is a very important, pivotal space that can be made for partners of residents if they wish to opt into something that resembles an online community. It's something to connect people who have a very niche concern, who relate to each other incredibly well." ~ Partner

RESOURCES

- [The Flipside Life](#)⁹⁹
- [Canada-wide peer support programming](#)¹⁰⁰
- [Physician Family Alliance](#)¹⁰¹
- [The Value of Friendship](#)¹⁰²
- [How to Make Friends as and Adult](#)¹⁰³

- [Ending friendships](#)¹⁰⁴
- [Why making friends as adults feel impossible?](#)¹⁰⁵
- [Mel Robbins: The 'Let Them Theory'](#)¹⁰⁶
- [The 'Let Them Theory' Review](#)¹⁰⁷
- [Brené Brown Podcast](#)¹⁰⁸

TIPS & STRATEGIES

- **Choose connection over isolation.** Limit distractions like doom scrolling. Prioritize real-time conversations. Assess your technology habits and the risks/benefits for you, honestly. For introverts needing alone time to recharge, this is more challenging, but connection enhances our lives.
- **"Let them".** If someone behaves in a manner you find upsetting, annoying, or hurtful, adopt the "let them" mindset, knowing you cannot control them. Then - **"let me"**, that is, respond in ways aligned with your own needs and values. This principle, popularized by Mel Robbins in these terms, can be helpful to adopt for some interpersonal issues.
- **Lean on trusted relationships and build new ones.** Rely on friends, peers, and family you have known to maintain balance and perspective and keep you grounded. Be creative with long-distance friends/family to find ways to connect with limited time. Cultivate new friendships, beyond your intimate partner.
- **Connect with others who understand medical life.** Finding other people and couples who understand medical training/healthcare is helpful. Keep open to making friends throughout training. Seek out 'personal' mentors - ask questions and learn from experienced physicians, physician partners, or couples whose relationships you admire.
- **Think about your one or two "911" people, beyond your partner.** Consider those whom you might call in times of crisis, emergency or emotional distress, beyond your partner. This is usually a 2-way street which requires sharing of experiences and emotions over time to build mutual understanding and trust. You may not need your '911' person yet, but we will all encounter times in our lives when this support is essential.
- **Recalibrate your relationships.** Prioritize relationships that uplift you and are mutually rewarding. It is ok to let friendships go or to "break up" with friends sometimes. Invest your time and energy and practice vulnerability in relationships that you want to preserve or deepen —share your mistakes and challenges as well as your successes.
- **Map it out.** Mapping out our social support "webs" can be helpful. Identify people and communities who provide emotional, spiritual, or other forms of support. How diverse and robust is your web? At different times of life, with moves and changes, we will have more or fewer people in each 'ring'. You can decide to expand one ring or deepen a relationship, and 'spin' your web differently.
- **Appreciate acquaintances** and your day-to-day encounters with people in your outer rings! Recent social sciences research and the pandemic have taught us that so-called 'weak ties' are surprisingly important to well-being. Those quick interactions we have in the coffee shop, at the gym, or at work help us to feel happier and more connected. Try to remember people's names and what you know and appreciate about them. This requires intention, but not much time, and can improve our own and others' lives.

SOCIAL NETWORK WEB

Map informal connections to help you strengthen your network to enrich your life

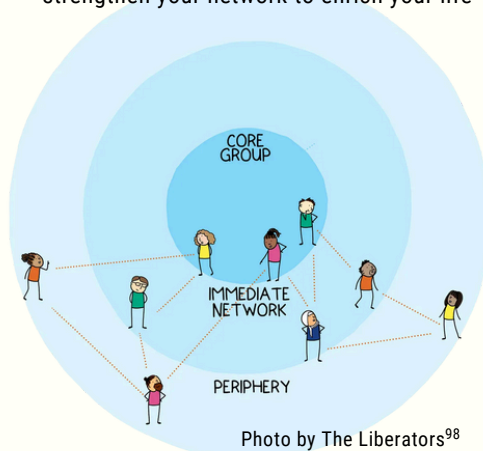


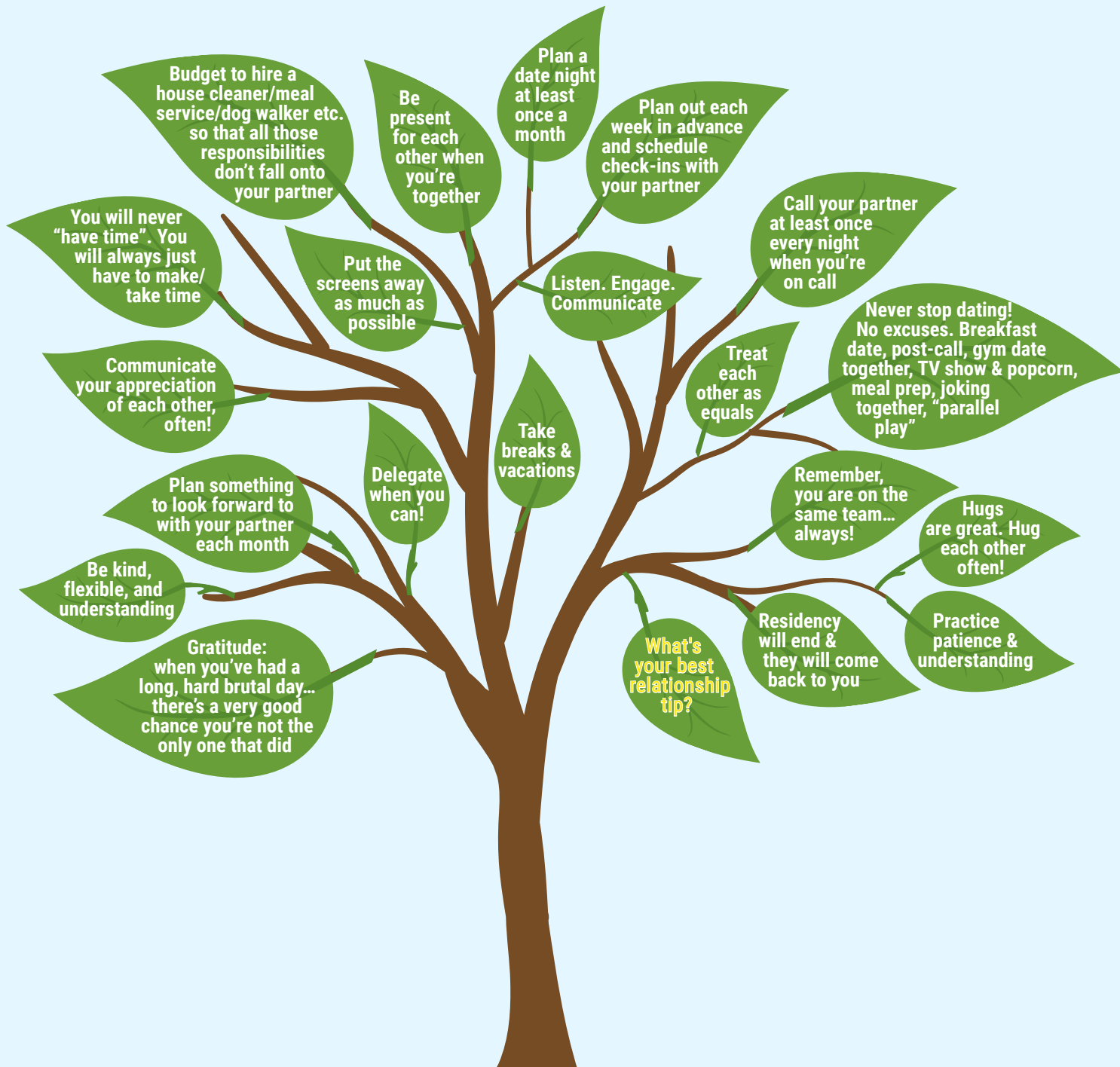
Photo by The Liberators⁹⁸



TODAY, WE TURN TO ONE PERSON TO PROVIDE WHAT AN ENTIRE VILLAGE ONCE DID: A SENSE OF GROUNDING, MEANING, AND CONTINUITY.¹⁰⁹
~ ESTHER PEREL (B. 1958)

I. RESIDENCY RELATIONSHIP TIPS

These are some of the tips shared with us by residents, partners and education leaders during our CoWRaP study, to help sustain and grow your relationship in residency.



GROW through what you **GO** through

J. RESOURCES AND SUPPORTS

CRISIS AND EMERGENCY SERVICES:

CALL OR TEXT 9-8-8¹¹⁰ (across Canada, for everyone) if you are hopeless, having thoughts of suicide or ending your life, making suicide plans, or supporting someone who is suicidal.

In Ontario: For medical students, residents, fellows, partners and family members 24/7/365, contact: PARO Crisis Line: 1-866-HELP-DOC (1-866-435-7362)

Across the United States: For a medical student or resident in the US facing a mental health crisis, the Physician Support Line offers 24/7 support at 1-888-409-0141. Alternatively, you can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text TALK to 741741 for the Crisis Text Line.

SERVICES AT MCMASTER UNIVERSITY AND IN HAMILTON:

For McMaster University trainees (residents and fellows): Book an appointment or check out what's available in McMaster PGME Resident Affairs¹¹¹.

Urgent and Emergency Health and Mental Health Resources in Hamilton¹¹²

McMaster Trainees Looking for a Family Doctor¹¹³

Resources for All McMaster Students¹¹⁴



Okanagan Office of
Health & Well-being

Okanagan Mental Health website¹¹⁵ and resources¹¹⁶ for all McMaster University students, staff and faculty.

OTHER RESOURCES:

The Flipside Life¹¹⁷

Physician Family Media (formerly Physician Family Magazine)¹¹⁸

Knock Knock, Hi! Podcast- with the Glaucomfleckens¹¹⁹

Canadian Medical Association Wellness Hub¹²⁰

Ontario Medical Association Peer Support¹²¹

K. ABOUT THE AUTHORS



CATHARINE MUNN

Catharine Munn is a psychiatrist who has spent her clinical and academic career working with university students and health professional trainees and seeking to understand and address the health, mental health and substance use challenges they face, individually and systemically, in educational and health-care organizations. She is currently the Assistant Dean, Resident Affairs (PGME) and Advisor to the Provost and VP(Academic), Mental Health, at McMaster University. She and her physician partner met on their first day of medical school and have since navigated residencies and life together, with two young adult children and a pandemic puppy Maisy. Adventures in the outdoors, books, travel and friends fill her cup.



ENAS EL GOUHARY

Enas El Ghouhary is a pediatrician, neonatologist, and Director of Faculty Well-being at McMaster Faculty of Health Sciences. Passionate about education, she focuses on curriculum development, evidence-based practice, and fostering a culture of safety and well-being. Originally from Cairo, Egypt, Enas met her engineer husband in medical school. Together, they built a new life in Canada, navigating career demands, relocation, and raising two young children during her post-graduate training. These experiences fuel her commitment to creating positive, supportive environments for learners, staff, and faculty. Beyond medicine, Enas loves hiking, traveling, and her latest passion—Pickleball!



HAYLEY HARLOCK

Hayley Harlock is a social worker and a champion of physician families. She's been alongside her vascular surgeon husband throughout his medical training and transition to practice journey. With three sports-loving teenagers and a fur-baby named Ruby, life is full of chaos and fun. As the founder of The Flipside Life, Hayley is passionate about supporting the well-being of physician families throughout training and practice. She loves traveling with her family and spending quality time together whenever they can.



MARINA BOUTROS SALAMA

Marina Boutros Salama is a pharmacy student at the University of Toronto and a recent graduate of the Health Science Education MSc program at McMaster University. Her MSc thesis launched the Co-WRaP study, which used in-depth interviews to explore the lived experiences of residents and their partners during postgraduate medical training. She has presented this research—along with a preceding quantitative study on resident burnout—at several academic conferences, including the International Conference on Residency Education (2023 & 2024) and the International Conference on Physician Health (2024). Outside of academics, Marina enjoys hiking and playing squash!

K. ABOUT THE AUTHORS



EMMA BRUCE

Emma Bruce is an occupational therapist who graduated from the McMaster OT program in 2012. After working in both hospital and community-mental health settings, she shifted into post-secondary education, teaching in various health-specific disciplines. Emma returned to pursue a PhD in Rehabilitation Sciences in 2020, with a focus on international student wellness and co-design for post-secondary students. Emma facilitates staff and faculty wellness programs on campus through the Professor Hippo-on-Campus program, and supports other mental health projects at McMaster. In her free time, Emma loves to kickbox and spend time with her husband, two children, and fur-babies Shifty and Tigger.



MATTHEW NICHOLSON

Matthew is an MSc student in geography, a teaching assistant in the School of Earth, Environment & Society (SEES), and a research assistant with the WRaP team at McMaster. Matthew moved to Hamilton from PEI in 2021 to do his undergraduate in Life Sciences, but goes back to PEI every summer to see his family and friends and for long swims in the Atlantic ocean. Matthew loves to drink coffee, read books, and people watch with his partner Izzy. Matthew's own research is concerned with health inequities between immigrant and non-immigrant Canadians and how these inequities are spatially and socially determined.



ANITA ACAI

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MONICA BOUTROS SALAMA

Monica is a BSc student in Health Sciences at Wilfrid Laurier University, a Chemistry instructional assistant, and a web assistant on the WRaP team at McMaster University. Passionate about giving back to her community, she is particularly interested in mental health and well-being and hopes to explore research in the future to find effective ways to support mental health and promote overall well-being. Beyond academics, Monica loves traveling with her family, discovering new restaurants with friends, and embracing the great outdoors through camping.



MY FRIENDS, LOVE IS BETTER THAN ANGER.
HOPE IS BETTER THAN FEAR.
OPTIMISM IS BETTER THAN DESPAIR.
SO LET US BE LOVING, HOPEFUL AND OPTIMISTIC.
AND WE'LL CHANGE THE WORLD.
~JACK LAYTON (1950-2011)

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