

A PIECE OF MY MIND

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The Greatest Generation

"Medical students these days don't know how to palpate a spleen" or "The modern resident is watching the clock, not his patients." Such statements, which often herald protracted monologues at medical education conferences, are met with two types of responses: affirming head nods or exasperated eye rolling. I'm in the latter group. These rants are colorful and sometimes have shades of truth, but neuroscience, social science, and common courtesy suggest they have no place in medicine.

You Weren't That Great

Critiques of the modern trainee start with "kids these days" laments but inevitably end with "days of giants" nostalgia. When I was a resident I held vigil at the patient's bedside all night long. When I was a medical student I would admit four patients on a call night and never, ever complain. When I was ... These are all inspiring stories. But they probably aren't true.

False memories don't just happen to courtroom witnesses or celebrities like *NBC Nightly News* anchorman Brian Williams. They happen to everyone. Each time we recount a memory, we aren't replaying it; we are reconstructing it. Our brains are superb at remembering the gist of an event but inadequate at remembering its details—so we fill in the blanks. In doing so, we effortlessly embellish a detail, shift the setting, or omit a character. We are not consciously trying to deceive. It's just the way memory works.

It is possible that in the days of giants, the narrator did unsupervised burr holes as an intern and had mastered the physical examination by the second year of residency. Beware, though, that each time we replay those autobiographical memories about our training, we are prone to make the situation more harrowing or ourselves more dedicated or skillful than the last iteration. These war stories are frequently told with confidence, detail, and emotion, which makes them far more believable—but that doesn't make them any more accurate.¹

Kids These Days

In 2013 *Time* published a cover story, "The Me Me Me Generation." It validated what the elders already knew about today's young adults: that they are entitled and self-centered. Some elders were sobered though when they learned there was a prequel: a 1976 *New York Magazine* cover story that declared the 1970s as "The Me Decade" and ridiculed the narcissism of the then-young baby boomer generation.

Despite the immense press coverage, evidence of differences among generations is flimsy. Conclusions have been drawn from self-assessments and autobiographical reports, findings are contradictory, and effect sizes are small. University of Pennsylvania professor Peter Cappelli has analyzed the surfeit of gen-

erational proclamations and maintains that young adults' attitudes toward work have not changed significantly since the 1960s. "There's no evidence millennials are different," he concludes. "They're just younger."² Being self-focused is a temporary and adaptive condition of early adulthood, not a permanent generational characteristic.

And yet each aging cohort looks upon the youth and believes they have identified a fundamental change in the species. In the Middle Ages, guild masters grumbled about their apprentices. In ancient Greece, the children were accused of "luxury, bad manners, contempt for authority, and disrespect to elders." No doubt there was a caveman who bemoaned his children's fascination with the new technology of the day, such as the wheel or fire. And so it is with older doctors complaining about younger doctors. The decline of the physical examination has been their favorite lament. In response to a *JAMA* study of physical examination shortcomings of medical residents, editorialist George Engel cited "the unacceptable degree of clinical incompetency among recent medical graduates."³ That was in 1976.

We Have Met the Enemy and He Is Us

Attending physicians worry that residents are devolving the practice of medicine. We wonder: why do young physicians order all these tests? Why can't they be great history-and-physical practitioners like us? The answer is simple: they are watching us. The social sciences repeatedly affirm that behavior is influenced far more by the environment than by individual traits.

People act the way they do because of the culture they live in, not their demographic. That is why students today behave exactly like their attendings—and vice versa. Been to a medical staff meeting lately? Everyone is looking at their smartphone. Trophy for everyone? Observe the faculty member who doesn't get his or her bonus or promotion. Everyone wants their greatness affirmed and their self-esteem preserved. Want to be entertained in lectures? We all do. After seeing TED talks, can anyone young or old bear to sit through an awful grand rounds?

In the hierarchical world of medicine, the established practitioners create the culture, not the next generation. The natural experiment of a house staff strike revealed no change in laboratory testing with attendings on the front lines.⁴ The countless studies about inappropriate prescribing of antibiotics and unnecessary imaging are about practicing physicians, not residents. In medical education, geography is destiny: residents who train in higher-utilization environments go on to practice more costly medicine.⁵ Faculty who don't like what they see should heed the words of the American novelist James Baldwin, who

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said, "Children have never been very good at listening to their elders, but they have never failed to imitate them."

Conclusions

Medicine has much bigger problems than the demise of the pericardial knock or our affinity for the smartphone. We have a broken health care system, and it is the younger physicians who are leading efforts to fix it. They are searching for ways to make health care better, cheaper, and safer. But as Lucian Leape notes, the major barrier to achieving these goals is "a dysfunctional culture rooted in widespread disrespect."⁶ Faculty members who voice generational stereotypes and recycle unfounded criticisms about trainees do nothing but foster a culture of disrespect among physicians. Their condescension undermines morale, learning, and teamwork.

The great faculty members do not shy away from critiquing their apprentices. But those appraisals are specific and corrective. They

are meant to motivate, not disparage. They say I'm your colleague, not a loftier version of you.

Today's trainees are every bit as professional, motivated to learn, and devoted to their patients as previous generations. Students and residents follow duty hours but then log on from home to monitor their patients, write orders, and stay in touch with their on-call colleagues.⁷ They come to the hospital on their mandated days off for family meetings. They connect with their patients despite unprecedented paperwork, computer work, and throughput. And yes, they are on their smartphones constantly—reading about medicine, texting colleagues to coordinate care, and talking with patients' families.

Tom Brokaw famously labeled individuals born nearly a century ago as the greatest generation. I disagree. The current generation is the greatest generation. And the good news is that the next one will be even better.

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