Generation Gaps in Medical Education: Implications For Teaching and Learning

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Why the interest in generational differences in medicine?

- More generations in the workforce
- Rapid pace of cultural change makes experiences of generations more divergent
- Medicine demands effective interactions between members of different generations and cultures as emphasis on teamwork increases
- Need for more doctors in the workforce, making retention and job satisfaction important
At the end this presentation, you should be able to:

1. Describe stereotypical characteristics of the four most recent generations in our workforce
2. Enumerate conflicts between your learners and teachers that are often attributed to generational differences
3. Discuss whether you think these conflicts are related to generational differences, or to other factors
4. Suggest strategies to resolve these conflicts
Definition: a generation is a group of people whose characteristics were shaped and defined by the societal events that occurred during their formative years.
Not every member of a particular generation will share everything in common with other members of that generation.

Since generations span 15+ years, their members still have varied experiences and those on the “cusp” of previous or next generations may not fit stereotypes as well.
Further “caveats”

- Talking about generational differences requires sweeping stereotyping and oversimplification.
- Studies of generational characteristics are based on survey research, interviews, and sociological observations of behaviors, usually in the general public.
- Generational differences measured in surveys could be based on generational experiences, age/stage of life, or accumulated life experience (are 80 year-olds of one generation different from 80 year-olds of another?)
### Recent U.S. Generations

<table>
<thead>
<tr>
<th>Generation</th>
<th>Born Years</th>
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<tbody>
<tr>
<td>“Greatest” or “GI”</td>
<td>1901 – 1924</td>
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<tr>
<td>“Silent”</td>
<td>1925 – 1944</td>
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<tr>
<td>“Baby Boom”</td>
<td>1945 – 1962</td>
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<tr>
<td>“Generation X”</td>
<td>1963 – 1981</td>
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<td>???</td>
<td>Born 2003 –</td>
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The Silent Generation
(born 1925-1944, ages 66-85)

- traditional, respect authority, law and order
- parents were strict, frugal and worried
- married early, divorce rate rose in their mid-life
- gender gap – wide but challenged by women working during WWII
- prized values- security, wealth
- experiences- end of Depression, FDR, Social Security, WWII, 1950’s prosperity
- technology – cars, radio, first commercial aviation
The stereotypic story of members of the Silent Generation

- Strict discipline and witnessing of parental sacrifices during the Depression led to conformity and early commitment to job and family, and risk-avoidant behavior
- So, with increasing security and prosperity of 50’s, had a more “hands-off” style of childrearing with their boomer and Gen X kids
- Later, in mid-life, triggered the boom in divorce rates and accumulated the most relative wealth of any generation
Stereotypic Organizational Style of Silent Generation

- Devotion to job/profession and loyalty to organization
- Formal, respectful interactions
- Expect respect based on status, role in hierarchy
- Believe in “paying your dues”
- May treat men and women differently
The Baby Boom Generation
(born 1945-1962, ages 48-65)

- optimistic, generous, permissive, rebellious, ambitious
- parents were: relaxed
- married later, divorce rate doubled
- gender gap: wide but pressure to change
- prized values: youth, health, personal success, material wealth, “live to work”
- experience: civil rights, birth control, women’s lib, moon landing, Vietnam, Cold War/arms race
- technology: TV, LPs, 8mm films, mainframe computers, plane travel, nuclear missiles
Stereotypical Story of the Baby Boomers

- Growing up in an era of relaxed parenting and the economic boom of the 50’s and early 60’s, they felt secure and that there were limitless possibility – man went to the moon!

- The Women’s Lib and Civil Rights movements fostered a sense of rebellion as empowering – and this erupted in the late 60’s around an unpopular war and the assassinations of cultural heroes

- The widespread availability of effective birth control ushered in the Sexual Revolution and allowed women to marry later, enter the workforce, and be more independent - and divorce rates soared
Organizational Style of Baby Boomers

- Prize ambition, invention, hard work, accumulated body of work
- Expect respect based on expertise, accomplishments
- Believe in “getting ahead”, “get the job done”, “go for it”, “you can do anything you put your mind to”
- Deeply invested in job/profession as major part of identity
- May still be some gender bias

- fun-loving, self-reliant, troubled, cynical, “misunderstood”, independent
- parents were: underprotective, often not home
- gender gap: narrowing
- prized values: diversity, balance, free time, environment, “work to live”
- experience: working/single parents of “latch-key” kids, space shuttle and Challenger disaster, Chernobyl and Three Mile Island, Watergate
- technology: cable, PCs, internet, solar power, cassettes/CDs, VCRs, calculators
Relaxed style and high divorce rate of working parents resulted in “latch-key” kids who learned independence early and rebelled against rules.

Less cohesive family relationships and events like Watergate and the Chernobyl disaster led to cynicism about government and organizations.

Less allegiance to family and organizations promoted a sense of isolation, alienation, and being “misunderstood”, and marriage and birth rates declined.
Organizational Characteristics of Gen X

- Cynical and less trusting of organizations, more willing to change jobs/find new opportunities
- Casual interpersonal style
- Less likely to affiliate with elders or seek mentoring – “I’ll do it myself”
- Expect respect based on quality of work
- Expect to get the job done and have time for the rest of life – not as likely to identify with job
- Gender neutral
Characteristics of Millennials (born 1982-2002, ages 8-28)

- family-oriented, mobile, consumerist, brand conscious, hopeful, idealistic, want feedback
- parents were: protective, “helicopter” style
- gender gap: narrow
- marrying earlier again, kids when younger
- prized values: tolerance, cooperation, connection/communication, novelty, conformity/perfection
- experience: global news, AIDS, Kosovo, Sudan, Rwanda, Iraq, 9/11, climate change
- technology: VCRs to TiVo, IM/texting, cell phones, MP3s and iPods, hybrid cars
Stereotypical Story of the Millennials

- Being planned and wanted by industrious Boomer parents who protected their self-esteem at all costs, Millennials grew up feeling special and powerful (“entitled?”)
- Boomer “helicopter” parents have hovered and protected, and showered them with material goods, delaying the onset of independent adulthood (“Emerging Adulthood” stage), and have maintained close, more friend-like relationships with kids
- Technology has allowed them to feel constantly in contact with friends/family, and travel and the diversity of our society has led them to feel like “global citizens”
- Closer ties with others, increased awareness of global and environmental concerns and a sense of being special and powerful have led to unprecedented activism and volunteerism and a renewed sense of civic responsibility
Organizational Style of Millennials

- Highly affiliated with peer groups and desire affiliation with mentors/teams
- Casual interpersonal style; may treat faculty as friends
- Technology-savvy and accepting
- Expect respect based on affiliation/utility
- Want to get the job done, have fun, and save the world, all with friends
- Gender blind
Why Young Voters Care Again
And why their vote matters
BY DAVID VON DREHLE
“Children today are tyrants. They contradict their parents, gobble their food, and tyrannize their teachers.”

Socrates, 469 BC – 399 BC
“The young people of today think of nothing but themselves. They have no reverence for parents or old age. They are impatient of all restraint. They talk as if they alone knew everything and what passes for wisdom with us is foolishness with them. As for girls, they are forward, immodest and unwomanly in speech, behaviour and dress.”

Sermon by Peter the Hermit in A.D. 1274

(generational differences are not a new phenomenon)
The thing that impresses me most about America is the way parents obey their children.


(the specific generational differences we are talking about may be unique to American culture)
So, how are these potential differences manifest in the academic environment?
Survey sent to listservs for these groups

466 responses from four generations, by gender, F>M for all (16 Silent, 138 Boomers, 96 Gen X, 212 Millennials)

Silent and Boomer groups comprised of physicians and non-physicians (responses did not vary significantly)

Gen X and Millennial groups comprised primarily of medical students
Differences in Learning Preferences

- Younger learners prefer multiple learning styles to just lecture and note-taking.
- Younger learners prefer to work late and night and when they choose to.
- Younger learners appreciate use of sophisticated and mobile technologies, and use them EVERYWHERE.
- Younger learners like to “multitask” and work “strategically” on what’s most important.
Tensions related to learning preferences

- What do you mean, close my laptop?
- I’m not coming in today, there are no mandatory events
- What’s going to be on the test?
- These lectures are so boring, can’t they use demonstrations and more technology to teach us?
- Why should I lecture if no one is interested and comes? They are so disrespectful!
I learn most efficiently when I:

- listen, take notes
- read, take notes
- discuss with others
- manual activity

![Bar chart showing preferences for different learning methods across different generations.]

Silent
Boom
Gen X
Millennial
What should determine whether or not laptops can be used in class?

The diagram shows the preferences of different generations (Silent, Boom, Gen X, Millennial) regarding factors such as presenter preference, class content requirements, presence of patient, and whether they should always be allowed. The data is represented on a bar chart with vertical bars indicating the percentage or frequency of each preference.
Potential Strategies

- Videostream lectures and use face time for interactive techniques: PBL, TBL, review sessions, labs, simulation
- Don’t rely on guilt to encourage attendance; have meaningful consequences if mandatory
- Time events for peak learning hours
- Provide alternative learning strategies for different learning styles
- Set clear rules based on learner needs for classroom behavior/use of devices
Differences in Use of Technology

- I can’t get hold of the professor, s/he hasn’t answered two emails I sent this AM! They don’t really care about students.

- I can’t get hold of the student, s/he has not answered my (university) email! How is s/he going to learn to take on the responsibility of being a doctor?

- Why can’t I post a picture of me and my patient on Facebook or write about my patients in my blog? The patient doesn’t mind!
Duke Survey of Generational Attitudes/Experiences

“My current frequency of use of this modality of communication is “frequent” “

![Bar chart showing frequency of use of different communication modalities by different generations.](image-url)
Potential Solutions

- Extremely explicit and clear policies about use of technology in educational and clinical settings, with repeated education devoted to this and clear consequences for violations.

- Use students’ technological savvy to design systems and content – let them teach faculty and provide individual faculty training on updates in school technology systems.
Differences in Attitudes about Time and Work/Life Balance

- Whose time is it, anyway?
- These students disappear as soon as rounds are over! I can never find them.
- These residents are always too busy to teach but want us to hang around and wait for something to do – it’s a waste of our time!
- I need to choose a specialty so that I’ll have time for my family and my other activities.
- Don’t these students realize that Medicine is a calling, not a job?
AAMC Generational Attitudes Survey

“I see being a physician as:”

- A calling
- That directs life decisions
- A way to contribute
- A type of employment
- Start of my career, other endeavors
- Late
Potential Solutions

- Team Training
- Clear expectations of all team members for attendance, punctuality, how work is shared
- Policies/Systems for communicating need for excused absences, with clear consequences for unexcused
- Incentives for teaching by faculty/residents to that balance of teaching of/service by students feels more appropriate
- 360 evaluations
Differences in Basis for Respecting Others

- These kids use too much profanity and are too casual with patients – we need to teach more professionalism!
- That student challenged my authority by questioning my clinical decision on rounds! How disrespectful!
- That attending criticized me in public! How humiliating and abusive!
- These student/professors don’t follow the rules!
AAMC Generational Attitudes/Experience Survey “I tend to respect a person MOST highly based on:”

- great values—is "good" person
- personal value to me
- professional accomplishments as teacher, etc.
- high rank or title

Legend:
- Silent
- Boom
- Gen X
- Millennial
My typical approach to rules is:

- Comply unless 
- Morally unacceptable 
- Comply not comply without much question if no consequence
My typical approach to rules is:

- Comply unless morally wrong.
- Comply if I agree with the rule.
- Comply if I respect the rule maker.
- Comply to stay out of trouble.
Potential Solutions

- Set clear rules, explain the rationale, and have them announced by someone respected.
- Involve all parties in setting the rules.
- Opportunities for teachers and learners to participate in community service events that allow them to share their values.
- Mentoring programs that allow teachers and learners to recognize shared values.
Career Priorities and Life Motivations

- These students want to run all over the world and do good — don’t they realize Medicine is not all about adventures? Who is going to stay home and take care of the patients?

- These professors are so sure that we can only get a good education here — why can’t we see how medicine is practices other places. They’re so provincial!
I see being a physician as:

- A calling
- A type of start of my career, other endeavors
- A way to contribute to the world
- That directs my life decisions

Silent - MDs
Boom - MDs
Gen X
Millennial
Physicians should be able to work part-time:

- Throughout career
- Temporarily during some periods
- Rarely, it's a full-time job

Silent
Boom - MDs
Gen X
Millennial
So, do we have a generation gap in medical education?

- Clear differences in learning preferences, technology usage, Medicine as a calling
- Minor differences in approach to rules
- Similarities in basis for respect, attitude about part-time work
Cultural Competency as a model for better understanding and communication
Cultural Messages to Millennials

- Believe in yourself (focus on self-esteem in parenting and education)
- You are special
- You can be anything you want to be
- I like you just the way you are
- I love you, you love me
- Be yourself, do your own thing
- Be nice!
- Be happy, have fun!
- Things are important
“Helicopter” Parents of “Trophy” Children have often:

- signed their child up for the “best” preschool/play group, even before birth
- given choices rather than saying “no”
- showered children with material goods and huge collections of toys
- defended kids, not teacher, if trouble at school
- invested greatly in children’s multiple activities and achievements
- allowed missing school for special events
- held family meetings to make decisions
The educational background of Millennials has often included:

- “grade inflation”, lots of positive feedback
- Emphasis on individual interpretation, independent study, “free” writing
- Allowed absences for trips, competitions
- Relaxed dress codes, or none at all
- Access to snacks throughout the day and multiple meal options
- No scheduled classes for early AM or Fridays (college)
The college and medical school admissions process rewards:

- extraordinary accomplishment in endeavors other than academic (sports, arts, community service)
- students who have been intensely coached to take SAT/AP/MCAT exams
- students who are used to taking on leadership roles and having a say in things
- students for whom exceptions have been made and have a sense of being special
So, what do Millennial students expect of their educators?

- Clear rules, consequences and grading policies, no unfair advantage for others
- Learning events that are engaging and worth their time, with competent use of technology
- Frequent positive feedback and good grades, even for average work (we’re all OK they way we are), negative feedback that is gentle
- That we are invested in their success and will coach them to be successful in getting the “right” residency
So, what do Millennial students expect in medical education?

- time to pursue talents and interests
- exceptions to attendance rules for meetings, courses elsewhere, medical trips
- to take on leadership roles, participate in decision-making, give us constructive feedback right away
- To dress, communicate with friends, and eat how and when they want to
Bridging “cultural” gaps

- Getting educated about and understanding each other’s cultural background
- Recognizing shared values and goals
- Anticipating differences in approach to goals based in cultural differences
- Developing effective communication styles that bridge differences
- Negotiating process, roles, rules, timeline to get to mutually desired outcomes