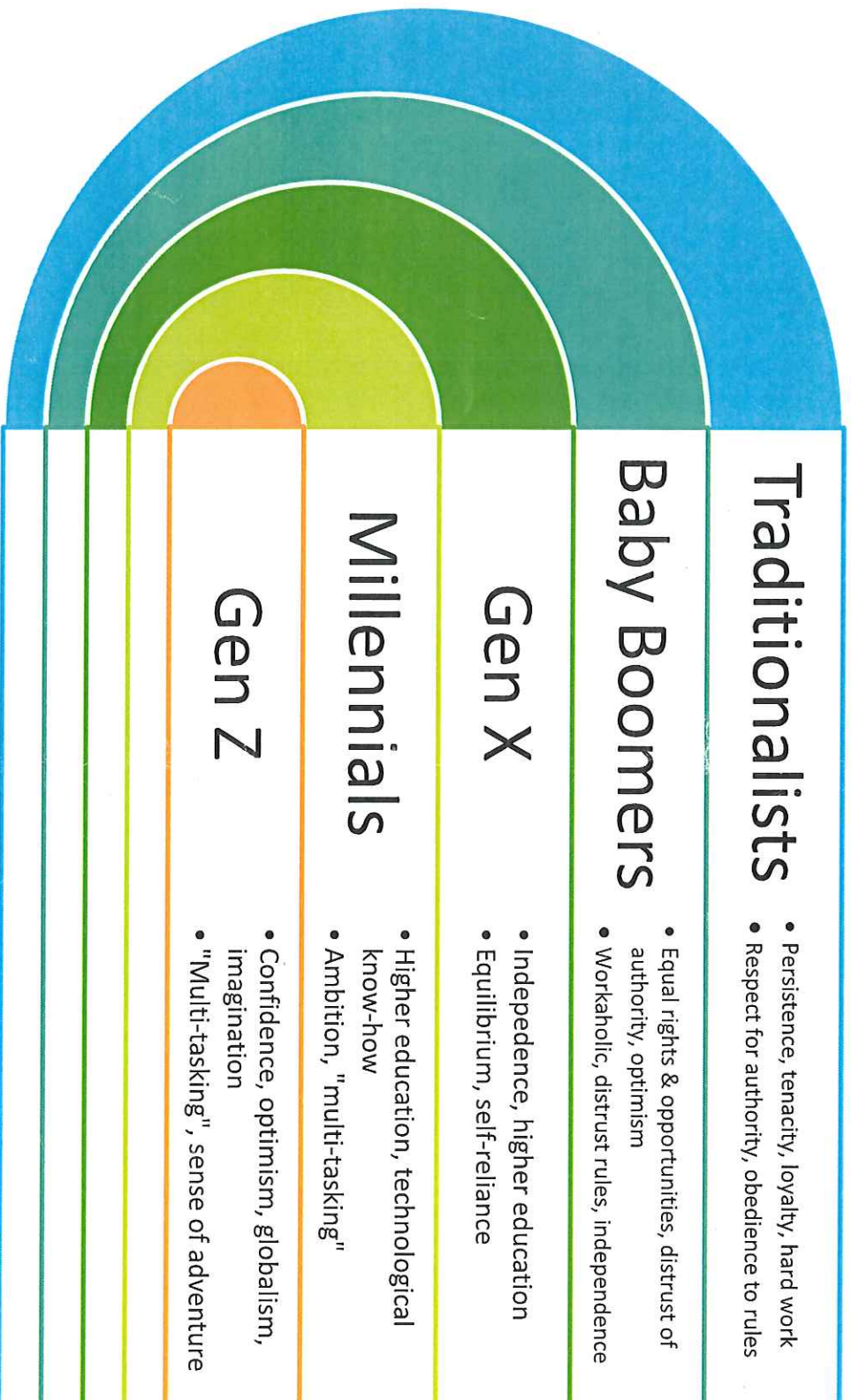


## Commonly Held Characteristics of Generations: Core Values & Work Ethic<sup>1</sup>



1. Figure adapted from page 5 of *Mind the Gap: Generational Differences in Medical Education* (Talmon & Beck Dallaghan, eds), 2017.

# Communication Strategies for Medical Education by Generation



1. Figure adapted from page 63 of *Mind the Gap: Generational Differences in Medical Education* (Talmon & Beck Dallaghan, eds), 2017.

### Knowledge Probe or Mini-Case

Pose questions or cases at the start of a lecture, such as short answer or multiple-choice questions. Students work individually or in pairs to answer the questions.  
Readdress mid- or end-of-lecture activity

---

### Think-Pair-Share or Quick Think

Pose a question or problem OR insert questions every 15 minutes. Students spend 1-2 minutes thinking about the problem alone, then discuss in pairs. Effective way to involve learners. Provides instructor feedback on what learners have (or have not) grasped.

---

### Pause & Clarify

Pause for 2-3 minutes while learners chat with neighbors about their understanding of content. Aim is for each student to clarify their own understanding by comparing their perspective with that of their partner. Works best for questions asking about application of understanding, rather than simply recall of information.

---

### Socratic Questioning

Query students in a manner that helps them uncover answers. Ask learners about thought processes, probe assumptions, and ask for evidence. Can be used in large and small classes. Establish learning climate guidelines first: respect all around, non-judgmental attitudes.

---

### One-minute Paper or Muddiest Point

Ask students to write a response to (1) "What was the most important thing you learned today?" and (2) "What questions remain the uppermost in your mind from today?" Effective for determining learners' progress – understanding course material, reaction to course.

---

### Guided Reciprocal Peer Questioning

Students work in groups of 3-4 and each student generates 2-3 thought provoking questions based on material taught. Students pose their questions to the group and take turns answering each other's questions.

---

### Critical Thinking Activity

Small group breakout session designed around a thought provoking question/case that builds upon concepts recently presented. Students take different perspectives (e.g. patient, nurse, family member, etc.) or take opposing sides to a controversial issue.

---

## Tips for Educating Millennials

### Encourage Collaboration/Avoid Rigid Hierarchy

- Ensure student feel engaged
- Acknowledge their participation on teams
- Work products need to be recognized as contribution to team

### Learning Environment Fairness

- Clear learning objectives that are easy to find
- Useful and meaningful feedback given in a timely manner
- Grading needs to be transparent

### Clear Expectations

- Never assume they should know
- Be specific and don't modify midstream
- Overarching generalities should be avoided

### Provide Reasons for Rules

- Clearly explain why dress codes, duty hours, etc. are in place
- Note Millennials are committed to & invest in tasks perceived relevant

### Encourage Curiosity & Exploration

- Provide clinical challenges not easy to find in quick online searches
- Allow flexibility on how the task is completed
- Expect application of knowledge using critical thinking

### Clear Feedback

- Students accept help & guidance without stigma
- Students want direct observation of skills
- Students expect immediate detailed feedback

### Mentoring

- Share your philosophy and experiences

### Acceptance

- Avoid making assumptions about learners' motivation

### Tips for Millennials When Working with non-Millennial Clinical Faculty

1. Ask for expectations up front and realize that each clinical rotation will have different ones
2. Be forthright with your learning goals
3. Be respectful of others who have more experience than you and let them know how much you appreciate their time
4. Realize that your faculty's experience and knowledge regarding patient care is greater than your own and recognize that when discussing your patients
5. Show you have a strong work ethic and help your clinical team any way you can
6. Engage in face-to-face communication – not everything can be handled by text (or even email).
7. Share any thoughts you have regarding any new technology that may help with clinical learning and patient care - you can teach your faculty
8. Expect (and accept) constructive feedback – no one is an accomplished physician in medical school, but your faculty want to help you get there
9. Do more than “show up” - actively participate on your clinical rotations and show your faculty what you know
10. Realize that clinical rotation schedules are not flexible – your faculty expect you to be with them when you are scheduled

## Preparing Teachers to Give Feedback



- Create respectful & trusting climate
- Feedback should be related to learning goals & objectives
- Feedback should be timely, given often, and anticipated
- Ask for student's self-assessment first
- Base feedback on direct observation
- Be specific; generalizations are of no value
- Use specific, neutral language with feedback
- Confirm learner's understanding of feedback & facilitate acceptance
- Follow up on action plan
- Reflect on the feedback you provided

## Preparing Learners to Receive Feedback



- Identify perceived strengths & areas of improvement
- Recognize self-assessment in isolation lacks accuracy
- Connect & build rapport with instructors
- Ask for specific behaviors
- Accept positive feedback graciously
- With critical or negative feedback, do not react negatively (think before you speak)
- Ask for more details when feedback is too general
- Acknowledge generational differences & expectations for feedback
- Collaborate to establish an action plan to address areas of improvement
- Be prepared! Feedback comes in many formats & at any time!

Adapted from Table 6: Guiding Principles for Given & Receiving Feedback and Evaluation (page 24) in *Mind the Gap: Generational Differences in Medical Education*, 2017.