A PIECE OF MY MIND

Mentoring Millennials

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The surgical case was straightforward: a young man had experienced a radial nerve injury from a broken humerus, now without neurological recovery. Tendon transfers to restore wrist and finger extension were planned. The surgeon, resident, and medical student approached the scrub sink together to review major teaching points, potential pitfalls, and contingency plans in case of complications. As the surgeon reached for a scrub brush, the medical student lingered back, his thumbs incessantly and rhythmically tapping on the screen of his phone. The surgeon peered at him with frustration, annoyed that again his student appeared more interested in his smartphone than the pathology. In an effort to engage him back to the case, the surgeon asked: "Can you tell me what tendons lie in each of the extensor compartments in the hand?" The student's head snapped up, and he quickly rattled off the answer with ease. Smiling momentarily, he then asked, "Could I get your thoughts on this new video describing nerve transfers rather than tendon transfers for radial nerve injuries that was just uploaded to our educational portal? See, I have it pulled up right here, it was just presented last week at the plenary session…"

Generational diversity describes the shared perspectives and experiences among individuals born within boundaries of time, such as the silent generation (1925-1945), the baby boomers (1946-1964), and Generation X (1965-1980).[1] Individuals entering medicine today were born between 1980 and 2000, termed millennials. Millennials comprise about 25% of today's workforce and will account for 40% and 75% of the workforce in 2020 and 2025, respectively. We recognize that these assertions do not apply to every member of a particular generation. Nevertheless, the values, expectations, and ethos that define millennials are perceived as substantially different from their predecessors and have caught the attention, and concern, of older generations. This is particularly true in medicine where training, advancement, and mentorship are steeped in tradition and where change often comes slowly.

Millennials have been shaped by a profound expansion of information technology, enhanced social networking, and a connected global culture. Although sometimes labeled as impatient, distracted, overly socialized, and entitled, millennials could also be characterized as deeply empowered, collaborative, and innovative. These generalizations, however, can lead to conflict and misunderstanding, particularly in environments such as hospitals where apprenticeship and hierarchy are the norm.

Mentorship is the cornerstone of academic medicine. A mentor is defined as an advisor characterized by altruism, expertise, patience, and experience. In many ways, graduate medical education has adapted to millennials through the expansion of online and video-based learning resources, disease-based educational curricula, abbreviated work hours, and team-based care models.[2] However, mentorship strategies for millennial faculty members, residents, and medical students are not well understood. Indeed, we have personally witnessed generational differences leading to frustration, miscommunication, and attrition in these mentor-mentee dyads. Consider 3 common scenarios.

Example 1. Susan is a junior faculty member drafting her career development award with her division chief, Mary, as primary mentor. Their offices are in close proximity; Susan often drops in throughout the day between Mary's meetings to ask questions on the wording. Mary finds this irritating, as it circumvents the usual scheduling channels. Susan is annoyed that Mary seems to have little time for her.

Theme 1. As Needed vs Scheduled Engagement. Millennials have grown up with virtually instant communication and information dissemination. Such engagement facilitates quick decision making and expands collaboration networks. Millennials expect accessibility, fast responses, rapid turnaround, and frequent short meetings to ensure clear direction. Senior mentors often balance administrative, clinical, and academic demands with greater structure and less ad hoc availability. Combined, this leads to frustration and stress for both parties.

Example 2. John is a third-year medical student conducting a summer project examining the effects of mindfulness-based stress reduction techniques on cardiovascular risk in patients following myocardial infarction. He has a question about the survey data collection and sends a group email to Sam, a junior faculty member directly supervising the project, and to Mark, the chairman of the department who will serve as a senior author on the project. Mark is annoyed that Sam isn't taking care of the question; Sam is embarrassed that John emailed the chair directly, and John is frustrated that no one appears to be answering his question.

Theme 2. Flat vs Pyramidal Infrastructure. Millennials embrace collaboration and cognitive diversity more readily than prior generations.[3] In some aspects of academic medicine, these attributes will serve them well. For example, team science, multidisciplinary care, and collective leadership are welcomed by millennials who embrace groupthink, in contrast to their senior counterparts. However, flattening social and hierarchical gaps may also lead to conflict. Millennials do not necessarily embrace the siloed communication typical of traditional academic departments. Removing these barriers can cause frustration among older physicians accustomed to hierarchical communication channels and younger physicians who desire broad access to all stakeholders.

Example 3. Scott, a junior attending, has developed an intervention to improve the safety of common percu-

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Table. Mentoring Millennials: Myths, Truths, and Best Practices

Myth vs Reality	Millennials' Reasons	What to Avoid	What to Embrace
Impatient vs efficient	Accustomed to rapid information and distillation	Inertia	Innovation
Entitled vs motivated	Do not view social distinctions in hierarchy as previous generations	Hierarchy	Autonomy
Lazy vs balanced	Motivated by purpose, organizational mission, and skill over "time in rank" or traditional advancement metrics	Busywork	Purpose
Narcissistic vs empowered	Desire early advancement based on vision and deliverables	Subordinate	Leadership
Social vs collaborative	Have a greater sense of global consciousness	Uniformity	Diversity
Needy vs engaged	Used to instant responses due to social media and technology	Isolation	Community

taneous cardiac procedures with Shawn, a professor in biomedical engineering. He begins to implement his intervention in practice with promising results but is counseled by his mentor, Julie, to wait and develop a clinical trial to generate a high-impact scientific paper. Scott is uninterested because he wants to move toward developing intellectual property and associated rights for the invention. Shawn and Julie are frustrated that Scott may be undermining his research potential; Scott, with the inertia of scientific investigation.

Theme 3. Purpose vs Process. For millennials, purpose is paramount. Millennials may derive greater satisfaction from results and implementation over the traditional, well-worn metrics of academic success. Such goals often include strategies that include developing intellectual property, commercialization of products, or launching a health care start-up.

These examples illustrate potential conflicts between different generations engaging in the workplace. However, these are also opportunities for greater understanding of a new generation. A keen awareness of generational mindsets and motivations can allow for more productive and rewarding mentoring relationships, and several strategies can improve intergenerational working relations. First, physicians and mentors must be cognizant of common generational misperceptions (**Table**). As illustrated in the examples, millennials generally desire frequent interaction, are quick to multitask, and relish the ability to connect rapidly across the globe. These connections are often brief and need not occur within a backdrop of lengthy face-to-face connections. As a result, millennials differ in skills critical to building professional relationships and may be perceived as impatient and needy, rather than efficient and engaged. Some suggestions for how best to engage millennials include:

Micromentoring. In contrast to traditional apprenticeship mentoring models (in which relationships are built over years and encompass numerous aspects of professional life), micromentoring—similar to coaching—offers an efficient alternative.[4] Early-career faculty members may seek counsel from senior mentors for defined needs over abbreviated time intervals, allowing for flexibility and cognitive diversity in mentorship. Micromentoring entails more frequent, but more rapid, meetings that often provide thumbs up or down, yes or no answers on narrow topics. For Susan and Mary (example 1), brief meetings may provide quick answers to potential roadblocks that will help Susan speed her progress. Open communication regarding scheduling limits and accessibility can also ease Mary's frustration by reframing the interruptions as mentoring sessions.

Reverse Mentoring. To create the flat leadership structure that millennials embrace, mentorship paradigms may be upended to allow younger individuals to impart perspective, skills, and guidance to older colleagues. Reverse mentoring can fuel a sense of leadership and broader collaboration, empowering mentees in their relationships. For example, social media platforms such as Twitter or LinkedIn are powerful mechanisms for disseminating research findings and connecting with faculty and are often more easily navigated by millennials than older generations. For John, Mark, and Sam (example 2), breaking down the hierarchical communication structures that are common in academic medicine can allow for more efficient teamwork, as well as provide an opportunity for all perspectives to be shared.

Mentorship Teams. Collaborative mentorship provides a diverse perspective and helps mitigate against the isolation and competition that often permeate academia. Such teams can capitalize on the individual strengths of a variety of mentors as well as the power of cognitive diversity.[5] For Scott, Julie, and Shawn (example 3), a mentorship team may provide balance in weighing the senior faculty's interest in traditional metrics in academics against innovation. Including members from industry, policy, engineering, and quality, for example, could allow Scott to have more clinical impact in his work as well as recognition and promotion for his efforts.

Generational differences must be recognized and embraced to achieve productive mentoring relationships. Given the value of a vibrant and diverse faculty, it is essential to understand the factors that motivate or deter the next generation.[6] Physicians seek purpose, collaboration, and advancement in their professional lives; millennials are no different than prior generations in this respect.[7] Moreover, millennials are willing to look for opportunities elsewhere if they are not fulfilled in their position, leading to faculty attrition and high-opportunity costs in academic medicine. We hope that some of the modest changes suggested may help engage the next generation of physicians. Keeping an open mind on the use of smartphones at the scrub sink may be but one example of this approach.

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