

Cross-Generational Mentoring

Implications for clinical practice

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Objectives

Identify personal and professional characteristics consistent with specific generation cohorts

Detect common workplace scenarios that often lead to generational conflict

Propose mentoring strategies to best facilitate a productive mentoring relationship

Silent Generation¹⁻³

Pre-1945

Definitive events

Depression, WWII, Korean War

Characteristics

Dependable, tactful, Loyal

Motivations

Respect, recognition

Communication

Face-to-face, handwritten notes

Tech view

Largely disengaged

Career view

Jobs are for life

Baby Boomers¹⁻³

1945-1964

Definitive events

Vietnam, Civil Rights Movement, Watergate, TV

Characteristics

Live to work, optimistic, team-oriented

Motivations

Teamwork, duty

Communication

Whatever is most efficient (prefer face-to-face)

Tech view

Early IT adopters

Career view

Loyal to employer

Generation X¹⁻³

1965-1980

Definitive events

AIDS, Gulf War, 1987 stock market crash

Characteristics

Flexible, informal, skeptical, independent

Motivations

Diversity, work-life balance, personal interests

Communication

Email or text

Tech view

Digital immigrants

Career view

Loyal to the profession

Generation Y¹⁻³

1981-1996

Definitive events

Columbine, 9/11, the internet

Characteristics

Confident, highly educated, competitive,
financially insecure

Motivations

Responsibility, quality of supervision, unique
experiences

Communication

Text or social media

Tech view

Digital natives

Career view

Work “with” not “for” an organization

Generation Z¹⁻⁴

1997-2012

Definitive events

Mobile technology, social media, the Great Recession, mass shootings, international conflict

Characteristics

Hyperconnected, risk averse, seek instant gratification

Motivations

Diversity, individualization, creativity

Communication

FaceTime

Tech view

Technoholics

Career view

Career multitaskers

Cross-Generational Conflict^{3,5-7}

Lack of mutual understanding

Discounting versus appreciating lived experiences

Different working styles

Work priority versus work-life balance

Communication differences

In-person versus virtual

Scheduled versus immediate

Formal versus informal

Conflicting views of professionalism

Rigid versus flexible ideologies

Mentoring Strategies⁸⁻¹¹

Structure	Hierarchical	Top-down transfer of knowledge from more to less experienced clinicians
	Reverse	Less experienced clinicians share perspectives, skills and guidance to those with more experience
Organization	Dyadic	Traditional 1:1 mentor-mentee relationship
	Team-based	Multiple mentors offering chance for collaboration and access to diverse perspectives
Content	Didactic	Passive lecture “information dump”
	Interactive	Immersive learning experiences and multiple learning methods to achieve educational goals

Mentoring Strategies⁸⁻¹¹

Objective	Process	Following the traditional metrics of performance and achievement
	Purpose	Emphasis on implementation and products/results rather than tradition
Communication	Conventional	Scheduled, quality time of formal guidance
	Coaching	Frequent and brief evaluation of performance (“micro mentoring”)
Feedback	Fact-based	Objective assessment of performance
	Framed	Emphasis on personal growth and role in positive contributions

GENERATION Z

*Mentoring Tips*¹⁰⁻¹³

#1: Support life skill development

Develop life skills at a slower rate

Challenges of learning environment can be exacerbated by need to master life skills



Address stressors of independent living

Life skills seminars

#2: Foster time management skills

Comfortable with well-defined tasks, struggle with longitudinal learning

May be related to lack of formal work experience



Separate assignments into steps

Enforce hard deadlines with consequences

#3: Encourage personal and mental health

Less face-to-face contact = decreased feelings of happiness, increased anxiety and depression

Prefer in-person social interactions



Develop/share institutional wellbeing resources

Engage learner in synchronous learning and peer conversation

#4: Incorporate literacy development

Decreased reading
long-form text for
pleasure, low reading
stamina



Start with shorter
reading assignments

Traditional readings
replaced by shorter
texts, tweets, etc.

Emphasize value of
peer-reviewed material

#5: Foster professional written communication

Rely on instantaneous communication methods, inexperienced with traditional communication

Decline in SAT writing scores (13 points)



Reiterate professional setting = professional communication

Provide examples of professional correspondence

#6: Teach information management skills

Adept at accessing information, not as proficient at evaluating credibility



Provide examples of strong evidence

Review appropriate use of others' work, citations

Refer to institutional resources

#7: Broaden learning spaces/resources

Dislike learning environments limited to the classroom



Employ innovative teaching methods when appropriate

View technology as source of learning engagement

Explain rationale for traditional learning methods

#8: Building up from byte-sized information

Average attention span
is decreasing

Switch tasks on screen
every 19 seconds,
computer windows
often open < 1minute



Use interactive
learning strategies
(e.g., gamification)

Highlight practical
significance of
information

Build attention span

#9: Adjust approach to feedback

Accustomed to instant gratification and rapid responses

May view no news as bad news



Provide frequent, timely and real-time feedback (i.e. “micro mentoring)

Consider feasibility of feedback while creating assignments/assessments

#10: Revitalize teamwork and collaboration

Tend to be competitive rather than collaborative in group interactions



Emphasize the importance of teamwork in healthcare

Prefer to be evaluated on individual accomplishments

Incorporate team-based learning

#11: Support brave spaces

Familiar with “safe spaces”, a place to share without fear of judgment

May be aversive to counter viewpoints, lack resiliency



Provide guidance in addressing challenging and controversial issues

Link discomfort to clinical practice

#12: Embrace generational differences

Will be exposed to a
multi-generation
workforce



Educate on
generational
differences AND
similarities

May not recognize
generational nuances

Cultivate an attitude of
respect and openness

Case Scenario Application

Knowledge gap is identified after a resident neglects to collect the appropriate objective data to develop a plan of care

Resident frequently contacts mentors and clinic coordinators regarding work/assignment expectations and misses several deadlines

Resident is not engaged in observation experiences and often demonstrates poor professional behaviors (e.g., checking cell phone, etc.)

Consider: ¹Resident response ²Typical mentor strategy ³Alternative mentor strategy

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