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Department of Family Medicine

MR FISCAL: Medical Residency Financial Skills Curriculum to Advance Financial Literacy

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THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Introduction

- Financial stress leading cause of poor physician well-being
- 1 in 2 physicians are "not very" knowledgeable about personal finance and are "very concerned" they do not have enough money to retire Lack of financial education during family medicine training

Methods

- Solomon 4 group design of 16 residency sites, mix of academic, community and military Intervention: Web series
- Tool: Validated Personal Finance Wellbeing Scale (PFW)

	Pre	
Marital	36% Single	
Status	60% Married	6
Gender	53% Male	
	44% Female	Z
Dependents	0-5, media	
Age	26-40, medi	
The views		

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UNC Family Medicine Faculty Development Educational Research Collaborative

How does family medicine resident and fellow participation in a financial education curriculum affect their financial well-being and literacy?

Post

26% Single 69% Married 55% Male 41% Female ian O ian 29

Pre-Intervention Survey Results

55% Response Rate Average PFW Score: 6.5/10 correlates to "moderate to low financial distress, moderate to good financial well-being" Median Indebtedness: \$242,500 (total debt), \$181,000 (student loan debt)

Post-Intervention Survey Results

- 43% Response Rate intervention
- surveys (n=19; p=0.512)
- (mean=6.27, SD=2.0, p=0.016)

The views expressed here are those of the authors and do not reflect the official policy of their employers or the Department of Defense

Average PFW Score: 7/10 correlates to "low financial distress, good financial well-being" Significant improvement in Post survey group PFW scores (p=0.017) regardless of

No significant difference on PFW score from Pre to Post for those who completed both

Intervention group significantly more likely to have disability insurance (64% vs 32%, p.004)

Military residents had significantly higher PFW (mean=7.56, SD=1.7) in comparison to those from a university/academic residency Post intervention data analysis ongoing. • Future research to expand to non-FP residents and medical students.

Discussion

• Few participants completed both Pre and Post surveys limiting conclusions on impact of intervention.

 Time between Pre and Post surveys may have been too short to allow for improved PFW scores despite increased knowledge.

 Intervention was voluntary, inclusion into core residency curriculum may improve efficacy.

Work in Progress