**“Reaching and Teaching Millennial Learners”**

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**Objectives**

1. Define what is meant by a “generation”

2. Review generational characteristics (in the US) prior to the current generation

3. Identify characteristics of the “Millennials” as a generation

4. Review specific areas of strength and concern for Millennials as learners

5. Identify strategies for teaching Millennial learners

**Summary**

Generations are groups of individuals who are born or live at the same time and who

share experiences and environmental influences by virtue of similar age. By extension,

and as a result of these shared experiences and environment, these groups often share

attitudes, ideas, values, styles and problems.

In the US, over the last nearly 100 years, there have been several distinct generations,

commonly known as the “Silent” generation, the “Baby Boomers,” the “Generation X,”

and now the “Millennial” generation. Each generation has its own set of characteristics,

defining moments and values, and shared conflicts and achievements.

These generational characteristics have had and continue to have significant influences

on teaching and learning at all pedagogic levels. The current generation poses a new set

of challenges and opportunities for medical educators. This session will review those

challenges, including the growing body of literature about digital professionalism, as well

as the opportunities, including specific strategies for educators to enhance teaching and

learning for Millennial trainees.

**Further reading & resources about Millennial learners:**

Pardue KT, Morgan P. Millennials considered: a new generation, new approaches, and

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education. Medical Teacher 2007; 29:85-88.

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school. Academic Medicine 2006; 81:571-76.

Howell LP, et al. Multigenerational challenges in academic medicine: UC Davis’s

responses. Academic Medicine 2005; 80:527-32.

Twenge JM. Generational changes and their impact in the classroom: teaching

Generation Me. Medical Education 2009; 43:398-405.

Berk RA. Teaching strategies for the Net Generation: Transformative dialogues:

Teaching & Learning Journal 2009; 3:1-24.

Roberts DH, et al. Twelve tips for facilitating Millennials’ learning. Medical Teacher

2012; 1-5.

Chretien KC, et al. To Friend or Not to Friend? Social networking and faculty

perceptions of online professionalism. Academic Medicine 2011; 86:1545-50.

Mostaghimi A & Crotty BH. Professionalism in the digital age. Ann Int Med

2011;154:560-62.

Moubarak G, et al . Facebook activity of residents and fellows and its impact on the

doctor-patient relationship. J Med Ethics 2011; 37:101-4.

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Generations at Work. Zemke R, Raines C & Filipczak B. AMACOM, New York: 2000.

Generation Me. Twenge J. Free Press, New York: 2006.

Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine\*. Medical Professionalism in the New Millennium: A Physician Charter. Ann Intern Med. 2002;136:243-246. doi:10.7326/0003-4819-136-3-200202050-00012

YouTube video “Who Are the Millennials?” available at

http://www.youtube.com/watch?v=hzCBtsvtD8I

Pew Research Center’s “How Millennial are You?” interactive quiz available at

http://pewresearch.org/millennials/quiz/intro.php

www.digitalprofessionalism.org – online resource for medical educators developed by

Drs. Mostaghimi & Crotty

http://www.nytimes.com/2014/12/07/fashion/the-lives-of-millennial-careerjugglers.

html?smprod=nytcore-iphone&smid=nytcore-iphone-share – Interesting NY

Times article about Millennials’ approach to careers.

NY Times Innovation Report – download via link (paid)

http://mashable.com/2014/05/16/full-new-york-times-innovation-report/#q6yr4W2c6Oki

Reuters report on digital news consumption – download via link (free)

http://www.digitalnewsreport.org/

Mary Meeker 2015 Internet Trends report – download via link (free)

http://www.kpcb.com/internet-trends

Jason Dorsey – marketing to millennials

http://jasondorsey.com/

**Workshop: Professionalism Cases**

**Case 1:**

Throughout the first few months of his fellowship Josh Fowler was noted to be compassionate and committed to his patients. His attendings have had no concerns about his clinical acumen and he gets his work done in an accurate and timely manner. It has been noted however, particularly by the administrators at orientation, that Josh seems very focused on when and how long his vacations will be, and has asked numerous times about which rotation assignments might provide him with the opportunity to come to work a bit later, leave a bit earlier, or even leave the hospital for a few hours in the middle of the day. As winter hits and the days are shorter, Josh has begun to complain bitterly to anyone who will listen that he feels he is working too much and isn’t able to go running as often as he wants or needs to. Josh is a marathon runner and is planning to run the Miami marathon in January during his scheduled vacation. Over the last month, at least one day of each work week, he has been going running at lunchtime and he tells the nurses he has to get his training in sometime. His colleagues note that he is becoming more short-tempered and rushes through sign-out. A few first year fellows come to you as the program director because they are concerned about Josh and are also getting a bit frustrated by his behavior. During the meeting one of the fellows says she would like to leave early occasionally to attend her daughter’s soccer games and other fellows have personal needs so why is Josh getting to take time for personal pursuits when they aren’t?

***Discussion questions:***

What is the best way to handle the initial discussion with the fellows?

Does Josh have a right to feel frustrated that he can’t pursue his marathon running during his first year of fellowship?

How would you handle it if a group of fellows told you that the work schedule during the first year of fellowship does not provide adequate flexibility for fellows to attend life events and personal activities? How can a "reasonable work life balance" be best defined for trainees and faculty?

What are the current gaps in work ethic expectations between trainees and attendings? How can these gaps be addressed?

How do we balance trainee “wellness” with “ownership”? How do we define these terms for ourselves and for our trainees?

**Case 2:**

Sylvia Oliveri is a 2nd year hematology fellow who has been very successful academically and professionally throughout her medical training. She is extremely personable and well-liked by the faculty and her peers. A few months into her second year of fellowship, two of her colleagues report to the Program Director that they have noticed that Sylvia has patients as “friends” on her Facebook page that they feel compelled to mention. When you speak to Sylvia about this issue, she tells you that one of her longstanding clinic patients, who she is very close with, “friend requested” her a month or so ago and she felt obliged to say yes as the patient was going through a challenging time with her treatment. She further explains that she discussed this with one of her attendings who told her it was fine as long as her Facebook page had only “appropriate” material posted “that you would share with your grandmother.” Sylvia thinks it would break her patient’s heart to “unfriend” her.

***Discussion questions:***

What is the appropriate use of social media for trainees and faculty?

Does your institution have a digital professionalism policy? Is this clearly discussed with trainees?

How do you define appropriate communication methods with patients electronically and professionally?

If Sylvia had been told at orientation that “friending” patients on Facebook was not permitted, should this incident be considered a one-time mistake and used as a formative teaching moment… or should we expect more from a 2nd year fellow and proceed with some type of disciplinary action?

**Case 3:**

Throughout the first year of fellowship, Jack Wu has been perceived by faculty and staff as a bit of a “mess.” Although he arrives to rounds or clinic on time each day, he frequently looks disheveled. He has tousled hair and shaves intermittently giving him a “5 o’clock shadow” most days. His shirts are often wrinkled and untucked, however he wins most people over with his caring, compassion, and charm. Two of his patients have even written the Chief of Staff saying how he is the best doctor they have ever had and how grateful they are for his outstanding empathic care. Today however you receive an upset call from the head nurse in the clinic saying that one of the patients refused to see Dr. Wu because they thought he looked unkempt and unprofessional. She needs another doctor to come see this new disgruntled patient as soon as possible.

***Discussion questions:***

What is the best approach for a trainee like this?

What if his response to feedback is that his physical appearance should not be judged, just the quality of his patient care?

What aspects of developing a professional identity are tied to outward appearance and what can we demand of our trainees?

What if instead of a dress code violation the complaint was that the trainee was always on his phone or laptop? Or made poor eye contact and preferred to have most communication by email?

What are the best methods to instill professionalism in our trainees and assure their appropriateness as future physicians representing the profession?

**Notes:**