



José Florencio F. Lapeña, Jr., MA, MD

Department of Otorhinolaryngology  
College of Medicine, University of the Philippines  
Manila, Philippines

Department of Otorhinolaryngology  
Head and Neck Surgery  
East Avenue Medical Center, Diliman  
Quezon City, Philippines

## Millenials in Medicine: Tradition and Disruption

*"I suppose in reality not a leaf goes yellow in autumn without ceasing to care about its sap  
and making the parent tree very uncomfortable by long growling and grumbling -  
but surely nature might find some less irritating way  
of carrying on business if she would give her mind to it.  
Why should the generations overlap one another at all?"*

Samuel Butler, The Way of All Flesh<sup>1</sup>

Millenials or Generation Y physicians (born 1977/1980-1995) today form the majority of medical personnel, from medical students and residents in their early twenties and thirties to young attending physicians hitting forty; practicing side-by-side with Generation X (1965-1976/1980) in their late thirties to early fifties; Baby Boomers (1946-1964) in their mid-fifties, sixties and early seventies; and the last of the Silent Generation or Traditionalists (1925-1945) in their mid-seventies, eighties and nineties.<sup>2,3</sup> Among 734 Fellows of the Philippine Society of Otolaryngology – Head and Neck Surgery alone, there are currently 18 Traditionalists, 192 Boomers, 360 Generation X, and 164 Millenials. Assuming the 862 board-certified Diplomates waiting to become full-fledged Fellows and 182 Residents-in-Training are also Millenials, there are a total of 1,208 Millenials in the field of Otolaryngology Head and Neck Surgery in the Philippines. With four distinct generations simultaneously in the workforce, it is not unusual to hear older physicians gripe about “these Millenials,” and how different they are from previous generations.

The so-called generation gap has been used to characterize inter-generational relations, wherein the preceding generation historically puts down the younger, and the succeeding generation usually complains about the older one. I posit that central to this conflict is a clash between tradition -- the way things should be done (as perceived by the older generation) -- and disruption, the way things can be done differently (from the perspective of the younger generation). In particular (meaning no offense to the “in-between” Generation X, and at risk of being overly simplistic), this is highlighted by the supposed looming showdown between Baby Boomers who are not yet ready to leave and Millenials who can hardly wait to take over.<sup>4</sup>

Tradition, a “statement, belief or practice handed down from generation to generation” comes from the Old French *tradicion* “transmission, presentation, handing over” and directly from the Latin *traditionem* “delivery, surrender, a handing down, a giving up,” from *tradere* “deliver, hand over,” derived from *trans* – “over” + *dare* “to give.”<sup>5</sup> Although older generations may like to think they uphold tradition (giving them the right and duty to pass it on to succeeding ones), a large part of what defines each generation in the first place is their departure from the statements, beliefs or practices of their predecessors. Such a transition may have been gradual or sudden, and more pronounced in some generations than in others.

Our post-war Boomer generation grew up in a world where face-to-face communication was supplemented by the written (handwritten, typewritten, typeset or telegraphed) and spoken (rotary-dial telephone) word. In medicine and medical education, history and physical examination were taught through lectures (with overhead and opaque projectors, slides on carousels and filmstrips) and live demonstrations on patients and on one another. The

Correspondence: Prof. Dr. José Florencio F. Lapeña, Jr.  
Department of Otorhinolaryngology  
Ward 10, Philippine General Hospital  
Taft Avenue, Ermita, Manila 1000  
Philippines  
Phone: (632) 554 8467  
Telefax: (632) 524 4455  
Email: lapenajf@upm.edu.ph

The author declared that this represents original material that is not being considered for publication or has not been published or accepted for publication elsewhere, in full or in part, in print or electronic media; that the manuscript has been read and approved by the author, that the requirements for authorship have been met by the author, and that the author believes that the manuscript represents honest work.



Creative Commons (CC BY-NC-ND 4.0)  
Attribution - NonCommercial - NoDerivatives 4.0 International



advent of word processing and advances in telecommunications and technology that became available to Generation X (who in the Philippines include “martial law babies” oblivious to our “wonder years” of the sixties) gradually changed the landscape of medical education and practice, but it would take the digital and internet revolution to finally, drastically change the world— and Millennials were the primary beneficiaries of this change.

Disruption, from the Latin *disruptionem* “a breaking asunder,” which comes from *disrumpere* “break apart, split, shatter, break to pieces,” from *dis-* “apart” + *rumpere* “to break”<sup>6</sup> perhaps best describes the Baby Boomer generation’s experience of the technological revolution that Millennials grew up with. Suddenly, everything could be had in a split-second and the world was connected in real time. No longer did one have to master penmanship, typing and speed-reading, and homes no longer displayed dictionaries and encyclopedias. Even the library card catalogue and periodicals index became obsolete, as most anything became instantly available and accessible – including information, fast food and relationships. Millennials grew up with this transition, and readily mastered the rapidly changing technology. The locus of socialization was no longer face-to-face interaction within the family, but the worldwide web and social media. In medical education, lectures gave way to podcasts and webinars; heavy textbooks gave way to electronic references; and even dissection gave way to 3D virtual human anatomy.

The Millennials’ expertise in, and dependence on, technology can both be their boon and bane – as I often note when residents and students automatically search their peripheral brains (a.k.a. mobile devices) to answer a ward round question. But they are also as quick to intuitively master the diagnostic and therapeutic tools that did not exist when their older colleagues were in residency.<sup>7</sup> The early access that Millennials and Generation X had to computer resources in childhood certainly laid “a critical foundation for use of these systems later in life,” compared to Baby Boomers and Traditionalists whose “lack of early experience may limit their enthusiasm” for such tools.<sup>3</sup> As Cole puts it, “Baby Boomers don’t react well to a 20-something coming in and disrupting the way things have ‘always been’ while Millennials don’t react well when they’re told to shoot for the moon and ‘do big things,’

and then when they walk in the door with new ideas ready to disrupt age-old models, get told to know their place.”<sup>8</sup> Thus, older generations of physicians may question how the stock knowledge and clinical eye of Millennials can compare to theirs, who learned medicine without these tools, and wonder how Millennials would fare in conflict and catastrophic situations when technology fails, or in low- and middle-income rural settings where technology is scarce. Conversely, Millennials wonder why Boomers insist on their old ways and just don’t get it!

Perhaps we can learn from Mohr *et al.*<sup>3</sup> about bridging generational issues in medical and surgical education—for instance, between the Socratic Method whereby Boomers may appear to intimidate learners<sup>9</sup> versus the Millennial expectation that presentation of information be tailored to their needs, individually or via available technology.<sup>10</sup> It could be helpful for Millennials who are “outcomes-oriented and value doing more than knowing”<sup>11</sup> “to realize that Traditionalists and Boomers ‘know how to do’ and are ready and able to teach.”<sup>3</sup> On the other hand, “when instructing Boomers in new technology or information,” the Millennial teacher “should recognize that this role reversal is uncomfortable to older generations” and “mitigate discomfort ... by focus(ing) on the relevance of the information and creat(ing) an environment in which it is ‘safe’ to ask questions and challenge the teacher.”<sup>3</sup> Indeed, if inter-generational differences could be surmounted, there is much that Boomers can learn from Millennials, and vice versa.

If as Cole observes, “this great debate is hauntingly similar to a parent/child argument,”<sup>8</sup> it is because Boomers and Millennials are “also each other’s children and parents, bound together in an intricate web of love, support, anxiety, resentment, and interdependence.”<sup>4</sup> Perhaps by involving Generation X in bridging the great divide, and fostering an environment that allows for inter-generational differences in teaching and learning styles, non-disruptive disruption of tradition can take place. Each generation must have the humility (as opposed to intellectual arrogance) to accept that they can learn from other generations – younger or older—for truly meaningful medical progress to take place. We cannot do otherwise, for Generation Z (born after 1995, and about to enter Medical School) is already poised to join the fray.

#### REFERENCES

- Butler S. *The Way of All Flesh*. New York: Dover Publications, 2004. 315 pages.
- The Center for Generational Kinetics. How to determine generational birth years. November 28, 2016 ©2016 [cited 2017 Nov 2.] Available from: [http://genhq.com/generational\\_birth\\_years/](http://genhq.com/generational_birth_years/)
- Mohr NM, Moreno-Walton L, Mills AM, Brunett PH, Promes SB. Generational Influences in Academic Emergency Medicine: Teaching and Learning, Mentoring, and Technology (Part I). *Acad Emerg Med*. 2011 Feb;18(2):190-199. DOI: 10.1111/j.1553-2712.2010.00985.x PMID: 21314779 PMCID: PMC3076332.
- Taylor P. Pew Research Center. *The Next America: Boomers, Millennials, and the Looming Generational Showdown*. New York: PublicAffairs, 2016. 384 pages.
- Harper D. Online Etymology Dictionary © 2001-2017 [Cited 2017 November 2.] Available from: <https://www.etymonline.com/word/tradition>.
- Harper D. Online Etymology Dictionary © 2001-2017 [Cited 2017 November 2.] Available from: <https://www.etymonline.com/word/disruption>.
- Sopher M. How Millennial Doctors Will Shape the Future of Health Care. Blog on the Internet, Baltimore: *Rendia*, 2016 October 26. [Cited 2017 November 2.] Available from: : <https://blog.rendia.com/millennials/>.
- Cole N. The Real Reason Baby Boomers and Millennials Don't See Eye to Eye (Written by a Millennial). *Inc. Southeast Asia*. 2017 Jan 20 [Cited 2017 November 2.] Available from: : <https://www.inc.com/nicolas-cole/the-real-reason-baby-boomers-and-millennials-dont-see-eye-to-eye-written-by-a-mi.html>.
- Seabrook M. Intimidation in medical education: students’ and teachers’ perspectives. *Studies Higher Educ*. 2004;29(1):59–74. <http://dx.doi.org/10.1080/1234567032000164877>.
- Feiertag J, Berge ZL. Training generation N: How educators should approach the Net Generation. *Education and Training*. 2008 September;50(6):457–64. DOI: 10.1108/00400910810901782.
- Mangold K. Educating a new generation: teaching baby boomer faculty about millennial students. *Nurse Educ*. 2007 Jan-Feb;32(1):21-23. PMID: 17220763.