



Post MD Education

UNIVERSITY OF TORONTO

# WELCOME

All Program and Family Medicine  
Site Directors' Meeting

Friday, December 14, 2018

Music Room, Hart House

<b>Time</b>	<b>Agenda</b>	<b>Presenters</b>
12:00 – 12:30	<b>Registration and Lunch</b>	
12:30 – 12:40	<b>Welcome and PGME Updates</b>	<b>Dr. Glen Bandiera</b> Associate Dean, PGME
12:40 – 12:50	<b>Competency-Based Medical Education Update</b>	<b>Dr. Glen Bandiera</b>
12:50 – 1:05	<b>Elentra Update</b>	<b>Caroline Abrahams</b> Director, Policy, Analysis & Systems, PGME
1:05 – 1:20	<b>Accreditation Update</b>	<b>Dr. Linda Probyn</b> Director, Admissions & Selection, PGME
1:20 – 1:30	<b>Postgraduate Administrators Advisory Committee (PAAC) Update</b>	<b>Bryan Abankwah</b> Chair, PAAC
1:30 – 2:25	<b>Generation Google: How to Survive and Thrive in a Multigenerational Work Environment</b>	<b>Dr. Mara Goldstein</b> Associate Director of Postgraduate Medical Education, Department of Psychiatry
2:25 – 2:30	<b>Wrap up and Adjournment</b>	<b>Dr. Glen Bandiera</b>

**Coffee and desserts will be available throughout the meeting.  
Please feel free to avail yourselves of refreshments during the meeting.**



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# Dr. Glen Bandiera

Associate Dean

Postgraduate Medical Education



# Office Review Report

Summary

Nov 7 – 8, 2018



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# Strengths

- Postgraduate Dean Leadership exemplary. **1.2.2**
- Elaborate Administrative support for PGME. **1.2.3**
- Decanal Support for the PGME Enterprise **1.2.3.1**
- Highly engaged and committed institutional partners. **2.3.1.3 3.1.1 9.1.2**
- Excellent support for the programs in creating and implementing remediation plans. **5.1.1**
- Residents are highly engaged in all levels of governance. **5.1.3**
- Faculty Development office is well developed providing excellent support and opportunities for teaching faculty. **6.1.2**
- Support and recognition of the Administrative personnel is exemplary. **7.1.1**
- Highly functional IRC committee **8.2.1**

# Persistent Weakness

- Lack of clinical systems interoperability for registration, on-boarding and patient care. **4.1.4**

# Areas for Improvement

- Communication of policies is perceived to be inconsistent **2.1.1.2**
- The discretion given to the clinical departments in managing educational resourcing can lead to potential inequalities between programs. **2.2.2.1 2.2.2.2**
- Wellness policy requirement **4.1.4**
- Residents unaware of the supervision policy **4.1.1**
- Fatigue Risk Management policy requirement **4.1.3**
- Selection policy requirement **5.1.1.1**
- Systematic issues exist regarding the high stakes nature of teacher and promotions and their authenticity. **6.1.1.3**
- Lack of formal MSF for PG Dean performance review **8.1**
- Lack of formal MSF for governance of PGME office. **8.1**
- Educational Data other than Internal Reviews. It is unclear about how this data is being shared and used to provide meaningful feedback to the programs. **8.2.2**

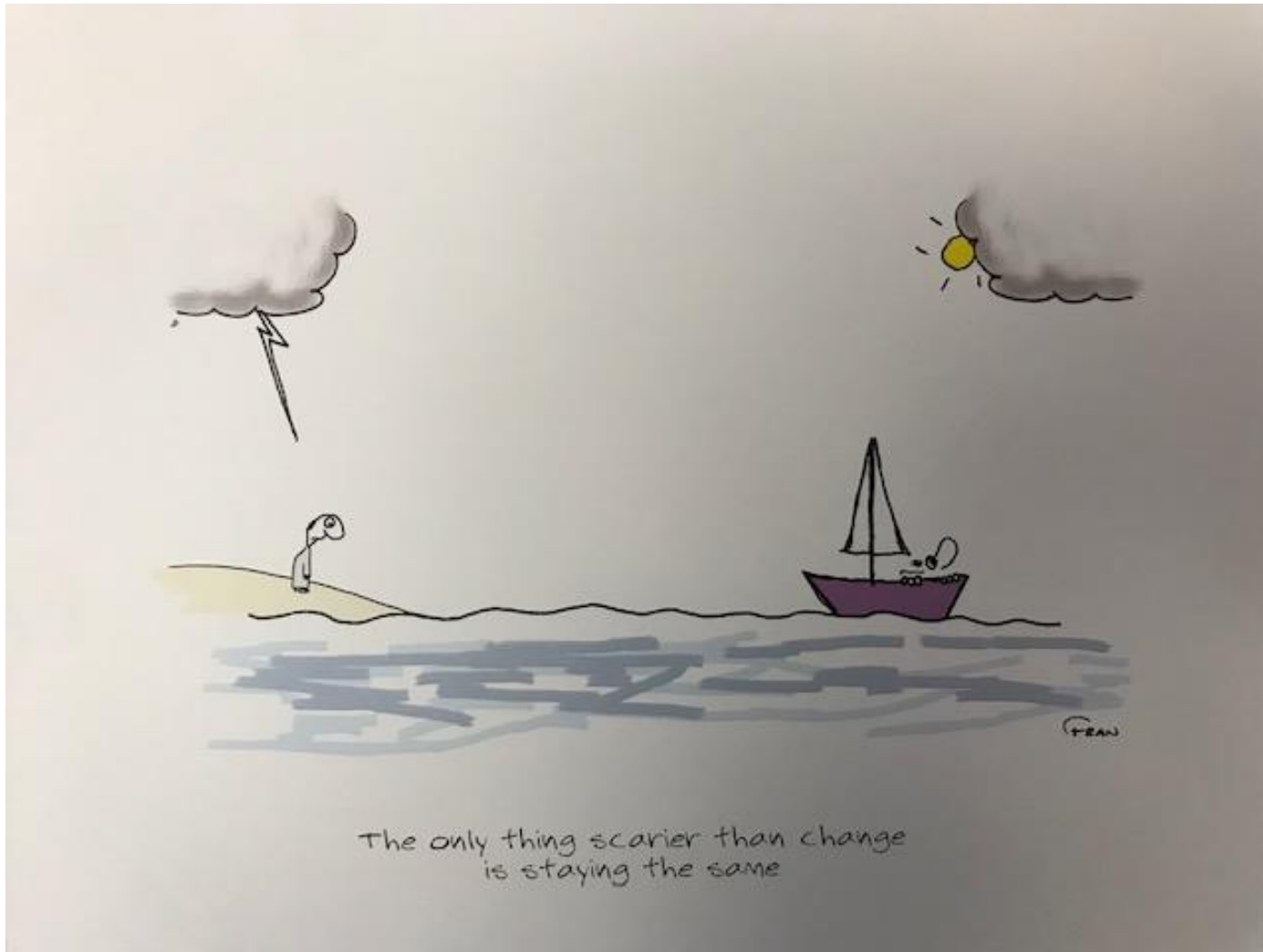
# **CBD UPDATE**

## **@ University of Toronto**

**Dr. Glen Bandiera, Assoc. Dean - PGME**







# CBD @ U of T is a local PARTNERSHIP

## 1. Residency Program

Director, Learners, Program Admin, Residency Program Committee, Site Directors

## 2. Department

Chairs, Vice Chair Education, Division Chair, Faculty Development Lead

## 3. PGME Office

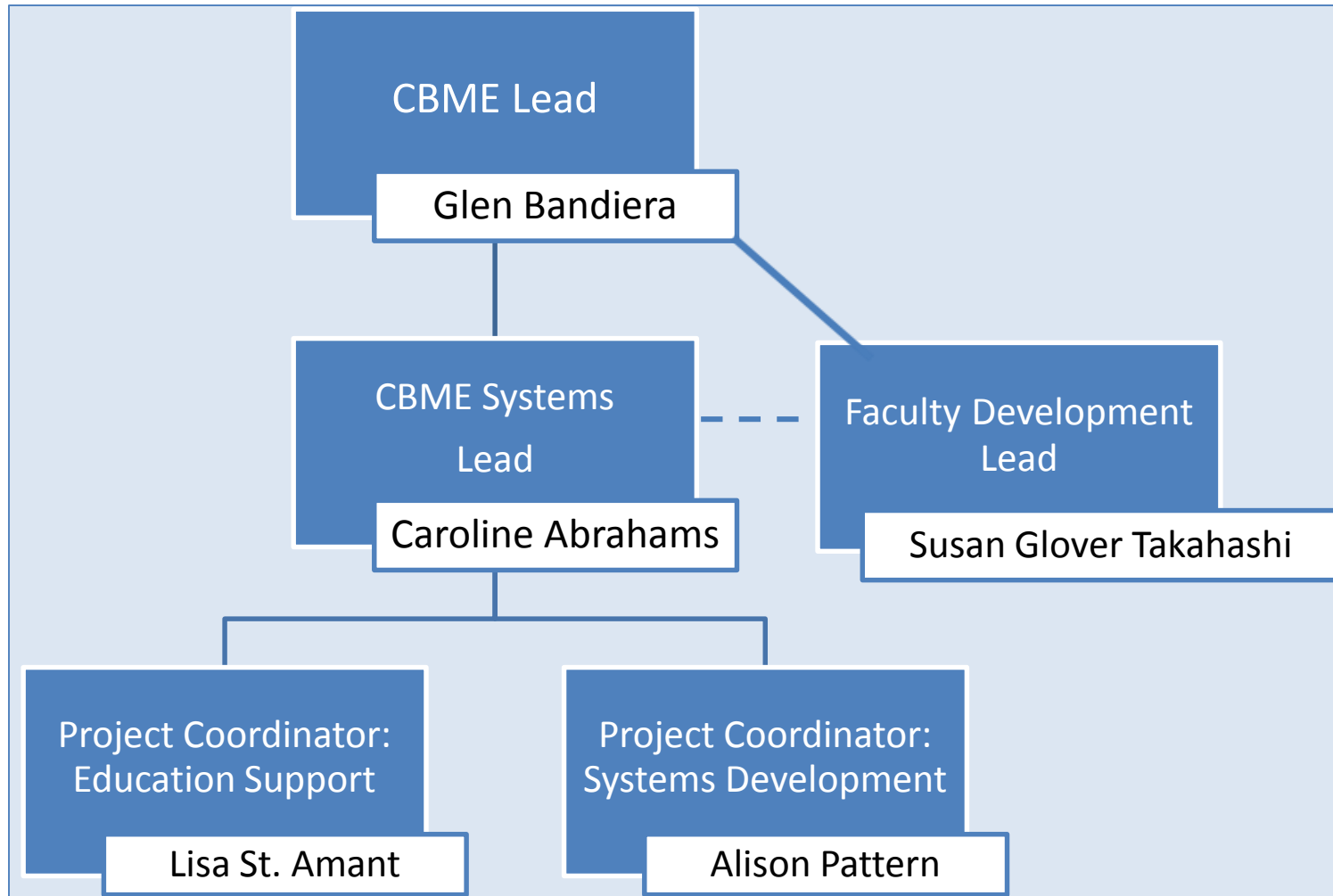
PGME Assoc Dean, Lead & EIG Team, Post MD Dean, IT teams

## 4. Hospitals

Cross hospital needs, systems support



# CBME (and other...) Changes



# BPEA Advisory Committee

- Subcommittee of **PGMEAC**
- Developed minimum standards for:
  - 1) Entrustment Scales
  - 2) ITER/ITAR tools
  - 3) Competence Committees
  - 4) Appropriate Disclosure of Learner Needs
  - 5) Timing of Workplace Assessments (i.e. EPAs)
  - 6) Who can be an Assessor
  - 7) Role of Self-Assessment & Self Report in CBME

# July 2018-19 @ U of T

- 2 programs/specialties:

  - → → Yr 1 & 2 - Full RC nat'l implementation

14 programs/6 specialties

  - → → Yr 1 - Full RC national implementation

10+ programs

Meantime local activities



# Faculty Development

- **Partnership:** with CFD, Depts, Divisions, Programs
- **Networks w CFD:** Faculty Developers, Competence Committee Special Interest Group
- **Resources:** <http://cbme.postmd.utoronto.ca>

## @UofTPGME CBD News

An occasional newsletter for Program Directors and PGME leaders and administrators

7 - May 2018



PGME CBME  
Newsletters



U of T CBME  
Faculty &  
Resident  
Resources



U of T CBME  
Curriculum &  
Implementation  
Resources



External  
Links

# Looking back at progress

## ...almost 3 years

- Awareness higher about CBME/CBD
- Many involved, many conversations
- How to build...more systemized nationally, at PGME, in departments
- Re-alignment of people, systems

# Looking ahead...next 2-3 years

- Moving to almost full implementation
- **Program evaluation** increasingly important for refinement
- **Faculty development** increasingly important for success





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# Caroline Abrahams

Director, Policy, Analysis & Systems  
Postgraduate Medical Education



# Elentra Update

**All PDs and FMSDs  
December 14, 2018**

# What is Elentra?

- Consortium based IT Learning and Teaching Platform
- Online platform for the assessment of & reporting on Entrustable Professional Activities (EPAs) for **2018-19**
- Currently in use by 8 medical schools in Canada for CBME (UBC, Man. NOSM, Western, Queen's, Ottawa, Toronto, McGill)

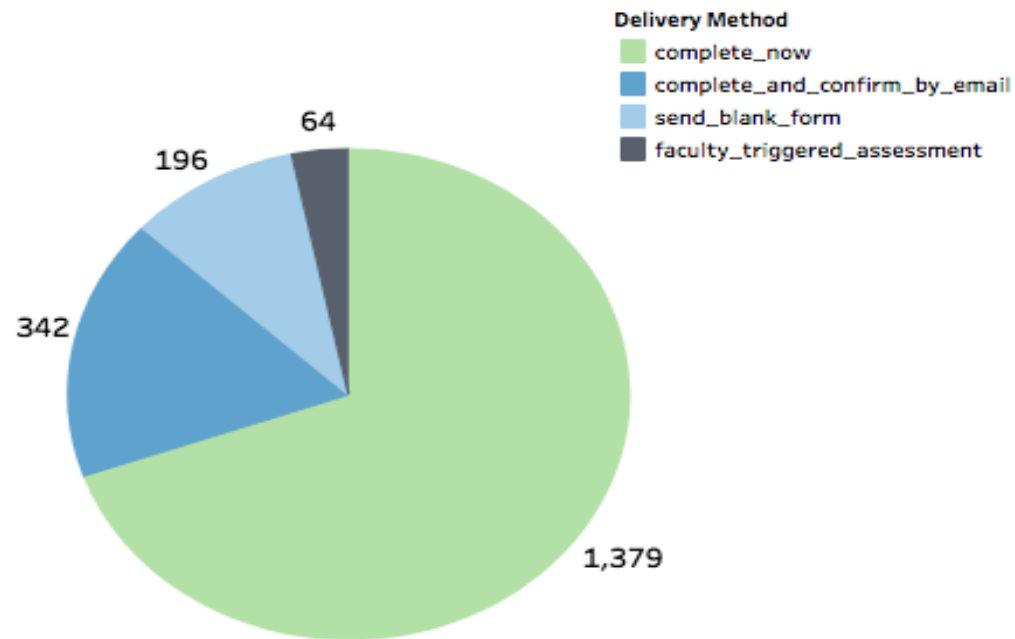
# Elentra Usage to date

- 9 programs fully launched in Elentra (including 9 within Surgical Foundations)
- 3 to 5 programs piloting in Elentra for 2018-19 (including a pilot with Family Medicine)
- As of December, over 2,000 EPA assessments triggered

# EPA assessment delivery method

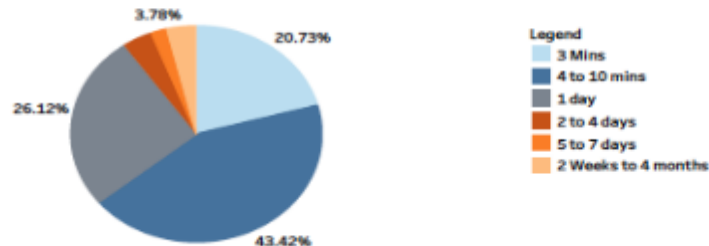
Assessment Completion of EPAs by Delivery Method (4-Jul-18 to 25-Nov-18)

Total # of EPA Assessments Completed
1,981

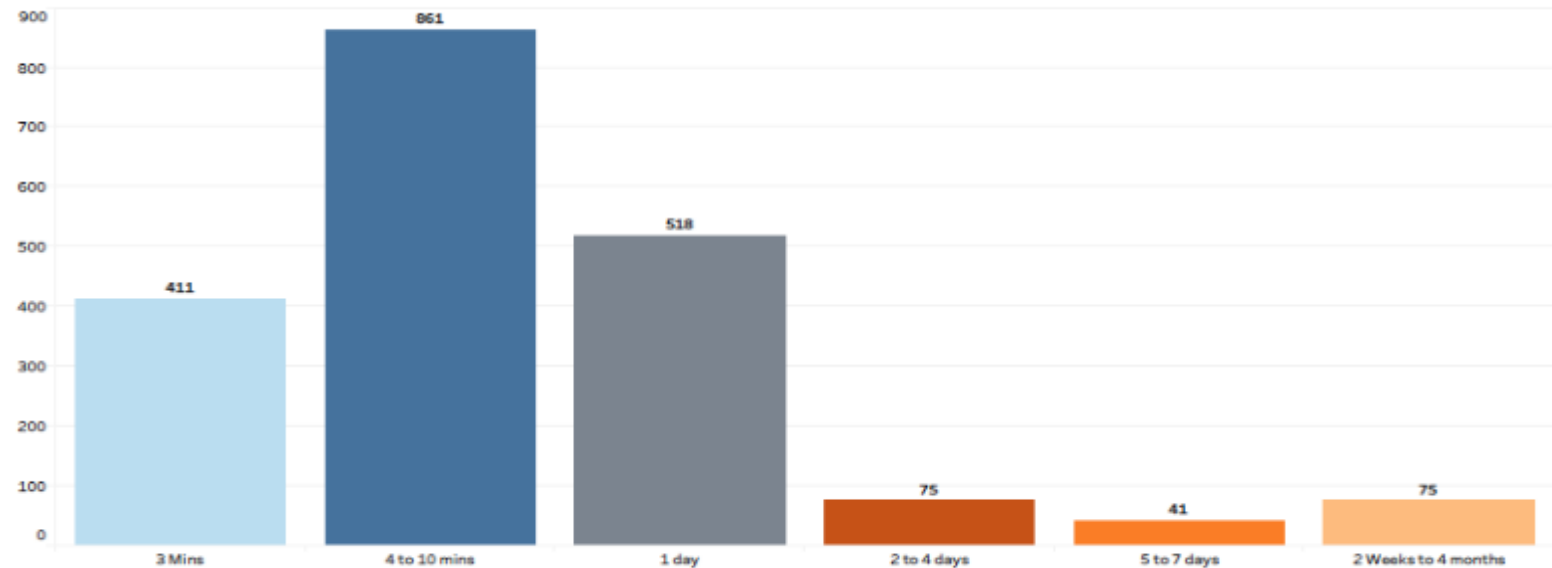


# EPA elapsed time to submission of assessment

Proportion of Assessment Duration for EPAs - Start to Submission (4-Jul-18 to 25- Nov-25)

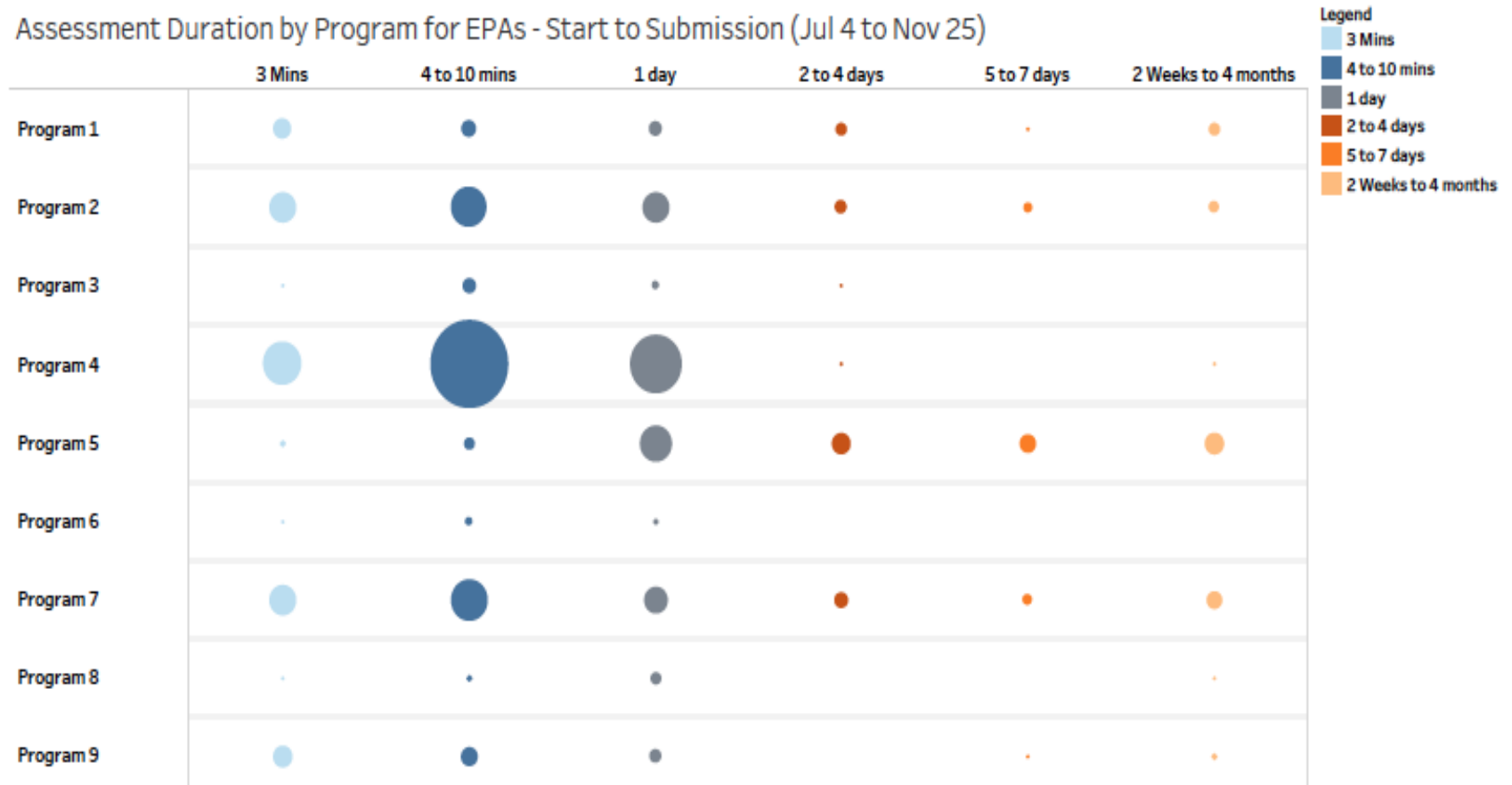


Start to Submission for EPAs



# EPA elapsed time to submission of assessment

Assessment Duration by Program for EPAs - Start to Submission (Jul 4 to Nov 25)



# Elentra Resources – PostMD website

<p>FIND A <b>POLICY OR GUIDELINE</b></p>	<p>ACCESS <b>WELLNESS RESOURCES</b></p>	<p>VISIT HEALTH, ARTS AND HUMANITIES</p>	<p>APPLICATION INSTRUCTIONS AND DEADLINES <b>APPLY</b></p>
<p>MESSAGE FROM THE <b>ASSOCIATE DEAN</b></p>	<p>ORIENTATION RESOURCES FOR <b>NEW TRAINEES</b></p>	<p><b>CBME / CBD</b></p>	<p><b>ELENTRA</b> POWER PGCORED QUERCUS</p>



# Elentra Resources – PostMD - CBME website

Home | U of T CBME Faculty & Resident Resources | REFERENCES & RESOURCES

[LOGIN TO ELENTRA](#)

## LEARNERS

- [Elentra User Guide – Logging in and Starting Assessments - For Learners](#)
- [Elentra User Guide – Elentra Navigation – For Learners](#)

## ASSESSORS

- [Elentra User Guide – Logging in and Starting Assessments - For Assessors](#)
- [Elentra User Guide – Elentra Navigation – For Assessors](#)

## COMPETENCY COMMITTEE: PROGRAM DIRECTORS & PROGRAM ADMINISTRATORS

- [Elentra User Guide – Elentra Stage Completion – For Program Directors and Administrators](#)
- [Elentra User Guide – Elentra Navigation – For Program Directors and Administrators](#)

## MOBILE DEVICE SETUP

- [Elentra User Guide – Adding the Elentra portal to your Home Screen and Activating Auto Sign-In \(Apple Device\)](#)
- [Elentra User Guide – Adding the Elentra portal to your Home Screen and Activating Auto Sign-In \(ANDROID Device\)](#)

# Elentra – migration to core version in 2019

- 2018-19 version of Elentra highly customized
- In July 2019 adopting “core” version of Elentra
- Will facilitate
  - **Form Preview** – Learners and Faculty will be able to preview a form, without initiating an assessment.
  - **EPA Dictionary** – Learners and Faculty will be able to view all of the milestones associated with an EPA.
  - **Assessment Plan** – The Assessment Plan allows programs to set entrustment “targets” for each EPA.

# Elentra migration - impact

- Allows U of T to readily adopt enhancements created by the consortium
- Aligns tracking and versioning of EPAs and milestones with other schools across the country
- PostMD staff working with programs to update assessment tools where required.
- Will facilitate:
  - **Sustainability**
  - **Compatibility**
  - **Harmonization/Reporting**

# Elentra – next steps

- Continuing to work with programs re: tool development, onboarding, training and feedback
- Guided by BPEA and BPEA Usability Committee on standards and guidelines for tools, design, reporting and learner analytics
- Liaison with Elentra Consortium and national CBME leads Elentra interest group re: ongoing enhancements

# *QUESTIONS?*



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# Dr. Linda Probyn

Director, Admissions & Evaluation  
Postgraduate Medical Education

# Accreditation Update

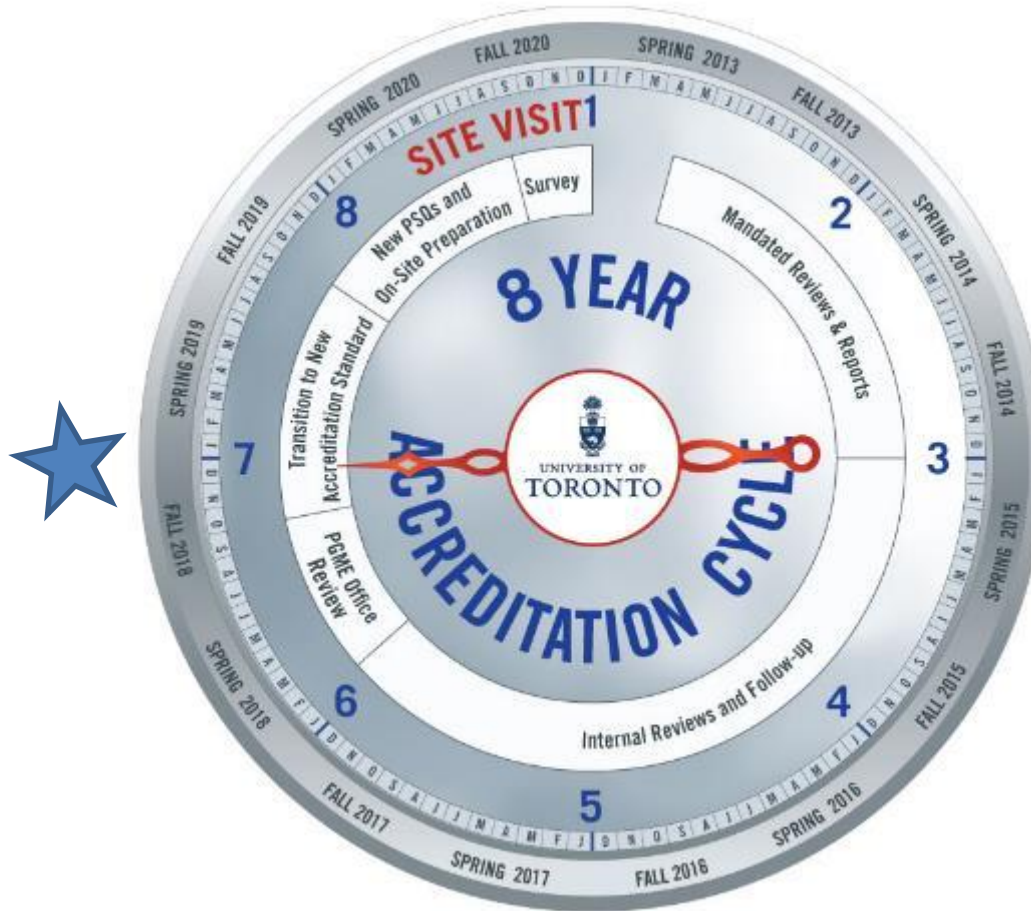
*Building to Accreditation 2020*

**Linda Probyn, IRC Chair**



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# Accreditation Cycle



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# Review Schedule

## Internal Reviews:

- **January 2015**
  - RCPSC Internal Reviews - those w/o onsite survey in 2013
- **September 2015**
  - RCPSC Internal Reviews - those w/ onsite survey in 2013
- **January 2016**
  - Family Medicine Internal Reviews
- **September 2016 – June 2019**
  - Follow-up Internal Reviews & Written reports



# Internal Review Committee (IRC)

## Number of programs reviewed by IRC:

- Mandated Internal Reviews 8
- Internal Reviews prior to external reviews 5
- Regular Mid cycle reviews 65

## IRC Decisions:

- Follow up report requested 56
- Follow up internal reviews requested 18
- Resident Reports requested 17
- No follow up required 55



# Internal Review Committee (IRC)

## Number of programs / sites reviewed by FM-IRSC:

- All Family Medicine Hospital Sites 15
- All FM Core, Central and Enhanced Skills Programs 8

## FM-IRSC Decisions:

- Written Report requested 27
- Follow up Internal Reviews requested 2
- Resident Reports Requested 6
- No follow up required 12



# External Review Preparations



General Standards of  
Accreditation for  
Residency Programs

Version 1.1

General Standards of  
Accreditation for  
Institutions with  
Residency Programs

Version 1.1



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# ACCREDITATION STANDARDS (NEW 2017)

## STANDARDS ORGANIZATION FRAMEWORK

LEVEL		DESCRIPTION
Domain	----	Domains were defined by the Future of Medical Education in Canada-Postgraduate (FMEC-PG) Accreditation Implementation Committee to introduce common organizational terminology, to increase alignment of accreditation standards across the medical education continuum.
Standard	----	The overarching outcome to be achieved through the fulfillment of the associated requirements.
Element	----	A category of the requirements associated with the overarching standard.
Requirement	----	A measurable component of a standard.
Mandatory & Exemplary Indicators	----	<p>A specific expectation used to evaluate compliance with a requirement (i.e. to demonstrate that the requirement is in place).</p> <p>Mandatory Indicators must be met to achieve full compliance with a requirement. Exemplary Indicators provide improvement objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time.</p> <p>Indicators may have one or more sources of evidence, not all of which will be collected through the onsite accreditation visit (e.g. external data, documentation within the program portfolio, etc.).</p>



# Review Schedule

## Spring 2018

- Preparations for 2020

*Have Begun!!*

## External Review of PGME Office

- November 7 & 8, 2018

## Fall 2020

- Onsite External Review



# Self Study

Areas for improvement most frequently identified:

- Requirements for Wellness in residency programs
- Competence Committee (or equivalent) structure and requirements
- How to reflect on the Hidden Curriculum
- Systems of teacher assessment
- Relevant and accessible faculty development



# Self Study

Areas for improvement most frequently identified:

- Providing feedback to residency program administrative personnel
- Resident safety policy that includes all requirements
- Building a Curriculum Plan
- Continuous Quality Improvement in the Residency Program





# Next Steps ...

- Workshops
- Newsletters
- New and revised templates:
  - RPC terms of reference
  - RPC safety policy
  - Resident wellness
  - Standardized job descriptions



# Next Steps ...

- AMS
- Tip Sheets



# PGME Support

## Some indicators met by PGME:

- Standardized job description for residency program administrative personnel (outlines mandate, expectations, time allocation, reporting and accountability) (8.1.1.1)
- Residency program administrative personnel receive professional development, provided centrally and/or through the residency program, based on their individual learning needs (8.1.1.3)



# Accreditation Team

Laura Leigh Murgaski

Kim O'Hearn

Jesse Montgomery

Charles Andreassen

Shantel Walcott



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# Questions ??

[Linda.Probyn@Sunnybrook.ca](mailto:Linda.Probyn@Sunnybrook.ca)

[pgmecoordinator@utoronto.ca](mailto:pgmecoordinator@utoronto.ca)



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# Bryan Abankwah

Chair, Postgraduate Administrators Advisory  
Committee (PAAC)

Manager, Student Services, Education Office

Trillium Health Partners

# Postgraduate Administrators Advisory Committee - Membership Update

Established in 2017/18

To provide collaborative support, orientation, and essential knowledge pertaining to the medical education administrator role. The committee will provide advice to the Postgraduate Medical Education Advisory Committee (PGMEAC) on enhancing program support for administrators in academic departments, medical education and training sites affiliated with postgraduate medical education.

## Key Priorities



Recognition & Appreciation



Promotion of Information Series  
Growth & Development



Strengthen Partnerships  
Amongst Program  
Administrator  
Community

## Call Out For New Membership 2019!

# 2018-19 Program Administrators Information Series



15

Unique Sessions for 2018/19



[Post MD Education](#) [Faculty of Medicine](#) [U of T main](#) [Maps](#) [A-Z Directory](#) [Contact PGME](#)

FOR APPLICANTS

FOR CURRENT TRAINEES

FOR FACULTY & STAFF

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## Stay Informed: Medical Education Administrators' Information Series

### 2018-19 Information Series Schedule

The 2018-19 Medical Education Administrators Information Series schedule and registration information is available online.

[REGISTER NOW](#)

A full listing of our information sessions that are currently available for registration by both program directors and administrators is available [here](#).

### New to Postgraduate Medical Education?

Join us on January 10, 2019 for a new session targeted to administrative support staff who have been in their role less than 6 months. If you attended the session on Thursday, September 19, 2018, this session will be a repeat of the same content.

[REGISTER HERE](#)

#### Registration and Orientation Resources

[Registration requirements for trainees](#)  
[Orientation Resources for New Trainees](#)  
[POWER](#)

#### Residency Resources

[Common Rotation Schedules](#)  
[Competence by Design \(CBD\)](#)  
[Call Stipend Rules](#)

#### Fellowship Resources

[Forms & Templates: Appointments](#)  
[Evaluation of Clinical Fellows](#)  
[Find Registration document templates](#)  
[Online Appointment Tracking System \(CATS\) User Guide](#)

#### Elective Resources



***PAAC advocated for introduction to PGME session which is targeted to those who are new to PGME and have been in their roles for 6 months or less. Session covers (PGME Overview, PGME Website Navigation, Accreditation, Payroll/Call Stipends, POWER Overview, Registration etc)***



# 2018 – ICRE Program Administrators Update

26

Program Administrators who attended 2018 ICRE received funding from PGME to attend

19

Program Administrators attended Post-ICRE Session (Information Series Session)



# 2019 – Positive Achievement & Appreciation Certificate

Nominations are now being accepted for the  
**2019 Positive Achievement & Appreciation Certificate** (PAAC Award)

The PAAC Award was established in 2018 by PAAC to recognize one program administrative staff who exemplifies outstanding program coordination and support to Residents, Clinical Fellows, Faculty and Staff within the University of Toronto Post MD Education Program.

This award will be presented to an individual that provides a high quality of proactive and reactive support to trainees and faculty and consistently demonstrates a commitment to enhancing the program and trainee experience through program planning and process improvements.

<https://www.judgify.me/PAACAwards>

Entries Deadline

01-Mar-2019 11:59 AM (GMT -5:00)

SUBMIT AN ENTRY

If you're a new user, please click [here](#)

## Eligibility:

Awarded to one program administrative staff (program coordinators, program assistants, hospital medical education staff, etc) person who exemplifies outstanding program coordination and support to Residents, Clinical Fellows, Faculty and Staff within the University of Toronto Post MD Education Program. This award will be presented to an individual that provides a high quality of proactive and reactive support to trainees and faculty and consistently demonstrates a commitment to enhancing the program and trainee experience through program planning and process improvements.

Nominations for this award must be supported by a letter of endorsement from an active/current postgraduate trainee if they are not the primary nominator. Postgraduate trainees must be registered with the University of Toronto PGME office.

## Criteria:

- Demonstrated excellence in communication skills - both written and verbal
- Consistent accessibility to postgraduate trainees and program faculty
- High quality of proactive and reactive support to postgraduate trainees and faculty
- Demonstrated commitment to enhancing residency education evidenced through innovation
- Demonstrated passion, enthusiasm and sustained excellence in the support of postgraduate trainees

## Nomination Requirements:

1. A nomination letter (maximum of two pages with a word limit of 500) clearly identifying: A) The criterion/criteria upon which the nomination is based B) Specific and concrete examples to illustrate a process improvement initiative or innovative program planning, which enhanced the program in a positive way for faculty and trainees
2. Endorsement letter from an active postgraduate trainee if nominator is Program Director or Administrative Staff.
3. An up-to-date curriculum vitae of the nominee

## Awards

The adjudication committee will be co-chaired by the Post Graduate Advisory committee (PAAC) Executive (Chair, Vice Chair, Secretary) and UofT Postgraduate Program Director. The membership of the committee will be comprised of (1) PGME Program Administrator and (1) PGME Postgraduate Trainee Representative (either a resident or Clinical Fellow).

## Process:

All Postgraduate Program Directors, Residents, Clinical Fellows and University Faculty/Staff are invited to submit nominations for the University of Toronto Post MD Education Program - PAAC Award. Self-nominations will not be accepted and nominations will be submitted to the PAAC executive. High quality nominations are vital to ensure a thoughtful, equitable process. Adequate, detailed evidence to support nominations, including specific examples

## Nominee Information

First Name: *	<input type="text" value="Bryan"/>
Last Name: *	<input type="text" value="Abankwah"/>
Address: *	<input type="text"/>
Email Address: *	<input type="text" value="Bryan.Abankwah@thp.ca"/>
Program: *	<input type="text"/>
Country: *	<input type="text" value="Choose one ..."/>

## Nominator Information

First Name: *	<input type="text"/>
Last Name: *	<input type="text"/>
Title: *	<input type="checkbox"/> Chair <input type="checkbox"/> Program Director <input type="checkbox"/> Faculty Member <input type="checkbox"/> Trainee (resident/clinical fellow) <input type="checkbox"/> Administrative Staff
Address: *	<input type="text"/>
Email Address: *	<input type="text"/>

Please submit all completed nomination packages by  
**March 1, 2019**



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# Dr. Mara Goldstein

Associate Director of  
Postgraduate Medical  
Education

Department of Psychiatry



# Generation Google: Surviving and Thriving in Multi Generational Work Environments

Mara Goldstein MD, FRCPC

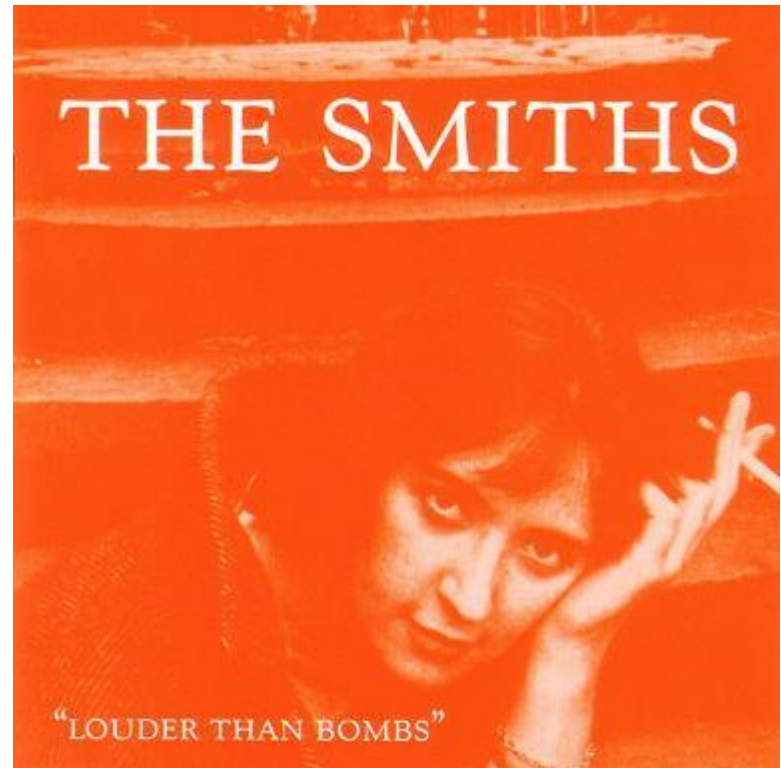
**[mara.goldstein246@gmail.com](mailto:mara.goldstein246@gmail.com)**

Associate Medical Director, Physician Health Program  
Associate Director of Post Graduate Medical Education,  
Department of Psychiatry

Assistant Professor, Department of Psychiatry  
University of Toronto

# Conflict of Interest

- No Financial Conflict of Interest
- Proud Member of Generation X



# Generational Theory

- Approximately 14 years ago Academic Medicine began to see the introduction of the millennial learner: a trainee whose expectations, social conduct, boundaries and interpersonal styles differed greatly from what came before.
- Academic Medicine has since been altered by the presence of this generation and has left many of us wondering: What Happened?





# Generational Theory

- Strauss-Howe Generational Theory: William Strauss and Neil Howe
- Cycle of Generational types in American History
- Theory anchored in social sciences, examining changes in human attitudes and behavior and in social mood over time

# Defining a Generation

- Aggregate of all people born over a span of about twenty years
- Members share an **age location in history**: They encounter key historical events and social trends while occupying the same phase of life

**THE WAY  
WE WERE  
SEPT. 10, 2001**



**Space Shuttle Challenger  
Explosion During Ascent  
January 28 1986**



# Generational Archetypes

- Prophet
- Nomad
- Hero
- Artist

# Generational Archetypes

- **Prophet**

- Born after a social crisis
- Indulged children of a post crisis era (WWII)
- Self absorbed young crusaders of a social awakening (the 60's and 70's)
- They demonstrate values oriented leadership
- **The current Prophet Generation: Baby Boomers born between 1946-1964: age 54-72**

# Generational Archetypes

- **Nomad**

- Born during and Awakening and grow up as under protected children
- Come of age as alienated, post awakening adults
- Prefer individualistic, pragmatic solutions to problems
- Liberty, survival and honour
- **The current Nomad Generation: Generation X born between 1965-1982: age 36-53**



# Generational Archetypes

- **Hero**

- Born after an awakening
- Protected post-awakening children
- Come to age as team oriented young optimists
- Energetic overly confident midlifers
- Community, affluence, technology
- Collective civic action
- **The current Hero Generation: Millennials born between 1983-2001: age 17-35**

# Generational Archetypes

- **Artist**

- Born during a crisis
- Overprotected by adults during a crisis ie: 9/11
- Come of age as socialized and conformist young adults to a post crisis world
- Expertise and due process, fairness and inclusion
- **The currently Artist Generation is being referred to as the Digital Natives born between 2002-2025: age 0-16**

# The Prophet: Baby Boom Generation



# Baby Boom Generation

- Now 54-72: Youth during the 60's and 70's
- Rejection and redefinition of traditional values
- Healthiest and wealthiest generation of the time
- Genuinely expected the world to improve over time

# Baby Boom Generation

- Think of themselves as a very special generation
- A demographic bulge that remodeled society as they passed through it
- Assumption of lifelong prosperity
- Youth during a dramatic social change

# Baby Boom Generation



# The Nomad: Generation X

- Now 36-53: Youth during the late seventies early eighties
- Youth without identity, facing an uncertain, ill defined, possibly hostile future.
- Cold war, acid rain, AIDS
- Reactive and Nomadic generation
- Pragmatic, perceptive and savvy

# Generation X





# Generation X

- Practical and realistic
- Individualistic view
- Often the children of divorced parents; **under protected** during a time of social upheaval
- Unlike their parents who challenged the leaders with an intent to replace them, Gen Xers tend to **ignore** leaders

# The Hero: Millennials

- Now 16-35: Parented mostly by boomers who promoted their specialness
- coming of age in rapidly advancing technologies
- Were told that their voice mattered. So, not surprisingly, they use it.
- Ambivalent but drawn towards religion and spirituality
- Espouse a **horizontal** understanding of social: A flattened hierarchy in the workplace

# The Millennials



# The Millennials

- Socially conscious, civic minded
- Expression and Acceptance are important
- Social networking is part of the collective functioning
- They collaborate and cooperate
- Strong belief in generational consensus building versus counterculture protests

# The Millennials

- They stay connected with their parents, communicate with them more frequently and will likely live with them longer than previous generations
- This is in part financial and in part the Peter Pan phenomena of delaying Rites of Passage known to this generation
- Parents have become GREAT roommates and friends

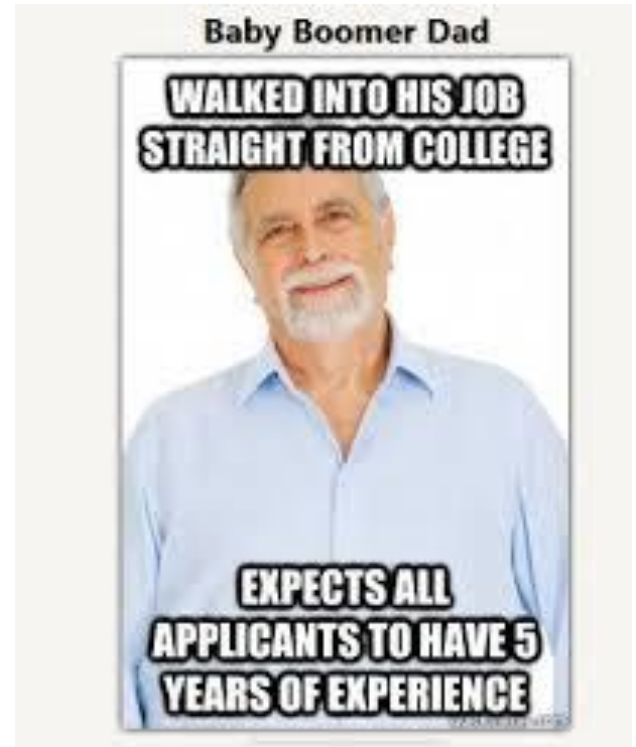
# The Millennials

- Trophy Kids phenomena: Millennials came of age during a phase where every child received an award simply for participating
- “Participant Perfect”
- Millennials assertively seek more feedback, responsibility and involvement in decision making. This is who they were raised to be
- Poorly skilled in non-verbal communication and “hinting” behaviours

# Today's Medical Universe

- Mid to Late Career Boomers
- Mid Career Generation X
- Early career Millennials

# On a Good Day





# On a Bad Day



# Workplace Millennial

- Not happy to just be invited into the room. They want a seat at the table and a voice
- Increased connection and increased sharing
- Millennials expect effective verbal and explicit channels of communication
- Non verbal communication is not effective
- Not interested in suffering

# Workplace Millennial

- Horizontal understanding of Hierarchy
- Unafraid of institutional change: “It’s called progress”
- Collaborative
- Cooperative
- Communicative
- Feedback is sought

# Workplace Millennial Values

- Relevance
- Accountability
- Transparency
- Meaning
- Inclusion
- Justice
- Fairness
- Non Judgmental Approach



# Workplace Millennial Values

- Their values are often found in the language of modern corporate strategic plans
- Millennials have been promoted in such a way as to SKIP OVER members of Generation X

# Workplace Gen X

- Takes a certain pride in the suffering
- Unspoken Code of Conduct
- Displeasure is not overtly expressed: Often expressed non verbally
- “I” language vs “We” language
- There is valour in “sucking it up”

# Workplace Gen X

- Pragmatic
- Goal oriented vs. Process oriented
- Problem solvers
- Self Sufficient
- Self Reliant
- Less likely to show emotion
- Feedback is not sought or given freely





# Workplace Boomer

- Staying in the game much longer
- Holding leadership positions
- Work Centric
- Not personally concerned with Work Life Balance
- Fewer women in the workplace cohort

# Workplace Boomer

- Socialized in a different atmosphere with a different Code of Conduct
- Unaccustomed to being directly challenged
- Strong belief in paying one's dues
- Feedback is given freely for better or for worse



# Millennial Hacks

- To work with Millennials, we need to say more words than we are used to
- This is a generation that grew up believing that expression and communication are vital
- Trying to “hint” at something is not effective
- Limit Setting is helpful in the form of clear policies, guidelines, standards and protocols

# Millennial Hacks

- Millennials do not believe they are being intrusive or intense. This is how they communicate

# Millennial Truth

- Boomers and Gen X'ers whispered loudly that Millennials were not going to be prepared for the “Real World”
- Truth is: Millennials have fundamentally created a New World Order

# Millennial Truth

- The most popular hotels in the world are not hotels and the world's largest taxi services do not have taxis
- Television programming has no stations
- Music production and consumption are democracies
- Bullies that were considered untouchable are going to be called out and held accountable



# Gen X Hacks

- Learn about and gauge body language
- When attempting to engage a Gen Xer, try to identify the goal or end game
- Make sure your Gen Xer has space and alone time during the work day
- An anxious and distressed Gen Xer often requires time and distance to cool off

# Gen X Hacks

- If you really want to understand your Gen Xer consider watching
  - The Breakfast Club: Appropriate social rules
  - Say Anything: Ideal romantic relationships
  - Wall Street: Work environment
  - Warning: It's not pretty! But it's our legacy

# Boomer Hacks

- Do not use first names
- Be seen working long hours whenever possible
- Minimize discussion about non work topics unless invited to share
- Refrain from overtly political discussions unless invited

# Boomer Hacks

- Consider waiting to be invited
- My biggest mistake with the Boomer crowd was speaking too loudly too quickly
- Earn respect quietly. You may not think you are being seen, but you often are
- Think of what you want to say: then cut it in half

# Who is Next?



# The Artist: Digital Natives (?)

- Just as the Boomers and Millennials are often two peas in a pod, Gen X and the Digital Natives will share a sense of quiet order and mutual, possibly even non-verbal, understanding.
- A generation that is happy to have their online presence **streamed** instead of **posted**
- Snapchat and Instagram versus Facebook

# GENERATION Z

## The Next Generation

1

### SOCIAL

Gen Z is naturally social and spend 7.6 hours per day socializing with friends and family.

2

### MULTI-TASKERS

Gen Z prefers to work on multiple tasks at the same time. On average, Gen Z will work off of 5 screens at once.

3

### ENTREPRENEURS

Gen Z desires independent work environments. 72% of teens want to start their own business someday.

4

### EDUCATED

Gen Z is constantly learning. 1 in 2 will have a college education.

5

### PHILANTHROPISTS

Gen Z wants to do good in the world. 93% say that an organization's impact on society affects their decision to work there.



### DIGITAL NATIVES

Gen Z are the first true natives to the digital era. This generation spends 15.4 hours per week on their smartphones.

6

### INTERACTIVE

Gen Z likes to interact with people. 34% are most concerned with boosting their people management skills.

7

### TECH-SAVVY

Have a question? Google it. 66% say that technology makes them feel that anything is possible.

8

### LESS FOCUSED

Gen Z needs continuous updates and stimulation. It's no surprise that this generation has an attention span of 8 seconds.

9

### CAUTIOUS

As a result of growing up during the Great Recession, Gen Z tends to be more careful with their expenses. 57% would rather save their money than spend.

10

# Digital Natives

- More likely to attend religious institutions
- Less likely to use drugs or abuse alcohol
- Lower rates of teen pregnancy
- Higher rates of high school graduation
- More private and more cautious than Millennials
- More able to regulate the use of technology



# Conclusion

- Over the next 5 to 10 years the workplace will have: Boomers, Gen X'ers, Millennials and Digital Natives
- Knowing key characteristics of each generation can lower frustration and increase productivity
- Curiosity has greater potential than resentment

# Conclusion

- “None are so old as those who have outlived enthusiasm” – Henry David Thoreau
- Thank you!



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# Dr. Glen Bandiera

Associate Dean

Postgraduate Medical Education



Post MD Education

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# Reminder

## **University Holiday Closure:**

Monday, December 24<sup>th</sup> to Friday, January 4, 2019

During this closure, PGME will only be open on  
**Thursday, January 3<sup>rd</sup>, 2019** from **10:00 am to 3:00 pm.**



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# Upcoming Events

## **Post MD Education Appreciation Reception**

Thursday, March 7<sup>th</sup>, 2019 | 5:00 pm | The Hennick Family Wellness Gallery – Mount Sinai

## **Post MD Education & CFD**

### **3<sup>rd</sup> Annual CBME Implementation Symposium**

Tuesday, March 26<sup>th</sup>, 2019 | 4:00 pm | Location TBC

## **2019 Education Achievement Awards**

Wednesday, May 15<sup>th</sup>, 2019 | 4:00 pm | Great Hall, Hart House

## **Spring All Program & Family Medicine Site Directors' Meeting**

Friday, May 31<sup>st</sup>, 2019 | 12:00 pm | The Faculty Club – University of Toronto



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# Save the Date

## **Physician Health Symposium:**

Supporting physician health across the continuum of  
time, places and cultures

Tuesday, June 11, 2019

Peter Gilgan Centre for Research and Learning

Co-Hosted by:

Post MD Education, University of Toronto and  
The Hospital for Sick Children



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# Thank you

Should you have any feedback from today or questions about future events, please contact:

[pgme.events@utoronto.ca](mailto:pgme.events@utoronto.ca)