

Teaching and Working With Millennial Trainees: Impact on Radiological Education and Work Performance

Ana P. Lourenco, MD, John J. Cronan, MD

Abstract

Many feel that the generational differences encountered with Millennial trainees are novel; the reality is that prior generations have always bemoaned generational differences. This is not a new problem; some of the same things may even have been said about us during our own training! There are a variety of myths and misconceptions about the Millennial generation (also known as Generation Y). In this article we review some of the differences frequently encountered as we educate and work alongside our Millennial colleagues, dispelling some of the myths and misconceptions. With increased understanding of this talented group of individuals, we hope to be more effective teachers and have more successful professional relationships.

Key Words: Millennial, education, clinical work, generational differences

J Am Coll Radiol 2016;■:■-■. Copyright © 2016 American College of Radiology

INTRODUCTION

Although generational differences in educational and workplace interactions may frustrate both younger and older generations, complaining about the differences without trying to understand the source of the conflicts is not productive. Learning more about what motivates and is important to our Millennial colleagues, approaching the process with an open mind, and communicating clearly will help us establish mutually satisfying partnerships in both education and clinical work. In this article, we highlight some salient generational differences, how they may affect learning and workplace interactions, and possible changes to improve those relationships.

TEACHING

Though the exact definition of “Millennial” varies, most agree that these are individuals born between 1980 and 2000 [1]. This is the largest generation since the Baby

Boomers and the most educated generation in history. Many of these individuals were parented by so-called “helicopter parents,” who were very involved in their children’s lives—organizing play dates and resolving conflicts, much more so than prior generations. As a result, some Millennials struggle with conflict resolution and many are looking for very specific directions and frequent feedback in the workplace. The importance of providing feedback during medical training is widely accepted [2], but the reality is that many of us find it difficult to give effective feedback [3] and do it rarely, if ever. Making the extra effort to give feedback in real time, even when it pushes us beyond our comfort zones, is even more important to our current trainees. Whereas older generations may believe “no news is good news” when it comes to feedback, younger trainees interpret silence as negative [4]. Taking time to acknowledge a job well done is also imperative when working with Millennials, who often cite lack of acknowledgment and appreciation as reasons for being unhappy with or leaving a job [5]. Instead of sending only those “quality assurance” e-mails about what a trainee missed while on call, taking a moment to send a “great call” e-mail may go a long way toward creating positive morale in the program. Unfortunately, in medicine we are often quite prompt to review shortcomings but rarely pause to acknowledge a job well done.

Alpert Medical School of Brown University, Providence, Rhode Island.

Corresponding author and reprints: Ana P. Lourenco, MD, Assistant Professor of Diagnostic Imaging, Alpert Medical School of Brown University, Rhode Island Hospital, Department of Diagnostic Imaging, Main Bldg, 3rd floor, 593 Eddy St, Providence, RI 02903; e-mail: alourenco@lifespan.org.

The authors have no conflicts of interest related to the material discussed in this article.

This generation has grown up with technology. They possess an amazing ability to multitask. Their ability to listen to music, surf the Internet, and review cases may well perplex the older generations. They can also be effective “tech teachers” to older mentors. Taking advantage of the opportunity to learn from them can be beneficial to both parties—you will likely learn a few new technical tips and your trainees will see that you are willing to try to understand their experiences, views, and approach to learning. Taking a moment to understand a Millennial’s “typical” daily learning activities can be eye opening and may enhance your own teaching skills [6].

Effectively teaching this generation poses a number of challenges and requires educators to change accordingly. There are now countless resources for learning (some might argue too many), from electronic textbooks to online lectures and question banks. The attending lecture, once a cornerstone of residency education, is now only one option among many. We have seen some of the resultant changes in our own program, as the number of attending-led board review sessions requested by the residents has markedly declined. Millennials are considered “digital natives,” meaning that they have grown up with a wide array of technology, are used to having easy access to a multitude of information, and are unaccustomed to having to wait for most of that information. This has resulted in relatively short attention spans in the setting of a traditional lecture. One educator [7] in Emergency Medicine reminds us that the window to capture the Millennial learner’s attention in lecture may be as short as 30 seconds! Our first- and second-year medical students often do not attend lectures but instead watch them online at their convenience. Mandatory conference attendance may seem punitive to Millennials.

To capture the attention of Millennials, teachers must show relevance of the information they are teaching. Often a clinical scenario or a missed/quality assurance case presentation will provide an effective “hook” for the start of the session. In addition, providing a way for the audience to be engaged and interact with the teacher and the material will help maintain attention. This may be in the form of a few pre- and post-lecture questions, using audience response systems, or having the residents work through a case in groups. Providing a variety of didactic information mixed with audience participation may also increase retention rate of the information being taught [8].

Millennials also have high expectations of audiovisual quality provided during lectures. They have grown up with high-fidelity video games and rather amazing

computer-generated imagery all around. Unfortunately, if your images are from decades ago and your PowerPoint (MS Office; Microsoft, Redmond, Washington) presentation is replete with slides full of text, your audience is likely to tune you out regardless of the importance of the information you are attempting to teach. As Roberts et al [6] point out, educators need to update both slides and teaching styles to improve learning.

Many current trainees will have smartphones, tablets, and personal computers, all of which can be used successfully in radiology education in a variety of ways [9-12]. Countless other online learning options are also being integrated into both medical student and residency teaching [13-16]. Millennial learners often appreciate the flexibility afforded with these web- or tablet-based options [15], which is lacking in scheduled didactic lectures. It may be prudent to evaluate these nontraditional educational tools and consider incorporating them into the curriculum.

Communication styles of many Millennials may be quite different from those of their older colleagues, as they have grown up with texting (perhaps even while sitting in the same room!). For many, personal interactions are just not as valuable as they may be to prior generations [1]. This has required training programs to devote additional time and resources to teaching communication skills [17,18]. A telephone is not perceived as the optimal form of communication by the younger generation. To provide patient-centered care, we need to ensure that our residents and fellows have learned to communicate appropriately with both patients and referring providers.

AT WORK

Though we certainly “work” with our Millennial colleagues during their residency and fellowship training, we are also now hiring these individuals as academic staff and partners in our practices. The US Department of Labor predicts that by the year 2020, 50% of workers will be Millennials [19]. Some [20] have predicted that with extensive Baby Boomer retirements, there may be more job openings in health care than applicants available to fill them. With these predictions, and knowing that more than 90% of Millennials expect to stay in a job for fewer than 3 years [1], it becomes clear that our recruiting and retention efforts will need to change as well. Though the basics of any hiring package (salary, vacation, clinical work schedule) are important to most applicants, Millennials are strongly motivated by a

Download English Version:

<https://daneshyari.com/en/article/5726468>

Download Persian Version:

<https://daneshyari.com/article/5726468>

[Daneshyari.com](https://daneshyari.com)