

UW School of Medicine

CENTER FOR LEARNING AND
INNOVATION IN MEDICAL EDUCATION



Teaching and Supporting Learners Across Differences

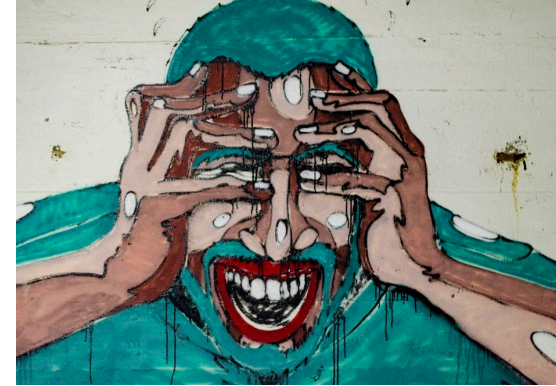
April 12, 2-5pm. Chico All Faculty Retreat

Objectives

1. Explore differences in attitudes and beliefs around discomfort and psychological safety in the learning environment
2. Cultivate curiosity as a common language to bridge difference.
3. Develop tools to help students build resilience.

Agenda

- *Getting started*
 - Ground rules
 - Small group reflection on challenges and strengths
 - Identify important values
- *Apply values to three concepts:*
 1. Discomfort – how much is too much?
 2. Generational differences? Are we sure?
 3. How can we help build resilience in the clinical teaching environment?



Ground rules

- Participate as you are able
- Be kind and generous to each other in the room and ...
- ... be kind and generous to those not in the room
- Listen with curiosity and suspend judgement
- AND share your own thoughts with honesty and candor
- Expect and accept that there may not be closure



Reflect on your own experience working with students of different

- Ages
- Backgrounds
- Lived Experiences.

When teaching across these differences, have you encountered

- Challenges?
- Successes?

Small Group 1



What did you learn?





Values

“Broad, trans-situational, desirable goals that serve as guiding principles in people’s lives.”

Appreciating values helps address challenges and amplify strengths

Know when to hold them ...

Small Group 2

- **4 min** – 2 piles → core values vs non-core values
- **3 min** – 2 piles → important, guiding-principle core values vs not quite as important
- **2 min** → **top 5 values**



What did you learn?





Discomfort

MEDICINE AND SOCIETY

MEDICAL TRAINING TODAY

Debra Malina, Ph.D., *Editor*

Being Well while Doing Well — Distinguishing Necessary from Unnecessary Discomfort in Training

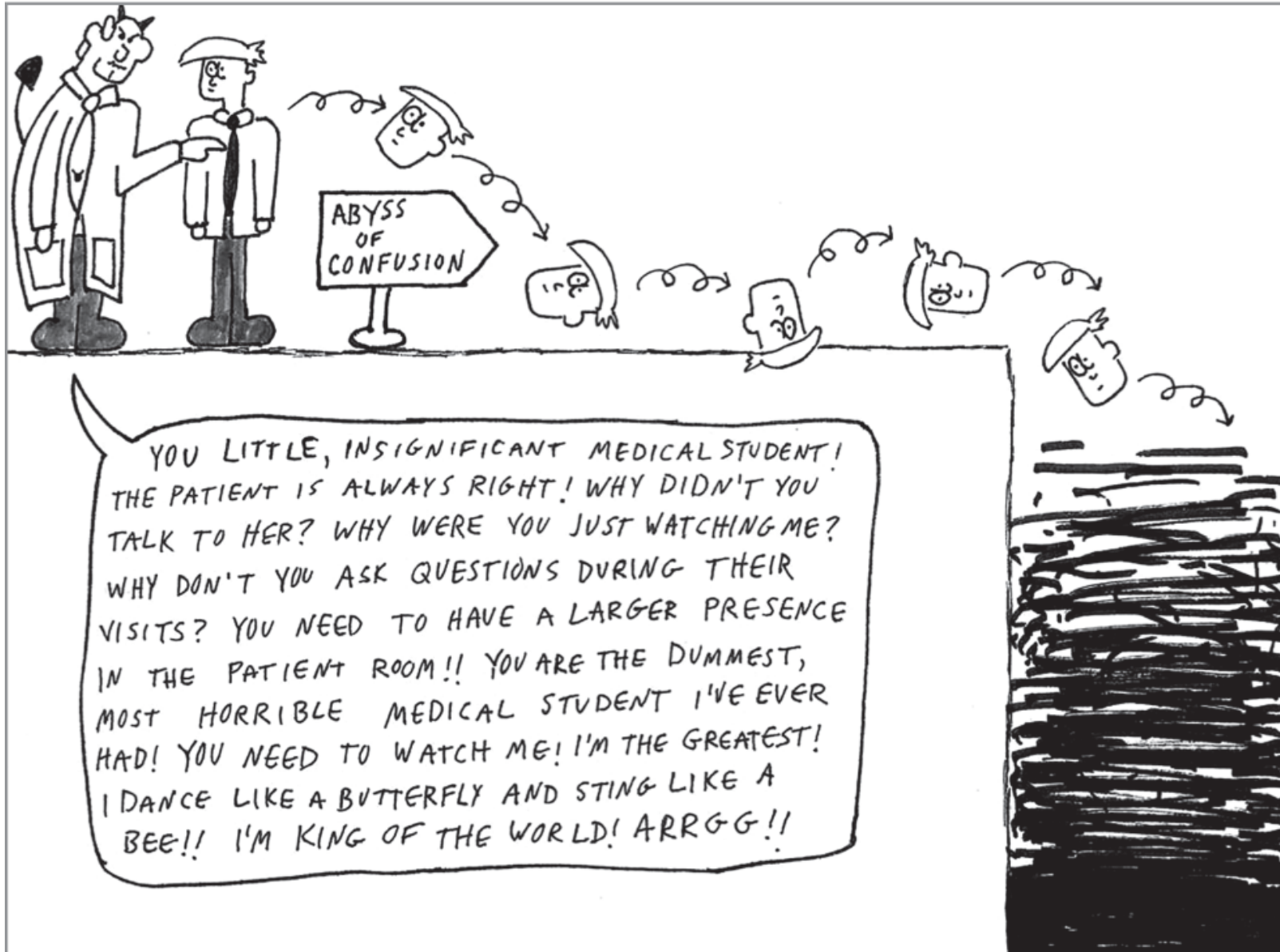
Lisa Rosenbaum, M.D.

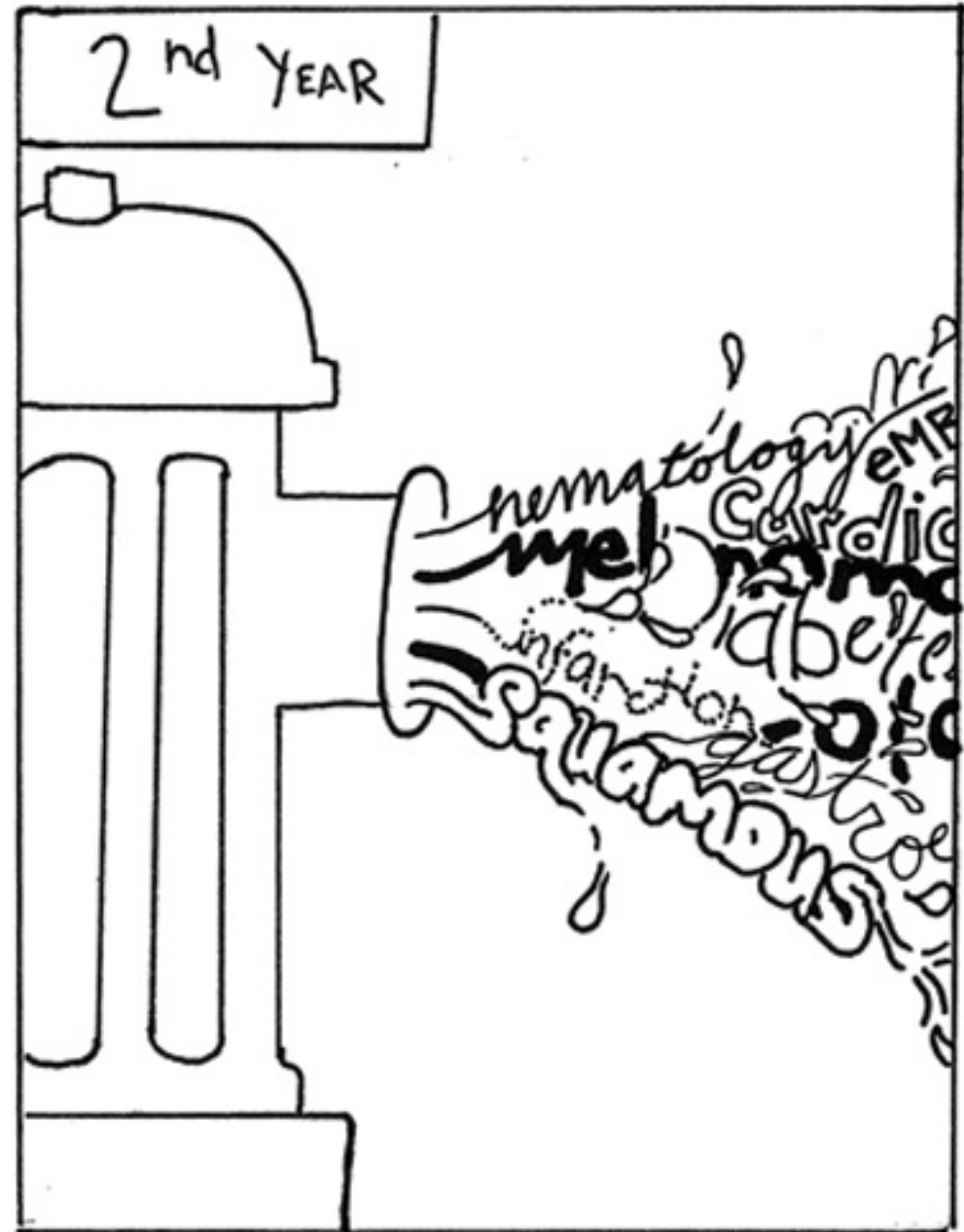
Being well
while
doing well
... is hard!

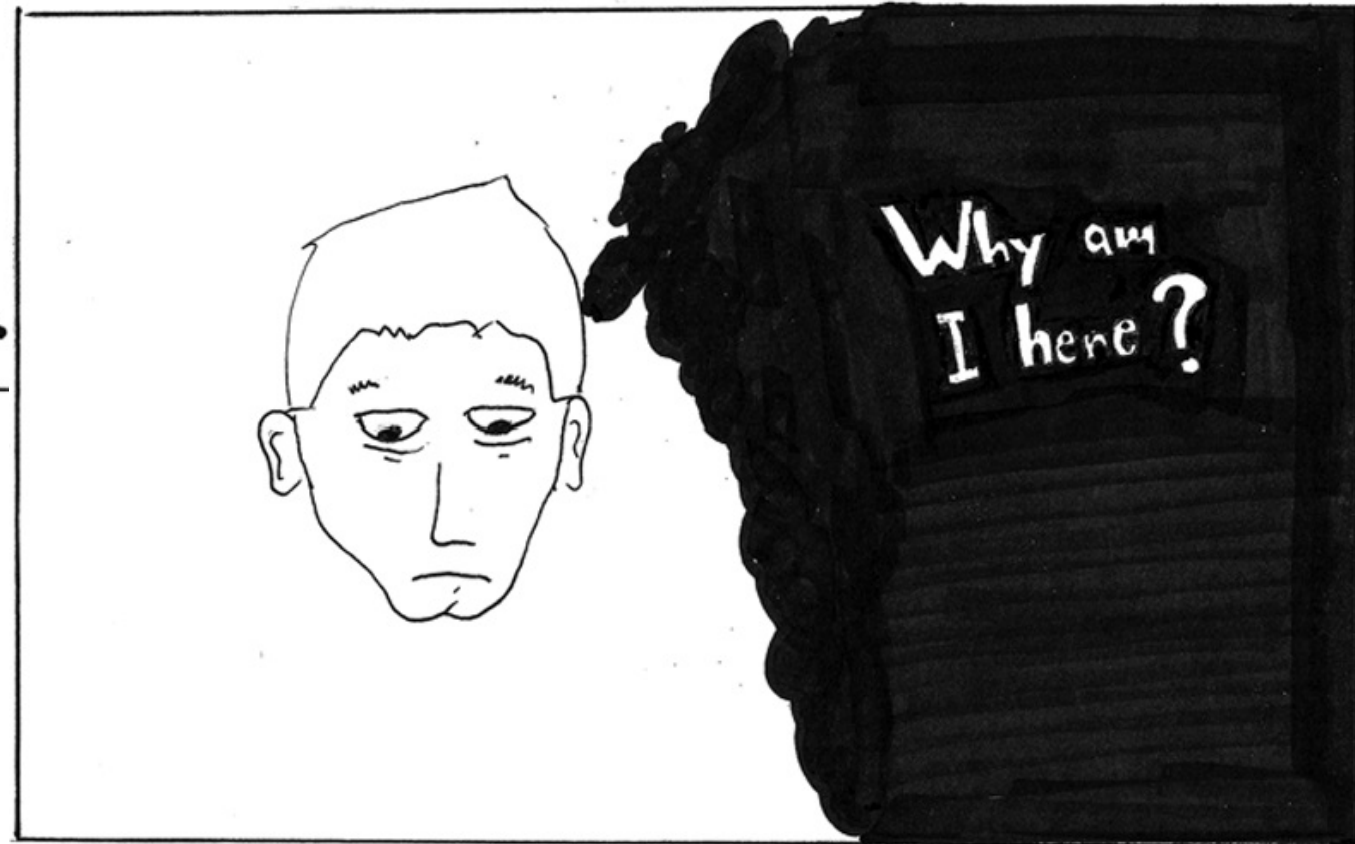
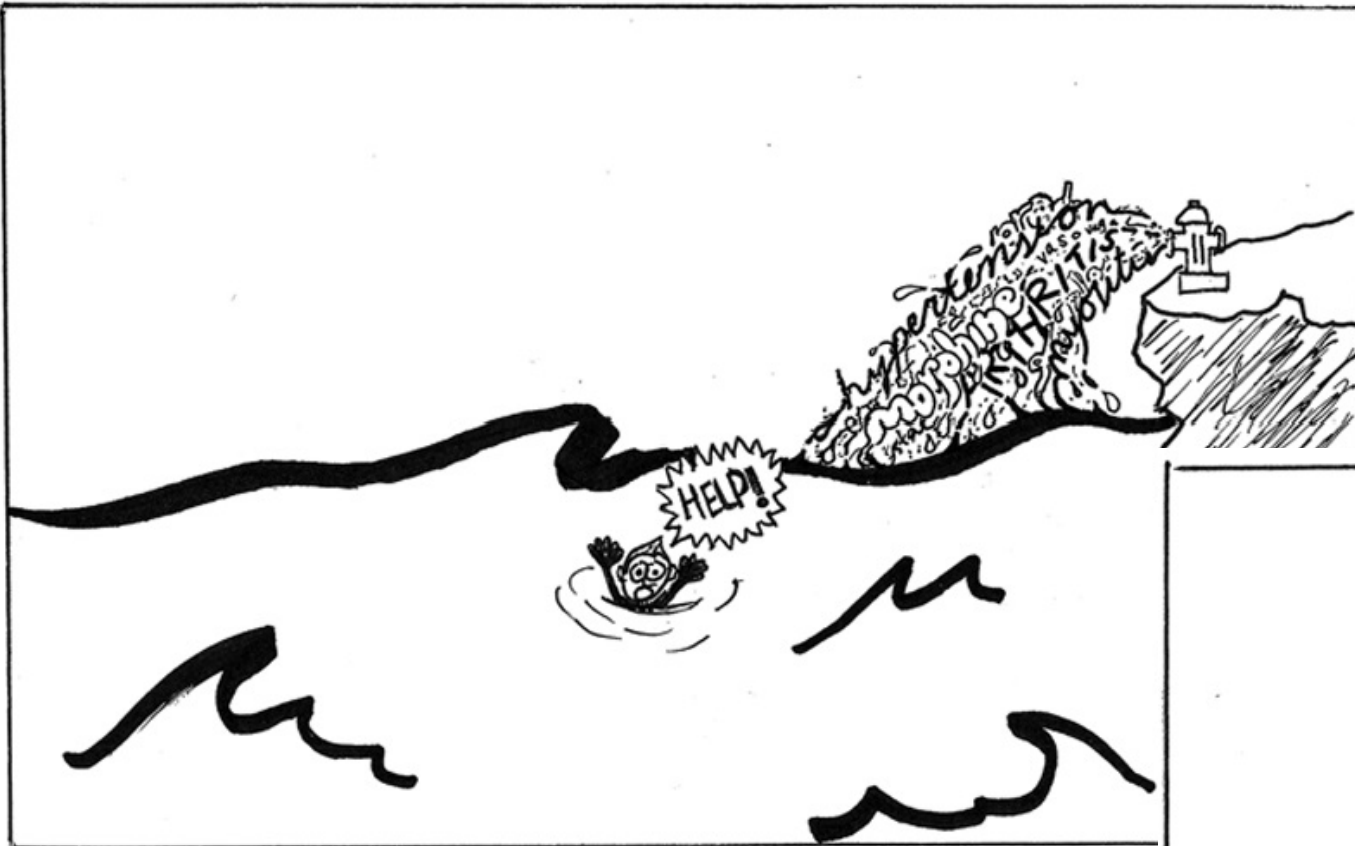
During his internal medicine clerkship, Dr. A. (now an intern) dove into tasks medical students often undertake: getting outside records, faxing forms, updating patients' primary care physicians. But he sensed that some of his peers disapproved of his willingness to engage in such "scut work."

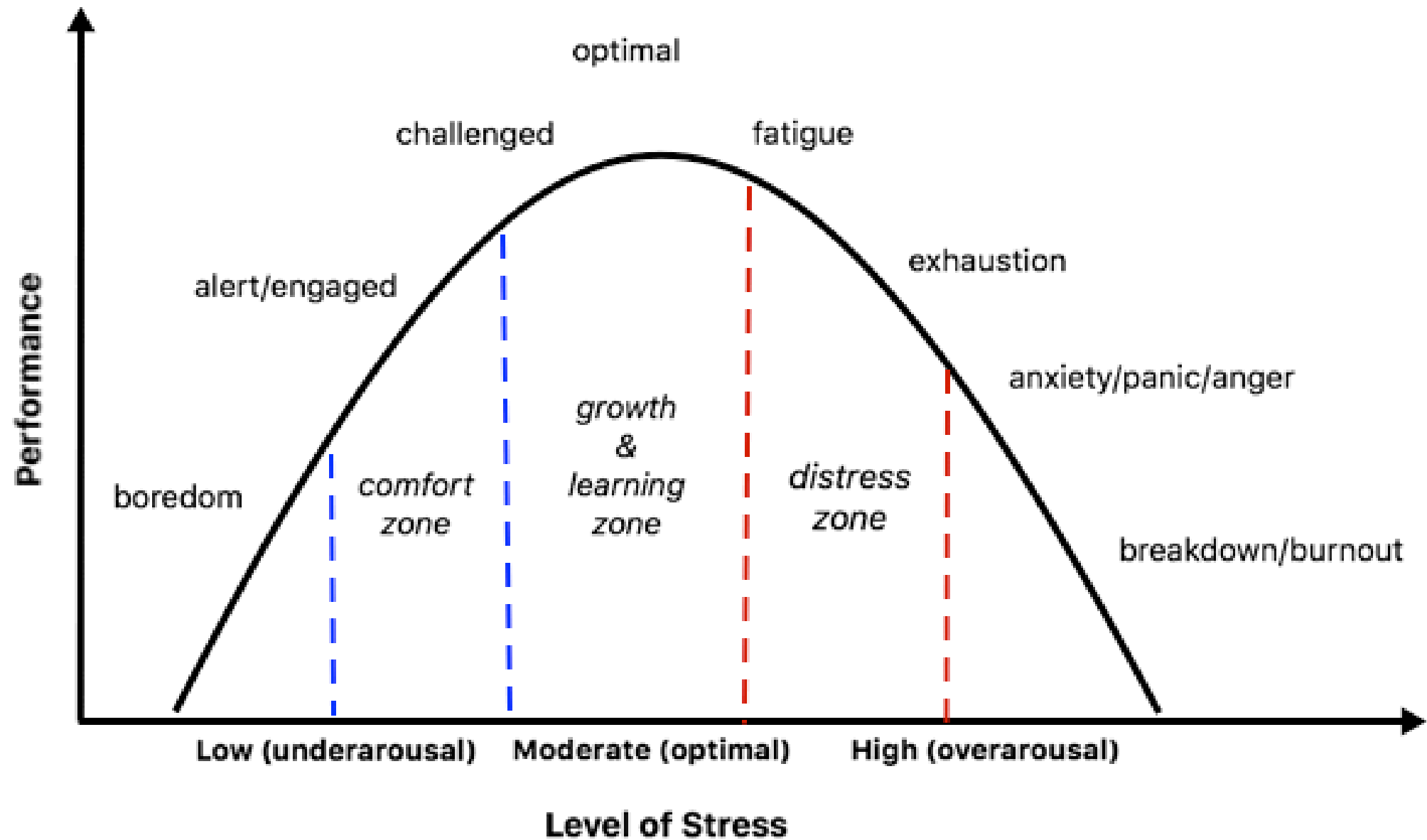
cine. This tension seems particularly salient in fields that are theoretically committed to a broader social cause. Analyzing how perceived harm among employees is crippling progressive organizations, Maurice Mitchell, formerly of Black Lives Matter and now national director of the Working

A Panel from "Medical Student: A Tragic Comedy" by Michael Pitzer









Handle hard better



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- Focus on sections:

10-minute break...

- “Playing the game”
 - “Questioning the narrative”
-
- What about this article resonates with you?
 - What do you agree with?
 - What do you disagree with?
 - How do your values affect how you react to the article?



... then Small Group 3

What did you learn?





Generations

ASON ON EDUCAT

Baby Boomers Storm Ivy-Cov

LESLIE J. NASON, Ed. D. pare
Professor of Education, most
University of Southern California annu
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Generational Theory

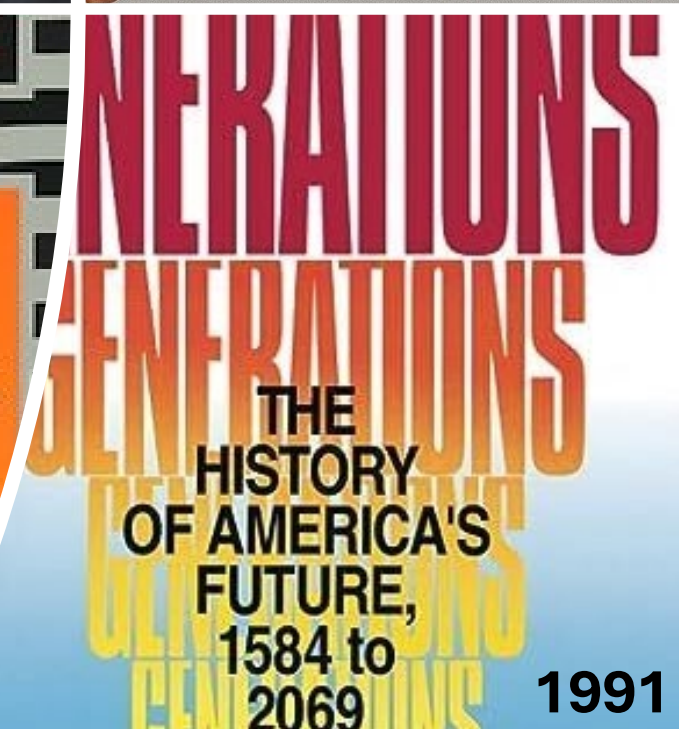
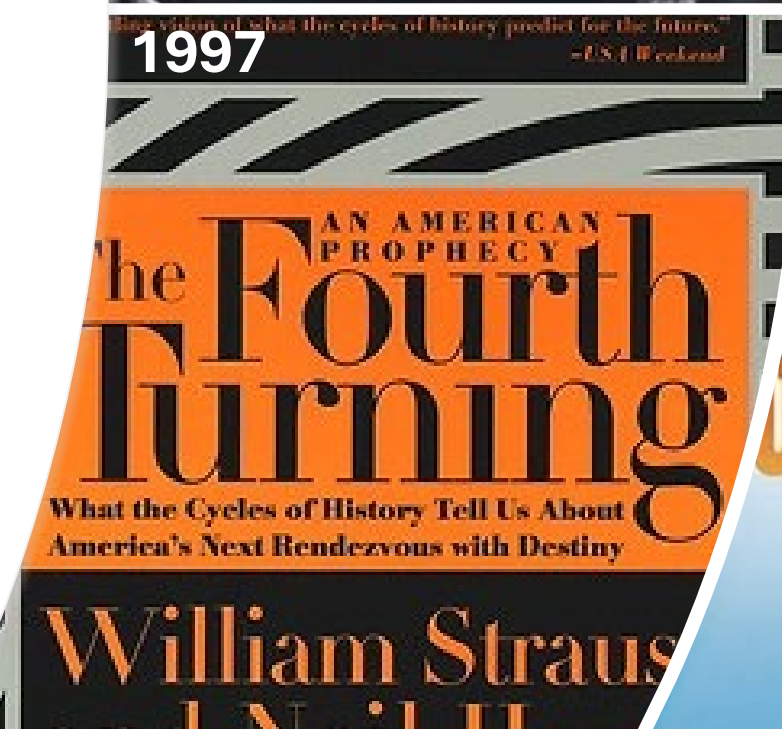
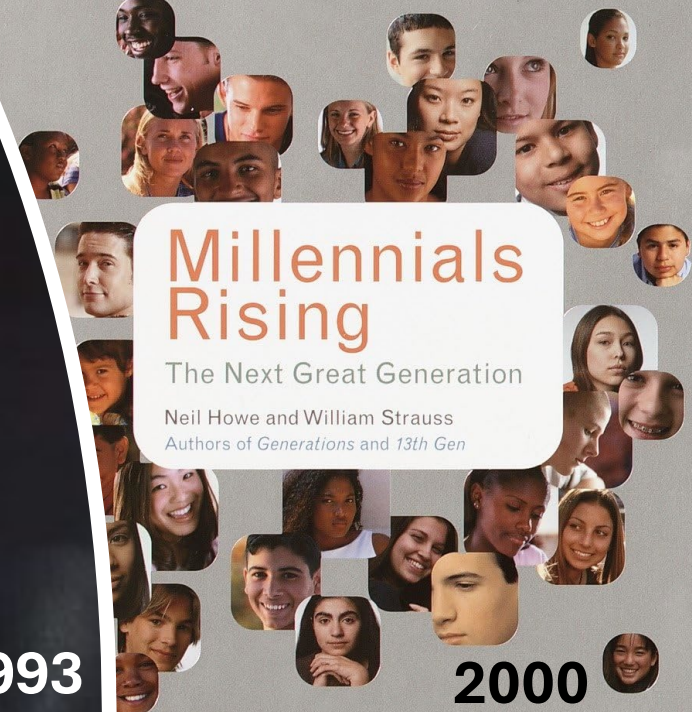
“A group that is distinctive ... by virtue of having experienced a specific set of social, economic, technological, and/or political circumstances at a formative period in their lives” - Karl Mannheim

www.buscabiografias.com
Mannheim, Karl (1952). "The Problem of Generations". In Kecskemeti, Paul (ed.). Essays on the Sociology of Knowledge: Collected Works, Volume 5. New York: Routledge. pp. 276-322.
https://web.archive.org/web/20190328230347/https://www.newspapers.com/cip/19690752/daily_press/



Strauss–Howe generational theory

- Generational archetypes
- Application in popular culture
 - Workplace
 - Marketing
 - Politics
 - Education



Archetypes – Gen X

	Nomad
	Generation X (1961 – 1981)
Reputation as a child	Bad
Coming of age	Alienating
Primary focus coming of age	Self-sufficiency
Young adulthood	Competing
Transition in midlife	Frenetic to exhausting
Leadership style entering adulthood	Solitary, pragmatic
Reputation as elder	Tough

	Nomad
	Generation X (1961 – 1981)
Treatment as elder	Abandoned
How it is nurtured	Under-protective
How it nurtures	Overprotective
Positive reputation	Savvy, practical, perceptive
Negative reputation	Unfeeling, uncultured, amoral
Endowments	Liberty, survival, honor

Generational Differences?

- Sixteen Personality Factor Questionnaire (16PF)
- Generation Xers - born between 1965–1980 (n=555)
- Millennials – born in 1981 or after (n=254)

Multivariate Analysis of Variance Results for the 16 Personality Factor Questionnaire (16PF) for 555 Generation X and 254 Millennial Medical Students, Northeastern Ohio Universities College of Medicine, Rootstown, Ohio, 1989–1994 and 2001–2004*

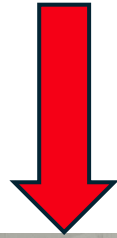
Personality variable	Generation X mean (SD)	Millennial mean (SD)	F	p value	Effect size [†]
Warmth	5.07 (1.92)	5.63 (1.86)	15.18	.000 [‡]	.02
Reasoning	5.51 (1.90)	7.49 (1.59)	209.07	.000 [‡]	.21
Emotional Stability	4.54 (2.00)	5.48 (1.71)	41.97	.000 [‡]	.05
Dominance	5.12 (1.80)	5.11 (1.92)	.01	.915	.00
Liveliness	6.05 (1.90)	6.24 (1.65)	1.76	.186	.00
Rule-Consciousness	4.20 (2.03)	5.18 (1.66)	44.84	.000 [‡]	.05
Social Boldness	4.95 (1.93)	5.67 (1.90)	24.52	.000 [‡]	.03
Sensitivity	4.55 (1.95)	5.27 (1.94)	24.24	.000 [‡]	.03
Vigilance	5.97 (1.87)	6.29 (1.84)	5.45	.020	.01
Abstractedness	5.71 (1.85)	5.76 (1.89)	1.55	.694	.00
Privateness	4.97 (1.93)	5.25 (1.92)	3.94	.048	.01
Apprehension	5.67 (1.92)	6.14 (1.80)	11.07	.001 [‡]	.01
Openness to Change	5.15 (1.85)	5.96 (1.86)	33.37	.000 [‡]	.04
Self-Reliance	5.77 (1.60)	5.33 (1.68)	12.91	.000 [‡]	.02
Perfectionism	4.33 (1.98)	5.34 (2.01)	44.50	.000 [‡]	.05
Tension	5.66 (1.79)	5.37 (1.65)	4.84	.028	.01

* Generation X students were born between 1965 and 1980; Millennial students were born between 1981 and 1999. The 16PF is scored on a 1–10 scale with a mean score of 5.5 and standard deviation of 2. *df* (1, 808).

[†] Partial Eta squared.

[‡] $p < .01$.

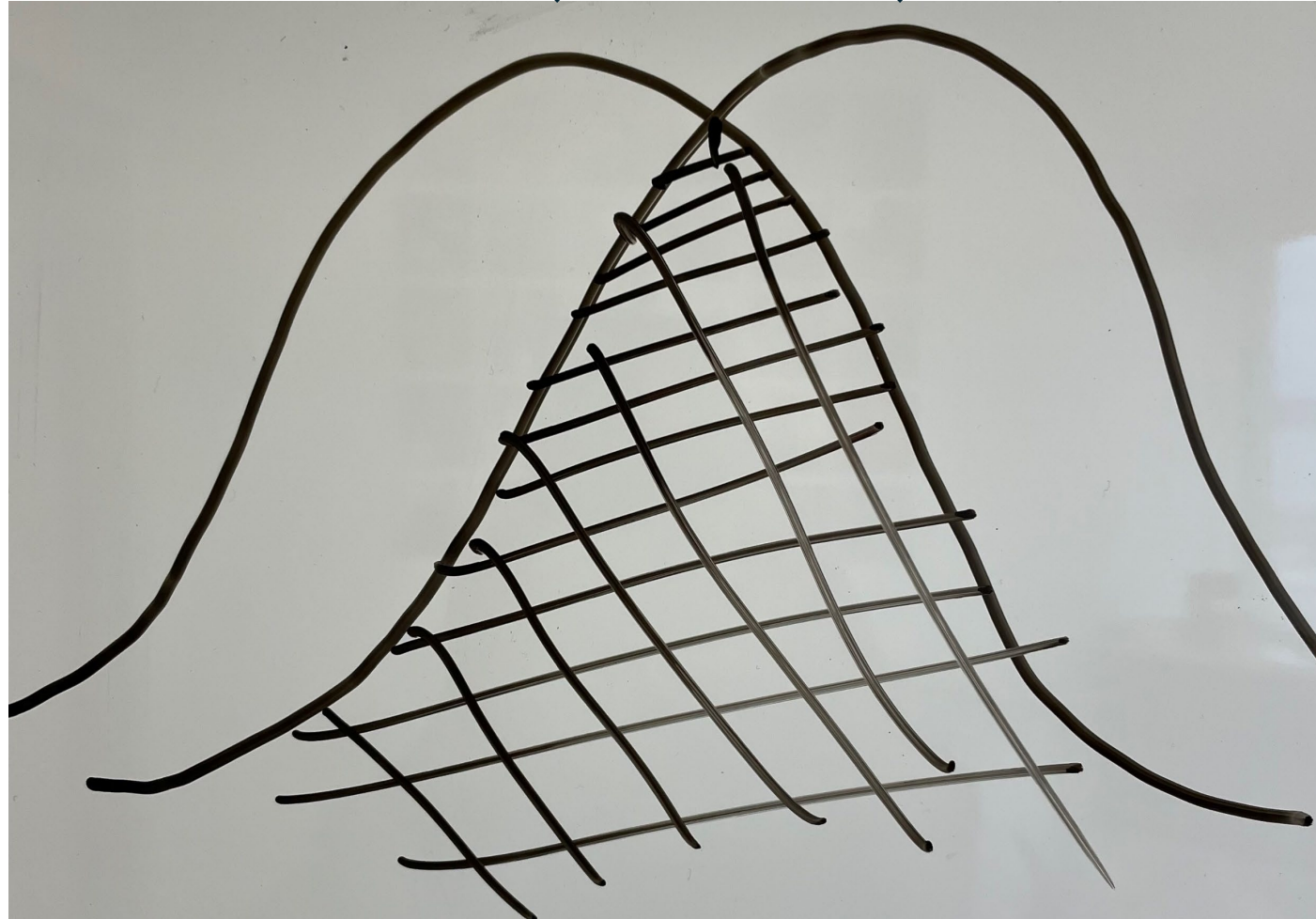
Gen A



Gen B



Frequency



Questionnaire Scores

Somnath Mookherjee
Ellen M. Cosgrove *Editors*

Handbook of Clinical Teaching

Chapter 5

How to Effectively Teach
Millennials: Understanding
Intergenerational Factors

2012; 34: 274-278

MEDICAL
TEACHER

TWELVE TIPS

Twelve tips for facilitating Millennials' learning



Restricted access | Research article | First published online February 1, 2017

Teaching Millennials and Generation Z: Bridging the Generational Divide

VIEWPOINT

Medical Education for Millennials: How
Anatomists Are Doing it Right

How I Do It

Teaching Radiology Trainees From the Perspective of a Millennial

Focus

The Journal of Lifelong Learning in Psychiatry

Focus (Am Psychiatr Publ). Winter 2018; 16(1): 74-79.

Published online 2018 Jan 24. doi: 10.1176/appi.focus.20170004: 10.1176/appi.focus.20170004

Keeping Up With Changing Times in Education: Fostering Lifelong Learning of Millennial Learners

REVIEW



Mentoring millennials in surgical education

“Summary of Our Approaches to Engage Millennial Trainee”

Set Specific Goals

Leverage technology to emphasize relevance

Give formative feedback

Create transparent assessments

Encourage self-development



Pew Research Center



On the Cusp of Adulthood and Facing an Uncertain Future: What We Know About Gen Z So Far



Millennial life: How young adulthood today compares with prior generations

The Generation Gap in American Politics

Wide and growing divides in views of racial discrimination

As Millennials Near 40, They're Approaching Family Life Differently Than Previous Generations

Three-in-ten Millennials live with a spouse and child compared with 40% of Gen Xers at a comparable age

BY AMANDA BARROSO, KIM PARKER AND JESSE BENNETT



Generational reporting

“ There is great diversity of thought, experience and behavior within generations.”

- Generational categories are not scientifically defined.
- Generational labels can lead to stereotypes and oversimplification.
- Discussions about generation focus on differences vs similarities.
- Conventional views of generations can carry an upper-class bias.
- People change over time.

Then why do we like “generational theories”?

- Simplifies complexity?
- Provides a way to justify decisions?
- It’s fun and interesting?
- Million-dollar industry?
- We’re looking for ways to be more effective?
- It feels good to "other people"?



Generational othering

- “We found little evidence to support the notion of intergenerational differences as a true educational phenomenon.
- Instead, the act of characterizing a generational group, whether as “entitled”, “narcissistic”, “sociopathic”, “tech savvy”, “teamwork-oriented” or as “embracing diversity”, ***may say more about those who have the power to apply these labels than it does about the group that is being labelled.***”



Bottom lines

- People change over time
- Little evidence for existence of generational archetypes
- Likely as much variance within a generation as between generations
- No evidence that using generational archetypes to guide teaching is effective
- **Consider curiosity about an INDIVIDUAL's behaviors and motivations**



- What emotions do the scenarios raise?
- What qualities are you attributing to the learner?
- What are your options?
- How do your values inform your options?

Small Group 4



Case: Mental Health Break

- You're in the OR about to start the first of several laparoscopic tubal ligations. Your student scrubs in and joins you a few minutes late.
- You ask them, "You read the link I sent you, right? After I insert the laparoscope in through the trocar, what is the first thing I should inspect?"
- They say, "I'm so sorry, but I just needed to take a mental health break last night - I didn't have a chance to read the chapter."

Case: Goodwill Games Sweatshirt

- Your 3rd year student wears a "Seattle Goodwill Games" sweatshirt under their white coat in the second day of the rotation. The orientation materials state "students are expected to dress professionally."
- They notice that you are looking at their sweatshirt and say reply, "Do you like my sweatshirt? This is vintage! Don't worry - I'll be sure to take it off if we do any procedures or anything like that."

Case: "Let me know how I can help"

- It's "resident alone day" and your resident has been doing a fantastic job taking care of the 10 really sick and complicated patients on an inpatient service.
- You are about to head to your office after rounding – as you head out the door, you say, "Let me know if I can help with anything."
- Your resident looks up says, "That would be great – could you please write the notes for these four patients? And it would be great if you could help track down the lab results from the outside hospital. Thank you so much!"

What did you learn?



Resilience



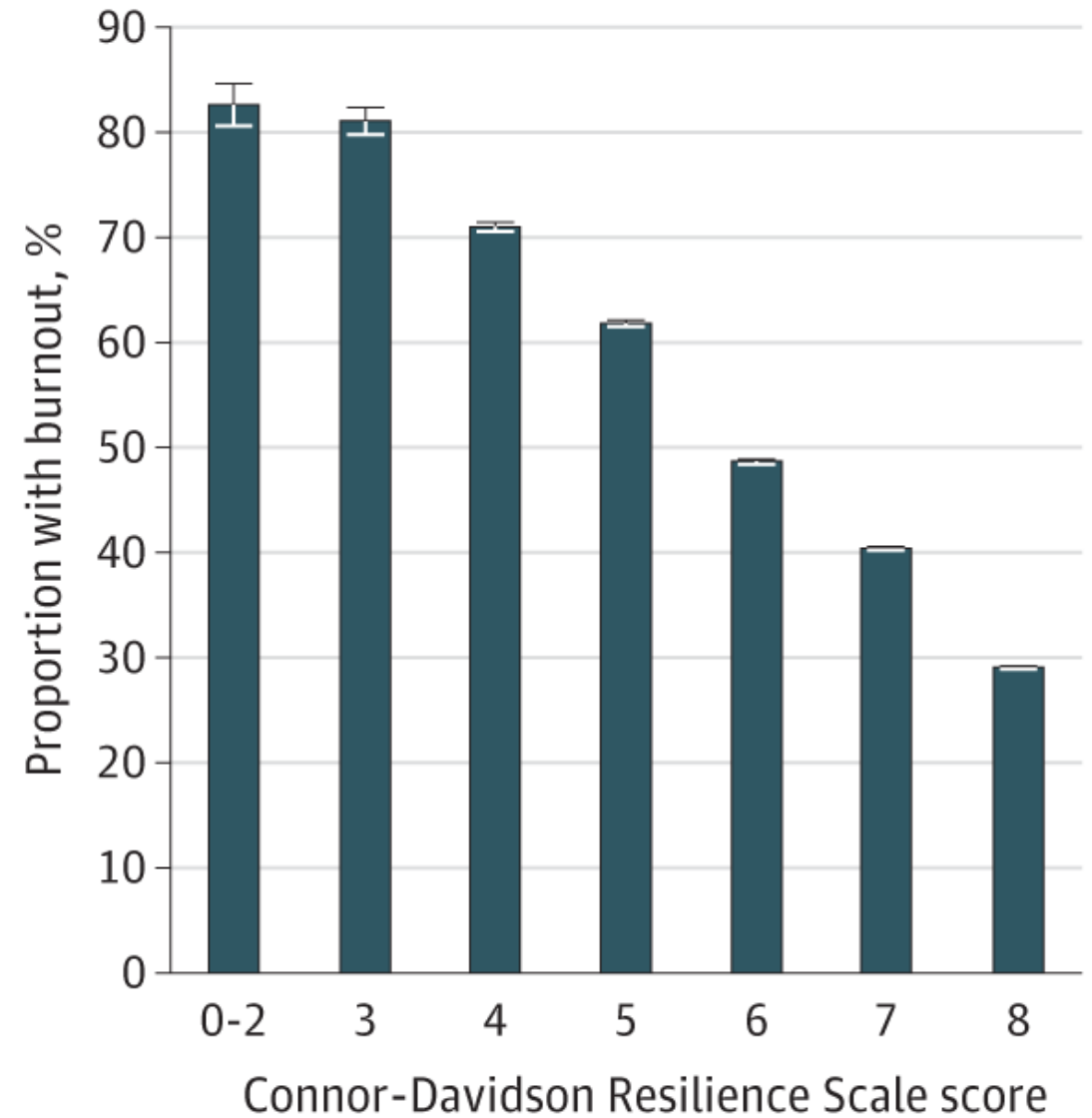
Ice Cream and Yoga Won't Do—We Need Structural Change to Address Healthcare Provider Burnout

"The marginal benefit, then, of squeezing more resilience out of a population with baseline high resiliency is likely to be small. And yet, the greater the distress, the more inexorably wellness program invitations fill our e-mail inboxes, as if obstinately yoked to burnout by the misconception that distress is due to the individual failings of healthcare professionals.

In a truly bizarre mismatch of need and intervention, we were even offered ice cream during the 2020 fall surge in COVID cases and hospitalizations. Those “free” wellness sessions? They aren't really free—no one is taking your hospital shift or seeing your clinic patients so that you can attend."

Resilience and burnout

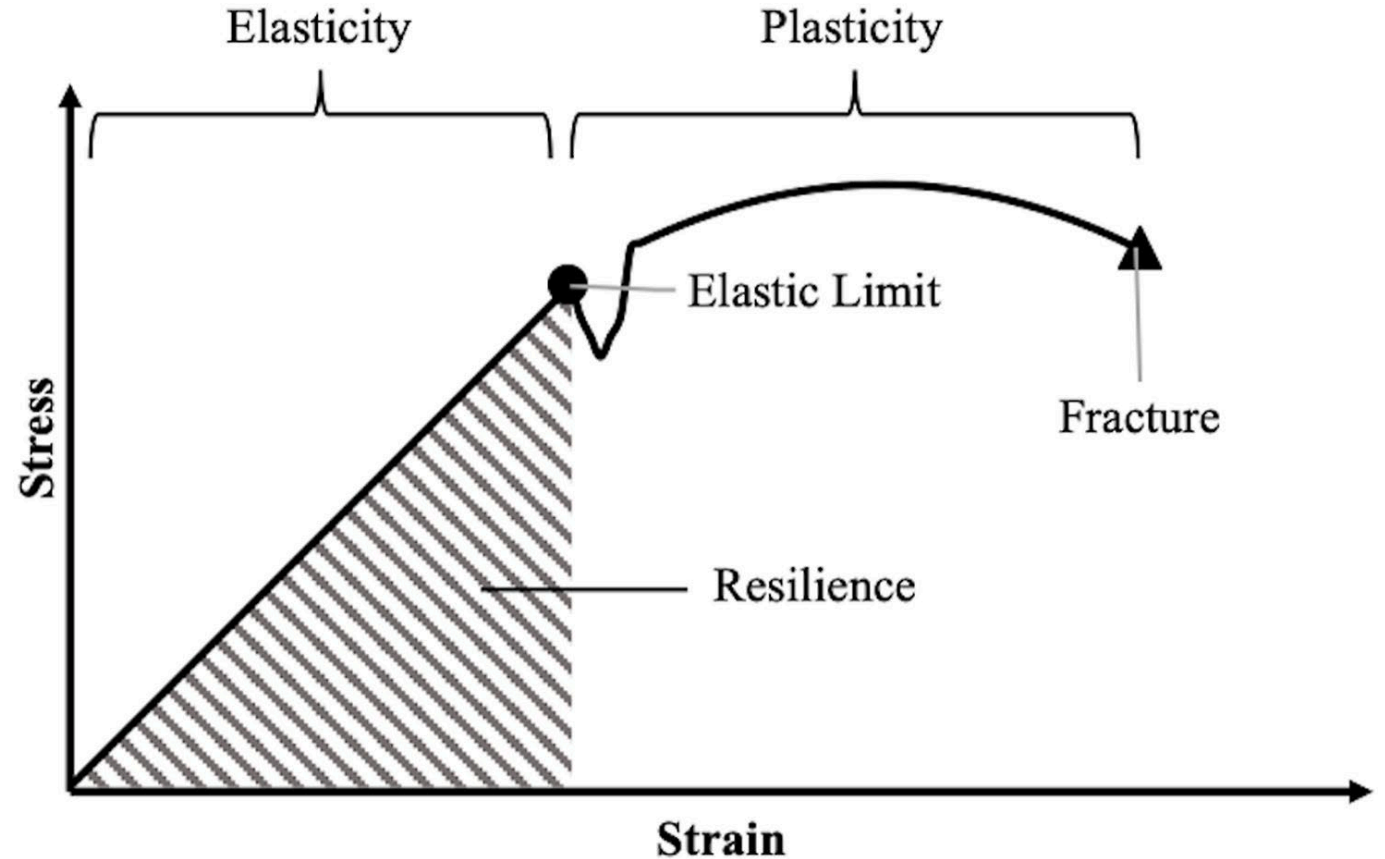
C Overall burnout proportions



Physicians, No.	23	37	300	492	1431	993	1350
Connor-Davidson Resilience Scale score	0-2	3	4	5	6	7	8

Resilience

- Stress = force on a material
- Strain = deformation of material
- Ability to absorb stress (energy) when deformed and release stress (energy) upon unloading without permanent deformation



Resilience is ...

- **Personal quality** enabling adaption and thriving
- **Phenomenon** of not having mental health problems under stress
- **Ability** to cope and thrive
- **Capacity** to respond in a healthy way - bounce back even stronger

West et al. Resilience and Burnout Among Physicians and the General US Working Population. JAMA Netw Open. 2020;3(7):e209385.

Kunzler et al. Psychological interventions to foster resilience in healthcare students. Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD013684.

Houpy et al. Medical student resilience and stressful clinical events during clinical training MEDICAL EDUCATION ONLINE, 2017VOL. 22, 1320187

Epstein et al. Physician Resilience: What It Means, Why It Matters, and How to Promote It. Academic Medicine 88(3):p 301-303, March 2013.

Resilience is ...

- "Fall 8 times and get up 9."
- "We are supposed to make mistakes – we should be grateful for the mistakes we make."
- "Being able to adapt in the face of unexpected hardship."
- "Ability to move forward - letting go of your mistakes and moving on."
- "Being open to finding new ways to deal with challenges."

So what are we talking about?

Resilience is ...

- Ability to adapt to stressful circumstances and bounce back from adverse events
- A skill among many others
- An important skill for well-being
- Something that can be learned and improved

Resilience is not ...

- An explanation for every instance of the lack of well-being
- A mental state of being tougher
- A static trait or characteristic of a person
- Just survival after suffering

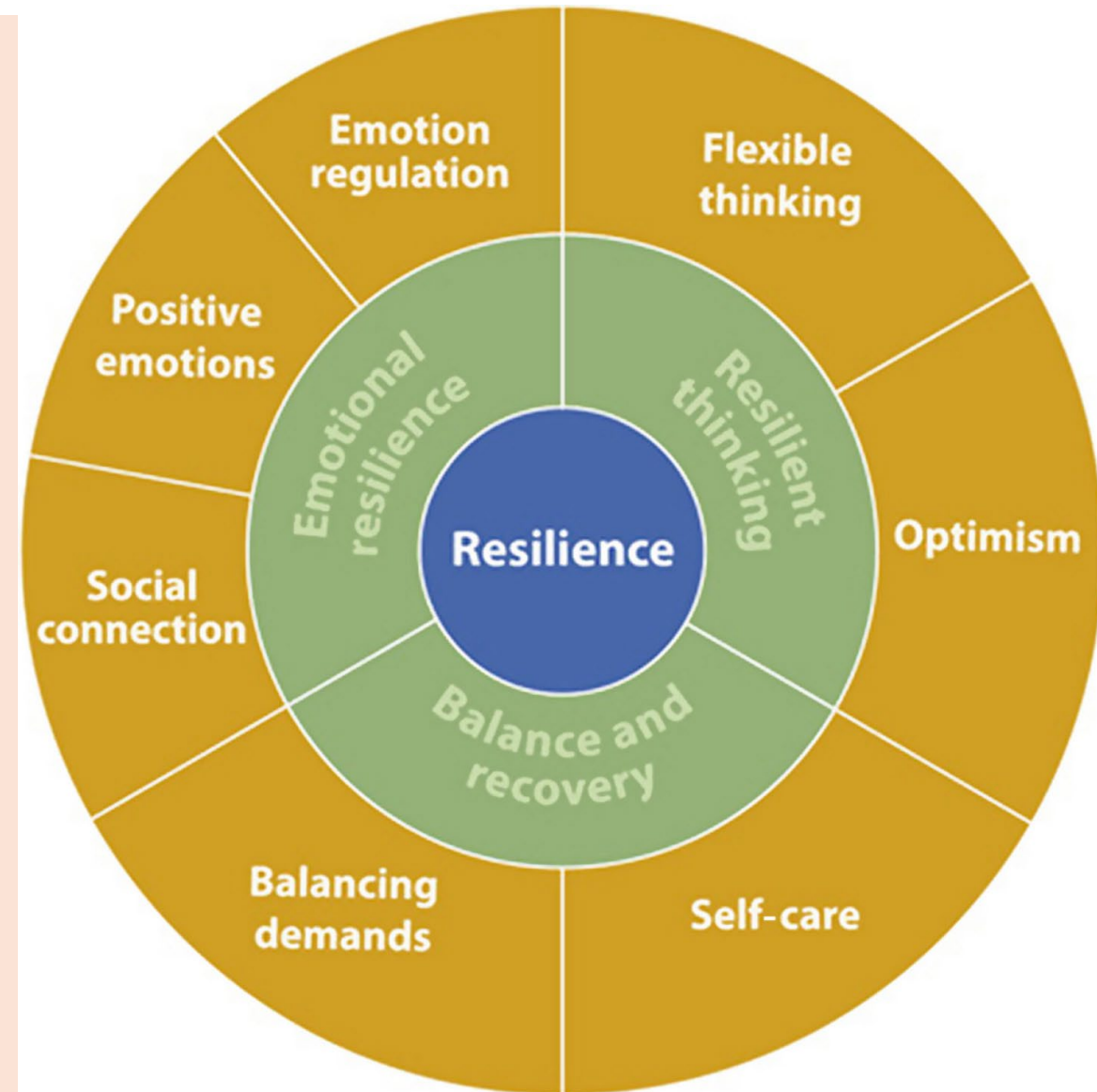
Resilience model

- Emotion regulation
 - Exerting control over one's own emotional state
 - Rethinking a challenging situation to reduce anger or anxiety
 - Focusing on reasons to feel happy or calm.
- Flexible thinking = thinking about things in a new or different way



How can you support learner resilience in the clinical teaching setting?

- What helps you bounce back when under stress, especially at work?
- In your training, what did your preceptors, attendings, and others do that helped you be more resilient?
- Are there one or two ways you can help your learners increase their resilience?



What's one thing that
you will do ...

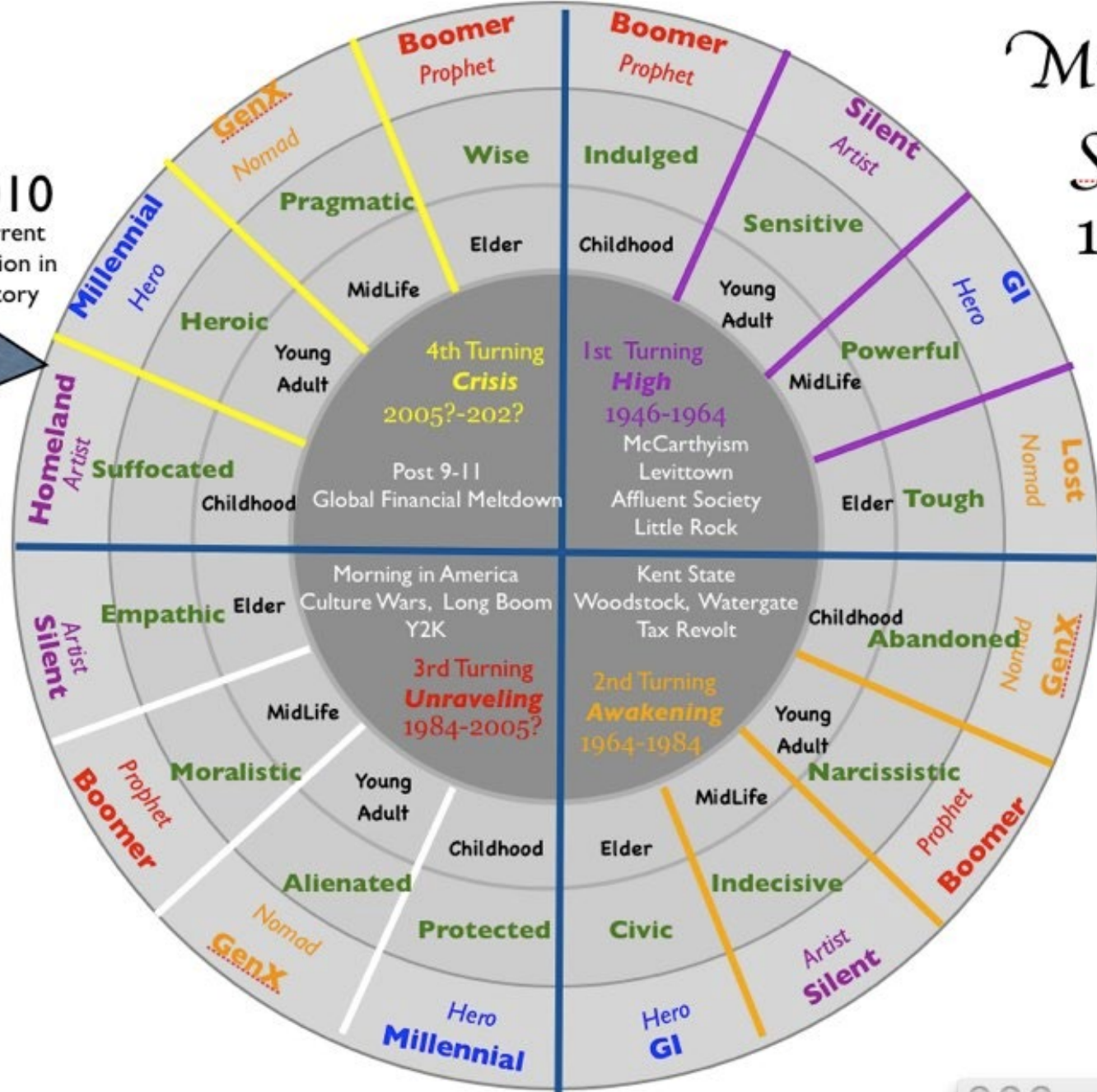


Key Take Home Points

- Teaching across difference is challenging AND rewarding. Be curious!
- Core values are individual & foundational for decision making, behavior, emotional reaction.
- Discomfort is a part of the human condition & a pre-requisite for learning.
- Maintaining our commitment to excellence while distinguishing unnecessary harms from desirable difficulty is critical for trainees.
- Implement practical strategies to support trainee resilience.

Millennial
Saeculum
1946-202?

2010
Current
location in
history



Yikes

Objectives

1. Explore differences in attitudes and beliefs around discomfort and psychological safety in the learning environment
2. Cultivate curiosity as a common language to bridge difference.
3. Develop tools to help students build resilience.

Resilience ...



If you're complimented, you can respond with:

You're so resilient!

What makes you say that?

or:

I appreciate the fact that you recognize my ability to endure hardship. I just wish I didn't have to.