

A Check-In Guide to Support the Wellness of IMG Trainees

This guide is designed to help U.S. graduate medical education (GME) programs conduct brief, intentional check-ins with international medical graduate (IMG) residents and fellows. An “intentional” check-in is a short, supportive conversation led by a program leader or mentor that shows their interest in a trainee’s well-being. The goal is not to solve problems immediately, but to listen, validate, and reinforce that the trainee is a valued member of the program. An appreciative inquiry approach can strengthen these conversations by inviting trainees to reflect not only on challenges, but also on what is going well, what helps them thrive, and what conditions support their sense of belonging and success[1]. Even an informal 15-minute chat can strengthen connection, trust, and psychological safety among trainees.

This guide is written for GME leaders, administrators, and faculty who are invested in supporting resident well-being. This can include program directors and associate program directors, program coordinators, Training Program Liaisons, GME office wellness leaders, and faculty mentors or advisors. The emphasis is on practical strategies and real examples that busy programs can adapt quickly.

What Helps IMG Trainees Thrive

IMG trainees often bring resilience, insight, and adaptability as they navigate residency in a new cultural and clinical environment. Many draw on prior successes in major transitions, existing coping resources, meaningful relationships, and a strong sense of purpose as they adjust to training in the United States. At the same time, they may be managing added demands such as distance from family and established support systems, visa and other administrative requirements, and communicating and treating patients in a non-native language. Intentional support can therefore focus not only on identifying stressors, but also on understanding what is already helping trainees feel effective, connected, and supported as they move through this transition.

There is strong evidence that a sense of belonging and psychological safety is linked to lower burnout and higher satisfaction among residents[2]. When program leaders take time to check in with trainees, especially those who might otherwise hesitate to speak up, they help create a more supportive climate. Surveys have found that IMGs often wish they had more support both at work and in their personal lives during their time in the United States. Even a brief conversation can communicate care and attention. While these practices can benefit all trainees, a more intentional approach for IMGs may provide added transition and connection support for trainees who face cultural, logistical, or structural barriers to seeking help.

Designing and Facilitating Effective Check-Ins

Intentional check-ins can take different forms, and the best approach will depend on your program’s goals and resources. This section offers guidance on key considerations: choosing one-on-one vs. group formats, deciding on opt-in vs. opt-out participation, techniques for fostering psychological safety, and being mindful of cultural context. Throughout, the aim is not only to surface concerns, but also to discover what has already helped trainees adapt, where they experience belonging, which relationships and routines support them, and the conditions under which they feel most effective and well supported.

Formats: One-on-One vs. Group: Different formats serve different purposes, and you may choose to use one or both. A private one-on-one meeting (for example, between a program director and an individual resident) allows for candid dialogue on personal or sensitive topics. It’s often ideal for trainees who might not

speak up in a group, and it helps build individual trust. A small group listening session (for example, an IMG forum with several trainees) can normalize shared experiences and foster peer support. Group sessions often reveal common themes and show trainees that others face similar challenges. Keep in mind that some people may feel less comfortable sharing in a group setting, especially if supervisors are present, so gauge the group's comfort level. Many programs use both formats: for instance, hosting periodic group forums for community-building and also scheduling one-on-one check-ins for more personal follow-up. In larger programs, group sessions can efficiently surface widespread issues, whereas in smaller programs the personal touch of one-on-one conversations may have greater impact.

Keep Check-Ins Simple and Predictable: The most effective check-ins are straightforward in structure and clear in purpose. Here are some practical guidelines:

- **Keep it brief:** Aim for 15–30 minutes per check-in. A short, focused meeting respects everyone's time and keeps the conversation on track.
- **Be upfront about purpose:** When you invite a trainee to meet, explain that it's an informal check-in to see how they're doing. Setting this expectation helps the trainee know it's a supportive conversation, not a test or problem-solving session.
- **Emphasize it's not an evaluation:** Clearly state that the conversation will *not* affect any performance reviews or grades. This reassurance is crucial so the resident can speak openly without fear of judgment.
- **Make it voluntary:** Present the check-in as an opportunity, not a requirement. Even if your program schedules these meetings routinely, frame them as a helpful offer that the trainee can choose to participate in.
- **Choose the right time and place:** Whenever possible, pick a low-stress time (not in the middle of pre-rounding) and a private, comfortable setting. An office or quiet coffee area works well, or a video call if in-person isn't feasible. The more at ease a trainee feels, the more productive the conversation will be.

Participation: Opt-In or Opt-Out? A key design choice is how trainees engage with the check-in process:

- **Opt-In Model:** Trainees volunteer or sign up for a check-in. This way, those who attend genuinely want to participate, but uptake may be low. Some residents, often the ones most in need, might not come forward due to stigma or not wanting to impose.
- **Opt-Out Model:** Every trainee is scheduled for a brief check-in by default (for example, during their first month in the program), with the option to decline. This approach typically reaches far more people and normalizes the idea that everyone is offered support, while still keeping participation voluntary. See endnote [3] for an example of an opt-out approach.

Supporting Psychological Safety, Connection and Belonging: IMG trainees have noted that simply being heard by someone in a position of power can greatly boost their sense of support and belonging[4,5]. With that in mind, consider these strategies to foster a trusting environment. In addition to asking about concerns, invite trainees to describe moments when they have felt supported, effective, or connected in the program. These examples often reveal practical conditions worth preserving and expanding.

- **Use your role intentionally, and name the power dynamic.** When program leaders (like a program director) personally reach out, it can signal institutional care and commitment. For IMG

trainees with varying experiences with hierarchy and authority, it can also feel high-stakes. Start by making your supportive intent clear (for example, “This conversation is about learning from your experience and understanding what helps residents thrive here. This isn’t part of any evaluation, and it won’t affect your rotations or reviews.”). Offer options that increase a trainee’s sense of control: they can choose a one-on-one or small-group format, select a mentor or wellness lead instead of a direct supervisor, and decline or reschedule without penalty.

- **Set the stage for openness in groups.** If you’re conducting a group listening session, take a minute at the outset to establish a few shared norms. Ask participants to respect each other’s privacy and avoid sharing identifying details outside the session. Make it clear that anyone can pass or just listen. When possible, avoid having direct supervisors in the room, or offer separate sessions, so trainees can speak more freely. These steps can help create psychological safety, especially for IMGs from cultures where speaking openly in front of superiors is not the norm.
- **Listen and validate, without rushing to solve.** Use your best listening skills and give trainees room to express themselves. Avoid interrupting or jumping straight into problem-solving unless they specifically ask for help brainstorming solutions. Often, the act of *being heard* is more important than immediate fixes. In interviews, IMGs said that even if no action is taken on an issue, just being able to voice concerns to an attentive listener in leadership made them feel less alone and more cared for. Acknowledging what they share – even with a comment like “I can see why that would be difficult” or “Thank you for telling me about this” – shows you take their feelings seriously. At the same time, invite stories of success, not only concern. Ask about times they have felt respected, included, effective, or well supported, and listen for positive exceptions that can be built on. Remember that for many trainees, the conversation itself is a meaningful intervention, demonstrating that someone in their program genuinely cares about their well-being.
- **Use appreciative listening.** Use appreciative listening to identify not only sources of stress, but also the strengths, relationships, and conditions that support trainee well-being. During the conversation, reflect back strengths the trainee names, invite examples of positive or meaningful experiences, and explore what made those experiences possible. Helpful follow-up questions include: **What helped that go well? Who or what supported that? and How can we create more of that?** This approach can help facilitators build on existing sources of resilience, reinforce belonging, and identify practical conditions that support success.

Use an Individualized Approach: IMG status alone does not tell you what a trainee needs. Avoid assumptions or comparisons, and invite each trainee to share what would be most helpful for them at the present moment.

Cultural competency in graduate medical education includes not only understanding the trainee’s cultural context, but also reflecting on one’s own cultural identity, professional role, citizenship status, language background, and assumptions. These factors can shape how facilitators interpret communication, help-seeking, hierarchy, and professionalism. For IMG trainees, whose experiences may also be influenced by immigration-related realities and power dynamics, facilitator self-awareness can help reduce unintentional bias and create a more respectful, psychologically safe conversation. A brief statement such as, “I know my own background and role shape how I understand these conversations, so I want to approach this with curiosity and learn from your perspective,” may help convey humility, self-awareness, and openness.

- **Acknowledge different norms:** In some cultures, it’s not common to discuss personal difficulties with an authority figure. An IMG might initially be reserved or reluctant to raise concerns, especially with a supervisor. You can signal that it’s okay to share by saying something like, “I’m interested in

learning how things are going for you, including the small things that are easy to overlook.” This gives explicit permission to share their perspective, even if nothing dramatic is wrong.

- **Let them set the pace:** Allow the trainee to decide how much to share. They might stick to surface issues at first (like schedule logistics or housing questions) rather than deeper personal feelings, and that’s fine. You may honor their privacy by saying, “only share what feels comfortable.” Don’t push for more if they’re not offering it. Trust often builds over multiple conversations, so think of this as the start of an ongoing dialogue.
- **Avoid assumptions:** Every IMG’s experience is unique. Instead of presuming a particular problem, ask open-ended questions to invite their perspective. For example, rather than “Are you having trouble with a language barrier?”, you could ask, “How has communication been with your team?” This way, they can bring up any language or communication issues if those exist, without feeling singled out.
- **Be mindful of outside stresses:** Remember that a trainee may have significant worries outside of work, which they might not mention unless asked. They could be concerned about family back home, immigration paperwork, finances, or other personal issues. Simply asking “How are things going outside of work?” shows that you recognize their life beyond the hospital. Even if they choose not to share details, they’ll know you care about the whole person, not just the employee.
- **Highlight available resources:** Make sure the trainee knows what support resources exist at your program, how to access them, and that using them is routine. For instance, you might say, “Have you had the opportunity to meet our wellness counselor or an IMG peer mentor yet? Let me introduce you.” The goal is to make support feel accessible and expected, not like a last resort.

Conversation Prompts and Listening Questions

This section provides sample open-ended questions and prompts that facilitators can use during check-ins or listening sessions. The purpose of the questions is to understand IMG residents’ experiences of adjustment, belonging, psychological safety, cultural identity and coping in a culturally sensitive, strengths-based way. Facilitators should feel free to use their own words and choose questions that fit the situation.

Meaning and Motivation

- What has your path to medicine looked like up to this point?
- What strengths does your background bring to patient care?
- What values most shape who you are as a physician?
- What are you most proud to bring to residency from your culture and training?
- What qualities or habits would you like to strengthen this year as you grow through residency?

Adjustment

- What has gone better than expected in your transition to residency here?
- What has helped you feel most settled?
- What parts of adjusting to residency here have taken the most energy?
- Without sharing anything you’d rather keep private, are there any personal or situational matters that may affect your adjustment here?
- What has felt most familiar in this new community setting? What has felt most new or unfamiliar?
- What similarities and differences have you experienced here from prior training experiences?
- Are there moments when cultural differences feel especially noticeable?
- Looking back over your first few months, what has helped you grow the most?

- Are there any challenges you want us to be aware of so we can better support your transition?

Strengths and Successful Coping

- When things are going well, what practices, traditions or routines help you stay grounded and effective?
- What has helped you navigate demanding situations successfully in the past?
- What personal strengths do you rely most on to succeed in life? How might you utilize those strengths during residency?
- Who are the people you turn to for support? How do you plan to stay connected to them as your daily demands increase?
- When life gets especially demanding, what are the early signs that you may be reaching your limit?
- When something is bothering you, what coping strategies do you turn to? Are there any of these strategies that can become self-destructive?
- Are there any habits or patterns that are important to pay attention to during stressful times so you can continue to take care of yourself well?
- What is the one activity you really enjoy and how are you going to make it a priority this year?

Connection, Belonging and Psychological Safety

- Can you think of a moment here when you felt confident, connected or successful? What helped make that moment possible?
- When have you felt most welcome here? Who or what has helped you feel like you belong?
- How are you relating with your co-residents/seniors/faculty/coordinator/program director?
 - Is there anyone you feel especially connected to or supported by?
 - Has there been any strain or challenges in navigating these relationships?
- What helps create trust in a learning environment for you?
- What do you wish colleagues better understood about you and your experience?
- What would you like me to know about your background, culture or past experiences that would help you feel understood and respected here?

Support Needs and Opportunities

- Tell me about a time when you felt especially supported while learning.
- What makes a good teacher or supervisor for you?
- What can I do – or avoid doing – to make this environment feel safe and collaborative for you?
- How comfortable are you with saying “I don’t know,” or asking questions when you feel uncertain? What would make this easier for you?
- If you were struggling, what would you want a mentor or program leader to notice?
- Are there any situations you already know that can be especially stressful or draining for you?
- What type of support feels most meaningful when learning and training is hard?

Follow-up Preferences

- If I wanted to follow up with you after this conversation, what approach would feel most helpful?
- Do you prefer check-ins in the moment, or after you’ve had some time to reflect?
- Would it be helpful to set a specific time for a future check-in, or would you rather reach out as needed?
- Are there any boundaries you would want respected in future follow-up conversations?
- Are there topics you would prefer to revisit only if you bring them up first?
- If support is needed, how can we do that in a way that protects your privacy and comfort?
- What helps follow-up conversations feel encouraging and useful for you?

Turning Insight Into Supportive Action

After a check-in, a clear wrap-up and timely follow-through will reinforce its positive impact and ensure the trainee continues to feel supported. Key steps include:

- *Express appreciation.* Thank the trainee for their time and openness, to show you value what they shared.
- *Confirm next steps and follow through.* If you agreed on any actions (for example, checking on a schedule change or finding a resource), recap who will do what and by when. Follow through promptly, since reliability builds trust.
- *Offer resources if helpful.* If it seems appropriate, mention one or two relevant support resources (such as a wellness counselor, mentor, or peer support group). Keep the focus on what fits their needs; avoid overwhelming them with too many referrals.
- *Emphasize confidentiality.* Reassure the trainee that you will keep the conversation as private as possible, with standard exceptions (for example, imminent safety concerns or required reporting). Handle any notes or documentation with care. Avoid placing personal details in official records, and keep any personal notes minimal and secure.
- *Keep the door open.* End by inviting the trainee to reach out again. Consider scheduling periodic check-ins (for example, quarterly or semiannually) to normalize ongoing support. If you notice patterns across multiple check-ins, share those themes without identifying individuals so your team can address program-level issues.

Scope and Appropriate Use of This Guide

This guide is a supplement to your existing resident well-being efforts, with a focus on considerations that often affect IMG residents and fellows. The intent is to offer practical, low-burden approaches you can adapt to your local context.

This guide focuses on informal, non-clinical support. It is **not** a substitute for professional services or institutional protocols. If a trainee's needs go beyond what a supportive conversation can address (for example, a potential mental health crisis, a report of mistreatment, or a complex immigration issue), rely on your program's established procedures and connect the trainee with appropriate expert resources. Use intentional check-ins as one tool alongside clinical care, counseling services, and other supports to foster a culture of care and connection.

If concerns arise, use a simple triage approach: In a check-in, issues may come up that require action beyond the conversation. When in doubt, follow your institution's policies and consult the appropriate office. Common examples include: (1) **Immediate safety or acute impairment concerns** (for example, suicidality, threats of harm, severe intoxication): follow emergency and mental health protocols right away. (2) **Mistreatment, discrimination, or harassment:** connect the trainee with the designated reporting channels and support resources; avoid investigating informally on your own. (3) **Immigration, licensing, or legal questions:** refer to the program's designated immigration/legal resource (often through GME or HR) and/or Intealth, if the physician is on a J-1 visa, rather than offering informal advice. (4) **Routine adjustment and support needs** (for example, housing, childcare, communication challenges): connect to mentorship, peer support channels, and practical resources, and document agreed-upon next steps.

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Endnotes

1. Burtson KM, Given A, Eickhoff M, Wilson K (2026). *Where to Help: Appreciative Inquiry Workshops Improve Resident Communication and Psychological Safety Perceptions*. *Journal of Graduate Medical Education*, 18(2), 213–214.
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