Station: Millennial Learners: challenges and opportunities

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Key Messages

- ★ Millennials are a heterogenous group of learners with some common characteristics for this generation of learners
- ★ Value team work and drawn to collaboration
- ★ Importance of thorough orientation and clear expectations
- ★ Valuing work life "balance"
    - o older preceptors may learn from this
    - o Important to recognize that "balance" may not mean integration of the different parts of their lives
- ★ Education "consumers" - will provide feedback on program/training/preceptors
    - o While this may be cause some challenges for preceptors or programs, if handled well provides an opportunity to role model receiving feedback
- ★ Learners will be learning skills that preceptors don't have/haven't been exposed to.
    - o How can we learn from them?

Background information

Characteristics of the millennial generation:

- ★ Born between 1982 and 2000 or 2005 (Generation Y)
- ★ The millennial generation is described as displaying more needs for perfectionism, transparency, rules and emotional stability, and less self-reliance, while setting high expectations (Twenge)
- ★ They are technologically literate, confident, and paradoxically motivated by self-interest yet profoundly altruistic (Desy)
- ★ Sore higher on assertiveness, self-liking, narcissistic traits, high expectations – can manifest as entitlement
- ★ Increase in some measures of stress, anxiety and poor mental health, and lower on self-reliance.
- ★ Core workplace values include online social connectedness, teamwork, free expression, close relation-ships with authority figures (as they had with parents), creativity, work-life flexibility, and use of technology. (Eckleberry)

Preferred learning experience

★ More structured but also more interactive
★ Hands-on learning, trial and error
★ Thinking outside of the box

Importance of Orientation and clear expectations

★ "Millennials want an environment where the lines of communication and rules are explicit and firm. They dislike ambiguity. As a result, they seem to prefer a more lengthy orientation period to digest the information and understand what is expected." (Eckleberry)
★ Faculty and staff should give very specific instructions and frequent feedback.

Mentoring may be important and Millennial learner may be receptive to an ongoing mentoring relationship

★ "To enhance your impact on Millennial Learners, they need to understand more about who you are, how you got to where you are, and what choices and decisions led to the path you have taken. The more you can describe how you balance work and life, the more your learners will feel a connection to you and understand the relevance of your teaching" (Roberts)

Need to understand the purpose and meaning of why something is being done or required of them

★ **Rationale:** they will more likely follow policies if they're given the reasoning behind them
★ Allows us as educators to rethink why we do certain things, and not just do them because we have "always done it like that"
★ "Most young people no longer respond to appeals to duty; instead, they want to know exactly why they are doing something and want to feel they are having a personal impact. This is an opportunity: if young people understand the deeper meaning behind a task, they can bring their energy and passion to bear on it. " (Twenge)

Learners' willingness or desire to provide feedback back to program or preceptor may be strong

★ Can be unsettling for preceptors/directors but if heard without defensiveness can be an opportunity to strengthen the program AND provides an opportunity to model receiving feedback

★ Have been described as "educational consumers"

Value Balanced Work-Life

★ This can be a GOOD thing that teachers can learn from their younger students
★ Is an opportunity to discuss career/burnout/balance
★ May be important to talk about how at different stages of career and personal life work vs personal life take on different amounts of time (e.g. during residency less control over schedule)
★ Consider how do we balance trainee "wellness" with "ownership"? How do we define these terms for ourselves and for our trainees?
★ Important to realize that "balance" does not mean integration of the different parts of their lives – so work and "personal" may be quite separate and expect it not to overlap
★ "The era of doctors who considered themselves to be doctors first and everything else second appears to be over. In some ways this is a good thing, particularly in terms of ensuring that doctors are able to spend time with families and that they get enough rest to provide good patient care. " (Twenge)

"Educators should be realistic with students about the challenges of residency and practice, and should let students know that, at least for a while, their work may take precedence over the rest of their lives." (Twenge)

Preferred learning/working environment

★ Naturally drawn to collaborative settings, team work
★ Successful strategies will involve hands-on teaching with simulations and group discussion. Collaborative learning coupled with immediate feedback within a practical context is key. (Eckleberry)
★ May be well suited to competency based medical education (Desy)

Have a comfort with technology

Adopt medical apps/technology

★ May need guidance about inappropriate multitasking with devices

All learning is contextual

★ "All learning is contextual and teachers need to be aware of how their own generational biases could inhibit interactions and negatively impact learning" (Roberts)

★ Avoid assumptions about current learners' motivations. Consistently encourage curiosity and discovery, however, it may manifest (Roberts)

Teachers and mentors should be fair and consistent

★ "Environments in which grading may seem judgmental or subjective, such as clinical clerkships during third year, may be significantly more challenging for Millennial Learners to comprehend and accept. Specific suggestions to enhance students' sense of a fair and honest learning environment:
    o Learning objectives should be clearly identified with frequent reminders as to their location and importance.
    o Useful and meaningful feedback should be given in a timely and appropriate manner.
    o Factors that determine scores and grades should be transparent and available to students (Roberts)

Resources:

Borges NJ, Manuel RS, Elam CL, Jones BJ. *Differences in motives between Millennial and Generation X medical students.* Med Educ. 2010;44(6):570-576. 19.

Desy J, et al. *Milestones and Millennials: A Perfect Pairing Competency-Based Medical Education and the Learning Preferences of Generation Y*. Mayo Clin Proc. 2017;92(2):243-250.

Eckleberry-Hunt J, Tucciarone J. *The challenges and opportunities of teaching "generation y"*. J Grad Med Educ. 2011;3(4): 458-461.

Roberts D, et al. *Twelve tips for facilitating Millennials' learning.* Medical Teacher 2012; 34: 274–278.

Twenge J. *Generational changes and their impact in the classroom: teaching Generation Me.* Medical Education 2009:43:398–405.

Millennial Learners: challenges and opportunities

Case1

From Eckleberry-Hunt J, Tucciarone J. *The challenges and opportunities of teaching "generation y"*. J Grad Med Educ. 2011;3(4): 458-461.

A young resident advances in training but does not seem to be taking on additional responsibilities as would be developmentally expected. In fact, he calls faculty to ask if he is expected to see his panel of patients while they are hospitalized. When the attending physician explains the concept of continuity of care to the resident, he provides a litany of reasons why he should not be responsible for seeing his patients in the hospital. This resident begins to get a reputation for doing the minimum amount. The faculty mentor meets with the individual to discuss faculty concerns, particularly that he is always asking what is expected. The resident says, ''I don't know what to do with this feedback. Are you telling me I can't ask for help?'' The mentor feels frustrated because the resident does not seem to understand the bigger picture. The resident is frustrated because he does not understand the expectations of faculty.

Resolution of Case:

The faculty mentor provided the resident with concrete examples of his behavior that demonstrated a lack of initiative and responsibility. His initial response was to become defensive, and the mentor reflected back to the resident the observed defensiveness. The mentor pointed out that in the end, the ''why'' behind his behavior did not matter. Faculty are more concerned with the end result of good patient care. The mentor provided the resident with straightforward instructions to use when he is unsure of the faculty expectations: ''When you ask yourself, 'Do I have to do the extra step related to patient care?' the answer is yes. There is no need to consult others.'' ''When you ask yourself, 'How do I do this?' it is always OK to ask for help.'' The resident reluctantly accepted the basic, concrete feedback and no further issues have arisen. In fact, the resident has even demonstrated improved leadership skills

Case 2

Dr J is working with a med 1 student just starting their family medicine elective in the family medicine clinic. Towards the end of the first day the student asked if he could leave before the last patient was seen. The preceptor did not clarify why this was being requested, but did excuse the learner. On the third afternoon, again towards the end of the afternoon, the preceptor was describing the patient that was booked next. The student again asked if they could leave, as "it doesn't sound very interesting." The preceptor was very surprised by this comment and felt a righteous sense of "as a medical student I would never have said that … besides all patients have the potential to be interesting!"

How would you handle this?

What might be at play here?

Case 3

Dr M has a new family medicine resident starting with them on their core family medicine placement. During the first few weeks the preceptor gave feedback about communication style, giving some concrete examples and suggestions for change. Later the preceptor received feedback about their supervision, being described as "critical." The learner commented that they "learned not to take it [the feedback] personally."

What generational trait might be affecting receiving and giving feedback in this case?

How would you approach this scenario?

How can the preceptor who receives the feedback about their teaching model a thoughtful response?