

Drowning in Debt: Creating Swimming Lessons for Med-Peds Residents

Alexandra Mieczkowski, MD MS

Alda Maria Gonzaga, MD MS

University of Pittsburgh

Departments of Internal Medicine and Pediatrics

Disclosures

- We have no conflicts of interest to disclose



Objectives

- Empower residency leadership to raise resident awareness of how financial pressures affect resident wellness
- Utilize individualized mentoring methods to improve resident financial knowledge and practices
- Advocate for residency and institutional changes that can help residents attain and maintain sound financial footing

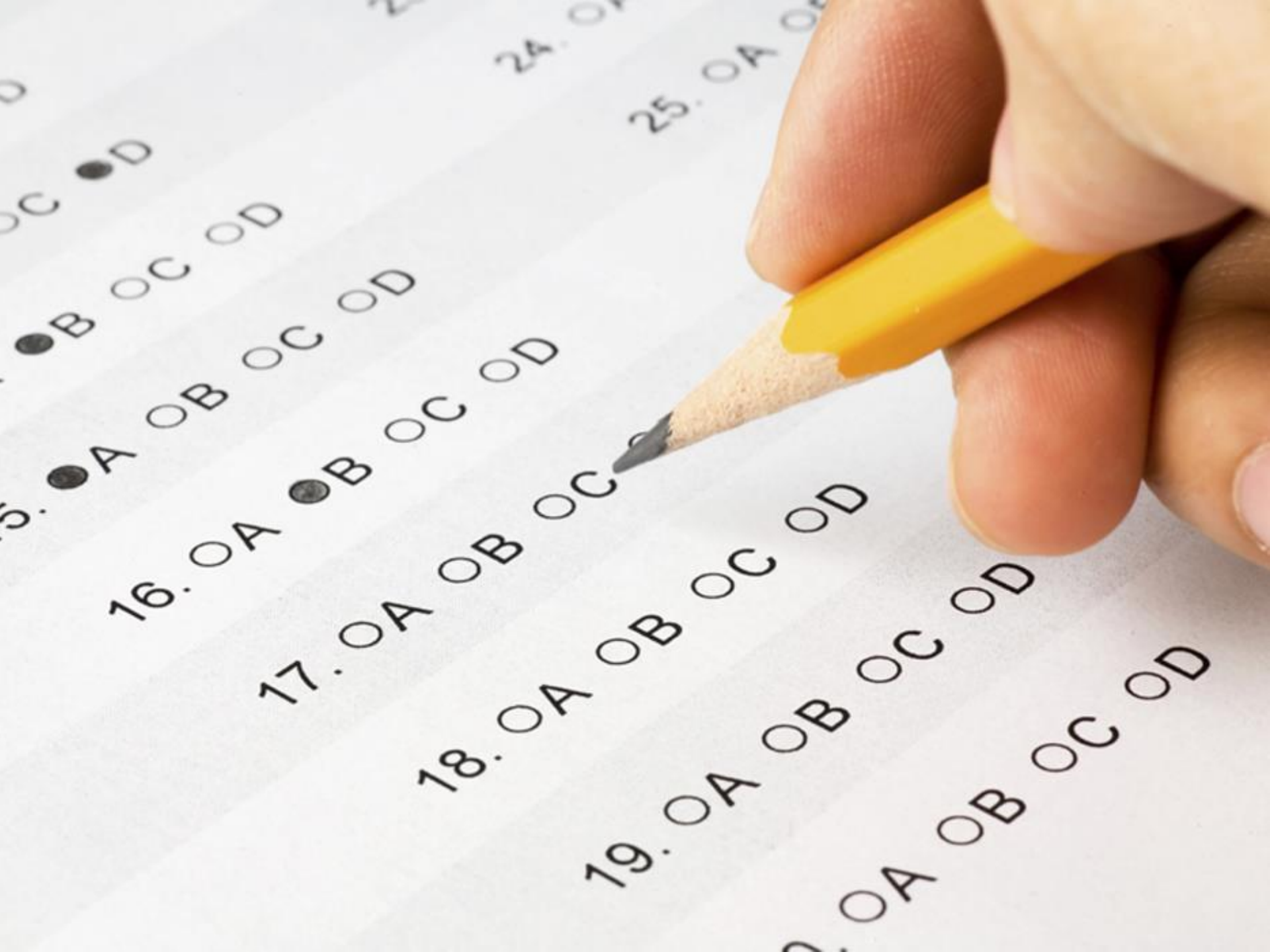
What we're going to do today

- Ice Breaker
- Discuss your current program's curriculum in regards to educating residents about financial wellness
- Review average trainee's level of debt and financial literacy
- Outline financial literacy curricula published in the literature
- Enumerate additional national resources
- Brainstorm ideas for your own institution



Icebreaker

- Write down one piece of advice you would give your 26 year old self about financial health
- Pass this advice to the person next to you and review/discuss



24. OA OD

25. OA OD

15. ● A ○ B ○ C ● D

16. ○ A ○ B ○ C ○ D

17. ○ A ● B ○ C ○ D

18. ○ A ○ B ○ C ○ D

19. ○ A ○ B ○ C ○ D

20. ○ A ○ B ○ C ○ D



Where Are We with Financial Literacy?

- General US population
- Millennials
- Our residents
- Financial pressures & specialty choice

General US Population

- 2014 Consumer Financial Literacy Survey
 - National Foundation for Credit Counseling
 - Findings:
 - 39% of US adults have a budget and keep track of their spending
 - 34% carry credit card debt month to month (this has declined since 2009)
 - 60% have not reviewed their credit score
 - 65% have not reviewed their credit report

Millennials

- >25% missed a bill or have been contacted by a creditor due to late payments
- As an age group, they have the lowest credit scores
- They move more often and follow up less often
 - Don't notify financial institutions of address changes
 - Don't check mail
 - Expect things to happen automatically

Millennials

- Only 40% have a retirement account
- Only 25% are willing to take investment risk when saving for future
- Almost half have used costly non-bank borrowing (e.g. payday loans, pawn shops)

Our Residents



AAMC Graduate Questionnaire

Year	Median education debt of indebted graduates	Median education debt in 2014 dollars	Percent with education debt	Median education debt of indebted public graduates	Median education debt of indebted private graduates
1992	\$50,000	\$84,368	81	\$45,000	\$67,500
2012	\$170,000	\$175,288	86	\$160,000	\$190,000
2014	\$180,000	---	82	\$170,000	\$200,000

- AAMC. Physician Education Debt and the Cost to Attend Medical School 2012 Update. <https://www.aamc.org/download/328322/data/statedebtreport.pdf>
- AAMC. Medical Student Educations: Debt, Costs, and Loan Repayment Fact Card. <https://www.aamc.org/download/152968/data/debtfactcard.pdf>

AAMC Fact Card

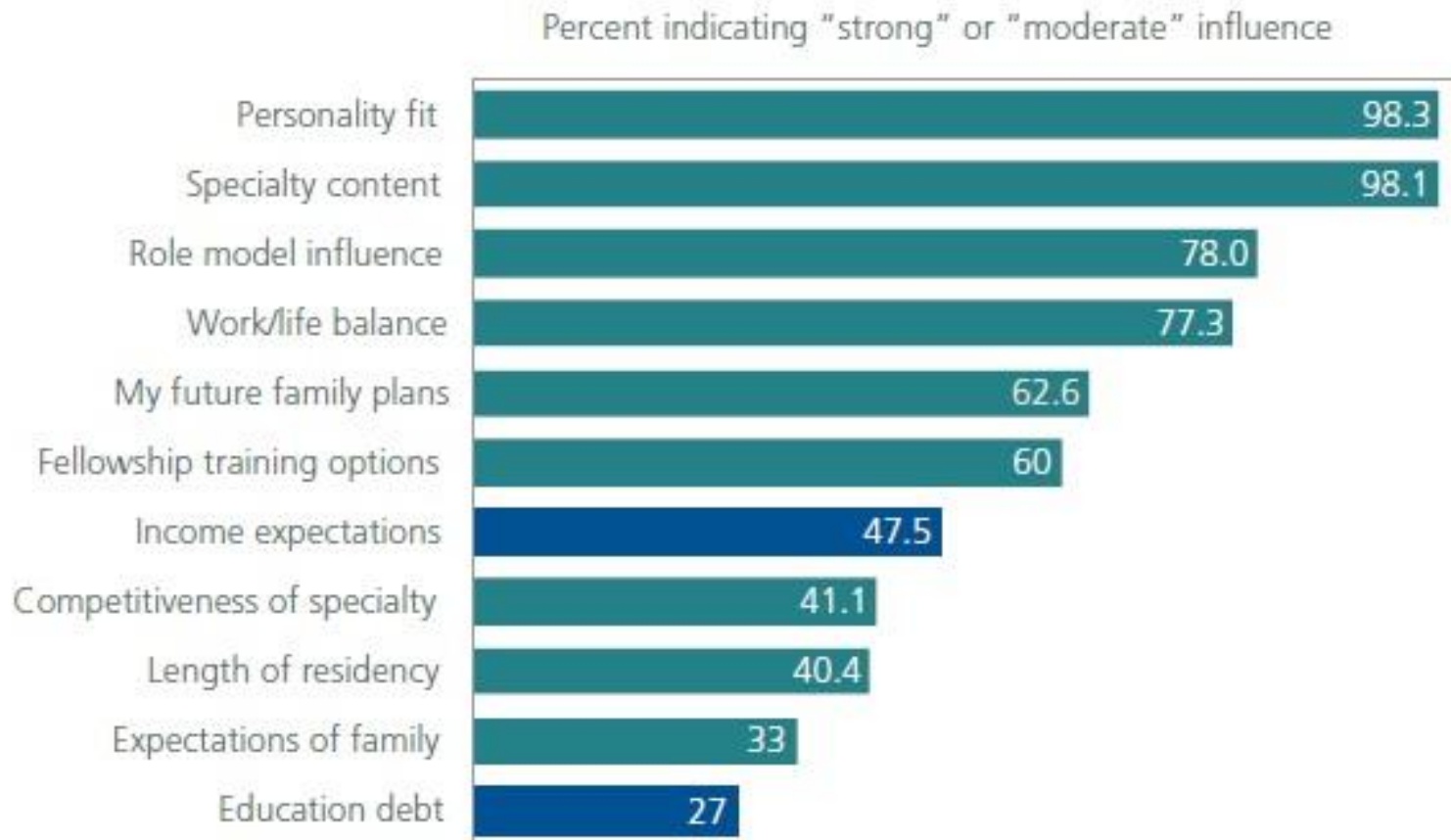
Education Debt (including premed) of:	Public	Private	All
\$100,000 or more	80%	79%	79%
\$200,000 or more	37%	51%	43%
\$300,000 or more	6%	15%	10%
Planning to enter loan forgiveness/repayment program:			40%

Role of Debt and Specialty Choice

- Data are mixed
- Some studies found no correlation between debt level and specialty choice:
 - Kahn et al 2006*
 - Baker et al 1997
 - Frank et al 1999
- Others found modest correlations:
 - Rosenblatt et al 2005
 - Grayson et al 2012

AAMC 2012

Influence of various factors on the specialty choice of 2012 graduating medical students



Source: AAMC Graduation Questionnaire (GQ).

Rohlfing et. al.

- Developed novel way to evaluate *relative* debt
 - Debt compared to cost of training
- Also looked at delays in home ownership, getting married, and having children with relation to debt

Students with Higher Relative Debt

- More likely to choose a specialty with higher income
- Higher frequencies of feeling callous to others
- Less likely to plan to practice in underserved areas
- Less likely to choose primary care

Debt and Quality of Life

Educational Debt	% low QOL	Odds Ratio (99% CI)
None	11.8	1
1-49,999	14	1.20 (1.00-1.46)
50,000-99,999	15.7	1.30 (1.03-1.64)
100,000-149,999	16.6	1.34 (1.08-1.66)
150,000-200,000	17.5	1.44 (1.18-1.76)
>200,000	18.8	1.60 (1.32-1.94)

Low QOL – defined as lowest 2 categories on 5-point linear analogue self-assessment scale.

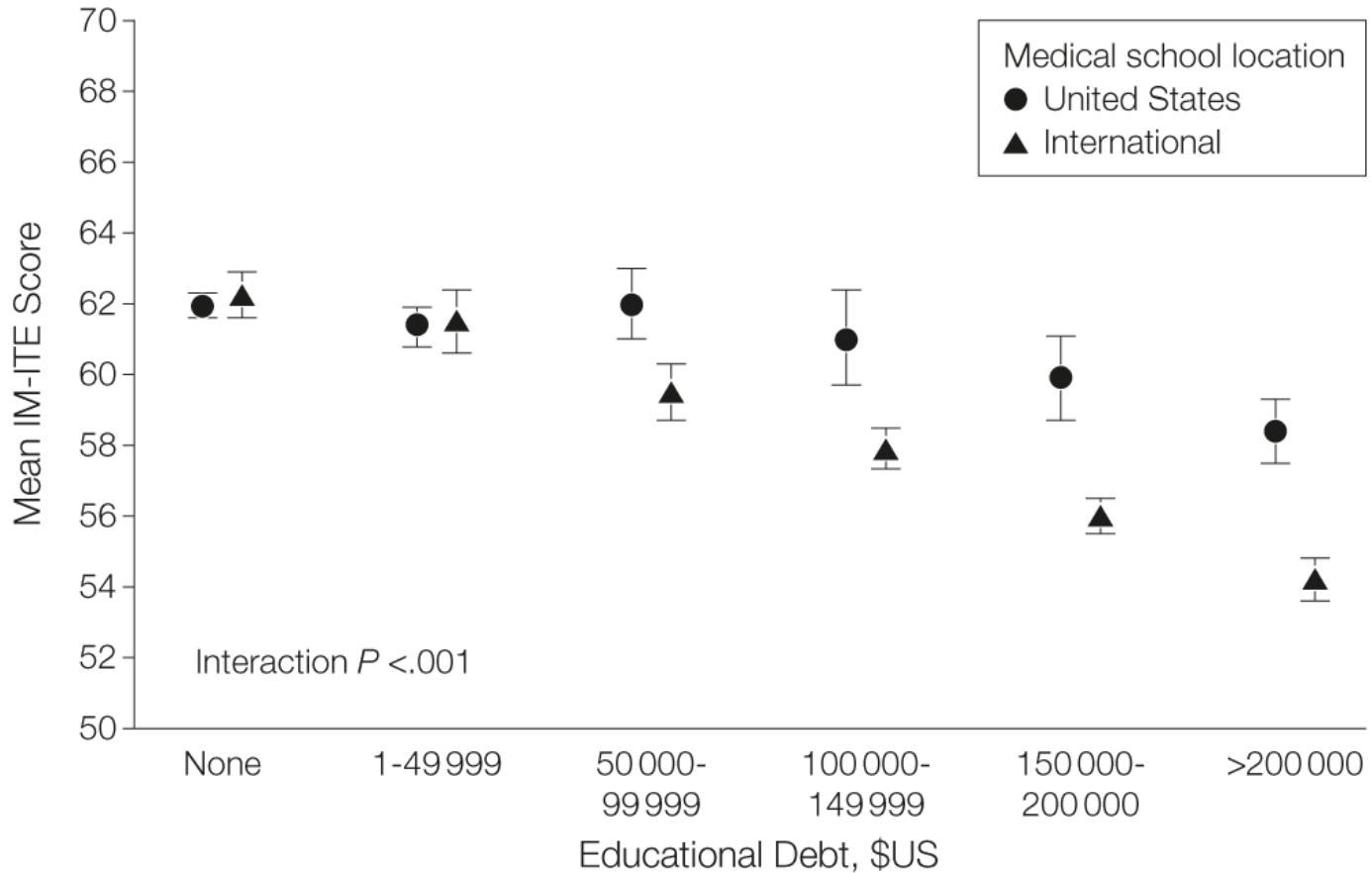
- 1 was “as bad as it can be”
- 5 was “as good as it can be”

Debt and Burnout

Debt	Emotional Exhaustion		Depersonalization		High in Either Domain	
	%	OR	%	OR	%	OR
None	39.5	1	20.4	1	43.7	1
1-49,999	43.7	1.18*	25.7	1.30*	48.8	1.21*
50,000-99,999	46.3	1.20*	32.6	1.42*	54.0	1.30*
100,000-149,999	50.6	1.36*	35.9	1.46*	57.7	1.41*
150,000-200,000	52.1	1.43*	37.4	1.56*	59.2	1.48*
>200,000	54.0	1.59*	38.4	1.80*	61.5	1.72*

* Indicates the 99% CI does not cross 1

Debt and IM-ITE scores



No.	None	1-49999	50000-99999	100000-149999	150000-200000	>200000
United States	1119	649	844	1507	1975	1517
International	4668	1781	538	340	363	615

Summary

- US population
- Millennials
- Our residents are millennials
- Residents with more debt have more burnout and even perform worse on IM-ITE

We need to help them

or;
ch is
—In

curable adj
re-search (rē-sûrch')

—re-cu
excute, to shake
re-sûrch', rē-sûr
gather new
a subject
used
such a

Brief Interventions

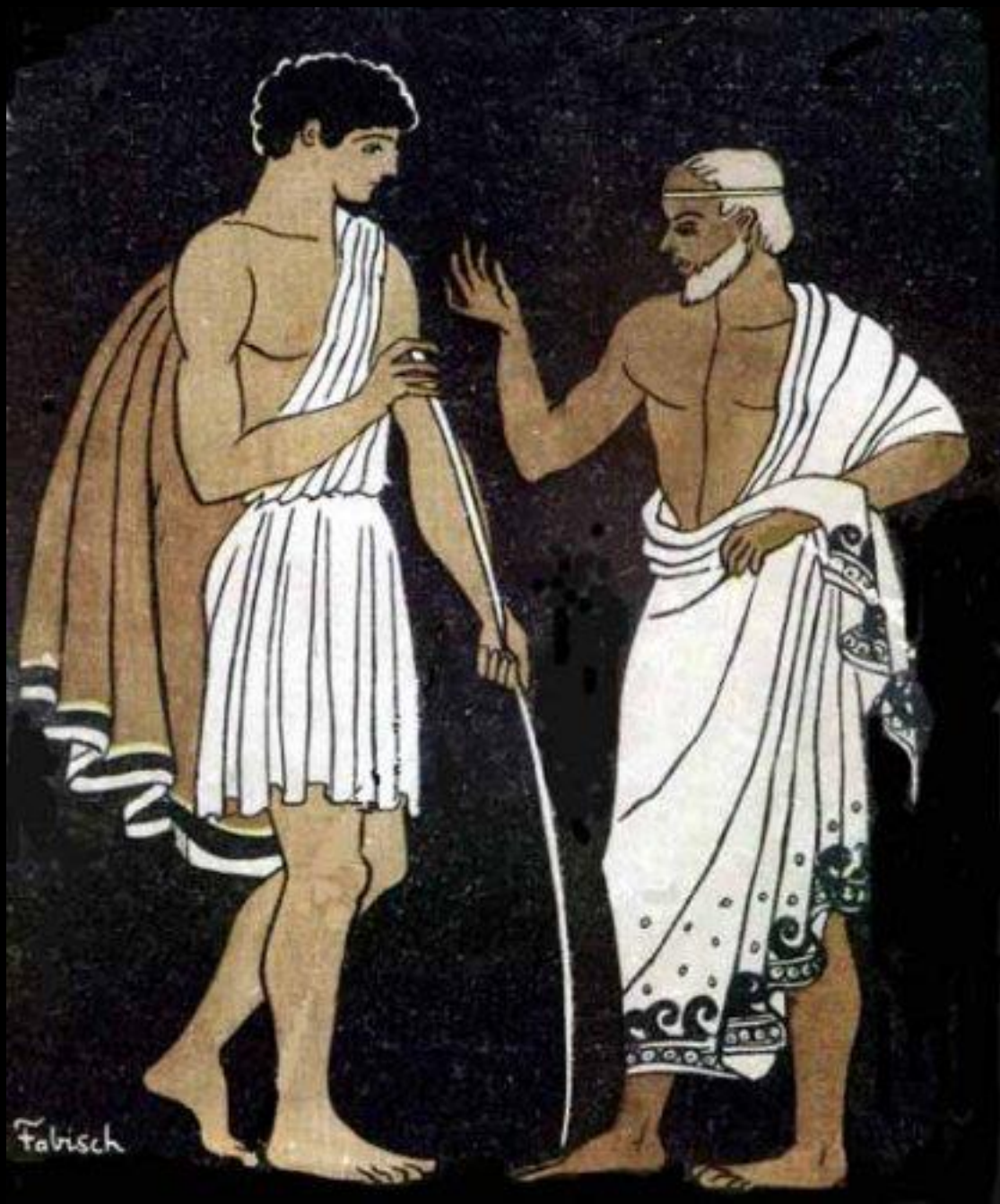
- 90 minute interactive seminar for interns on personal finance focusing on retirement savings
- Compared to interns who did not attend the seminar, those that did were more likely to switch from low to high yield accounts, and to enroll in retirement plans

Year Long Curriculum

- University of Arkansas surgical residency, 18 hours of lectures delivered monthly on finances
- Initial surveys showed an interest in personal finance principles but a lack of knowledge and exposure
- Post curriculum residents showed an increase in interest and knowledge of financial management

Beyond the Literature

- Individual/One-on-one methods
- Residency level methods
- Hospital and institution level methods



Fabisch



Peer or Faculty Mentoring

- Advantages
 - Tailored discussion can be incorporated into resident “wellness discussion”
 - Scheduled meetings allow for follow up
 - Personalized and confidential approach
- Disadvantages
 - Faculty or residents may not feel qualified to discuss finances
 - Mentors may feel uncomfortable discussing financial situation

Ways Around the Barriers

- From the literature, most residents are interested in finances and want to know more
 - Incorporate thinking about finances into thinking about wellness
- The mentor does not have to know the answer, just has to know where to find the information

Use Your Words

“Lots of residents experience stress from financial pressures. Is that something that is a source of stress for you? Would it be helpful to hear about some resources?”

“Individual wellness is important in residency, and when I think of wellness it includes things like getting good sleep, getting exercise, keeping in touch with family and friends. I also think about financial stressors when I think about wellness. How have financial stressors affected you in residency so far?”

How Can the Program Help?

- Formal curricula: similar to the many mentioned previously
- Formalize financial wellness discussion into residency mentoring meetings
- Designate faculty member “super users”
 - Faculty who are passionate about financial wellness
 - Faculty who may have additional training in financial education (CFPs, MBAs, etc.)

I Still Feel Poor with a Paycheck

- Med-Peds noon conference seminar to MP residents and faculty
 - Once yearly
 - One hour lecture
 - Slides posted on intranet site

I Still Feel Poor with a Paycheck

- Topics
 - A bit on budgeting
 - A crumb on credit
 - Loans, loans and more loans
 - Briefly on retirement
 - Small everyday ways to save

The Institution's Role

- Financial stress can affect
 - Employees' physical health
 - Emotional and psychological health
 - Work engagement

Hospitals & Institutions

- Support employees and residents by:
 - Offering health care services
 - Offering disability services and insurance
 - Retirement plans and investment
- These programs often require significant investment of resources and personnel
 - It is in the company's best interest to have their employees use services appropriately

How Institutions Can Help Our Residents

- Institutional education (EAPs)
 - Webinars
 - Live seminars
 - Online intranet resources
- Institutional policies
 - Health care/insurance/disability
 - Retirement planning



Have you tried your personalized

WORKLIFE services *benefit?*

NO COST, EXPERT CONSULTATIONS FOR:

◆◆◆ LEGAL CONSULTATION
FINANCIAL GUIDANCE

◆◆ ELDER CARE
CHILD CARE

◆ HOME IMPROVEMENT
DAILY LIVING

- Articles and online seminars
 - Financial Tips
 - Credit monitoring
 - Budgeting
 - Debt management
 - Loans
 - Mortgage Information

Institutional Policies: Example Retirement Planning

- Most residency programs/institutions offer retirement through a 401k or 403b plan
 - Many have matching funds (free \$\$\$)
 - Most have vesting period (often 3 years)
- It is in a resident's best interest to participate
- **HOWEVER:** Most plans are opt in
 - A resident must specify that they want to participate

Institutional Policies Example: Opt In Versus Opt Out Retirement

- Employees (residents) are automatically registered for and deductions taken from paychecks for retirement unless they specifically choose not to
- Most employers have an OPT IN approach
- Recommendations based on federal legislation cite an OPT OUT method is preferred

Advantages of Opt Out

- Residents learn to budget/manage on income level minus retirement contribution from the start
- Vesting period issue of losing matching funds if not with institution for appropriate amount of time becomes non-issue

Summary

- Debt is a major issue for our millennial residents (and the rest of us)
- Debt can affect a variety of aspects of resident life including wellness and performance
- Financial literacy curricula can improve resident knowledge, attitudes and change behavior
- Beyond the literature, many ways to incorporate resident finance into residency education

Discussion Points

- Worksheet:
 - For those of those you checked 4 and 5: what has worked for your programs
- Discussion:
 - How can you incorporate financial wellness into your program
 - What are the barriers
 - How might you overcome them

Goal-Setting

- Write down one goal for yourself in incorporating financial literacy and wellness into residency programming

TWENTY QUESTIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20



DICK

HERB

VAN

FLORENCE

ALDO RAY