

Making sense of students and residents:



Generations,
Developmental Stages
& Challenges



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My Invitation to Teach

- ☞ Slide Carousel ✓
- ☞ From more than 50 miles away ✓
- ☞ Navy blue blazer ✓



Overview

- ☞ Why do family docs teach?
- ☞ Who are our learners?
- ☞ Generational differences.
- ☞ Stages of learning.
- ☞ Developmental steps.
- ☞ An invitation...



Who are our teachers?

Community preceptors

- ☞ Voluntary or poorly paid
- ☞ Clinical knowledge high
- ☞ Little training in education
- ☞ Outcomes better than the Ivory Tower
- ☞ Crucial to community-based and rural family medicine residency education.



Why do family doctors teach?

- ∞ Intrinsic Satisfaction
- ∞ Knowledge and skill
- ∞ Social supports
- ∞ External rewards

Susan Starr, MEd, Warren J. Ferguson, MD, Heather-Lyn Haley, MA, and Mark Quirk, EdD. Community Preceptors' Views of Their Identities as Teachers. Acad. Med. 2003;78:820-825.



Why do family doctors teach?

∞ **Intrinsic satisfaction:** Most frequently cited

∞ **Altruism**

- Teaching is fun / personally rewarding

∞ **Duty**

- All physicians are teachers: students, colleagues, patients, community
- Responsibility / obligation to teach: payback
- Role as clinical expert
 - Love of medicine
 - Share unique skill set
 - Promote family medicine as a career / specialty

Why do family doctors teach?

∞ Knowledge and skill

- Desire to learn effective teaching strategies.
- Pride and satisfaction in knowing how to teach
- Being thought of as an expert, authority, resource.

∞ Social supports: Collegiality amongst teachers

∞ External rewards

- Faculty status / academic rank
- Compensation:
 - access to facilities and resources,
 - recognition of exemplary faculty
 - Monetary payment
- 20 hours prescribed CME Credit / AAFP

Why do family doctors teach?

- ∞ Intrinsic factors while most important are vulnerable to production, financial and time pressures
- ∞ Community and meaning
- ∞ External rewards: least significant and not necessarily monetary.
- ∞ Why don't all family doctors teach?
 - Time constraints
 - Idealized view of the teaching physician → skeptical of their ability to emulate their role models.
 - Just as dedicated and altruistic

Anne Walling, MD, Scott E. Moser, MD. Why Do Some Community Physicians NOT Teach Medical Students? Family Medicine. 2006; 38: 465-6

What do teachers need?

- ∞ Altruism is not in short supply
 - Inhibited by idealization of the educators
 - Vulnerable to external forces
- ∞ Reimbursement is not a priority.
- ∞ Focus on knowledge, skills and collegiality.



Who are our learners?

Generational Differences

	Generation	Parents
Senior faculty & community preceptors	Baby Boomers: Born 1946 - 1964 Age: 47-65 yrs old	GI Generation Affluent society Heroes Bred resentment
Interns / Residents; Junior faculty & community preceptors	Gen X'ers: Born 1965 - 1980 Age: 31 - 46 yrs old	Lost Generation Seen but not heard Rebels Divorce
Medical students	Gen Y (Millennials) Born 1981 - 1999) Age: 30 and younger	Boomers Wild oats Values-driven individualists Hovering
*2011 ISU FMR Interns, Age: 29 - 34, Born 1977-1982: Gen X → Gen Y		

"Making the Best of Differences Between Traditionalist, Baby-Boom, Gen X, and Gen Y Faculty Members" Anne Walling, MB, ChB; Scott Moser, MD

Generalizations

Baby Boomer	Career very important, may be used to define individual. Social fragmentation. Perceived as both defensive and ambitious. Work the system, loyal, “self-sacrifice” Large numbers. “early vs late”.
Gen X	Career in context of life. Value/require balance, Compartmentalize and willing to trade work for other priorities. Work hard IF work meaningful. Change jobs easily. Innovative, techno-savvy. change systems. Outcomes over process.
Gen Y	Few in academia. Similar to X, High expectations of self and others, lots of support people and services. NOT rebellious. “Home and family” Demand mentoring. Used to praise

Gen X: Incentives and Motivators

Turn-offs

- ☞ “Busy work”
- ☞ Rigid rules, systems
- ☞ Schedules/duties
- ☞ Emphasis on process
- ☞ Complex organizations
- ☞ Delayed gratification
- ☞ Seniority authority
- ☞ Work vs family/ other activities

Turn-ons

- ☞ Meaningful work
- ☞ Innovation, change
- ☞ Flexibility/choice
- ☞ Data, service NOW
- ☞ Technology
- ☞ Reward by results
- ☞ Earned leadership
- ☞ Life balance

Gen X vs. Boomers

∞ “To younger generations in the workplace, old Boomers will appear highly eccentric. Their prized other-worldliness will strike younger workers as incompetence, and what they see as ethical perfectionism will sometimes look to the young like hypocrisy.”

∞ *“The Next 20 Years: How Customer and Workforce Attitudes Will Evolve.” Neal Howe & William Strauss. Harvard Business Review. July-August 2007*

What Do We Know About Gen Y?

- Similar to Gen X in practical idealism/career/work in context of lifestyle
- High expectations of self and others
- Demand and give feedback.
- Expect mentoring: thrive with attention
- Used to significant support and resources
- Problem-solving, innovative, new ways of doing things
- Multitask, short attention spans(?)

- Widely connected, diverse groups and interests
- Less rebellion, more connected with family
- “Addicted to praise and success”

Medical students

- Well organized and collaborative
- Technology: mobile phones
 - Teacher \leftrightarrow Learner
- Confidentiality:
 - going viral
 - open sources / facebook: patient stories
 - opinions about faculty / programs

Gen Y: An Uncertain World

∞ “The vagaries of a globalizing labor market and jobs without benefits or security will come as a shock to members of this sheltered generation, many of whom expected that all their careful preparation would guarantee them a comfortable future. A wedge will separate those whose families can help them start out in life from those whose families cannot.”

∞ *“The Next 20 Years: How Customer and Workforce Attitudes Will Evolve.” Neal Howe & William Strauss. Harvard Business Review. July-August 2007*

Late Millennials:

Coming of age in the 21st century

∞ An uncertain world defined by disasters:

- Terrorism: 9/11
- Economic: recession → Betrayal: Madoff
- Military: wars in Afghanistan – Iraq – Middle East
- Physical and environmental: Japan
- Political: institutional abandonment / tea party / bankrupt institutions / Darwinian

∞ The ‘Busters’:

- Reliance / dependence on family
- Families under stress
- Callings → Careers → Jobs
- Preparing for less.

Where are our learners?

Medical student → practicing physician

Stages of learning process

Unconscious / incompetent	eager, naïve
Conscious / incompetent	hesitant, low confidence, very aware of limitations
Conscious / competent	focused on quality, seeking refinement, self-examining & reflective
Unconscious / competent	confident, lots of shortcuts, impatient

“Using the PILS Model for Effective Pharmacy Learning” Craig D. Cox, Pharm D, BCPS

Medical students

- ☞ A sip from the bottle
- ☞ Unconscious / Incompetent
- ☞ Transition from didactic learners to clinicians.
- ☞ Wide range of motivation / specialty orientation.
- ☞ Advanced information technology skills
- ☞ High access to information
- ☞ Limited knowledge → Aim low.

Preceptor vs. Resident

Unconscious / Competent Preceptor	Conscious / Incompetent Intern
Restless	Hides weak areas
Accurate	Errors are common
Quick	Very hesitant
Very confident	Not confident

Developmental steps

- ☞ Progression from Medical Student to Practicing Physician
- ☞ Psychosocial Issues
- ☞ Learning Needs
- ☞ Professionalism

“Resident Developmental Issues: The Journey from Student to Colleague” M. Patrice Eiff, MD, Ann Sinclair, MS MSW, OHSU



Psychosocial Issues

Intern

- ∞ In the here and now
- ∞ Social disruption
 - Family
 - Relocation
 - Running a household
- ∞ Having a job
 - Time conflicts
- ∞ Establishing relationships
- ∞ Maintaining health
- ∞ Fear

R-3

- ∞ Forward directed
- ∞ Anxiety
 - Career choice
 - Business issues
 - Leaving support
- ∞ Strained relationships
- ∞ Collegial transitions

Learning Needs

Intern

- ☞ Self-motivation/direction
- ☞ Gaps / Limitations
- ☞ Keep head above water.
- ☞ Basic functions:
 - Presentations
 - Call / coverage
 - Records
 - Emergencies
- ☞ Hospital and clinic navigation
- ☞ Community resources

R-3

- ☞ Selective preception
- ☞ Out-patient skills
- ☞ Defining practice scope
- ☞ Volume / efficiency
- ☞ Clinic operation

Professionalism

Intern

- ☞ Time conflicts / mgmt
- ☞ Responsibility / complexity / comprehensiveness
- ☞ Teamwork
 - Fitting in
 - Punctuality
 - Reliability
- ☞ Outcomes

R-3

- ☞ Uncertainty
- ☞ Confidence
- ☞ Transitions:
 - CME
 - Saying good-bye
- ☞ Prodigal learners
- ☞ Critical of clinic
- ☞ Leadership
- ☞ Teacher / role model

Precepting Interns

- ☞ Assess level of prior experience
- ☞ Provide explicit expectations
- ☞ Information regarding upcoming rotations
- ☞ Management of common outpatient problems
- ☞ Assist in acclimatization to the community
- ☞ Effective communication and conflict management
- ☞ Model living a balanced life



Precepting R-2's

- ☞ Allow for more independent decision making.
- ☞ Teaching and supervisory skills
- ☞ Involve resident in clinical practice activities
- ☞ Maintain active role
- ☞ Identify communication / conflict issues



Precepting R-3's

- ∞ Collegial style of precepting, mutual consultation
- ∞ Education in managed care skills / efficiency / quality / best practices
- ∞ Leadership in residency and clinic
- ∞ Greater autonomy in decision-making / more independence on-call
- ∞ Reassurance / address fears
- ∞ Remediate unprofessional behaviors
- ∞ Kill the fatted calf.



SEARCH



- ∞ Student/Resident Experiences And Rotations in Community Health
- ∞ Medical Students / Family Medicine Residents
- ∞ 4 - 6 week rotations at approved sites
- ∞ \$500 living & travel allowance
- ∞ \$40 per day up to 25 days for time spent in clinic.
- ∞ Community/Clinic Project
- ∞ Katrina Hoff, Director
 - (208) 898-3824
 - khoff@idahopca.org
 - www.idaholiveworkplay.org

An Invitation to Teach

- ∞ You won't get rich
- ∞ Your life will be richer
- ∞ Connectedness
 - Teaching peers
 - A new generation of colleagues
- ∞ Skills and knowledge
 - Teaching translates
 - Teachers learn
- ∞ Rewards that last
 - Satisfaction, respect, recognition, legacy
- ∞ Its fun...

