Mentoring Millennials

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 ple...”

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 understanding, particularly in environments such as hospitals. Removing these barriers can cause frustration, amongst other physicians accustomed to hierarchical communication channels and younger physicians who desire broad access to all stakeholders.

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.2 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 amongst 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 percut...
Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Saint reports serving on a medical advisory board of Dovityx, a new social networking site for physicians, and on the scientific advisory board of Jvion, a health care technology company. No other disclosures were reported.