"All generalizations are false, including this one." Mark Twain

Millennial Characteristics:
What we see: *Narcissistic. Selfish. Entitled. Dependent*.
What lies beneath: ***Altruistic. Inventive. Egalitarian. Connected.***

"What do I, as an educator, need?"
Flexibility. Adaptability. Compassion.

The Challenges and Opportunities of Teaching "Generation Y." Tucciarone, Eckleberry-Hunt
The Journal of Graduate Medical Education, 2011.
As educators, we must be *in loco parentis* in many ways. To be good parents, faculty must be mentally and physically present. We must persist even when we feel persistence is not working. We must take comfort in the knowledge that we may not get the pleasure of seeing all our hard work pay off until the kids have already moved out of the home.

Millennials in a Glance
Special
- Generation of children that is wanted
- Every milestone was marked with celebration and praise
- Expectation of frequent, positive feedback

Sheltered
- Rarely unsupervised, helicopter parents
- Did not have to deal with their own conflicts, as parents "spared them" (teachers, peers, etc)
- May expect shelter, protection and nurturance in residency

Confident
- Motivated, goal-oriented, confident in themselves and the future
- Expect colleagues to launch them to greatness
- High levels of optimism
- Brag about their generation's power and potential

Team Oriented
- Schooled in pods rather than desk lines
- May sacrifice identity for team
- Prefer egalitarian leadership
- May "politely" exclude other generations
- Dislike selfishness, are oriented toward service and volunteerism

Pressured
- Pushed to achieve, avoid risks, and take advantage of opportunities
- Put on a career track since grade school (preschool?)
- May take on too much

Motivating Millennial Learners

Engagement

- Relevance: connect subject with current events and culture. Information for information's sake is useless
- Rationale: need reasoning behind why the subject is important, transparency
- Relaxed: thrive in non-formal environment, want to informally interact with one another and superiors
- Rapport: highly rational. Want strong connection with educators in order to pursue learning outcomes. Used to having adults show interest in them
- Research-based Methods: use active learning methods. If not engaged, shift attention elsewhere. *Many components of their ideal learning environment have been shown by research to be effective*
- Feedback: invited, expected, and should be reciprocal. Be clear, concrete

Teaching Techniques

- Diverse modalities: use audio and video clips, attempt to use physical learning as well
- Educational toys: heavily marketed in childhood. Consider new ways to make learning fun
- Less lecture: focus more on multimedia and direct peer interaction. As an educator, if this is not your strong suit, have no fear. Millennials are great at forming Didactics Committees, pairing with teaching faculty, and bringing lectures to the 21st Century. Let the residents help direct course design, as you provide mentorship and guidance along the way
- Accountability: reading materials and lectures are not highly valued. Instead, assign short, concise reading assignments between lectures with a quiz at the beginning of the lecture. Explain that this method will eliminate formal lectures and allow more open discussion and collaborative learning
- Directly relate the material: case based, discussion, consider live patients
- Make knowledge accessible: online resources, audio recordings, accessible through a phone app. This includes access to the instructor by email, phone, or in person.
- Be ready to back it up: have data to support materials presented, to support relevance and validity
- Protect didactics: consider making this time a "no-pager zone" where attendings answer the pages and provide patient care during lectures. This sends the message that education, not work, is the first priority. If this is ongoing, a second step of making educational time "technology free" is essential. Residents sometimes inappropriately multitask, taking away from teaching time. Protected didactic time allows for expectations to eliminate hand-held devices during lectures

Take Home Points on Educating Millennials

1) **They are "digital natives**:" they know tech inside and out. With respect to gadgets, they grew up privileged. They expect access to multiple devices which should be replaced every few years. Regarding education, you sometimes need to enter their world to effectively adapt your teaching style. You must keep their interest and effectively engage them. Learn their media channels, media habits, and popular memes as ways to stay connected. Regarding millennials and pretty much everything, they want it fast, they want it now, and they want it with ease.

   a. <u>Example</u>: I expect access to cell phone reception, which my grandfather did not have in his practice in the 1970s. I do not expect internet connection. Ever. Millennials expect cell phone signal, wifi access, streaming ability, and daily use of many, many apps

   b. <u>Example:</u> I recently texted a resident late in the day after rounds, "Good job on updating your H&P Diagnosis." He texted back an apology and would said he would get to it soon. I responded that the text was supposed to be praise, not sarcasm. I then sent a gif of Parks and Recreation's Rob Lowe holding a "Good job" Post-It note. The resident replied with a smiley face emoji and texted "I am fluent in GIFS."

   - *Be fast. Keep communication short, straight and to the point. Being limited to 140 characters could help all of us communicate in a more direct way*
   - *Be clever. Learn colloquialisms, culture, and what is happening right now. It is a simple way to connect and engage the learner*

2) **They value equality**: they are accepting of cultures, customs, sexuality, spirituality, and personal styles. They strive to be nonjudgmental. Make sure that you are not carrying around old, outdated terms. Avoid sexism, racism, and other things which should be common knowledge.

   a. Example: in one of our new didactics courses, the seasoned instructor referred to an Asian person as "Oriental." He has made other comments about races and religions which were not intended to be harmful, but are no longer culturally acceptable. The residents have determined that this professor likely cannot be learned from.

   b. Example: a female patient admitted to the hospital identifies as "gender fluid" and refers to herself as "they." In rounds, if any member of the team says "she" in reference to the patient instead of "they" the resident is visibly bothered.

   - **Adapt quickly. Use compassion. Be open to dialogue. With each generation comes change for the better with respect to equality. Let the millennials lead the way.**

3) **They are team oriented:** they grew up in teams (soccer, family, classes in pods). They are more likely to accomplish things on teams, and less likely to follow through on their own without supervision.

   a. <u>Example</u>: previously, our QI class asked the PGY3 residents to identify areas for improvement in the program. They spent the lecture time complaining about the residency. The next year, they were instructed to break up into 3 teams to tackle specific problems. Each team came up with action plans and are currently working on QI project outcomes.

   - **Think teams. Not pairs or triads necessarily, as more introverted residents may struggle in that capacity and resist the exercise. Instruct teams to identify leaders who will be accountable for summary and presentation.**

4) **They are egalitarian:** as an educator and as an attending physician, transparency is a must. Explaining, rather than, "because I said so" is important. Millennials value authenticity. They value democracy and consensus. They may not show proper decorum for superiors, which is not an intentional slight. We are all here to learn together. Involve your residents, value them, and bond them with their colleagues.
    a. Example: resident consults on an inpatient, and at the end of the assessment tells the patient he will return after discussing the case with "my colleague." He is referring to his attending. The attending only learns of this when the patient refers to her as the resident's colleague.
- *Be transparent as to why rules exist and decisions are made. This is modeling at its best.*
- *Be participatory. Engage your residents; they are content creators and want to be heard.*
- *Build communities rather than hierarchies. A family unit is less a hierarchy and more a community, with each member playing a role.*
- *Encourage outside work events and resident group social events. When selecting Chief Residents, consider nominating a resident to be a "Social Vice" to plan and coordinate resident events. Note: this refers to <u>residents</u> hanging out together.*
5) **They need strong mentorship:** they value leaders who are approachable, supportive, good communicators, and good motivators. They had parents who focused on making them feel special, which became an ingrained need. The most successful managers are surrogate parents. Any issue the reader has with this concept may be more a reflection of their own childhood relationship with a parent, rather than the ideal. Mentorship, guidance, and showing genuine care for the wellbeing of the resident marks a strong parent and a strong program director.
    a. <u>Example</u>: our program director has a daily exercise with his team before rounds called "Moments of Vulnerability." He expresses something he is excited about or frustrated about in a real and tangible way. The rest of the team follow suit. This has had a strong impact on both residents and medical students.
- *A good parent is present, emotionally and physically. Few things are more important than time.*
6) **They need feedback:** they were raised primarily with positive feedback and negative comments are sometimes difficult for them to digest. Feedback is best accepted from someone they look up to as invested in them, who believes in them. Have clear goals and expectations both verbally and in writing on the first day of the rotation. Prior to giving feedback at the end of a rotation, allow the resident to reflect on their strengths and weaknesses as they relate to their rotation performance. Overall, feedback should not be saved for the end of the rotation. It needs to be given right away, focusing on observable behaviors, with concrete examples. No parent tells a child that they shouldn't have put their ice cream wrapper in the car's gas tank a week after it happens. Also, don't forget positive feedback. Daily. We overlook this so often.
    a. <u>Example</u>: our Chief Resident puts out an ongoing "Moments of Greatness" email which is read and acknowledged weekly at resident training events. Residents and faculty submit positive feedback for each other so that successes can be publicly acknowledged.
- *Never assume something is "common knowledge." Give feedback right away, highlighting observed behaviors, concretely.*

7) **They are motivated by ideals:** it's not what you sell but *why* you sell it. They are motivated by cause-driven leadership. Crowdsourcing is a viable means of attaining resources for events and education. Millennials seek novelty experiences and excitement.
    a. Example: this past summer the residents participated in a weekly Wellness Seminar. For 3 hours each week, they left their rotations to participate in team-building activities, yoga, and mindfulness exercises. Think: occupational therapist teaching painting while all pagers are turned off; outside yoga instructor hired. Funding came from attending physician donations.
- *Focus on making a unique educational experience. The underlying learning objective will sell itself.*
8) **They CAN change the world:** what if you grew up in a world where "No" wasn't an option? They were taught to recycle in kindergarten. They are altruistic, team-oriented, and globally focused. Tap into their energy, not their self-importance. They have seen revolutions crafted solely through social media. They are not rebels. They are wireless collaborators. Harness the innovative engine and your program will build itself into something greater than you could achieve alone.
    a. Example: our bi-annual Resident Retreat (externally focused, residents had a half day to complain about the program) was changed to a Residency Program Reflection. Now, residents select 3-4 areas for improvement and identify concrete ways they can affect change using the resources available. Improvements have included creation of an online mobile call schedule, streamlining the vacation request process, and identifying new ways to engage and educate medical students.
- *Stop making disparaging comments about "millennials." Celebrate them. Encourage them. Help take "No" off the table in your program.*

"The young do not know enough to be prudent, and therefore they attempt the impossible, and achieve it, generation after generation." Pearl S. Buck

Millennials

BABY ON BOARD

The re-valuation of the American Child

Marketing to Millennials

Raised by "soccer moms"
Psychologically impacted by danger in world
School desks in pods, not rows
Birthdays take entire week
Everyone gets a trophy (just for showing up)
Early education about pollution, environment
New breed of feminism, don't use "f" word
Open minded and multi-cultural
Get along with and actually like parents
Politically active
Extreme tech savvy, "digital natives"
Resilient and not bothered by set backs
Job satisfaction over money or opportunity
Need lots of supervision and structure
An "echo" generation

Big Picture

Cohort	A.K.A.	Birth Yrs	Trigger	Characteristics	Notables
Traditionals	G.I. (early) Silent (late) Greatest	1922-1944	Depression	Cheerful, Obedient Conservative Past oriented Uniform/Conforming Rational/Scientific	John Kennedy J.D. Salinger Walter Cronkite Joe DiMaggio Billie Graham
Boomers	Woodstock Me Generation	1945-1961	End of WWII	Independent, Confident, Goal-Oriented, Value Individuality	George Bush Bill Clinton George Foreman Jay Leno
Gen-X	Slackers 13th	1962-1979	Hostage Crisis	Diverse, Flexible, Tech adept, Individualistic	Dave Matthews Michelle Obama Jon Stewart Damien Hirst
Millennials	Y Echo Boom Digital Gen Next	1980-2000	Columbine	Adaptable, Impatient, Tech Savvy, Mutli-taskers, Learning oriented	Lebron James Prince Harry Andy Roddick Mark Zuckerburg

Marketing to Millennials

The Challenges and Opportunities of Teaching "Generation Y"

Jodie Eckleberry-Hunt, PhD, ABPP and Jennifer Tucciarone, MD
Author information ► Copyright and License information ►
This article has been cited by other articles in PMC.

Generation Y, otherwise known as the millennial generation, refers to individuals born between 1982 and 2005.[1] This is the newest generation to enter the workforce. Leaders across disciplines are taking note of the challenges and opportunities associated with training this unique group. In contrast, medical education appears to be lagging behind in understanding the different learning needs of Generation Y and the ramifications this has for advanced training. This can lead to misunderstanding and frustration. Consider this example:

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.

Unfortunately, there is very little in the research to suggest what teaching strategies work with Generation Y.[2] One exploratory study suggests that unstructured learning environments in medical schools 5 be ill matched with the high need for structure of Generation Y,[3] but these findings are preliminary and 5 be speculative. In this article, we draw from other disciplines, such as nursing and business, to review the strengths and challenges of Generation Y. We discuss how to match medical education teaching strategies to their particular preferences, based on what we do know, and hopefully provide guidance to educators faced with issues related to generational differences.

Characteristics of Generation Y

The early years of Generation Y were marked by uncertainty.[4] Significant events included events of 9 11, 2001, other threats of terrorism, globalization, a severe economic recession,[1] school violence, and an outbreak of severe acute respiratory syndrome.[5] Generation Y has been a highly protected and overscheduled generation.[6,7] They were raised by parents who told them they were special and winners for no other reason than they are who they are.[8] Core workplace values include online social connectedness, teamwork, free expression, close relationships with authority figures (as they had with parents), creativity, work-life flexibility, and use of technology.[1,9]

Generation Y prefers to work in groups with hands-on experiences.[2,5] They enjoy trial and error.[2] Generation Y does not highly value reading and listening to lectures as has been traditional in medical education.[2] They want learning to be creative, interactive, and fun; and they enjoy thinking outside the box.[8]

Generation Y has unique characteristics that affect learning in positive and negative ways. To ensure success, medical educators need to understand that Generation Y cannot be forced into the mold of past generations. Differences are not necessarily weaknesses. On the basis of relevant literature, we believe educators in graduate medical education should focus on 4 core areas: (1) interactive teaching with technology, (2) professionalism, (3) mentoring (or parenting), and (4) communication and feedback (table).

Interactive Teaching With Technology

Generation Y is technology savvy[9] and advanced in readiness to use new medical technologies. Medical educators need to stay abreast of new technologies and incorporate them into teaching. Successful strategies will involve hands-on teaching with simulations and group discussion. Collaborative learning coupled with immediate feedback within a practical context is key.[2] Teachers should not rely on lectures as a primary teaching method. When lectures are used, they should incorporate multimedia presentations or bring in live patients for case discussions with audience participation. Educators should involve residents in a project or case study that requires active problem solving on their part. Educators not as conversant with technology could use Generation Y's expertise by involving them in a technology advisory committee.

On the other hand, Generation Y is likely to inappropriately multitask with technology. They are accustomed to using technology when they should be studying or are in class.[10] They do not understand how this multitasking 5 be perceived as rude or distracting. Clear rules about multitasking are essential.[10] Faculty should role model appropriate technology use by avoiding multitasking (eg, avoid use of a hand-held device during lectures or meetings). Programs should champion "technology-free" periods and encourage opportunities to practice stillness and self-reflection through journaling or creative arts.

Professionalism

Medical educators are very concerned with a perceived lack of professionalism among Generation Y.[11] Educators tend to view Generation Y as lazy, unmotivated, and selfish, and this view is shared in the business world.[4] Generation Y counters that they simply want work-life balance. In other words, work does not come first.[7,9] Millennials do not look at an organization to see how they will fit into it; rather, they look at how that organization will fit into their lives.[4,6,8] This is a challenge for older generations of physicians to understand, and to respect younger physicians' desire to work less.[11] Medicine requires a strong work ethic, and this cannot be compromised. However, the debate over professionalism across the generations is one that occurs every time a new generation enters medicine.[12] It is important to understand that professionalism is a journey rather than an end state.[12] Although teachers and mentors can require certain behaviors, they cannot demand on-the-spot changes in life philosophy. The question is how can program leaders attend to concerns about work-life balance as a crucial issue in recruiting and retaining physicians,[4] particularly if they want the best and the brightest? At the same time, how can they convince young physicians of the importance and value of self-sacrifice for a greater good? Although these are more long-term considerations, programs can begin by focusing on expected behaviors in the present.

Thus, teaching professionalism to Generation Y should emphasize observable behaviors.[14] Medical educators should feel comfortable addressing even basic behaviors, such as appropriate professional dress. Millennials want an environment where the lines of communication and rules are explicit and firm.[7] They dislike ambiguity.[7] As a result, they seem to prefer a more lengthy orientation period to digest the information and understand what is expected.[5] From the beginning of residency training, it is important to clearly delineate appropriate and nonappropriate behaviors, particularly regarding timeliness, dress, use of social networking, multitasking during lectures, and discussion of personal life details in professional settings.[13] **It is important not to assume that anything is "common knowledge."** When providing corrective feedback to residents, **faculty should not tell them that they are unprofessional**. Instead, the feedback should focus on the specific behaviors that are not appropriate and the reasons for this, and should delineate the consequences for repeated inappropriate behavior. Programs 5 even want to consider a professionalism contract. External rewards 5 be quite useful.[8] During this time of professional identity formation, residents need a strong faculty presence. Persevere even when you want to look the other way. Professionalism is a very difficult domain to define,[14] let alone teach, and with Generation Y, more than with any other group, faculty will need to be creative and patient.

Mentoring (or Parenting) Generation Y

Generation Y **wants to have a close relationship with authority figures, just as they did with their parents**.[7] They want to feel that supervisors care about them personally.[7] They **want to feel special**.[7] Generation Y prefers to work with superiors who are approachable, supportive, good communicators, and good motivators.[7] One side effect of a close relationship, however, is that Generation Y 5 inappropriately share private, even shocking, information in informal ways.[8] Additionally, millennials feel comfortable sharing their opinions and feedback without respect to the appropriate organization hierarchy.[4,7] They have been taught that whatever you feel is okay, thus it is okay to talk about it.[4] This can unsettle medical educators who are not accustomed to such open communication. Espinoza and colleagues[6] suggest that successful managers must have a strong sense of self to hear this type of feedback and not become defensive. While open vertical communication 5 present some challenges (eg, openly challenging authority),[4] it can be a strength for the residency program if handled correctly. Faculty physicians need to learn to be comfortable with Generation Y residents' communication. It is a great opportunity for **faculty to role model how to accept feedback**. Program leadership should be ready to interact with Generation Y and be open to that interaction because Generation Y is likely to start at the top. Program directors should be **open to honest feedback** from residents and use it for positive change in the program. Residents should not expect that their opinions will be directly translated into program changes. On the other hand, their honest feedback can be crucial to making important programmatic changes.

Espinoza et al[6] identified that successful managers of Generation Y individuals are good at forming mentoring relationships. Successful managers set expectations and patiently mentor millennials to goals. Medical educators 5 not understand the demands for a close relationship, particularly in a medical culture that is so hierarchically structured. They 5 feel like micromanagers or even worse, parents, but this is the comfort zone for Generation Y.[10] Tulgan[4] calls this "in loco parentis management," whereby managers function as parent figures to help Generation Y succeed. The ongoing, robust relationship with a mentor provides a safe environment for nondefensively hearing and growing from feedback, and this is key.[7]

One approach is to reconceptualize the role of academic advisor to include more of a parental function with regular meetings and personal attention. The mentor could meet monthly with residents to discuss professionalism questions or issues. Mentor meetings would focus on summarizing progress, reinforcing messages of professionalism, and teaching problem solving. Faculty should become comfortable with a strong, directive role, not dissimilar to the parenting role, where rules are clear and firm. This can be exhausting, as the focus 5 be on basic areas such as study skills, time management, and organization skills.[10] Educators are wise to identify residents early who are perpetually running behind or appear scattered and help them develop a basic schedule. At the same time, mentoring also 5 address deeper-level growth. Residents should be asked to **self-reflect on strengths and weaknesses before providing feedback or to reflect on reasons for struggles or successes**. Mentoring should also focus on developing priorities and independent decision making.[10] Mentoring is needed to teach skills of stillness, contemplation, and self-reflection.

Communication and Feedback

Millennials want to know immediately what they are doing right and wrong.[5–7] At the same time, they 5 feel **ill equipped to handle negative feedback** as they have been told so often by parents that they are truly wonderful.[7,8] In fact, because of the way Generation Y was parented, they tend to have difficulty with problem solving, failure, accepting and learning from mistakes, and having realistic expectations.[8] There is decreased accountability, responsibility, and independence.[8] Regular meetings with mentors are a good way to provide summary data, but educators are encouraged to provide a lot of on-the-spot feedback. Tell residents what they need to learn and why.[13] Generation Y is particularly **concerned with what peers think**, so providing that objective information is useful.[8] Feedback should be immediate, behaviorally based, and specific, and should be as clear and simple as possible. Use of 360-degree evaluations (including faculty, interdisciplinary staff, peers) to offer feedback from multiple sources will be highly valued. Verbal and written feedback are useful tools. When weaknesses and struggles are identified, mentors should assist residents in taking an active role in developing a plan for improvement. If **residents become defensive, mentors should let them know they see the defensiveness and discuss how this 5 interfere with learning**. This could evolve into a discussion about accepting feedback as an attribute of professionalism and practice-based learning and improvement. Programs should ensure that all faculty give the same message.

On the positive side, a particularly effective tool for motivating Generation Y is praise from superiors and coworkers.[8] Faculty and mentors should find creative ways to recognize the positives. For example, mentors 5 **collect positive quotes from faculty, peers, and staff, and provide residents with a printed list**. Residents will also appreciate it when **successes are publicly acknowledged**, and when positive patient feedback is shared with the entire program.

Conclusion

The case example provided in the introduction was resolved through the use of Generation Y teaching strategies. 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.

In the end, flexibility and adaptability are required to successfully work with Generation Y. Although faculty 5 feel it is unfortunate that the members of this generation think and behave the way they do, it is what it is, and medical education needs to find a way to work within that framework. Having a better understanding of Generation Y's life experience will assist educators who confront the obvious challenges and frustrations illustrated in the introductory case example.

There is much we do not know. Admittedly, the strategies described here are supported only by knowledge and advice gleaned from other disciplines and anecdotal experience. In medicine, as in business, however, we believe that Generation Y needs strong medical education leadership to succeed.[4] **Rules must be clear, and the message should be unambiguous**. In many respects, as educators we have to be in loco parentis, and to be good parents, faculty have to be mentally and physically present. We have to persist even when we feel persistence is not working and take comfort in the knowledge that we do not get the pleasure of seeing that all of the hard work has paid off until the kids have moved out of the home.