

The Challenges and Opportunities of Teaching “Generation Y”

JODIE ECKLEBERRY-HUNT, PhD, ABPP
JENNIFER TUCCARONE, MD

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 may be ill matched with the high need for structure of Generation Y,³ but these findings are preliminary and may 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 September 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 savvy⁹ 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.

Both authors are at Beaumont Health System. **Jodie Eckleberry-Hunt, PhD, ABPP**, is Associate Director of Behavioral Medicine, Troy Family Medicine Residency Program; and **Jennifer Tucciarone, MD**, is Medical Director, Troy Family Medicine Residency Program.

Corresponding author: Jodie Eckleberry-Hunt, PhD, ABPP, Beaumont Health System, 44250 Dequindre Road, Sterling Heights, MI 48314, 248.964.0417, JEckleberryHunt@beaumont.edu

DOI: <http://dx.doi.org/10.4300/JGME-03-04-15>

TABLE CHALLENGES AND STRATEGIES FOR EDUCATING GENERATION Y

Challenges	Strategies
Technology	Avoid traditional lecture formats
	Teach contextually (multimedia formats, case presentations, audience participation, hands-on teaching, group discussions)
	Role model and provide opportunities to be present without multitasking
	Involve residents in developing and using new technologies
	Identify technology-free times and encourage being mindfully present
Professional behaviors	Comprehensively review rules and consequences in a structured environment
	Define appropriate and inappropriate behavior
	Develop a professionalism contract
	Schedule monthly mentoring with detailed guidance
	Faculty role modeling
	External rewards/consequences
	Involve residents in projects and committees
Mentoring	Feedback provided within a stable, monthly mentoring relationship
	Have residents reflect on struggles and successes before giving feedback. Give concrete behaviors on which to improve.
	Provide immediate and summative feedback
	Discuss defensiveness openly
	Involve residents in remediation plans
	Self-reflection exercises
	Basic education on scheduling time
Communication	Discuss appropriate boundaries of communication
	Use 360-degree evaluations
	Give written feedback
	Use praise and positive comments in public
	Give consistent message
	Accept honest and open feedback without becoming defensive
	Give concrete, immediate feedback

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 may 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 may even want to consider a professionalism contract. External rewards may 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 may 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 colleagues⁶ 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 may 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 al⁶ 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 may not understand the demands for a close relationship, particularly in a medical culture that is so hierarchically structured. They may feel like micromanagers or even worse, parents, but this is the comfort zone for Generation Y.¹⁰ Tulgan⁴ 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 may 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 may 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 may 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 may 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 may 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 may 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.

References

- 1 Howell LP, Joad JP, Callahan E, Servis G, Bonham AC. Generational forecasting in academic medicine: a unique method of planning for success in the next two decades. *Acad Med.* 2009;84:985-993.
- 2 Mangold K. Educating a new generation: teaching baby boomer faculty about millennial students. *Nurse Educ.* 2007;32:21-23.
- 3 Borges NJ, Manuel S, Elam CL, Jones BJ. Comparing millennial and generation X medical students at one medical school. *Acad Med.* 2006;81:571-576.
- 4 Tulgan B. *Not Everyone Gets a Trophy*. San Francisco, CA: Jossey-Bass; 2009.
- 5 Carver L, Candella L. Attaining organization commitment across different generations of nurses. *J Nurs Manag.* 2008;16:984-991.
- 6 Espinoza C, Ukleja M, Rusch C. *Managing the Millennials*. Hoboken, NJ: John Wiley & Sons; 2010.
- 7 Epstein M, Howe P. The millennial generation: recruiting, retaining, and managing. *Today's CPA*. Sept/Oct 2006;24-27.
- 8 Lipkin NA, Perrymore AJ. *Y in the Workplace*. Franklin Lakes, NJ: Career Press; 2009.
- 9 Pew Research Center. *Millennials: A Portrait of Generation Next*. Washington, DC: Pew Research Center; 2010.
- 10 Pardue KT, Morgan P. Millennials considered: a new generation, new approaches, and implications for nursing education. *Nurs Educ Perspect.* 2008;29:74-79.
- 11 Smith L. Medical professionalism and the generation gap. *Am J Med.* 2005;118:439-442.
- 12 Johnston S. See one, do one, teach one: developing professionalism across the generations. *Clin Orthop Relat Res.* 2006;449:186-192.
- 13 Moreno-Walton L, Brunett P, Akhtar S, DeBlieux PM. Teaching across the generation gap: a consensus from the council of emergency medicine residency directors 2009 academic assembly. *Acad Emerg Med.* 2009;16:S19-S24.
- 14 Lesser CS, Lucey CR, Egener B, Braddock CH, Linas SL, Levinson W. A behavioral and systems view of professionalism. *JAMA.* 2010;304:2732-2737.