Generation Why – Challenges in Medical Education at #NSWMET

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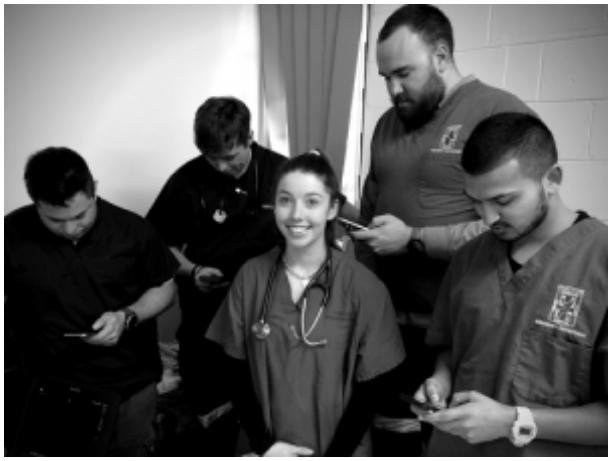
I'd like you to imagine something with me.

It's 08:00 on a Thursday morning and you've just arrived in the Emergency Department. Waiting for you is a brand new group of medical students and junior doctors. It's a quiet day in the ED (I did say imagine...) and there are no patients waiting to be seen.

Being a medical education enthusiast, you spot an ideal opportunity to do some teaching. What better topic than trauma? You whip out your laptop and load up an old powerpoint, one you used when you last instructed on an ATLS course.

Before you are two slides in, all but one is looking at their mobile phone. Still, because you seem to have the attention of one junior doctor, you plough through the presentation, dutifully reading it all out word for word. 90mins and 220 slides later, you ask if there are any questions.

“Just one,” she says:



Is this familiar? So let’s take a step back and think about some other things which might be familiar.

If you know how these two things are related…

Or if you look at this picture and immediately want to shout “Bueller!”…

Well, that makes me happy. It makes me happy because I know you’re just like me.

I, like you, am a member of Generation X – I was born in 1980 and I am independent and self-reliant and I love facts (I love a pub quiz especially if I get to argue with the question master, which has been known to happen). These are the typical values of Generation X; born between around 1966-1981 we are rule-driven with a linear relationship between work and money (work more, get paid more).

Maybe some of you are older than this; maybe you are looking at me and wondering if I've really finished my training and whether I could possibly be old enough to know anything about medical education (thanks!).

Maybe some of you are baby boomers, that glorious generation born between 1946-1965 who own everything in the world; the world owes you nothing. What you have, you've earned through hard work; and you know that when the boss says jump you should simply ask "how high?"

But our learners are not the same as us. They are self-obsessed, selfie-obsessed, narcissistic, impatient, demanding little upstarts with an overinflated sense of entitlement – right? They don't want to learn, they'd rather be playing Pokemon Go… And every time you're asked to teach them you die a little inside because you know that when you walk into the lecture theatre you're going to be faced with this: (Ed – this is what they think an orchard looks like).

Well… no.

Yes, they are different from us and yes, they want different things. This can be uncomfortable for us because it's unfamiliar, and medicine of all things can be extremely rigid and resistant to change. But I personally think we need to re-frame the way we consider our trainees if we want to teach them anything at all.

Generation Y: The Millennials

1982-1994 – our junior doctors, getting to be our senior colleagues

Digitally fluent

Love collaboration, less focus on winning/losing (parents will have stories of medals for participation)

Detatched from institutions, networked with friends

Delayed rites of passage: live at home, marry later, have kids later

Consumers of education – "we're paying for it, give us what we've paid for"

Dislike giving up their time even if offered money – that linear relationship no longer exists. They want work/life integration, not balance.

Dislike supervision and control, dislike hierarchy. Raised to believe their voice matters – when the boss says jump, they ask "why?", which might prompt a powerful response in you, such as "how dare he?!" or "who does she think she is?!"

They've always had computers at home and are fluent in instant messaging, social networking, customisable tech – they are tech savvy

The world is at their fingertips, literally; low tolerance for boredom and for poor wifi

They are proactive learners: they want to know WHY, not what

Generation Z

1995-current, just turning 21 – these are our medical students

True digital natives

Grown up in a world of global threat

Clean living; lower alcohol and drug use (at least in the UK)

Serious and concerned about the future

Diverse and fluid, about gender, race and sexuality

Proactive online

We don't know much more about them as adult learners because they're not quite there yet

What do they want from education?

Let's think about three settings. I'm basing my thoughts on generalisations, typical traits and stereotypes, but that can be helpful in informing our education strategies.

The formal learning environment

- **They want you to teach them things they can't Google. Lane and Yamashiro looked at educational technology use at the University of Washington and found that students**

were 2.5x as likely to think course websites should be used and 4x as likely to use instant messaging in their education as their teachers were
- They want education to be social – classroom time is for working together and collaborating
- They want active learning. They have to be engaged, that boredom threshold and the rapid availability of a world of more interesting things they will tune out if you don't keep them interested
- They want "just in time" learning; similar to the flipped classroom: online, web-based learning at home with class time to make sense and contextualise; answers fed to instructors who can tailor teaching to the individual
- Visually driven: functional MRI studies show that in undertaking simple tasks, younger participants had more occipital lobe activity.
- Most up-to-date information and pitfalls when it comes to learning medicine

Face-to-face with you as their supervisor

- The ideal boss of a Gen Y employee is equal parts mentor and leader. They'd prefer not to have a boss but if they have to have one, they dislike hierarchy; dictatorial approaches won't work
- They like to explore their thoughts out loud and they want to be able to do this non-judgementally – a far cry from the traditional grilling or pimping some of us might remember (if you do this nowadays you can be certain it will be construed as bullying in the complaint letter written about you – YES, Generation Y will write a complaint letter. Although it will probably be an email)
- Recognition of the fact that they are an individual – their world is customisable, they are used to defining and branding themselves and their preferences

Online learning

- Like it or not, many of our junior doctors and trainees are going online for their medical education. Blogs, podcasts and teaching video channels on YouTube are increasingly popular
- Learners want to go online to find the most recent information and they know to an extent how they can do that
- They may also perceive peers to be more credible than teachers, particularly if you're not online or familiar with looking for up-to-date information
- The average age of my Twitter followers is 29 years old: we know that the younger generations are online and hungry for learning

What does this mean for us as educators?

The formal learning environment

- The formal lecture is dead: long live the lecture! Downloading the contents of a textbook into a powerpoint presentation and reading it out to an audience in the hope that some of it sticks has never really worked, so let's rethink it. Replace bulletpoints with pictures, textbook content with practical applications and illness scripts, monotonous speeches with interactivity
- Utilise workshops and games for interactivity. Simulation ticks these boxes and both Generation Y and Generation Z learners love it. Blog post on how to design a workshop up soon!

- Use moderated small groups to help your learners apply their knowledge; be the wise expert. For learners who are resistant because they're not interested in your specialty reframe the context ("as the admitting surgical doctor, what would be your approach to this patient?")
- Make sure whatever you're teaching is relevant, giving your learners what they actually need
- Focus on construction of ideas, not instruction: be a choreographer of learning
- Teach critical appraisal; in our world of information overload, equip our future docs with the skills and knowledge to make sense of the world of published literature and how to translate it into clinical practice (the link takes you to Ken Milne's fantastic interactive lecture on teaching EBM at TTCNYC15 – you can also direct them to our new Critical Appraisal Nuggets series)

Face-to-face with you as their supervisor

- Spend time getting to know your juniors and students
- Work together to look after patients, particularly in the Emergency Department
- Be non-judgemental; Generation Y in particular is desperate for feedback but you will need to signpost it ("I'm going to give you some feedback") and use advocacy with inquiry, both in simulation and real-life clinical encounters. They don't take what they perceive as negative feedback very well.
- Be a role model – be the boss who does the work, who sees patients and gets stuck in
- Be a mentor; show an interest
- Facilitate critical thinking and reflection, perhaps helping learners to craft a Personal Development Plan

Online learning

- Understand the world of FOAM resources out there
- Be a part of the conversation (you're a lifelong learner too)
- Be a filter in the world of information overload (as Chris Nickson says, "there's no such thing as information overload, only filter failure.")
- Give your learners a FOAM prescription
- Think about how you can use asynchronous learning to suit your learners (we have a lot of ideas about how you can do that – get in touch!)

It's hard to know what works in medical education because evidence is hard to demonstrate – perhaps made harder because we try to teach to our own learning framework and preferences. Consider that the majority of major medical education literature we take as the cornerstone of what we do was written between 1960-1990; by baby boomers, about baby boomers (and possibly Generation X). It's no wonder that it doesn't seem to fit our current learners.

Yes, of course it's exhausting and hard work to rethink our education strategies – it's much easier to stick up a two hundred slide lecture and read it from the screen but we owe the next generation of doctors more than this. And if we stick to teaching the way that worked for us, we are forcing them to do the hard work of trying to fit into our schema – and isn't that against the very essence of education?

So what should I have done with those keen learners?

We talked through the principles of primary survey for the trauma patient. I gave them a trauma scenario and they decided who should be in their trauma team, where each team member should stand, then what they should do – then later in the day they saw it happening for real and we were able to debrief to relate back to the morning's teaching.

So it's possible. In fact, it's pretty easy really if you can bring yourself to invest time in it, you'll get a handsome return. Our learners are smart and motivated and they truly value education. And if, after all that, your learners are still asking if it's going to be in the exam? Well, the answer is always YES.

Nat

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Tags: #FOAMed,#medical education,#millennials