



# WEALTH PLANNING FOR THE MODERN PHYSICIAN

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## THE JOURNEY FROM PEDIATRICS TO SCRUB SISTERS WITH SPECIAL GUEST, DR. JACQUELINE WINKELMANN

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### **David Mandell:**

Hello. This is Dave Mandell, host of the podcast. Thanks for joining us, whether you're on YouTube watching our pretty paces or listening on one of the podcast platforms. I've got a great guest, someone who has been introduced to me over the last number of months and I am really interested in what they're doing and hopefully OJM will be part of it. Let me tell you about Dr. Jacqueline Winkelmann and then we'll start in.

Dr. Jacqueline Winkelmann is an award-winning pediatric hospitalist who has held multiple leadership roles over her 20-year career at the Children's Hospital of Orange County, California. She retired from clinical medicine in 2018 and transitioned to a non-clinical career as a medical advisor and consultant. She's held roles including chair of the medical advisory board and chief medical officer for pediatric-focused consumer and medical device companies and we'll talk a bit about that. Dr. Winkelmann is the founder and CEO of Scrub Sisters, a 501(c)3 organization for female physicians at all levels of training on a mission to create a nurturing and empowering community within the medical profession and we'll speak about that too. So, with that, Jacqueline, welcome to the program.

### **Dr. Jacqueline Winkelmann:**

Thank you, David. Thank you for having me. It's a pleasure.

**David Mandell:**

I appreciate you making the time. I'm going to start with the question that I ask every physician that's been on this podcast now for six seasons, which is where'd you grow up? What made you become a physician? And for you specifically, how did you find your way into pediatrics?

**Dr. Jacqueline Winkelmann:**

Yes. I will start at the beginning. I was actually born and raised in Puerto Rico and my mother's uncle I guess was my first inspiration into medicine. He was one of the first pediatric surgeons on the island. And I remember being very young and just always admiring how happy he was. He was not a wealthy man. He literally saw children of all backgrounds. He did post-op rounds in farms and got paid in chickens and eggs. So, it was quite a different picture from what we are used to for physicians in this country, but he was a great inspiration to me. And I think I can probably say since about the age of 10, I wanted to be specifically a pediatrician and there was a detour that we'll talk about in a little bit, but there was never a question that pediatrics was my calling.

**David Mandell:**

Got it. Yeah. Again, in the docs we've talked to, I would say it's a pretty even split between the docs who kind of had a specialty in mind. We've had a bunch of orthopedic folks on who've played sports when they were younger and they got injured and they were like, "This is what I want to do." And then there's a lot of folks who are like, it was based on the med school and the people they connected like my father, a radiologist. He just was inspired by that once he made the rounds. Didn't expect to be that. Kind of had another idea coming in and then said, "No, that was a specialty that fit me." Didn't know that going in. So, you're the first group.

Obviously, this podcast is focused on career and finance and business issues. So, let's talk about your first job out of training. How did you choose it and what financial factors came into play, if at all? Maybe it was just, "Hey, the

clinical spot I wanted to be and what they pay me, they pay me." Or maybe there were some decisions on that. And then sort of looking back, if you could go back in time, would you not necessarily make a different decision, but would you have looked at it differently? Are there things or questions you might've asked that you didn't at the time?

**Dr. Jacqueline Winkelmann:**

Yeah. That's a great question. Actually, I thought about it a bit to answer this one, but I have kind of unique trajectory because I went to ... And I'm going to start before my first job because it's very important. I went to undergrad at WashU in St. Louis, and I mean literally from Puerto Rico. I grew up there until I went to college and then went from Puerto Rico to St. Louis, was there for the four years and met my now husband. But we ended up getting engaged on my college graduation day. At that time, he was already in Chicago and because of the cycle of applications to medical school, I had not applied to schools in Chicago. So, I ended up deciding to postpone medical school, which was not usual in those days. I'm talking like early '90s.

**David Mandell:**

It was like a gap year. Sort of a gap year.

**Dr. Jacqueline Winkelmann:**

I took two gap years, moved to Chicago. Part of the decision making was actually financial in retrospect, but because I was born and raised in Puerto Rico, I had no state of statehood so, to speak. So, any medical school that I would attend, I would be paying out of state tuition.

And so, to me, it made perfect sense. My parents were perhaps not as thrilled that I wanted to move to Chicago, work for a couple of years, establish my residency as an Illinois resident and then apply to medical school. So, I ended up working at the University of Illinois at Chicago, and I did adult cardiology clinical research, OR, cath lab, that kind of thing. It was an amazing two years. I got so, much experience. I traveled the world. My cardiology boss mentor was pretty much who started this field of contrast echocardiography and

anything we wrote got published. So, it was a great experience. I had a normal, so, to speak, life for a couple of years before entering medicine. But most importantly, when I went to apply to medical schools, I found out that in those days, and now I'm talking 1994, there was a program at UIC if you were doing full-time research and you stayed on as a medical student part-time, like 10 hours a week, you attended medical school with a tuition waiver.

So, I paid zero for medical school. Didn't even end up applying to any other schools in Chicago. I applied early, I got in. So, I ended up working in that cardiology research group for six years. So, my four years of med school and the two years of my gap years. They ended that program my third year of med school, but they ended up grandfathering us for the last year. So, needless to say, we were literally newlyweds. I started med school on our one-year anniversary and not in any financial state to be paying for medical school out of pocket. So, it was a really, really important time that really changed the trajectory of the decisions later on as far as career goes. And then the other aspect was I graduated from residency in Chicago and then we ended up moving to Southern California. And at that time, because I had no debt, I actually had a scholarship for undergrad as well. So, I had no debt from medical school. My husband had finished his MBA at Kellogg and that was paid for by the bank he worked with. So, we were in decent, I guess, financial states so, I was able to ...

In fact, my first job was my only job. It was my job at CHOC in Orange, and I ended up working part-time my entire career, which made a huge impact in burnout prevention, so, to speak. I was a hospitalist, so, we had 24-hour weekend shifts, 16-hour night shifts, 10-hour day shifts for my entire career. So, it's pretty intense and working part-time really allowed me to have what I ... Now I feel so, blessed and grateful because I really did have a great work-life balance. We have two grown children now, 24 and 19. And I was really able to have what we all want. And I acknowledge that because of that free medical school and free undergrad, I really didn't have that mountain of debt, so, I

consider myself very lucky and blessed to have been able to make that choice.

I know that's not a choice that a lot of people can make. So, that was really sort of a pivotal time. And then career-wise, of course, I had worked in adult cardiology for six years. My boss was ... He had a plan for me. I was going to do internal medicine at Mass General, and then I was going to move to Chicago and do fellowship with him and stayed there. And I was really torn because I loved it. I loved the research, I loved what I did, but pediatrics was always pulling me. And my first day in my pediatrics rotation, there was no question. And then I told him and he said, "Well, can you just not make a decision until you do internal medicine?" And as you know, kind of a joke, but pediatricians and adult medicine people, it's just different. So, I can say three hours into my internal medicine rotation, I knew that I was meant to be a pediatrician. So, yeah, it was an interesting time both on the career side and then obviously on the financial decisions we had to make.

**David Mandell:**

Yeah. It's a great story. I'm glad you went into that because I have some parallel in my career too, because I was at UCLA for grad school and I tell people all the time, I ended up doing the JD-MBA programs, which is four years. But when I started, I just thought I'd be in the law school, which three years. But I say my most important exam the first year was not any of my law school exams, it was my residency test because at that time you could become a California resident after one year and you could use your year in grad school as that year.

**Dr. Jacqueline Winkelmann:**

Interesting.

**David Mandell:**

So, I had developed a relationship with the office in the main administrative hall there, and I would go there and talk to the woman and just make sure I was doing everything I needed to do. When I finally got the stamp of approval

I was a California resident, I can't give the exact number, but this is in the early '90, and I had a little bit of a scholarship based on merit, I think I paid like \$1,700 a semester for law school and business school at one of the top 15 schools in the country. Right?

**Dr. Jacqueline Winkelmann:**

Amazing.

**David Mandell:**

I had a student loan or two, but it was mostly so, I could live a pretty good life on the west side of LA. So, I came out with maybe \$10-12,000 of loans and none of that was really desperate loans to just get by. It was like, okay, I'm going to have a decent apartment and this kind of thing. So, that opened up every avenue to be more entrepreneurial. I didn't have to join a big firm and do the things that people come out with. Even at that time, USC, let's say, or Stanford was \$16-17,000 a year or so, for that. That was like 80, 90,000 in 1994 dollars. So, I guess the point of it is that people take gap years and they make decisions, and certainly, a lot of people like you said, aren't lucky enough, fortunate enough that they have these big loans coming out and it gets them to do maybe career decisions or stick with things that they ideally wouldn't have to do, but that's reality, and that's how a lot of people watching or listening have to deal with is, okay, I have this student loan. Eventually I'll get there.

And hopefully they can still do the practice they want knowing they can get there, but this is why people are listening. To get financially efficient, etc. So, on that note, so, you guys obviously were in a better position than many, but how did you handle your financial life? Now, you said your husband had an MBA from Kellogg, so, maybe he worked in finance. I don't know. But is this something that you guys did yourself in terms of investing or financial planning? Did you delegate? Did you find advisors? How did you deal with your financial life in terms of somewhere between doing it all yourself and delegating it all?

**Dr. Jacqueline Winkelmann:**

Yeah. My husband is indeed in finance, and he actually works mostly with medical device and biotech companies. So, we kind of have this Venn diagram of interaction. I actually worked as a consultant for his company and sort of translate the medical side of the companies they're evaluating. So, he was mostly in charge of our personal finance before we got a financial planner. But I have to say that for us, real estate has been really good to us even from very early on. And I got to say he kind of had a knack and we both try to find even small little condos in Chicago that were kind of in the bordering neighborhoods of safety and then over the years kind of exploded again. This was in the '90s to early 2000s and the real estate market was booming. So, we timed things really well. Also, gave us certainly a leg up for moving to Orange County, California, a pretty high cost of living area, but I think we ended up having four condos in 10 years.

And remodeled some and then again bought in those areas that we felt were going to be the next up and coming. We lived around Wrigley Field, so, that was already a desirable, but we kind of tried to stretch it as much as we could. And we even ended up ... This is kind of funny. We ended up selling our last garage separate from our condo because parking garages are such a hot commodity in the city of Chicago. People take mortgages to buy parking spots. So, that was really, really good to us. And then moving to California, same thing. I think we had five homes in 20 years. Bought a lot, remodeled a lot, and sold and did pretty well. He has a very good knack of timing the real estate market and interest rates and demand and Orange County has always been a pretty decent real estate market.

**David Mandell:**

Yeah. That's great. Yeah. My parents were similar in that in South Florida. They ended up, I think, buying and moving five times. Each time they'd buy a place, kind of fix it up and then sell it and then go into another place and do all of that. So, I've heard that story before. That's great. Let's get back to your career a little bit. So, in the short bio that I put in there, and we'll link to her full bio and everything in the show notes, but you had a transition from clinical practice to

working with industry. So, tell us A, how did it come about? Was it something that you sat on for a while and it was something you always are interested in, or did opportunity kind of come out of nowhere? And then once you got into it, what roles did you play? What did you learn about the business side of medicine? For docs who may be listening and watching who say, "Yeah, that's something I want to do in my career," or "I'm about to do that now. I have an opportunity." What would you tell folks in terms of what to look out for and what was successful for you?

**Dr. Jacqueline Winkelmann:**

Yeah. That's a great question. And I did not have a traditional exit from clinical to non-clinical medicine. This was a number of years ago, and it was not something that I was looking for. Like I said, I was very happy with my job. I had it for 21 years. I loved the people I worked with. I was always happy to come to work. It was not something I did purposely. But these opportunities by very random coincidences and network landed me, I guess my first non-clinical role, which was with a pediatric or a baby product company. And they were looking for a pediatrician to do some education, so, it was purely customer based. And so, I did that. And then one thing led to another one, introduction led to another. I ended up working then with a brand-new formula company that I've been involved with since very, very early on before they even launched their product.

And so, those roles were completely different that were very much about product design, formulation, all the way to communicating and messaging to consumers. And then through another personal friend ended up working with a baby monitor company that then we had the consumer side and then were going to med device route. And so, then that's when I became ... I was the chair of their medical advisory board and became chief medical officer, FDA submissions, clinical trials, all of that. I had done even a few quality improvement projects for some of the consumer products in the hospital setting and even ended up having an entire new hospital line of this consumer product. It was a little vibrating mat for babies that we used in the neonatal ICU for the babies that were detoxing from their neonatal

abstinence syndrome. So, really interesting projects, very varied, and again, not something I was looking for, but it gave me a completely different take and different outlook on what you can do as a clinician, as a physician.

And I felt like I was helping parents and patients to make sure that these products that are coming at them, whether it's on the consumer side or the medical device side, are safe. Not only just safe and effective but necessary. I feel like in the baby world, there are a lot of products there, and I think it's overwhelming and confusing for a young new parent. And so, I am very transparent with the companies that I advise. I mean, do we need this? And so, on the financial side, I have to say, I guess my introduction to healthcare economics started when I was working at the hospital because of the leadership roles. I ended up sitting on the board of directors of the hospital for several years. Our chief of staff stints is kind of long. It's like six years. So, I was there and really got to see how healthcare works, especially for children's hospitals and the mergers and the acquisitions and just the need to really expand from healthcare of sick children's to then taking care of the entire spectrum of wellness and what the financial implications are for that.

And there's been a lot of acquisitions of private practices and things over the years that really gave me a completely different viewpoint of medicine in general. And then of course, working with these companies where a lot of them are startups, great opportunity to work really closely with CEOs and CFOs of these companies and really see what the workings are of straight-up business. As much as medicine is a business, it's a different take. Our hospital is nonprofit. It's just a different lens of looking at things. So, it has been really interesting and then ended up ... Physicians, kind of lifelong learners, and we always like to learn more. So, I ended up participating in the first cohort of a chief medical officer executive program out of Emory. And it was an 18-month program, but basically a baby MBA for doctors and especially doctors in leadership roles.

And it was really interesting too. I learned a lot in that program, and I ended up now teaching a couple of sessions for them. So, yeah, it's been a good variety of different exposure on the financial side of medicine. And you asked about my advice to people that are transitioning to non-clinical, and I do speak a lot about it because I feel very strongly that when I started, which is now eight years ago or so, the demand for non-clinical roles now has skyrocketed. It's a lot of people want to leave clinical medicine for a myriad of reasons.

**David Mandell:**

When you say demand, demand by the physicians?

**Dr. Jacqueline Winkelmann:**

Demand for these types of jobs. And I mean, you go on LinkedIn and these medical director openings are posted and in an hour there's a hundred applications. So, it's been an interesting evolution...

**David Mandell:**

You didn't see that as much even eight years ago.

**Dr. Jacqueline Winkelmann:**

No, no, not at all. It was, I would say, relatively easy to find a non-clinical job. It's definitely more competitive now. But I guess my biggest piece of advice is transitioning to non-clinical work is not the cure for burnout. I feel burnout is usually the reason for wanting to leave clinical medicine. But working with companies, working with industry consumer products and medical device startups for sure, it's not necessarily for the faint of heart. It's a completely different world of intensity. So, I always advise people to deal with the burnout first. What are the reasons? What are you going to do to prevent it from happening again? What are your coping strategies before you even attempt to go that route? And then the practical aspect of finding one of these jobs, unfortunately it is networking, networking, networking. You need to know someone that knows someone because that's how you're going to find these roles. But really important I think to me, and I've seen a few of my colleagues,

the grass always seems greener, and it might not necessarily be true. So, you just have to be careful.

As much as I've loved both of my lives, clinical and the non-clinical, I can see how it can get very intense. And the other thing I have to say about working with industry as a clinician, especially as a pediatrician, we are so, ... We're the nice ones, and we are very much about mission and about patient outcomes. And all of that really influences who you are as a person. But when you're working as an advisor or a consultant for a business, you need to understand that their bottom line is very different than what our bottom line is most of the time. Their bottom line is dollars. And so, you need to tread lightly with what kind of advice you give. And I'll give you an example because this was really interesting with the infant formula company, when I came on board and I was, I mean, I think the fourth person they had there. I was working directly with the CEO. I don't even think the COO had been hired yet.

And I came on board probably a couple of weeks before they were launching their first formula. And then I find out that they were not FDA approved. They had not gone through the process. And I said, "This is the most highly regulated industry in our country." So, I had already told the CEO, "This is not going to fly." And they were very much outside of the box thinkers, and I learned so, much from these young ladies because they were all moms with young children, and they were trying to be creative, and they were labeling their formula companion formula, not infant formula, et cetera, et cetera, but two weeks in the nod came from the FDA and they had to completely stop.

And so, then the CEO calls me and she says, "Well, the FDA is telling us if we put a toddler formula sticker on our cans, we can sell it. Toddler formula is regulated as food and not as infant formula, and it's a completely different process and much more lenient." So, she said, "What do you think I should do?" And I said, "Well, is that what you set out to do? Did you intend to start a toddler formula company?" And she said, "No." I said, "Okay. Well, I understand that you have investors to respond to and that you absolutely need their

support financially and in every way. But if I had their support, I would most certainly spend the time and the money, the year and a half, two years it takes to get the FDA approval and do what you set out to do with the understanding that I know that there are so, many financial implications with that."

But I was very transparent with her too. And I said, "But I have to warn you, be transparent, if this is going to be a toddler formula, I can't be a part of it for many reasons. As a pediatrician, it's not a thing that I feel comfortable with." So, they sat for a weekend, and they talked about it, reached back out to their investors, and luckily, they agreed to go through the FDA approval process and literally ended up, I think a hundred million of revenue their first year. So, that year and a half, they spent building this community of women that were dying for this formula. And the day it released, I think they had a wait list of seven or 8,000 women for formula, which is something that you use for a year and that's it. But the point I'm trying to make is that as a clinician, and especially as a pediatrician for me, we only want to see the more altruistic effect of these. And I do align myself with mostly mission-driven companies because that is who I align with personally. But at the same time, you have to be very aware of the fact that what your role is, you are an advisor, and that the bottom line is different than what you are used to. And I think that's hard for some people sometimes.

**David Mandell:**

Yeah. I mean, the story that you told, I think the key thing I'm taking away from it is at the point you had to give some honest input there, and they could have turned around after that weekend and said, "You know what? We're going the other way. We don't need your services anymore."

**Dr. Jacqueline Winkelmann:**

Absolutely.

**David Mandell:**

It sort of gets back to your point about leaving clinical medicine because of burnout issues to join, especially startups. To me, when I hear startups, it gives me kind of heartburn. I have an MBA, and I have friends who've done really well and et cetera, but there's absolutely no way I would be part of a startup right now. I mean, I don't care what it is, it's just too much of a sprint, too much of just like 24/7 living it, et cetera. It's not where I'm at in my stage of my life.

And I certainly wouldn't think of going to that to avoid stress. It would be the opposite. So, I haven't heard people articulate it the way you did, but I think it's really important. I'm going to point that out in the highlighting of this episode because it doesn't mean that people shouldn't do it and it is exciting, and they may have a passion for it. My father practiced clinical radiology his whole life, but he was involved in a bunch of startups and things, but the startup stuff was what created a bunch of stress. I mean, he knew how to read films and do all that. That wasn't stressful. He knew what he needed to do every day when he showed up at practice. So, anyway, we could go talk about that. Maybe that's another episode coming up.

**Dr. Jacqueline Winkelmann:**

If I may interject, on the other side of the spectrum, there's very, very well established, very large, very bureaucratic companies. And I've worked for some of those too, where literally my very insignificant check was signed by seven people, and it took three months. So, there's a balance in-

**David Mandell:**

Right. And for some people that might be the right fit though, right? Because they don't want the stress. They want to get involved in some industry and do some ... And we've had some surgeons on talking about different instruments and things they've been involved in, which is a long waiting time, but they're not getting involved in the stress of the startup. They're just working with a Smith and Nephew or whatever Fortune 100 company and doing one little thing. So, there's lots of different ways, and we've had a lot of folks on talking about different elements, but I really appreciate you talking about that

because we haven't heard that in now six seasons. So, that's great. I want to be conscious of time, and I do want to talk about the venture that you've founded, which is right up on your corner here for those watching video. Scrub Sisters. This is an endeavor that you are leading. Tell us about how it came about and what is it? And I want the audience to hear about it.

**Dr. Jacqueline Winkelmann:**

Thank you. Yes. Thank you for the opportunity because I am very excited to share about it. Scrub Sisters kind of came about ... I've always loved teaching and mentoring, and I feel like at this stage of my career, what I consider the tail end, I was looking for something meaningful to do. It was, I felt, my time to give something back. And also, I felt at certain points in my training and early career, these are the things I wish I would've had a Scrub Sister, if that makes sense. And all founders and entrepreneurs are either trying to solve a problem or trying to create something they wish they had for themselves. So, when I started medical school, as we talked about, it was my one-year anniversary. Nobody in my medical school class in those days was married. Nobody had taken gap years.

I felt very out of place, and I wish I would've had somebody I could have related to in that lane. And then fast-forward when I started my first job, even in pediatrics, surprisingly, I did work for the critical care group, but I was the only woman, and I was a 30-year-old with a six-month-old baby writing training, and my colleagues were mostly men in their mid 40s. So, I didn't have that much in common with them. So, the nurses became my friends, which was great. I still talk to them, love them to death. But it was hard to find somebody that could understand my life outside of medicine but with the context of being a woman in medicine.

This is where this comes in. We have amazing groups for women in medicine like AMWA and Women in Medicine Group. I belong to Women in Pediatrics. There are many groups that are having incredible conversations about professional life, about leadership development, about shattering glass

ceilings, about salary inequities, you name it. And they're doing it very well, and I don't need to recreate that. So, the point of scrub sisters was really to be able to have these conversations of what we call real life conversations of the life that is parallel to our professional trajectory. And it starts with simple things like dating during medical school, choosing to have a family, raising a young family as you move forward in your professional life, all the way to where I am now and a lot of my friends are now with menopause and divorce and empty nesting and taking care of elderly parents.

There's so many conversations to be had. And we all have friends outside of medicine, but it's nice to have a group of people that can understand your life as a woman in medicine and then be able to talk about these things. And honestly, some of these conversations, especially about mental health and emotional difficulties are really hard to have within your own programs, for example, with men and other women. So, that was the point of creating this safe and supportive community where we could have these type of conversations. And so, we launched just about a year ago, and I think we have members in 27 states and five countries. I mean, I've been self-funding it, so, we have done no marketing whatsoever, but it's been growing great in a great way. And the way that we're structuring it is by launching local chapters because we believe that in-person connection and networking is really important and the mentoring part of it, of course.

And so, we launched chapters. Ironically, the first one was in Puerto Rico. The first email I ever got was from a medical student in Puerto Rico that wanted to start a chapter there. And then we launched chapters in California and New York, and we have several that are launching this year, including one in Delhi, India. So, there's definitely an interest to have a place to have these conversations, which I think is great. And then on the mentoring side, I was really interested on, I think we see mentoring traditionally as somebody like me, mid-to-late career and mentoring somebody that's early on in their training. But what I have found, especially in this past year and a half, is that we can all be mentors. I just had a call yesterday with ... I think she's a

freshman in high school who is pre-med and wants to start a Scrub Sisters chapter in her high school.

And she's in Southern California, so, one of the medical students in California is her mentor. She's going to be helping her. So, just because you're early in your career training path does not mean that you already haven't learned so, many life lessons. So, it's been really great to see. I think the New York chapter is in upstate New York, and those young ladies literally wanted to start this chapter to be able to mentor. They're all MD MBA students. They're fourth year medical students, and they've done a great job with entering the people to follow. So, it's been really great to see the peer, peer-to-peer mentoring at all stages, and also, just seeing them grow as leaders and mentors themselves. So, it's been really, really cool.

**David Mandell:**

I think it's great what you're doing and when you talked about the issues that people are dealing with, the issues of life, it's really something that I think there's a real need for. Certainly, you can go to friends for some of this stuff, but the ability to do it with people who also, understand what you're going through at work, that's I think the power of it. Because sometimes I think you have somebody that can understand one side of you, and then you have someone else that can understand all the other side, but no one's really getting the full picture and it makes you feel a little isolated because you can't really describe what's going on to this to one person because they don't understand this half and people get put in their boxes. And ideally, the folks that are joining your group and interacting can talk about all of it and give advice around that. So, for those who-

**Dr. Jacqueline Winkelmann:**

Sorry to interrupt.

**David Mandell:**

No. Go ahead.

**Dr. Jacqueline Winkelmann:**

I just need to mention our financial goal is actually to establish a scholarship program for women applying to medical school and residency because the cost of applications are now estimated between five and \$10,000.

**David Mandell:**

Just to apply?

**Dr. Jacqueline Winkelmann:**

Just to apply. And we know that the reality is that many of these young people have to apply at second round because they didn't get in the first round. So, it's clearly the first barrier to entry for many in medicine. In fact, one of the founders of the Puerto Rico chapter was telling me that she had to take two gap years just to pay for her living expenses and the cost of applying to med school. So, I was blown away when she told me that because I had already made that our mission. But yes, it would've completely changed her life if she would've been able to start her medical training two years before. So, that's sort of the long-term goal with making it financially viable.

**David Mandell:**

So, we're going to put all this in the show notes too, but just for those who are listening on their treadmill or driving et cetera, and are excited about this either for themselves or a friend or a family member, et cetera, is it scrubsisters.com? .org? Where would they go? And again, this will all be in the show notes.

**Dr. Jacqueline Winkelmann:**

Yep. Scrubsisters.org. And it's a free community. I was very intentional on not making, especially trainees that we're trying to support, pay. So, as we grow, we're going to be looking for individual donors and then corporate partners. We do have our first in-person event in Park City in October, and it will be a retreat that's going to focus on physical, mental, and emotional wellbeing and having those real-life conversations, and then what I like to call the things we wish we would've learned in medical school. So, we have an attorney talking

about contract negotiation and other legal insights. And then hopefully we'll have OJM and somebody speak on financial literacy and investments and things like that for female physicians at all levels of training.

**David Mandell:**

Yeah, no, it sounds like a really interesting retreat, and we love what you're doing. I think it's great, valuable. And I will put everything in the show notes. So, those of you, again, scrubsisters.org. But it'll all be in there, including we can have a link to your offsite and your conference and all of that. So, Jacqueline, really enjoyed having you on. Some really interesting stuff, especially about industry and burnout and all that too. There was some really good things that I hadn't heard before. So, thank you for being on.

**Dr. Jacqueline Winkelmann:**

Thank you. Thank you so, much for having me. It was a pleasure.

**David Mandell:**

Excellent. So, to those of you listening, watching, every two weeks, we'll have another episode. If you liked what you heard or what you saw if you're watching on YouTube, give us a five-star review. Leave us a review. And if you're a physician who's doing something you have passion for that you think other folks would want to hear like Jacqueline's doing, contact me because we're here in season six and we haven't built out the whole season yet, so, it might be a good fit to come on and chat about it. Thanks everybody for watching and listening. You'll see us in another two weeks.