Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 7, Issue, 12, pp.24221-24224, December, 2015

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

ISSN: 0975-833X

REVIEW ARTICLE

IMPACT OF TRAINERS- RELATED FACTORS AND "GENERATION GAP" ON THE QUALITY OF LOCAL RESIDENCY TRAINING

***Hind Manaa Alkatan**

Assistant Professor and Director of Residency Training Program in Ophthalmology,
King Saud University College of Medicine, Riyadh, Saudi Arabia

ARTICLE INFO

Article History:
Received 25th September, 2015
Received in revised form
21st October, 2015
Accepted 27th November, 2015
Published online 30th December, 2015

Key words:

Training,
Generation,
Residency.

ABSTRACT

Residency Training in the medical field has been the focus of Health education organizations. Such training is dependent to a high degree on the involved trainers within their respective fields. Several studies have tackled the factors that will have an impact on trainees thus the success of their training program. In this review, we highlight theses factors, define them into 3 main categories: skills, behavior and generation, then focus on what we believe is the most important nowadays, which is the issue of the so called: "Generation gap". Solutions related to this issue are also summarized based on the most recent literature within this field with suggested future studies that are peculiar to our local medical training.

Citation: Hind Manaa Alkatan, 2015. "Impact of trainers- related factors and "Generation gap" on the quality of local residency training", *International Journal of Current Research,* 7, (12), 24221-24224.

INTRODUCTION

The Competency and success of a training program is a reflection of the level of competency of its trainees. In the medical field, medical education has been a target for improvement as part of the total health care system development. This has received more attention over the years in different areas of the world via special organization - such as the Royal College of Physicians and Surgeons of Canada - which set regulations in order to help educators in various disciplines to improve the quality of training and the value of their programs. (Al-Ahaideb *et al*., 2014)

Many researchers stress on the axiom that the teachers or trainers usually end up teaching their students in the same way they were personally taught. This came to the attention of medical education experts who believe in the so called "hidden curriculum" in adult learning. (Al-Ahaideb *et al*., 2014; Handler, 1993) While lots of time and effort is usually spent on improving the curriculum in a training program, less attention is given to trainers education programs. The concept of the hidden curriculum refers to the accumulative impact of the teacher's behavior, attitude, habits and manners acquired by the trainee or student in an indirect or unconscious way during the contact with his/her teacher. (Al-Ahaideb *et al*., 2014) Therefore, it is important to realize the impact of trainers' interest and behavior on the level of training and the indelible impression that teachers leave on their students. (Handler, 1993)

On the other hand, trainers' skills can be a serious issue. We have to realize that the presence of incompetent trainers in an unavoidable reality in any educational program. (Al-Ahaideb *et al*., 2014) At least 80% of residents in one of the studies in Saudi Arabia strongly agreed that program committees should have the authority to restrict professional or incompetent staff from teaching. (Al-Ahaideb *et al*., 2014) This however can be dealt with by taking the residents' written evaluation of their trainers into account in order to improve the quality of teacher-learner relationships and to identify incompetent trainers. (Reddy *et al*., 2015)

In regard to the effect of trainers' behavior, interest and motivation several papers have been published relating some of these factors to the "Generation gap" between teachers and current trainees. Before getting into the details of this, it is worth mentioning that attracting educators in academic health institutions is becoming more difficult due to many factors such as the income gap between private practice and academia,

****Corresponding author: Hind Manaa Alkatan,***
Assistant Professor and Director of Residency Training Program in Ophthalmology, King Saud University College of Medicine, Riyadh, Saudi Arabia.

available time for family and personal life, quality of departments, teaching load and flexibility of work schedule. (Bleak *et al*., 2000; Freeman *et al*., 2009) A number of these factors can be related to changing demographics in the academic community. However, there is insufficient research to draw solid conclusions in regard to the effect of age, gender or ethnic group on quality of training. Some authors have shown the importance of effective teaching in a multicultural environment and on the necessity of developing and adopting a tolerant pluralistic orientation towards ethnic and racial identity, (Nel, 1992; Helms, 1994). This summarizes the positive attitude of "Accepting diversity". Most of the articles published in relation to the personal attitude "irrelevant of the generation" of trainers and the efficiency of training programs are specific to certain medical specialties or professions. Richardson has stated: "Attitudes and beliefs are a subset of a group of constructs that name, define, and describe the structure and content of mental states that are thought to drive a person's actions". (Richardson, 1996) Therefore, attitudes are expected to have a great impact on trainers' behavior and practice which will be reflected on the quality of training.

Zimmerman believed that the teaching process should be shared by both the teacher and the students in order to create a positive learning experience. (Zimmerman, 1990) This concludes the importance of "sharing responsibilities". Noddings stressed on the importance of the presence of a respectful kind relationship between teachers and students. (Noddings, 1984) The concept is not restricted to a certain level of education and should be carried on at higher educational levels as a positive attitude of "expressing care and emotional intelligence".

In a study investigating the challenges facing residency training in family medicine in SA, the difficulties faced related to trainers touched on the incompetence in the form of "lack of experience in teaching". In addition several other indirect factors have influenced the quality of training provided by the trainer such as busy schedule. (Al-Khaldi *et al*., 2014) The suggested solutions to overcome these difficulties included focusing on future trainers in the coming generations, providing trainers manuals and professional development courses, reducing their service load and finally allocating incentives for distinguishable trainers. (Al-Khaldi *et al*., 2014)

Factors affecting the quality of teaching in medical residency programs can be related to the "generational gap". A generation is defined as "people who are born in close proximity to one another, have similar values and motivations related to socioeconomic parameters". These Cohorts Cluster in about 20 years interval and as lifespan increases, more generations live side by side than ever before. Each generation is affected by historical events especially the ones occurring during the members most formative years resulting in a pattern of behavior which differentiates one generation from the next. (Lim and Epperly, 2013) The "generational stereotype" might not perfectly apply to every individual but it helps us to guide interpersonal interactions tailored across generations. Leader physicians such as trainers who span several generations should be aware of these terms and their implications. In the current academic medical centers, you will come across four different generations working together which might result in miscommunication, and in a set up of a training program, will result in negative impact on the level of training. (Lim and Epperly, 2013; Moreno-Walton *et al*., 2009; Wall, 2012) There has been slight differences in the exact years defining the period of each generation but the most commonly used figures for each generation are listed below:

First

Traditionalists (Veterans): (1925-1945)

These have been affected by their experience of societal rebuilding after World War II. They are described as: loyal, dedicated, faithful, respectful of law and order. They value community, sacrifice for family, believe in hierarchy and accept delayed gratification. (Moreno-Walton *et al*., 2009; Wall, 2012) Even though most traditionalists are retired, it has been reported that they still compromise around 10% of all active physicians in the medical field. (Lim and Epperly, 2013)

Second

Baby Boomers (1946-1964)

This generation is demographically powerful and they have shared civil & women's rights movement. Individuals were born during a period of economic privilege, therefore they are competitive, driven, and career-path focused and looks for ways to leave a legacy. They value title, good pay and instant gratification. Even though they still value hierarchy, they may be judgmental at different views and may reject authority. (Lim and Epperly, 2013; Moreno-Walton *et al*., 2009; Wall, 2012) Boomers are nowadays the oldest and most experienced physicians in the medical field.

Third

Generation X (baby buster): (1965-1980)

The individuals of this generation have been affected by the proliferation of AIDs, personal computers, and the rise in divorce rate. They are self-directed, highly-educated and balanced. Even though they work on developing their knowledge and building their career, they are skeptical about organization and prioritize their families and jobs (without one being sacrifices) for the other, and value team work. They favor nonhierarchical decision-making and immediate face-to-face frequent feedback. They are also multicultural and more likely to accept diversity (Lim and Epperly, 2013; Moreno-Walton *et al*., 2009; Wall, 2012)

Forth

Generation Y: Millennials (1981-2000)

The individuals are affected by violence, expanding media and technology (technology savvy). They are creative, practical and view their current job as transition to other career opportunities. Because of their confidence they believe they are special and seek to contribute directly to the organization. They are team-oriented but tend to favor fewer hours of work and immediate feedback (preferably in electronic mode). (Moreno-Walton *et al*., 2009; Wall, 2012) For better understanding of the individual differences in health education between generations

we can divide them into 2 main categories: traditionalists and baby boomers in one, and Generation X and millennials in the second. Mentoring as such will give the first group a great self-satisfaction and this will give the millennials (who represent our current trainees) the sense of being invested in, challenged and stimulated. (Lim and Epperly, 2013) Challenges that face mentors who are educating Millennials include their high technology demand, their professional behavior and their demand for frequent consistent immediate feedback. (Eckleberry-Hunt and Tucciarone, 2011)

The first step to avoid negative impact of this "generational gap" in training residents, the trainers should first understand these differences and respect this concept. Then trainers will be able to improve structured mentoring techniques, embracing technology, focusing on outcomes and productivity and setting up early expectation with team-oriented approach. Along the training, they also should be flexible with the working hours and provide stable, immediate feedbacks using 360^0evaluations concrete, written and positive comments. They should involve residents in projects and committees, use self-reflection type of exercise in mentoring while accepting honest open feedback without being defensive. (Eckleberry-Hunt and Tucciarone, 2011) Wilson & Gerber (2008) nicely identified "7 distinguishing traits" at the millennial generation and suggested appropriate teaching strategies. They defined the Millennials as being: confident, team oriented, achieving, pressured and conventional. Their recommended strategies are:

1. Clarify the essentials in the course organization, assignments and methods of evaluation: trainers should not under-estimate the Millennials desire for clarity.
2. Invite their input into the designed assignments, activities and grading systems to accommodate their collaborative skills and creativity.
3. Establish guidelines for a learning structure that allows flexibility and negotiation to give them the sense of having choices.
4. Use teams as a part of education stressing on the ideas of "team leaders" and "task-orientation" when will satisfy their eagerness for team work.
5. Help them to understand and overcome stress by decreasing the amount of content and work load while using flexible deadlines and enhancing the course elements using technology.
6. Reinforce ethical reflection as a prominent feature of teaching in recognition of the inherited ethical struggle.
7. Use powerful resources to exhibit and demonstrate "actual excellence" versus effort in order to control the Millennials achievement orientation, self-esteem and confidence stressing on intellectual modesty and explaining that hard work itself doesn't always result in getting high grades if it lacks certain skills and abilities.

In conclusion

Trainers' ability to teach the trainees in the best efficient way is affected by 3 main wide factors: their own competency and skills, their general personal behavioral patterns and finally the "generational gap" related issues. It is important to realize that the most feared phenomenon is the "Hidden curriculum" which will compromise our next generation of trainers for which we need to work hard on identifying any deficiencies in our current local residency programs by testing trainers' ability and skills for optimum teaching and training. We should also consider our trainees as an investment and respect the traits particular to their generation. Finally, more specific studies are suggested to evaluate the distribution of our teachers and trainers in the medical field across the mentioned generations and to test our current methodology in medical residency training.

REFERENCES

Al-Ahaideb, A., Alrabai, H.M., Alrehaili, O.A., Aljurayyan, A.N., Alsaif, R.M., Algarni, N., Al-Khawashki, H.M., Algarni, A.D. 2014. Evaluation of the orthopedic residency training program in Saudi Arabia and comparison with a selected Canadian residency program. *Adv Med EducPract*., Sep 19;5:315-21.

Al-Khaldi, Y.M., Al Dawood, K.M., AlBar, A.A., Al-Shmmari, S.A., Al-Areeq, M.A., Al-Meqbel, T.I., Al-Yahya, O.A., Al-Dayel, M.A., Al-Ghamdi, M.S., Al-Badr, B.O. 2014. "Challenges facing postgraduate training in family medicine in Saudi Arabia: Patterns and Solutions. *Journal of health Specialties,* 2014; 2(2):61-67.

Bleak, J., Neiman, H., Stemman-Rule, C., Trower, C. 2000. "Project on Faculty Appointments. Faculty Recruitment Study: Statistical Analysis Report". Cambridge. MA. Harvard graduate School of education; 2000.

Eckleberry-Hunt, J., Tucciarone, J. 2011. "The Challenges and Opportunities of Teaching "Generation Y"". Journal of Graduate Medical Education; DOI: http://dx.doi.org/ 10.4300/JGME-03-04-15.

Freeman, L.M.[1], Trower, C.A., Tan, R.J., Terkla, D.G. 2009. Comparison of attitudes between Generation X and Baby Boomer veterinary faculty and residents. *J Vet Med Educ*., Spring; 36(1):128-34

Handler, M.G. 1993. "preparing new teachers to use computer technology: perceptions and suggestions for teacher educators". *Computers in Education*, 20(2):147-156.

Helms, J.E. 1994. "Racial identity in the school environment. In P. Pedersen & J. Carey (Eds)". Multicultural counseling in schools (pp 19-137) Boston: Allyn and Bacon

Lim, A., Epperly, T. 2013."Generation gap: Effectively leading Physicians of all ages." *Family practice management*, 29-34.

Moreno-Walton, L., Brunett, P., Akhtar, S., DeBlieux, P.M.C. 2009. "Teaching across the Generation Gap: A Consensus from the Council of Emergency Medicine Residency Directors 2009. Academic Assembly". *AcadEerg Med*., 16(12); S19-S24.

Nel, J. 1992. "Preservice teacher resistance to diversity: need to reconsider instructional methodologies". *Journal of Instructional Psychology,* 19:23-27.

Noddings, N. "Caring: a feminine approach to ethics and moral education. Berkeley, CA: University of California. Press 1984

Reddy, S. T., Zegarek, M. H., Fromme, H. B., Ryan, M. S., Schumann, S. A., Harris, I.B. 2012. Barriers and Facilitators to Effective Feedback: A Qualitative Analysis of Data from Multispecialty Resident Focus Groups. *J Grad Med Educ*., 2015 Jun;7(2):214-9.

Richardson, V. 1996. "The roles of attitudes and beliefs in learning to teach>" In J. Sikula, TJ Buttery and E. Guyton (Eds), Handbook of research on teacher education (2nd ed. Pp. 102-119) New York: Macmillan.

Wall, J. 2012. "Millennium Generation Poses new Implications for surgical Resident education". American college of Surgeons 2012.

Wilson, M., Gerber, L.E. 2008. "How generational Theory can improve teaching: Strategies for working with the "Millennials". Current in Teaching and learning; 1(1):29-44.

Zimmerman, B.J. 1990. "Self-regulated learning and academic achievement". *American Educational Research Journal*, 1990; 25:3-17.

****