

Medical professionalism and enculturation of the millennial physician: meeting of the minds



The conceptualization of medicine as a profession that is held to ethical and practical standards was first formalized through the writings of 18th-century British physician-ethicists Gregory and Percival (1). This was in response to the lack of standardization in both training and practice that existed within medicine at the time. Percival's *Medical Ethics* subsequently served as a reference for the first Code of Medical Ethics issued by the American Medical Association in 1847 (2). Today, it is universally accepted that an important aspect of becoming a physician is the learning and implementing of high standards of medical professionalism into practice. Professionalism as identified by the Accreditation Council for Graduate Medical Education (ACGME) is a core competency for residents and includes compassion, responsiveness to patient needs that supersedes self-interest, respect for patient privacy, and sensitivity to diverse patient populations (3). Professionalism is viewed not only as the competence or skill expected of a professional; it also requires one to act appropriately at all times using essential behaviors including being approachable, polite, courteous, and respectful of confidentiality and dignity. Moreover, it also necessitates us to challenge poor practice and unacceptable behaviors and attitudes.

Professional standards within medicine are perceived differently among the different generations that compose its body of practitioners, with each possessing their own defining character traits that impact their professional interactions and attitudes. The Millennials, also known as Generation Y, are those practitioners born between 1980 and 2005 who are currently being educated and mentored. In contrast, the Baby Boomers, born between 1946 and 1964, and the Generation Xers, born between 1965 and 1980, are the educators and mentors for the Millennials. Millennials, whose formative years have coincided with the fast-paced changes in technologies used within the home and the workplace, have been characterized as entitled, indulged, and sheltered and see their physician role as a job and not their identity. In contrast, Baby Boomers are often characterized, at least within medicine, as competitive workaholics, while the GenXers are considered cynical, skeptical, and pessimistic.

The literature reveals that these generational groupings are at discord on the definition of professionalism to the degree that the older generation of physicians perceives their younger counterparts as negatively affecting medical professionalism to the point of impacting patient care. In a recent study, unprofessional conduct related to responsibility (56%) was the most common type of infraction among medical students, including missed deadlines, unexcused absences, and tardiness (4). Other professional violations included inappropriate posting on social media outlets of off-duty lifestyle and patient images and voicing of opinions that may call ethics or integrity into question. Other behaviors

embodying a lack of respect for the health care environment that have been described include disrespectful communication and poor availability (e.g., not responding to emails, phone calls, and pages). These types of behaviors directly contradict the competencies of professionalism that are expected of all medical professionals and have contributed to the discord between the generations of practitioners. Education further illuminates differences within the generational gap in that today's standard of rigor in medical training is different than that experienced by older generations. Departing from the previous design of medical training, the ACGME has greatly restricted work hours during residency and is effectively applying more stringent boundaries on the amount of time and effort a student or physician in training may devote to the profession. In contrast, Baby Boomers and Generation Xers were expected to work much longer duty shifts with the expectation of constant sacrifice to meet the demands at work, and fully adopting "the lifestyle" was assumed in their definition of professionalism. Further, in years past, learning required sourcing the answer to a question or searching through an academic reference that was much more labor intensive and time consuming than an instantaneous "googling" on one's smartphone, a practice that is extremely familiar and even necessary for today's medical students and practitioners. These changes in training, in part, can explain the widely held perception by older generational physicians that the millennial physicians have "not paid their dues" or are "less devoted" to their job.

With that said, we must acknowledge that while the millennial physicians-in-training are different than the Baby Boomers and Generation Xers, they are not a lazy or unmotivated cohort but rather approach work differently as they prioritize a work-life balance. Data suggest that millennial residents view professionalism as a multifaceted and highly valued construct with a focus on relational or patient-centered care. Further, they have frequent concerns with situations they consider threats to professionalism (5). However, because Millennials have experienced a different formative socialization where they have grown accustomed to group work, spoon-feeding of information, and instant feedback, it is essential that we as their mentors teach professionalism with methods that better suit their learning needs and style.

Historically, professionalism was an assumed quality with virtually no formal mention during training. In the past, professionalism was cultivated through intergenerational transmission, whereby students observed and modeled the behaviors of superiors during the clinical years of training (i.e., clerkships and residency). Now attempts to foster the educational growth of today's younger physicians have continued to evolve with ACGME and the Group on Educational Affairs. The current focus is on the education of physicians throughout their professional lives to include devotion to medical service, public profession of values, and negotiation regarding professional values and other social values (4) by altering or creating medical curricula to formally include objectives on professionalism. While there is a need to ensure the implementation of the millennial physician's strengths (e.g., teamwork, extensive capability of digital

informatics, and communication with immediate feedback), the needs of the Baby Boomers/GenXers, who often prefer a more intimate connection including face-to-face interactions, ought not be cast aside. In our experience, ideals and values surrounding agreed-upon deadlines and appointments seem to be best negotiated in advance within the context of a learning agreement, a meeting of the minds, which some have termed a “medical contract.” The use of the medical contract explicitly defines the expectations of both the mentor and the mentee, and acceptable modes and frequency of communication and timelines to adhere by are discussed and implemented. We have used these medical contracts in the realm of mentoring medical students, residents, and researchers to clearly define goals over a critical timeline to ensure successful communication and completion of established goals. If we acknowledge, better understand, and embrace how the newer generation best learns, we may be better able to effectively communicate expectations that will only enhance the enculturation of Millennials into medicine. Medical contracts for the Millennials, GenXers, and Baby Boomers may be the best way to translate the requirements, values, and behaviors of the culture that is medical professionalism.

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