Recommendations for Millennials on Successfully Navigating Medical Training

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Abstract

Most current trainees in medicine are from the Millennial generation, and most attending physicians are either Baby Boomers or from Generation X. Specific generational differences among physicians have the potential to cause conflict and negatively impact patient care. The authors, who are millennial physicians, wrote this commentary to provide millennial trainees with insight into their own generational tendencies, and give recommendations on how to successfully navigate training.

Keywords: millennials; generation

Introduction

During my first year of cardiology fellowship, I (EB) distinctly remember lamenting with my co-fellows that we were underperforming, given the seemingly endless stream of criticism we received. We were surprised when, upon sharing our concerns with our fellowship program director, we were told that we were doing just fine. It was clear that my co-fellows and I thought about criticism very differently from our attending cardiologists. While many of these differences in perspective have existed in medical education for years, some appear to be due to specific generational differences between trainees and supervising physicians. Most current trainees in medicine are from the Millennial generation, and most attending physicians are either Baby Boomers or from Generation X. Therefore, much has been made of how to communicate with Millennials. We would like, however, to turn the tables and provide recommendations to Millennial trainees on how to interact with faculty. As millennial physicians, all three of us have observed attitudes and behaviors among ourselves, our colleagues, and our trainees that have caused conflict with supervising physicians and negatively impacted patient care. The purpose of this commentary is to provide millennial trainees with insight into their own generational tendencies and give recommendations on how to successfully navigate training in light of these tendencies.

The Millennial Generation, also known as Generation Y, refers to those born between 1982 and 2004(Howe and
Strauss, 2000). We grew up in an environment in which our emotions were protected and our schedules were dictated largely by our "helicopter parents" (Epstein and Howe, 2006; Espinoza, Ukleja and Rusch, 2010). Frequently, our parents told us we were winners regardless of whether we had won anything. Many of the struggles of previous generations were absent from our childhoods, as were the growth and perspective that come from enduring hardship. As a result, we are often perceived as spoiled and entitled. We value social connectedness, teamwork, free expression, close relationships with authority figures, and work-life flexibility (Howell et al., 2009).

On the basis of these generational characteristics, we make the following five recommendations for Millennials to successfully navigate medical training.

1. Get used to negative feedback

Many of us grew up being constantly told how great we were, and meaningful criticism was often withheld in an attempt to ensure our high self-esteem. As a result, we often derived our identity and value from positive feedback received from others. However, learning to practice medicine is difficult; mistakes will be made as a trainee and as an attending physician. It is the duty of supervising physicians to point out mistakes, both to trainees and to each other, as growth will only occur if we acknowledge and make changes in response to feedback. If we choose instead to focus on why we think the criticism is misguided or unfair, we miss out on this opportunity for growth. Growing through feedback requires letting go of the need to impress others, learning to be comfortable in our skin, and committing to pursuing what is best for our future patients.

2. Know that we are not as special as we think we are

Like most other Millennials, we have boxes of awards and trophies. Many were "earned" just for participation, and like most other physicians who possess the intelligence and work ethic to graduate medical school, some were awarded due to distinction from our peers. As a result, we sometimes falsely assume we are extraordinary, and that we deserve special treatment. However, in medical school and residency most of us find that we are now average in comparison to our peers, and even if we remain above average, we do not necessarily deserve special treatment. For many of us, a recalibration is in order as we recognize two things. First, we are all surrounded by many other intelligent, gifted physicians who are united with us in a common calling. Second, in a given day, the specific patient entrusted to our care is the one who is most worthy of special treatment.

3. Recognize that medicine is a calling, not a job

The term "calling" comes from the Latin vocationem, literally translated as "being called." The term was first applied to one's profession in the 1500's, and the verbiage had spiritual overtones. One was directed by a higher power, or called, to a certain profession. Whether or not we believe today that a higher power has called us to medicine, it still holds true that the demands of medicine involve extrinsic calls for help. Our patients figuratively and literally call on us, sometimes at odd hours, and often at their point of greatest need. To answer their calls requires diligence and commitment that are needed in few other professions.
4. Accept that many aspects of our lives are put on hold during training

Medical school and residency are unique seasons of life. During medical training, we have a short time to learn the practice of medicine with oversight before setting out on our own. Given this, many other interests and activities must be put on hold during training. Residency is not a 9 to 5 job, and as a result, we cannot have the lifestyles of many of our friends. This is not to say that every other aspect of one’s life is neglected during training. We (JD and EB) strove to prioritize our spouses and children through residency. However, to do this without neglecting our training, we had to put most of our hobbies, non-medical interests, and desired upper middle-class lifestyle on hold.

5. Don’t fully buy into the current culture of medicine

There is much to revere in a physician’s commitment to tireless work for the sake of the patient, regardless of the sacrifice. However, this mentality has likely contributed to the rise in physician burnout, which is currently afflicting greater than half of all physicians (Shanafelt et al., 2015). One of greatest contributions we as Millennials can offer to the profession of medicine is restoration of balance. While a huge part of our lives is tied to being physicians, it is not all of our lives nor is it arguably the most important part. We are not only physicians, but also spouses, children, parents, and friends. We need to cultivate these relationships and change the culture of medicine to foster balance. We must seek not only the health of our patients, but our own health as well. This will require us to lead in reforming the current medical education system that at times can rely on overwork and humiliation as a rite of passage and provides minimal formal training on emotional health, time management, financial competence, and self-care.

Conclusion

A generational change among medical trainees is a reality, and both trainees and their supervisors need to face the challenges that it brings. We close with a reminder to us all. To practice medicine is a gift of incredible value, and we should treat it as such. We must remember that as we learn to care for those who are ill, one day we will be like sufferers and will similarly be in need of physicians who have devoted themselves to the practice of medicine with the same diligence and devotion with which we hopefully approached our own training.

Take Home Messages

Get used to negative feedback.

Know that we are not as special as we think we are.

Recognize that medicine is a calling, not a job.

Accept that many aspects of our lives are put on hold during training.

Don’t fully buy into the current culture of medicine.
Notes On Contributors

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Bibliography/References


Appendices

None.

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