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Intergenerational differences and medical education



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A new generation is said to evolve every 20 years or so¹ with attributes, attitudes and motivations different from preceding and succeeding generations. They are based on defining historical events and societal trends, rather than strict genealogical generations as such.

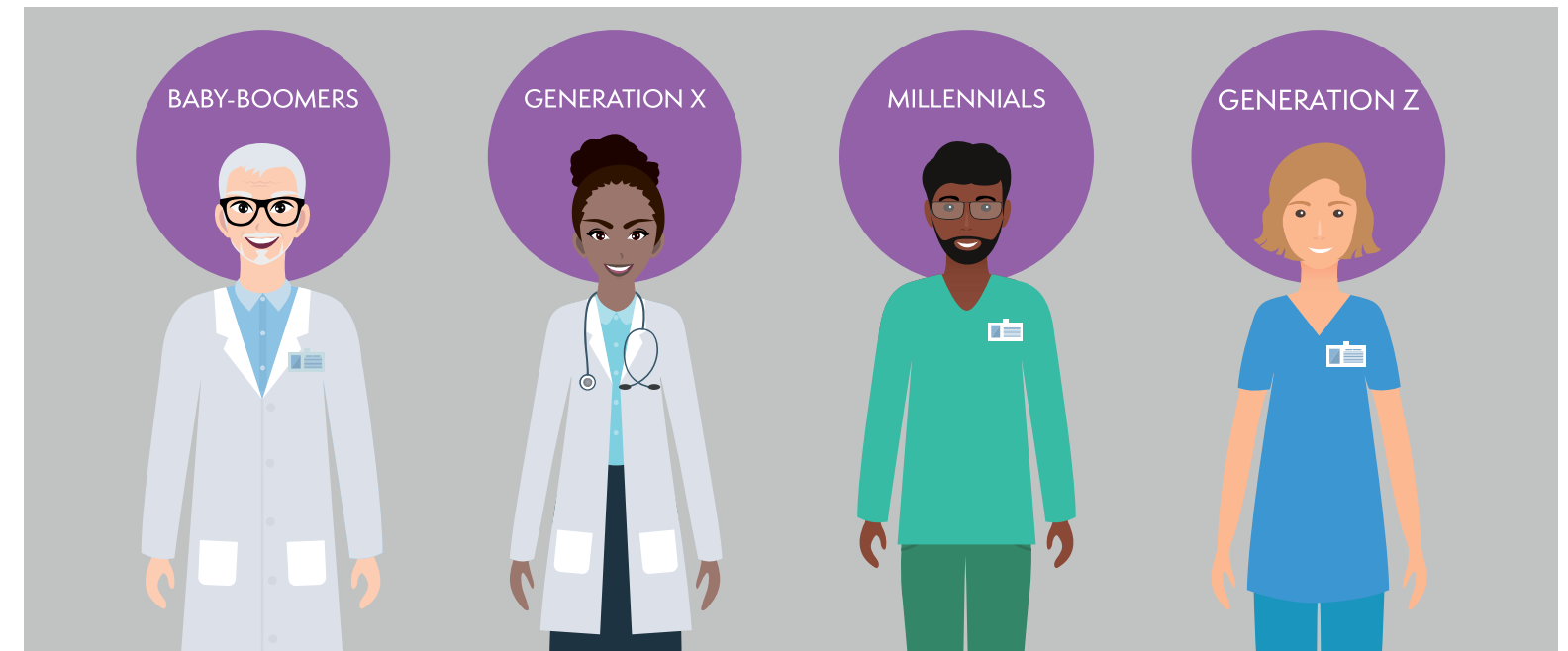
Our anaesthetic department in a large district general hospital comprises staff from across these generational boundaries. While the majority of consultants are 'Generation X' with birthdates between 1965 and 1985, a few of the older consultants lie in the tail end of the 'Baby-boomers' (born 1947–1964). Similarly the majority of anaesthetists in training are 'Millennials' (born 1981–1993 or so), but an increasing number of foundation and core trainees belong to 'Generation Z' (born after 1993). Our department is probably not atypical, and there is the potential for generational differences to lead to misunderstandings. Different generations also prefer to teach and learn in different ways – which increases the potential for misunderstandings, and techniques preferred by Millennial

learners may not be optimum for Generation Z, while both may be foreign to their Baby-boomer trainers.

Millennials entered adulthood at or around the year 2000. Their view of authority has been described as 'unimpressed', and they may need to be convinced of the value of rules rather than expected to accept them uncritically. This can lead to frustration in Baby-boomer trainers, who are more likely to be rule followers. Millennials are technologically sophisticated and used to immediate access to information, which they appreciate being presented in an engaging, interactive manner. However the legacy of 'helicopter parents' means that they may need guidance and focus in their learning with opportunities for support available.

They may therefore respond positively to teaching which has clear goals and timeframes and which aims to develop critical thinking skills rather than rote learning, yet includes a degree of freedom in how the learning outcomes are achieved.^{1,2} They have also grown up with social media and may need a more collaborative, team-based approach to learning than earlier generations.

The characteristics of Generation Zs as adults are only just being revealed. It is predicted that they will have a strong work ethic and be more risk-averse and traditional than Millennials. They are predicted to be achievement-focused rather than participation-focused and to want their careers to have a positive impact. This may be harnessed to affect positive change in the department



or organisation, and they may value the chance to make a difference. They have been entirely raised in the digital era with immediate access to information, and dislike uncertainty and waiting for situations or answers to emerge. However, their interaction with information and reality has changed with the emergence of digital 'echo chambers' which reinforce viewpoints and close down meaningful discussion with little critical analysis or engagement. In addition, they may have an active digital persona which may or may not reflect their true identity. This may lead to distress if the digital and real personae are in tension or if their real life is felt to be less perfect than the online life of their peers. This may be one factor in the increase in depressive symptoms and self-harm in Generation Z individuals, with increasing numbers seeking help from mental health services. For this reason, Generation Zs too may need access to support during training.^{1,3} They

also may need support in critical analysis of information available online.

Despite the differences, some common themes emerge. Both Millennials and Generation Zs may respond better to learning which is immersive and interactive and includes visual as well as audio input. They appreciate a degree of freedom in determining how their learning objectives are met. They appreciate feedback, particularly when this is given at, or shortly after, the event rather than at interim meetings.

These differences may be summed up in attitudes to email. A technique which did not exist when Baby-boomers entered training is seen by Millennials and Generation Zs as old-fashioned, taking too long, and obsolete!

There is virtually no peer-reviewed research into this area in medical education, and the references given here are just opinion pieces.

Of course these descriptions are oversimplifications – perhaps to the point of being caricatures. It is important both to recognise that people are individuals and to treat each other as such. Part of this individuality, however, reflects the 'social, environmental and technological influences'² on doctors of different generations, and an understanding of these differences may help trainers to better support their trainees.

References

- 1 Schenarts PJ. Now arriving: surgical trainees from Generation Z. *Journal of Surgical Education* 2019; 77:246-253. (doi.org/10.1016/j.jsurg.2019.09.004)
- 2 Roberts DH, Newman LR, Schwartzstein RM. Twelve tips for facilitating Millennial's learning. *Medical Teacher* 2012; 34:274-278.
- 3 Shatto B, Erwin K. Moving on from Millennials: preparing for Generation Z. *Journal of Continuing Education in Nursing* 2016; 47: 253-254.

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