ACP Women in Leadership:
Work-Life Balance

Jacqueline W. Fincher, MD, MACP
President-elect 2019-2020
Board of Regents
Considered being President ...
But decided it’s better to be Queen!
Wisdom from the Queen

“I know of no single formula for success. But over the years I have observed that some attributes of leadership are universal and are often about finding ways of... encouraging people to combine their efforts, their talents, their insights, their enthusiasm, and their inspiration to work together.”
Elizabeth Blackwell, MD

1849: Became the first woman to graduate from a U.S. medical school

1857: Founded the New York Infirmary for Indigent Women and Children

1867: Opened the Woman's Medical College of the New York Infirmary with 15 students and 9 faculty
Elizabeth’s Peeps, Her Tribe
Gender Diversity / ACP Membership

<table>
<thead>
<tr>
<th>Active Physicians</th>
<th>ACP Membership</th>
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<tbody>
<tr>
<td><strong>Men</strong></td>
<td><strong>Women</strong></td>
</tr>
<tr>
<td>55,985</td>
<td>24,498</td>
</tr>
<tr>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Excludes those unknown. Does not include residents or fellows.
Darilyn Moyer, MD, FACP
– First Woman CEO of ACP
Women in ACP Leadership: Physician Members on Senior Staff

Christine Laine, MD, MPH, FACP
Senior Vice President
Editor-in-Chief
Annals of Internal Medicine

Davoren Chick, MD, FACP
Senior Vice President
Medical Education

Cynthia (Daisy) Smith, MD, FACP
Vice President
Clinical Programs
Women in ACP Leadership: College Officers

Susan Thompson Hingle, MD, MACP
Former Chair, Board of Regents

Ana María López, MD, MPH, MACP
Immediate-Past President ACP
Current ACP College Officers, 2019-2020 – #HeForShes

Doug DeLong, MD, FACP
Chair, Board of Regents

Robert McLean, MD, FACP
President, ACP
Women in ACP Leadership: College Officers, 2020-2021
First time women in both positions at same time

Heather Gantzer, MD, FACP
Chair, Board of Regents

Jacqueline W. Fincher, MD, MACP
President, ACP
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1920</td>
<td>Anna Weld MD, FACP – one of the first 3 women elected to Fellowship</td>
</tr>
<tr>
<td>1972</td>
<td>Helen Taussig MD, MACP – first female MACP</td>
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<tr>
<td>1979</td>
<td>Harriet Dustan MD, MACP – first woman elected to the BOR</td>
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<tr>
<td>1984</td>
<td>Helen Smitt MD, MACP – chair subcommittee on Women Physicians</td>
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<tr>
<td>1989</td>
<td>Linda Hawes-Clever MD, MACP – first woman to chair BOG</td>
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<tr>
<td>1996</td>
<td>Christine Cassel MD, MACP – first female ACP President, followed by ...</td>
</tr>
<tr>
<td>2003</td>
<td>Mary Herald MD, MACP – first woman to Chair BOR, followed by ...</td>
</tr>
<tr>
<td>2007</td>
<td>Jane F. Desforges Distinguished Teacher Award – first award named for a</td>
</tr>
<tr>
<td>2009</td>
<td>Christine Laine, MD, MPH, FACP – first solo female Editor-in-Chief of</td>
</tr>
<tr>
<td>2011</td>
<td>Virginia Hood MBBS, MACP – first IMG woman President</td>
</tr>
<tr>
<td>2016</td>
<td>Darilyn Moyer MD, FACP – first woman CEO/EVP</td>
</tr>
</tbody>
</table>
There is no one leadership track

Two roads diverge in a wood, and I took the one less traveled by, and that has made all the difference.

~ Robert Frost
Leadership Opportunities

- Start the conversation with opportunities in challenges
- Start small- local hospital, practice, academic healthcare network committee or group
- Identify your niche and grow it
- Identify who is on the speaker circuit, who wrote that great article/chapter/book
- Who got chosen for the search committee, program planning committee
- Look for and develop benchmarking tools
Thoughts From All The “Wisdom” Accumulated

- You don’t get your leadership skills from easy tasks
- Learn from your mistakes, and the mistakes of others
- Vision without execution is hallucination AKA don’t sacrifice the very good at the altar of the perfect AKA analysis paralysis
- Be grateful and worship integrity
- It’s not what you get, it’s what you give
- Support others- lift as you climb!
- It’s amazing what gets accomplished if you don’t care who gets the credit
Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians

Renee Butkus, BA; Joshua Serchen, BA; Darilyn V. Moyer, MD; Sue S. Bornstein, MD; and Susan Thompson Hingle, MD; for the Health and Public Policy Committee of the American College of Physicians

Women comprise more than one third of the active physician workforce, an estimated 46% of all physicians-in-training, and more than half of all medical students in the United States. Although progress has been made toward gender diversity in the physician workforce, disparities in compensation exist and inequities have contributed to a disproportionately low number of female physicians achieving academic advancement and serving in leadership positions. Women in medicine face other challenges, including a lack of mentors, discrimination, gender bias, cultural environment of the workplace, impostor syndrome, and the need for better work-life integration. In this position paper, the American College of Physicians summarizes the unique challenges female physicians face over the course of their careers and provides recommendations to improve gender equity and ensure that the full potential of female physicians is realized.

In 2015, more than one third (36%) of the active physician workforce in the United States was female (1); an estimated 46% of all physicians-in-training and more than half of all medical students are women (2). Although women have made substantial progress in these areas, much remains to be done to improve equity and parity and increase opportunities for promotion and leadership.

Several recent studies have documented the compensation inequity between male and female physicians. A 2017 survey found that male primary care physicians made $229,000 annually, compared with $197,000 for women, a gap of 16% (3). This gap is even wider (37%) for specialists: Men earned $345,000 annually and women $251,000. In academic medicine, female physicians made an average of $227,783 annually, compared with $247,661 for male physicians (a gap of $19,878), after adjustment for factors that included faculty rank, age, years since residency, specialty, funding from the National Institutes of Health, clinical trial participation, publication count, and total Medicare payments. For interns, this difference was $16,159 ($191,338 vs. $207,497) (4). Another study comparing faculty income at 24 medical schools longitudinally over 17 years found that female physicians in academic medicine earned 90 cents for every dollar made by their male counterparts, an annual difference of $20,000 (5). In addition, although the number of women entering the medical field has steadily increased, their proportion of leadership positions con-

See also:
Achieving Gender Equity in Physician Compensation + Career Advancement

It is important to recognize the progress that has been made to ensure gender diversity in the physician workforce. However, despite this progress, gender inequities have contributed to the disproportionately low number of women achieving academic advancement and serving in leadership positions.

**Pipeline Stats**
- 34% of active physicians (F)
- 46% of physicians-in-training (F)
- 50%+ of medical school students (F) (and have been for many years)

**Leadership in Medicine**
- 39% of medical school faculty (F)
- 29% of full professors of medicine (F)
- 15% of Dept. Chairs (F)
- 16% of Deans of medical schools (F)

**Compensation Inequity**
- Females are paid 1/6% less than their male counterparts in primary care ($319k vs. $322k)
- Females are paid 3% less than males in subspecialties of medicine ($251k vs. $349k)
- 57.1% (F) versus 33.7% (M) academic physicians are paid less than $200,000.

**Me Too movement for Physicians (F)**
- 51.3% of physicians (F) reported discrimination vs. 31.2% (M)
- 30.4% of physicians (F) have filed sexual harassment charge vs. 4.2% (M)
- 5.9% of females who filed harassment charges perceived negative effect on their professional self-confidence, 4.7% reported that it negatively affected their career advancement
- 69.6% of physicians (F) report gender bias vs. 21.6% (M)
- On 1-5 scale, females more likely to experience disrespectful or punitive actions than males
- Females more likely to be described as judgemental, rude or unapproachable by patients in online reviews

**Parenthood**
- Only 28.9% of physician contracts provide maternity coverage
- $10k lost income while out for maternity leave

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F = Female, M = Male

#WomenInMedicine

Find full position paper published at Annals.org on 17 April 2018.
MOC Question #1

Which of the following best predicts a lifetime of wage earnings and could result in significant lost compensation over time?

A. Time out for maternity/paternity leave
B. Being a female physician
C. Initial salary
D. Leave of absence for medical or surgical illness
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MOC Question # 1 - Rationale

Initial salary negotiated at start of career is the best predictor of lifetime of wage earnings.

- There is significant evidence in the medical and surgical literature regarding physician compensation and career advancement, particularly in the academic sector, that **women accept lower starting salaries, which becomes their benchmark** for continued lower salaries throughout their career. Starting salaries for pediatrics for men and women are within 2%, but in orthopedics the difference is 40%.

- **Women are frequently offered less money to start and face greater challenges staying in the field while growing a family.** We need to empower women to seek equitable compensation early in their careers.

- “**Achieving equitable pay with male counterparts at the outset of their careers seems is an essential strategy for narrowing disparities later on.**”

What Do Women Need?

- From birth to age 18, a girl needs ... good parents
- From 18-35, she needs ... good looks
- From 35-55, she needs ... a good personality
- From 55 on, she needs... $$$ CASH

- Sophie Tucker
Work Life Balance

the ever elusive unicorn
Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine).
Burnout by Specialty

Physician Well-Being & Professional Satisfaction

“The fact that almost 1 in 2 US physicians has symptoms of burnout implies that the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals. Policy makers and health care organizations must address the problem of physician burnout for the sake of physicians and their patients.”

Conclusions: Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk.

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, PhD; Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD
Physician Burnout

• Highest rate of depression of any profession

• 18% will experience alcohol and drug abuse

• 46% will experience significant burnout

• 70% higher suicide rate for male physicians compared to men in other professions

• 250-400% higher suicide rate for women physicians compared to women in other professions
Physician Burnout

Over 50% of US physicians experience some sign of burnout. It is estimated that 80% of burnout is related to organizational factors.
What drives burnout and what are the effects?

Burnout is driven by:
- high workloads
- workflow inefficiencies
- increased time spent in documentation

- loss of meaning in work
- social isolation at work
- cultural shift from health values to corporate values

Burnout has repercussions at a personal and professional level.
Association of Electronic Health Record Design and Use Factors With Clinician Stress and Burnout

1. information overload ($P < .001$)
2. slow system response times ($P < .001$)
3. excessive data entry ($P < .001$)
4. inability to navigate the system quickly ($P < .001$)
5. note bloat ($P = .01$)
6. fear of missing something ($P < .001$)
7. interference with the patient- clinician relationship ($P < .01$)
8. notes geared toward billing ($P < .001$)
Other Factors Associated With Stress and Burnout Factors Not Related to EHRs*

(associated with high levels of variance in stress)

1. office atmospheres
2. control of workload
3. time for personal and family life
4. time for documentation at work
5. value alignment with leaders
6. professional and personal life balance
7. physical symptoms attributed to EHR use
8. hours worked per week

* All P values of significance <0.001
Key Drivers of Burnout & Engagement in Physicians
What are the effects of burnout on an organization?

Health professional burnout is a threat to the **clinical**, **financial**, and **reputational** success of an institution for quality, humanitarian, and financial reasons.

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<th>Quality</th>
<th>Humanitarian</th>
<th>Financial</th>
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<td>Each 1 point increase in burnout correlates with a 3-10% increase in likelihood of physicians reporting medical errors</td>
<td>Greater rates of dissatisfaction, divorce, drug and alcohol abuse, and depression</td>
<td>Replacement costs per physician costs between $500,000 to $1 million</td>
</tr>
</tbody>
</table>

* Over $5 million annually
Financial Cost of Physician Burnout
D. Frenz, MD Today’s Hospitalist, August 2016

- **Recruitment** – direct cost - search, interview, relocate, sign on = $100K
- **Onboarding** – train, credential (with all plans), market = $200-300K
- **Lost revenue**
  - General Internal Medicine – MGMA **loss of $435K in revenue**
    MD leaving, others remaining pick some slack, average 18 months for new MD to get up to full panel
  - Hospital medicine - average direct **loss of $40-70K**, but ramps up quickly if vacancy protracted, need to cover open shifts with premium pay, locum tenens, or reduce the census.

- **TOTAL COSTS – $400-600K**
What is the goal?

- Achieve the Quadruple Aim, with the fourth aim of clinician well-being.
- Create a joyful practice environment and create structural elements that support joy, purpose, and meaning in work.
- In return, a more engaged, satisfied workforce will provide better, safer, more compassionate care to patients.
MOC Question #2

2. According to the findings of a 2016 meta-analysis in the Lancet on interventions to prevent and reduce physician burnout, individual- and organizational-level interventions to address burnout showed what benefits?

A. increased retention in primary care
B. improved adherence with ICD10 documentation requirements
C. decreased emotional exhaustion, depersonalization, and overall burnout
D. increased size of primary care panels
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MOC Question #2 - Rationale

- A 2016 systematic review and meta-analysis by West et al of over 2600 articles found that individual and organizational level interventions to reduce burnout resulted in significantly decreased emotional exhaustion and depersonalization scores, and a decrease in overall burnout.

Physician Well-being and Professional Satisfaction

- Vision "To be a premier resource and change agent that creates, empowers, and sustains communities and programs that connect internists to meaning and professional fulfillment."
- External Collaboration National Academy of Medicine’s Action Collaborative on Clinician Well-Being, consensus study due 9/19 (member of steering committee)
- Resources
  - ACP’s well-being and professional satisfaction main webpage had 7,069 views to date and the subpages had 5,301 views.
  - Programming at IM 2018 & 2019 (2 pre-courses, 9 courses, 8 activities, 13 briefings)
- Communities of Well-being (Chapters)
  - 70 chapters will have at least 1 champion after 4/2019 (CME/MOC for training)
  - 38 chapters have had well-being programming (ACP Chapter Mini Z database set up)
  - I.M. Thriving Newsletter for ACP Well-being Champions launched January, 2019
  - Well-being Champions’ Tracking Portal launched February, 2019
ACP’s Physician Well-being and Professional Satisfaction Initiative Goals

1. create a culture of wellness
2. improve practice efficiencies
3. enhance individual physician well-being
4. reduce administrative burdens

- Physician Well-being and Professional Satisfaction Task Force
- ACP Well-being Champions Program
- ACP Practice Advisor Module: “Making the Case to Address Clinician Burnout”
- Relevant Courses offered at Internal Medicine
ACP’s Physician Well-being and Professional Satisfaction Initiative

- **Fostering Local Communities of Well-being**: Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.

- **Advocating for Systems Changes**: Policy recommendations through ACP’s Patients Before Paperwork initiative that call for simplifying, streamlining, and reducing excessive administrative tasks that detract from patient care and contribute to physician burnout.

- **Improving the Practice and Organizational Environment**: Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.

- **Promoting Individual Well-being**: Offering online resources and educational courses at ACP’s Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.

[https://www.acponline.org/physician-well-being](https://www.acponline.org/physician-well-being)
Improving Physician Satisfaction and Patient Outcomes by Reducing Unnecessary Burdens

Unnecessary burdens lead to limited time with patients, too much paperwork and work/life imbalance.

ACP address these issues by:

- Seeking improvement to systems and documentation requirements
- Identifying and prioritizing burdensome administrative tasks
- Assessing tasks for impact on outcomes
- Developing policy recommendations to enact change
- Engaging in ongoing outreach and stakeholder engagement
Patients Before Paperwork Initiative

What is Patients Before Paperwork?
ACP's Patients Before Paperwork initiative's goal is to reinvigorate the patient-physician relationship by reducing administrative complexities and eliminating unessential tasks that detract from patient care and contribute to physician burnout.

Policy Development
ACP policies provide a cohesive framework for identifying and evaluating administrative tasks, and offer detailed recommendations to analyze administrative tasks to determine whether they need to be challenged, revised, or eliminated entirely.

Tools You Can Use
Resources and tools help physicians put ACP's policies into practice. They include resources that assess practice efficiencies and resources on physician well-being and professional satisfaction.

Collaborating with Stakeholders
ACP engages with key regulatory agencies and stakeholders to help streamline regulations imposed by insurers, federal regulators and other external entities to reduce administrative burdens for physicians.

Advocating for Internists
ACP has long identified reducing administrative complexities or burdens as a priority. ACP works to advocate for changes in our health care system that simplify excessive administrative burdens that put a strain on physicians and patient care.

www.acponline.org/patientsbeforepaperwork
Creating the Organizational Foundation for Joy in Medicine™
Help physicians thrive through structured institutions

“I should be spending more time on my patients, not on paperwork.”
“I wish we could use our team more effectively.”
“Delivering quality care takes a coordinated effort.”
Nine steps to help clinicians thrive through organizational changes

**Culture of Wellness**

1. Engage senior leadership
2. Track the business case for well-being
3. Resource a Wellness infrastructure
4. Measure burnout and the predictors of burnout longitudinally
5. Strengthen local leadership
6. Develop interventions and evaluate their impact
Nine steps to help clinicians thrive through organizational changes

**Efficiency of Practice**

7. Improve workflow efficiency and maximize power of team-based care

8. Reduce clerical burden and tame the EHR

**Personal Resilience**

9. Support the physical and psychosocial health of the workforce
Workflow Redesign

1. Pair MAs with same MDs/Providers
2. Pre-visit planning
3. Pre-visit labs
4. Team documentation, consider use of scribes
5. Reassess time allotted for daily visits + Adjust panel size*
6. Optimize EHR use with expert training
7. Optimize click to care ratio
8. Optimize ancillary staff
9. Annual Refills
Adjust Panel Size

AMA Steps Forward, ama-assn.org/stepsforward
Better Communication

1. Daily huddles
2. Co-locations of team members
3. Monthly physician/provider meetings
4. Connect with patients in empathic meaningful way in the “first golden minutes”
Model for Physician Wellness and Professional Fulfillment

Culture of Wellness

Optimal Well-Being

Highly Functioning Team

Personal & Professional Resilience

Highly Effective Provider

Efficiency of Practice

© Stanford Medicine April 2016
“Self-care is not an indulgence. **Self-care is a discipline.**”

“It requires tough-mindedness, a deep and personal understanding of your priorities, and a respect for both yourself and the people you spend your life with.”
TAKE STOCK - S. Friedman (HBR Guide to Work-Life Balance)

1. Make deliberate choices
2. Manage expectations
3. Set boundaries
4. Integrate aspects of your life (overlaps)
5. Work smarter not harder
6. Talk to key stakeholders in your life
Two Career Couples Need Long Term Plans
A. Wittenberg-Cox, (HBR Guide to Work Life Balance)

Co-Design: Plan a lifetime family career together to have:
• Meaningful work
• Financial security
• Great family

❖ Search for complementarity – each agree to contribute to building something that fits both people, over a life span.
❖ Family careers offer flexibility, security, and options
Two Career Couples Need Long Term Plans
A. Wittenberg-Cox, (HBR Guide to Work Life Balance)

From the Sum of the Two, to the Power of Two

- Your spouse may be your most significant career asset
- Don’t compete for short-term trade-offs rather than cooperating for longer-term, mutually beneficial gains.
- Hand the baton back and forth.

“Two people end up with a supportive partner who shares a life vision and is as invested in their spouse’s career choices as they are in their own. That is exponentially beneficial to both. “

- Use your leading professional strengths
- Have a vision of what you want working-parent life to be and lead to
- Work differently – train your work team, be visible
- Manage the village
- Don’t always be a doer – delegate and find shortcuts
- Bring workplace efficiency home
- Have a Plan B; don’t wait for a crisis to use it (an effective contingency plan)
- Think long term to stay in the game (weathering rough/busy spots)
- To get flexibility, Don’t Ask - Sell
Principles of Work-Life Balance: Prioritize Holistic Approach to Personal Wellness

Lessons from College
Lessons learned from cancer
Lessons learned from life

Focus on body, mind, spirit
CANCER AS MESSENGER
A SAFE, LOVING & NURTURING ENVIRONMENT

SPIRIT
SELF-HEALING

PRAYER
YOGA

MEDITATION
EXERCISE

ART THERAPY

PHYSICAL THERAPY

VISUALIZATION
NUTRITION

COUNSELING
DIET

SUPPORT SYSTEM
MEDICAL THERAPY

MIND

EMOTIONS

BODY
Principles of Work-Life Balance:
Prioritize Holistic Approach to Personal Wellness

Lessons learned from cancer

- Priorities come to order at the snap of a finger
- Take your best shot the first time
- Work is important, but it is not everything
- Live one day at a time fully
- Value life celebrations
- Sharing your life brings love and support
- What will your legacy be? (what will your children say about you?)
Principles of Work-Life Balance: Prioritize Holistic Approach to Personal Wellness

Lessons learned from life (as a 60 y.o. physician, wife, mother)

❖ “You can have it all!” *

* ... just not all at the same time.

❖ Seasons of life - King Solomon, 900 BC, Ecclesiastes Chapter 3

3:1 “There is a time for everything, and a season for every activity under the heavens.”
3:22 “So I saw that there is nothing better for a person than to enjoy their work....”

❖ Be a part of something bigger than yourself : ACP, faith based group, community organization, charitable organization, etc.
FINAL THOUGHTS: LIFE BALANCE

- Healing others must start with healing ourselves.
- Life happens while we are making plans
- We need to proactively address the stress in our daily lives
- We need to utilize a holistic approach of body, mind, & spirit to our own health and help our patients do the same
- Set life priorities with your family. Update & communicate often
- Self care is not an indulgence. It is a discipline.
- IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOURSELF
Resources for Life Balance & Work Balance

The Happy MD, Dike Drummond, MD

www.thehappymd.com

www.acponline.org/practiceresources
FINAL THOUGHTS: WORK BALANCE

- Physician stress and burnout is common
- **We must advocate for changes within our own organizations**
  
  Improved workflows for different aspects of job, attention to patient acuity and time requirements, efficient data entry by all team members, establish best practices for EHRs with least clicks, paid administrative time.

- **We must advocate for regulatory changes by government and payors** through the ACP especially – change in documentation requirements, value of cognitive services,
ACP Physician Well-Being & Professional Satisfaction Initiative

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Resources for Work Life Balance

- ACP – acponline.org
  Practice resources → Professional Well-Being & Professional Satisfaction
- AMA – ama-assn.org/steps-forward
- Stanford Model – wellmd.stanford.edu
- Christine Sinsky, MD, Mark Linzer, MD and TJ Shanafelt, MD write a lot of journal articles on this topic
- Your colleagues & mentors
Student Loan Repayment

Working for non-profit organization can tremendously decrease your student debt

Loan forgiveness is key

Administrative help over the lifetime of your loan with your annual need assessment
Student Loan Forgiveness

Our Benefits at Work: Dr. James Rossi
Able to pursue Primary Care and return to hometown of Corbin, KY

- Completing second year of residency
- Outstanding loan balance = $284,515
- Outcome with Fiducius Loan Relief (Forgive):

<table>
<thead>
<tr>
<th>Standard Terms</th>
<th>Fiducius Loan Relief</th>
<th>THE DIFFERENCE</th>
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<tbody>
<tr>
<td>Monthly payment = $3,159</td>
<td>Monthly Payment = $52 (yr. 1)</td>
<td>Take-home pay = $3,107</td>
</tr>
<tr>
<td>Total repayment = $379,126</td>
<td>Total repayment = $160,627</td>
<td>Loan repayment = $218,499</td>
</tr>
<tr>
<td>Loan Forgiveness = $0</td>
<td>Loan Forgiveness = $218,499</td>
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Fiducius