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Millennials Teaching Millennials: The Next Generation of Clinical Education and Practice

Host Dr. Matt Birnholz:

You're listening to ReachMD and this Dr. Matt Birnholz. I'm joined now by Dr. Jennifer Prats, she's assistant professor of obstetrics and gynecology at the University of South Florida Morsani College Of Medicine. She recently presented a lecture called challenges of the millennial teaching millennials. Dr. Prats it's great to have you with us.

Guest Dr. Jennifer Prats:

Thank you.

Dr. Matt Birnholz:

So teaching millennials. The best part about hearing that, just as a title and what caught my eye about that, is I know a number of our listeners would see or hear a title like that and immediately jump to the primal question, which belies their own aging, which is 'millennials are teaching now?' It's an amazing thought for a lot of our listeners. That millennials are not just out there but they are in the position of teaching medicine to other people. What's been your experience with that?

Dr. Jennifer Prats:

I am a millennial myself and I am 31 years old, so now my colleagues who are actually a year older or so than I am, and probably two years younger than I am, are already teaching other millennials. And they have encountered the same issues I've been encountering, which it's very hard to teach people from your same generation when you are yourself surrounded by the generation x and they think differently. So I'm a millennial and I'm thinking a little bit differently than my own generation trying to teach my own generation, it's a little complicated.

Dr. Matt Birnholz:

It is complicated. For the sake of our listeners who might be forgetting where one generation leaves off and the other begins, what is generation x, what is the millennial generation?

Dr. Jennifer Prats:

Generation x are from, I think, age 58 until basically 32, 33 years old. Then lower than that the millennials start, so that's what it is.

Dr. Matt Birnholz:

So that's what it is and you just made the cut off.

Dr. Jennifer Prats:

I did, that's why I feel like my generation, specifically people in their thirties, young thirties, are in that spot where they're a bit of a mix between both generations. They understand certain things of each generation.

Dr. Matt Birnholz:

I see. So you're sort of an x factor millennial or a millennial x, as it were.

Dr. Jennifer Prats:

Yes. Exactly. Yes.

Dr. Matt Birnholz:

What drove you to this particular area of investigation, shall we call it?

Dr. Jennifer Prats:

Personal experience. I started working with residence a year-and-a-half ago and it's been very challenging, very rewarding but very challenging. I have to remember that if I'm giving a lecture to my residents, or even when we're rounding, if they pull out an iPhone it's not because they're being disrespectful, they're just looking up information. They've grown up surrounded by internet, surrounded by TV, email. They can find information in a second, and they are very impatient, and they do not like waiting. If I make them wait to give them the answer, for example, 'give me a differential diagnosis for this patient' and they give me two and I say 'what are two more,' they go immediately and look for it. It's an instant gratification, basically, that they're looking for. If I tell them 'no don't look it up now,' they get distracted because they're thinking about it, so I realized that it's easier for them to just learn it then and there I don't see it anymore as a disrespect.

Dr. Matt Birnholz:

But it must have been a shock initially.

Dr. Jennifer Prats:

It was very shocking and sometimes it still is. You are in lectures and recently our program director said 'no telephones and no internet while lecturing,' and it's still being implemented. I don't mean to go against it but he's not a millennial and he might be thinking more like a generation x and it might be better to allow them to be on the internet while lecturing because they are actually looking up information as the person is speaking. They're multitaskers by nature, so maybe this needs to be revisited.

Dr. Matt Birnholz:

Well certainly when you say the term multitask as a key word, that seems instinctively like a great advantage to anybody who's practicing medicine who of course needs to be able to multitask in this modern day of practicing.

Dr. Jennifer Prats:

I agree.

Dr. Matt Birnholz:

So in some ways it sounds like it confers a little bit of a benefit, perhaps at the price of being socially apt.

Dr. Jennifer Prats:

Yes. And you will have residence, obviously, during lectures that are on Facebook or shopping online or something, but I think maybe we can prepare them and tell them 'if we catch you doing any of these things that are not related to the lecture there will be a reprimand,' versus no internet at all and nothing because they keep wondering. It's like when we go to lectures you have the whole lecture and then you have questions and answer at the end. Some people that's very distracting they just are thinking about that question they have that they can't answer yet and then at the end they basically pay attention to half of what the lecturer said instead of paying to everything and looking up 'oh I don't know what this term means. Oh that's what it means.' If that person kept repeating the term they didn't understand and they didn't get to ask what it was, or look it up online that second, probably missed half of what you said.

Dr. Matt Birnholz:

And it sounds almost like in the action of trying to multitask through education, of being able to grab information that supplements the information you're hearing live, that there's a demand for more interactivity. A direction, a trend that we're heading in technologically where people are trying to pull their information from multiple sources for it to really sink in, which isn't unheard of in any period of education where people try to supplement their education. But it sounds like it's becoming more real time now, is that correct.

Dr. Jennifer Prats:

It is more real time, like I said. Instant gratification and they learn better these days by group activities.

Dr. Matt Birnholz:

What kind of group activities will come up in your kind of practice among residents?

Dr. Jennifer Prats:

Among residents. We are doing sometimes-interactive stations with a model patient and we run through, for example, hemorrhage after delivery and together we say 'okay so what would you do?' And one of them says 'I would do this,' 'so what's the next step,' and another person jumps in. It's more like community learning.

Dr. Matt Birnholz:

Now let me take it back a few steps because you talked about the shock of seeing this when you first started teaching residents. But in your own case you trained in Puerto Rico, is that correct.

Dr. Jennifer Prats:

Yes.

Dr. Matt Birnholz:

Now of course, many aspects culturally are analogous to the US in terms of like Florida, where you're practicing now, but there are also many differences too. Did you find that there was a culture shock element to coming in to practice and working with residents in the United States?

Dr. Jennifer Prats:

That's a hard question. I came from a smaller hospital and I did my residency training at Parkland Hospital, which delivered 15 thousand babies a year. It was a shock to have to multitask myself, I think, even more than I was used to. Like I said, I'm at that border between millennials and generation x. I consider myself a little bit closer, I think, to the generation x but I also multitask a lot. I think it was more of a shock when I came into residency, in the states, in a huge program, having to deal with sometimes 36 laboring patients at the same time. This program right now is a little bit smaller but still very busy and I don't think the shock was the multitasking for me. The shock was more about having to teach people in my own generation that was more the shock to me when I got to Florida, to Tampa.

Dr. Matt Birnholz:

We talked about some of the challenges in that. What were some of the benefits? You clearly have a peer group that's already close to your own age that operates in a way perhaps similar to yours, if you've embraced some of the elements of the millennial generation. As somebody who crosses both borders, what were some of the benefits of being able to work with people in that same age bracket?

Dr. Jennifer Prats:

I think one of the main benefits, related to challenges, it's basically what makes them good to, the multitasking...and I keep going back to that because I think it's so important. I can understand how we can find something we didn't know at that second, we find it immediately, and they have taught me where to go to find this information, what are better sites for this. I have taught them about some books that are available to them online that they didn't know about, big traditional books like the Williams Obstetrics, that is readily available for them and they didn't know that. They were more used to the whole Wikipedia, which even...everyone can write on it and you have to be careful with that too. They have taught me where to look more for journals and things like that, I have taught them about more like textbooks. But instead of the real textbook that I'm used to, the hardcover, very heavy textbook, I tell them where to find it where they like to find it, online.

Dr. Matt Birnholz:

I like that peer interactionist way of finding the best type of information. Because you say Wikipedia, as a catch term, everyone listening is going to laugh because they're all going to have to admit that yeah they look up Wikipedia for information. And they're going to kind of accept it because unless they see something really out of left field, they're going to know that maybe the populace is sort of keeping a check on it. But...

Dr. Jennifer Prats:

I think they are, honestly.

Dr. Matt Birnholz:

They are you know, but it is a little bit risky. Its peer reviewed but not quite up to the level that we might be looking for, you definitely have to be careful. I understand that you also post some questions to both residents and to colleagues of yours on some of these questions. What were some of the questions that you post to your residents, to start?

Dr. Jennifer Prats:

Basically asked them what made them happy, what was the most important quality in a teacher or in a student, because they also teach medical students who are in their own millennial generation, even younger. And also, what main attribute in a teacher or an attending, inspires confidence in them and what they're favorite way of learning is. So the best answer or, I guess, the most popular answer in what makes them happy was actually family. This generation of the millennials are very family oriented, a difference between family in the generation x and the millennials is that the generation x, they're more independent.

You would go out, you would do things your parents were not always on you and part of that is because of crime lately, sadly that's one of the things that has probably influenced the millennials to have helicopter parents. They're always looking after their children now, feeding information to them and that's not how they learn actually, they don't like the being fed the information, they like independence in that sense. So they crave that family attention that they have been getting all their lives, so they go for family as their answer.

Dr. Matt Birnholz:

That's interesting.

Dr. Jennifer Prats:

I thought it was very interesting.

Dr. Matt Birnholz:

If you're just tuning in you're listening to ReachMD, the channel for medical professionals. I'm Dr. Matt Birnholz and I'm speaking with Dr. Jennifer Prats, she's assistant professor of obstetrics and gynecology at the University of South Florida Morsani College Of Medicine and we're talking about challenges of the millennial teaching millennials. There's also talk about helicopter parenting, because you mentioned that as having sort of a negative effect, at least in some business sectors, the millennials coming and looking for certain types of approval that might not really relate to actually doing the job well. I wonder if aspects of that parenting, that seem to come up a lot as hot topics among millennials into medicine. If you've noticed, and it's a little early yet, but if you've noticed any changes or surprises in the way people are trying to either seek approval or to do their job in a way that deems approval?

Dr. Jennifer Prats:

Definitely. Oh I've already seen it. Medicine is famous for the hierarchy, as you know, there's senior attendings, more junior attendings, and then it's the residents and then the medical students, and it's a hierarchy. There are certain things that a few years back would be a no go. Like if an attending said 'please go and get these lab results for this patient,' or something and if you were doing something else, back in the day you would say 'yes sir' and you would go do it. Now it's more like 'I'm trying to multitask' and then when they answer that way, if you're more of a generation x it's kind of shocking.

Instead of the 'yes sir' that you're used to getting, it's more like...you can take it as a disrespect but then again you have to look at what the millennials are and they're not trying to disrespect you. They're trying to say 'I am doing several things at the same time I will be glad to do this as well,' but it's very hard to...every time somebody asks you to do something, answer that long 'I am doing this and this and this' it's a little challenging when you're trying to teach, sometimes.

Dr. Matt Birnholz:

So where as it might come off as being either a little obstinate, resistant, from your perspective, after you've kind of had a time to glean through it, it seems like maybe it's just a different way of expressing how they're going to try to get things done. Maybe not quite emoting it per say, but just putting it out there, whether for approval or not.

Dr. Jennifer Prats:

So the other things I ask, what is the most important quality in a student, for the residents when they're teaching, surprisingly its willingness. Some of them wrote willingness only, some of them wrote...explained it more, like willingness to learn. That's very surprising because when I first started when they said 'I can't do it right now I'll get to it' with this whole multitasking thing, I thought that they were not willing to do this. So now they are trying to find these same things I was trying to look for in these medical students now.

Dr. Matt Birnholz:

Do you think it's a misconception of unwillingness or do you think that actually stems to something else. Such as the cramped amount of time in which people have to do things within certain time restrictions, but they have to do the same amount of work so they got to cramp it in that much more. Do you think that breeds a sense of either discontent or of unwillingness to really want to jump on the teaching activities?

Dr. Jennifer Prats:

That's very interesting you say that because of the changes in work hours now, all the restrictions, the interns don't work more than, I think its 16 hours correct me if I'm wrong. They cannot do 24 hours calls and the 80-hour workweek, which doesn't decrease the workload actually, it crams it, it's true. It crams it and I think that's where the millennials...that's why they're so important. They are multitasking, they're doing probably more than the prior generation in an hour, they probably are doing 20 other thing at the same time. But it could breed a sense of unhappiness and that could lead to unwillingness as well, as I think it depends on the person and the situation. To be able to say they're unwilling to help or to do their job, or they're just unhappy with it, or they're just trying to tell you 'I'm doing it, I'm trying as best as I can.'

Dr. Matt Birnholz:

Well it certainly makes sense, especially in the context of your asking them right from the get go, are you happy, which doesn't strike me as coincidental.

Dr. Jennifer Prats:

Exactly.

Dr. Matt Birnholz:

Now what about your colleagues? Because I think you also post some questions out to your colleagues.

Dr. Jennifer Prats:

I ask my older colleagues, or my generation x colleagues, about what is the most challenging thing when they teach the new residents, like the ones that have been only around for like three years or so. Instead of the ones that they have been teaching, you know that they taught 10 years ago. They all said something along the lines of the media. The texting, the emailing, all this technology that's readily available to them that they don't read enough textbooks. They don't seem to understand this need for immediate information.

Dr. Matt Birnholz:

It's interesting because you'd think that anybody who's in the position of needing to learn for the sake of keeping their job or to advance in the latter of the hierarchy, that you talked about before, would instinctively be paranoid about trying to learn things as quickly as possible. That strikes me as something that has never changed, but the difference now strikes me that there is now access to that information. That could be made readily available even when somebody's standing directly across from you and trying to tell you something.

Do you think that there is a balance that can be struck in which older attendings, who are listening now, and younger physicians either in medical school or in residency, can think of a way in which the two can kind of bridge that gap? That gap in which one side is looking for respect to be bestowed upon them, the other side is looking to make sure that they get the information that they need so that they can continue climbing in their career.

Dr. Jennifer Prats:

Yes. I think for the generation x'ers that are listening right now. I think they should...when they lecture residents they should incorporate time for them to look up certain things. Maybe they can say 'this is the scenario of a patient 24 year old G2 P2, status quo is a C-section who has this and this. Guys can you look up some differential diagnoses,' and then they can look it up and tell them some of them. And if they only say two, like an example I posed before, 'what are two more' and then challenge them to look it up right then and there. They will be learning, they are actually learning more by doing that than by staying with that question in their minds and then looking it up later or possibly forgetting to look it up later because they're multitasking and it can fall through their cracks. So if they incorporate some internet during their lectures, that could be probably very helpful and they will start to looking forward to your lectures.

Dr. Matt Birnholz:

Well with that, excellent thought, I think we can conclude this discussion. It's been a great pleasure talking to Dr. Jennifer Prats. She's assistant professor of obstetrics and gynecology at the University of South Florida Morsani College Of Medicine. Again, Dr. Prats, great to have you with us.

Dr. Jennifer Prats:

Thank you it was great to have me.

Dr. Matt Birnholz:

Thanks again.

Dr. Jennifer Prats:

Bye.

Announcer:

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