Medical Professionalism and the Generation Gap

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Mount Sinai School of Medicine
Professionalism in Medicine

Is there a Problem?
Journal Articles on Professionalism
Younger doctors less dedicated, hardworking?

Some older physicians believe the new breed's emphasis on their own lives puts patients second.

To some older doctors, long hours, late nights and always being on call were a testimony to their devotion to medicine. They don’t see the same drive in the new generation of doctors.

In a survey of physicians ages 50 to 69, 64% said doctors trained today are “less dedicated and hardworking” than physicians who entered medicine 20 to 30 years ago.

But younger doctors say that’s not true. They say lifestyle considerations are shaping how they approach their practices and creating a healthier profession that strives to balance professional and personal lives.

One thing is sure: Older norms of practicing medicine are giving way to newer approaches, but not without some friction.

“There’s kind of a loss of what it means to be part of the profession. Being a family physician has responsibility that sometimes extends beyond 9-to-5 and we have to be accountable to patients at other times,” said San Antonio family physician James Martin, MD, board chair of the American Academy of Family Physicians.

Some younger doctors say older physicians who grumble about this shift in attitudes are envious.

“Just because younger doctors are getting better at setting boundaries between their professional and personal lives doesn’t mean they are less committed. Without those boundaries, continued on page 4
The End of Primary Care

April 18, 2004

Young Doctors and Wish list: No Weekend Calls, No Beepers

January 7, 2004
Appendix C: Performance in Professional Attributes (MSPE)

Assessment of Professional Attributes

- Treats Patients Compassionately
- Honors His Integrity
- Respects Others
- Ability to Communicate
- Advocates for Patients
- Puts Others Needs First

- Exemplary
- Adequate
- Below Average
Professional Attributes

- Treats patients compassionately
- Honest, has integrity
- Respects others
- Ability to communicate
- Advocates for patients
- Puts others needs first
Consider the dedication and work ethic of physicians coming out of training today, are physicians being trained today compared to when you trained(?):

<table>
<thead>
<tr>
<th>Dedication Level</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Less dedicated</td>
<td>64%</td>
</tr>
<tr>
<td>More dedicated</td>
<td>0%</td>
</tr>
<tr>
<td>The Same</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>
Are the medical students of today different?
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Doctors of Medicine</th>
<th>Active Doctors of Medicine</th>
<th>Primary Care Generalists</th>
</tr>
</thead>
<tbody>
<tr>
<td>1949</td>
<td>201,227</td>
<td>191,577</td>
<td>59.1%</td>
</tr>
<tr>
<td>1960</td>
<td>260,484</td>
<td>247,257</td>
<td>50.7%</td>
</tr>
<tr>
<td>1970</td>
<td>334,028</td>
<td>310,849</td>
<td>37.3%</td>
</tr>
<tr>
<td>1980</td>
<td>467,679</td>
<td>414,916</td>
<td>35.2%</td>
</tr>
<tr>
<td>1990</td>
<td>615,421</td>
<td>547,310</td>
<td>33.5%</td>
</tr>
<tr>
<td>2001</td>
<td>836,150</td>
<td>713,375</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

*Includes family practice, internal medicine, and pediatrics*

Source: Centers for Disease Control and Prevention
Trends in Student Career Choices

- **Life style factors**
  - Study by Dorsey, Jarjoura & Rutecki, JAMA, 2003 - 290(9):1173-1178
  - Analyzed match preferences for 1996-2002

- **Classified specialties into:**
  - Lifestyle: controllable – uncontrollable
  - Income: high – low
  - Hour worked: above – below average
  - Years of training
Results:

Explanation of Variability in Career Choices

55% - Lifestyle
9% - Income
2% - Hours worked
4% - Years of GME training
Figure 1. Percentage of US Medical Seniors Choosing Specialties With Controllable Lifestyles by Year

- **Controllable Lifestyle**
  - Percentage, Mean (SD)

- **Above Average Income**

- **Lower Than Average Work Hours**
## Cohort Analysis by Year of Graduation from Residency Programs:
### Percentage Selecting General Medicine

<table>
<thead>
<tr>
<th>Graduation Year</th>
<th>PGY 1</th>
<th>PGY 2</th>
<th>PGY 3</th>
</tr>
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<tbody>
<tr>
<td>2005</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>29%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>36%</td>
<td>31%</td>
<td>31%</td>
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<tr>
<td>2002</td>
<td>42%</td>
<td>37%</td>
<td>41%</td>
</tr>
<tr>
<td>2001</td>
<td></td>
<td>42%</td>
<td>45%</td>
</tr>
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</table>
The table below shows the career choice by year of graduation for general medicine and subspecialty options:

<table>
<thead>
<tr>
<th>Survey Date</th>
<th>General Medicine</th>
<th>Subspecialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1998</td>
<td>58%</td>
<td>34%</td>
</tr>
<tr>
<td>Jan. 1999</td>
<td>50%</td>
<td>42%</td>
</tr>
<tr>
<td>Jan. 2000</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Oct. 2000</td>
<td>38%</td>
<td>52%</td>
</tr>
<tr>
<td>Oct. 2001</td>
<td>34%</td>
<td>58%</td>
</tr>
<tr>
<td>Oct. 2002</td>
<td>24%</td>
<td>53%</td>
</tr>
</tbody>
</table>
PERCENTAGE OF THIRD-YEAR RESIDENTS STARTING FELLOWSHIPS

Source: American Board of Internal Medicine
What about students in Medical School?
Acceptance Ratio

![Graph showing acceptance ratio over time from 1920 to 2000. The ratio fluctuates with peaks in the 1930s, 1950s, 1970s, and 1990s. The lowest ratio is observed around 1940 and 1980.](image-url)
Tuition and Fees - Current Dollars and Constant 2004 Dollars

Source: AAMC Data Book
How do students pay for medical education?

- 1987
- 1991
- 1995
- 1999
- 2003

- Other
- Personal
- Family
- Scholarships
- Loans
Do Medical Students from Poor Families Borrow More Money?

Mean Debt of All Students, including students with zero debt.

Source: AAMC Graduation Questionnaire
Parent Income of Matriculating Students

More than 60% of medical students come from families in the top quintile of family income.

Source: AAMC Matriculating Student Questionnaire. Quintiles of Family Income from Bureau of Labor Statistics.
Median Educational Debt of Indebted Graduates

Source: AAMC Graduation Questionnaire
Educational Debt of 2003 Medical Graduates

4.6% of graduates were more than $200,000 in debt

Source: AAMC Graduation Questionnaire
Projected Median Educational Indebtedness for 2007 Graduates

- 2003 Graduates
- No More Tuition Increases
- Tuition Increases Continue

[Bar chart showing data for Public and Private sectors]
Life Style Influence
AOA-MSSM

- Life +
- Life -

Years: 76-80, 81-85, 86-90, 91-95, 96-00, 2001-04
What about generational issues?
## The Generations in the Work Force

<table>
<thead>
<tr>
<th>Generation</th>
<th>Birth Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans (silent)</td>
<td>1922 – 1943&lt;sup&gt;(46)&lt;/sup&gt;</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>1943&lt;sup&gt;(4)&lt;/sup&gt; – 1964</td>
</tr>
<tr>
<td>Generation Xers</td>
<td>1965 – 1980&lt;sup&gt;(4)&lt;/sup&gt;</td>
</tr>
<tr>
<td>Millennials</td>
<td>1980&lt;sup&gt;(84)&lt;/sup&gt; – 2000</td>
</tr>
</tbody>
</table>
Silent Generation (55 Million)

- Traditional – Created “American Values”
- Rapidly decreasing
- Control the wealth
- Respect authority, consistency and loyalty
- Law and order
Silent Generation

- Bigger is better
- Do the right thing
- Logic driven
- History oriented
- Conservative, habitual, valued honor
Silent Generation

- Strong work ethic
- Family oriented
- Clear gender roles
- Work is satisfying, but not your life
- Always knew you couldn’t “have it all”
- Strong Heroes
Seminal Events

- The Depression
- FDR
- Social Security
- WW II
- GI Bill
- 1950’s Prosperity
Silent Generation

- Key reward in the workplace:

  - "The satisfaction of a job well done"
Baby Boomers (78 Million)

- Optimistic – believe you can “have it all”
- The Stars of the show
- Workaholics
- Team Players
- Grew up in Nuclear family
- Liked school
- Traditional gender roles challenged
Baby Boomers

- Pursued personal gratification
- Embraced spirituality and feelings
- Defined “cool”
- Good people skills
- Live to work – defines themselves through work
- Work success equates to hours worked
Baby Boomers

- Likes to stand out from the crowd
- Ambitious
- Willing to “pay your dues” early on
- Values experience over expertise
- Very political, somewhat vindictive
- Do not trust the government
- Strong heroes
Baby Boomers

- Poor marks for life outside of work
- Women worked but few professionals
- Angry
- Burnt out
- Cannot retire
- Resent the values of Generation X
Seminal Events

- Vietnam
- NASA
- BCP’s
- Civil Rights Movement
- Feminism
- Cold War
- Suburbanism
Baby Boomers

- Key rewards in the workplace:
  - “Money, title, recognition, and the corner office”
Generation Xers (47 Million)

- Reject Baby Boomers’ values
- Born to a weak USA
- No heroes
- Absentee parents – no Nuclear family
- Technology sophisticated
Generation Xers

- Informality
- Self-reliant
- Pragmatic and cynical – They do not “want it all”
- Disdain for honesty and integrity
- Strive for “balance”
- Gender roles unclear
Generation Xers

- Seeks family substitutes
- Work to live, “It’s only a job”
- Work success defined by competence
- “Complete the task well and go home”
- Skeptical of institutions, authority and Boomers
- No respect for rank, hierarchy, chain-of-command or unproven authority figures
Generation Xers

- Poor people skills
- Resent being seen as slackers
- Does not value Loyalty, politeness, hierarchy, punctuality, or “work is life”
- “Is this going to be on the test?”
- Rejects repetitive, entry level work
Generation Xers

- Do not believe in “paying your dues”
- Dual parenting, flexible hours, child care, family, free time, and fun, all rank above level of income
- Do not like micro-management at work
Seminal Events

- Weak economy
- Corporate downsizing
- Iranian crisis
- Challenger disaster
- Terrorism
- Desert Storm
Generation Xers

- Key reward in the workplace
  - “Freedom and time”
Millennium Generation (80 Million)

- Safe childhood (protected)
- “New” Nuclear family
- Advocate parents
- Planned activities
- Ethnically diverse
- Blurred gender roles
Millennium Generation

- Conservative, loyal, patriotic
- Polite and respectful
- Internet generation
- Like their parents
- Violence is the norm of the world
Millennium Generation

- Value honesty and integrity
- They will be happy “without having it all”
- “Paying your dues” is absolutely gone
- Confident, achievement oriented
- Hard working
- Still want balance
- A lot like the Silent Generation
Seminal Events

9-11-01
Millennium Generation

- Key reward in the workplace

  “Work that has meaning”
The Generations in the Work Force

Veterans (silent)  Born 1922 – 1943 (46)
Baby Boomers  Born 1943(4) – 1964
Generation Xers  Born 1965 – 1980(4)
Millennials  Born 1980(84) – 2000
Who is the Medical Workforce

**Silent Generation** - Senior physicians, Chairs, Deans

**Baby Boomers** – Peak-career Practitioners, young Chairs, Group Practice Leaders

**Generation Xers** – Young practitioners, young faculty, Residents, older medical students

**Millennials** – younger medical students
Boomers say (of Xers):

- They are slackers.
- They are rude and disrespectful.
- They have to do everything their own way.
- They do not pay their dues.
- They are impatient.
- They are not committed.
- They are not professionals.
- They feel entitled instead of earning their rewards.
Gen Xers say (of Boomers):

- They are self-righteous.
- They are workaholics.
- They are too political.
- They demand instead of earn respect.
- They need to lighten up.
- They are not happy, so why should I want to be like them.
- They were absentee parents and I will not be that way.
- They are hung up on experience and seniority, not competence.
Are Gen Xers really not good medical professionals?
Components of Professionalism
A Physician Charter
ACP/ASIM Foundation
ABIM Foundation
European Federation of Internal Medicine

Fundamental principles
- Preserving of patient welfare
- Patient Autonomy
- Social Justice
Professional Responsibilities

- Commitment to professional competence
- Commitment to honesty with patients
- Commitment to patient confidentiality
- Commitment to maintaining appropriate relations with patients
- Commitment to quality of care
Professional Responsibilities

- Commitment to improving access to care
- Commitment to a just distribution of finite resources
- Commitment to scientific knowledge
- Commitment to maintaining trust by managing conflict of interest
- Commitment to professional responsibilities
If...

Professionalism =
hours worked
living to work
defining oneself by your work
paying your dues
seniority as the highest value
being like me

Then the profession of Medicine is in trouble!
The Medical Profession must demand:

Excellence
Commitment
Altruism
Caring
Honesty and integrity
Patient advocacy
Courage

but not measure it by hours worked.
Being a physician is:

- Who you are, all of the time
- How you relate to people
- Your role and identity in society
- How you see the world
- How you are judged
- Not ‘just a job’, maybe a “calling”
Evaluating Professionalism

- System must have:
  - Validity across generations
  - Reliability
  - Meaningful data
  - Faculty/student acceptance
  - Contextual relevance
  - Developmental milestones
Evaluation Tools

- Peer assessment
- Critical incident reporting
- 360 degree evaluations
- Group behavior
- Self assessment
- Participation profile
Requirements for Success

- Acceptance of the “problem”
- Ownership of the solution
- Trust in the process
- Faculty/staff/student development
- Appearance of fairness and integrity
New doctors of the future will Be:

- Older than 20 years ago
- Women
- Dual professional couples
- Balancing family and work
- Work to live
- Ethnically diverse
- Technologically sophisticated
- Professional if allowed to be
Residency training will need to:

- Respond to a generation not willing to “pay their dues.”
- Demand for learning over service
- Only give *earned* respect
- Are informal
- Have children and will need predictable hours
- Have a life outside residency
- If forced – will choose life style over specialty or income
Practices will need:

- Flexible hours, flexible call schedules
- Child care
- Culture of quality, not quantity of work
- Reward excellence, not endurance
- Insist on working hard when you work
- Prevent burn-out
- Focus on the patient
- Work in teams
- Use IT to make practice work well
- Prioritize Physician quality of life
New Doctors will need to:

- Define themselves as Physicians
- Take on the responsibilities of the role
- Have integrity in the workplace
- Offer proactive solutions for the practice community
- Be answerable to the patient’s needs
- Never compromise on quality of care
New doctors will need to be "unafraid of falling in love with being a doctor."
Ultimate Challenge

- Can we flexibly and respectfully redefine excellence and professionalism in generationally diverse terms?
- Can we build bridges instead of barriers?
- Or do we define perfection only as the “person in the mirror”?
But how shall we educate men of goodness, to a sense of one another, to a love of truth? And more urgently, how shall we do this in a bad time?

Daniel Berrigan
### Reasons for Going into Selected Career Path

<table>
<thead>
<tr>
<th>Reason</th>
<th>GM</th>
<th>Hosp</th>
<th>Card</th>
<th>GI</th>
<th>H/O</th>
<th>Pulm</th>
<th>E/M</th>
<th>ID</th>
<th>Rheum</th>
<th>Ger</th>
<th>Neph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Match with Interests</td>
<td>84%</td>
<td>90%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Preference for Long term patient relationships</td>
<td>72%</td>
<td>15%</td>
<td>67%</td>
<td>58%</td>
<td>84%</td>
<td>36%</td>
<td>84%</td>
<td>48%</td>
<td>92%</td>
<td>86%</td>
<td>84%</td>
</tr>
<tr>
<td>Preference for board practice</td>
<td>71%</td>
<td>68%</td>
<td>20%</td>
<td>28%</td>
<td>34%</td>
<td>54%</td>
<td>33%</td>
<td>53%</td>
<td>75%</td>
<td>30%</td>
<td>44%</td>
</tr>
<tr>
<td>Preference for ambulatory patients</td>
<td>62%</td>
<td>6%</td>
<td>17%</td>
<td>36%</td>
<td>36%</td>
<td>8%</td>
<td>70%</td>
<td>21%</td>
<td>75%</td>
<td>52%</td>
<td>30%</td>
</tr>
<tr>
<td>More time with family</td>
<td>61%</td>
<td>66%</td>
<td>9%</td>
<td>54%</td>
<td>53%</td>
<td>22%</td>
<td>91%</td>
<td>64%</td>
<td>93%</td>
<td>75%</td>
<td>53%</td>
</tr>
<tr>
<td>More time for non-work activities</td>
<td>52%</td>
<td>63%</td>
<td>6%</td>
<td>46%</td>
<td>43%</td>
<td>19%</td>
<td>83%</td>
<td>59%</td>
<td>87%</td>
<td>71%</td>
<td>41%</td>
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<tr>
<td>Healthcare policy issues</td>
<td>22%</td>
<td>29%</td>
<td>18%</td>
<td>15%</td>
<td>17%</td>
<td>16%</td>
<td>15%</td>
<td>29%</td>
<td>17%</td>
<td>56%</td>
<td>21%</td>
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<tr>
<td>Preference for critical care patients</td>
<td>15%</td>
<td>65%</td>
<td>81%</td>
<td>33%</td>
<td>66%</td>
<td>97%</td>
<td>7%</td>
<td>51%</td>
<td>7%</td>
<td>28%</td>
<td>68%</td>
</tr>
<tr>
<td>Need for higher income</td>
<td>7%</td>
<td>22%</td>
<td>40%</td>
<td>51%</td>
<td>33%</td>
<td>31%</td>
<td>8%</td>
<td>9%</td>
<td>13%</td>
<td>9%</td>
<td>43%</td>
</tr>
<tr>
<td>Preference for short-term patient relationships</td>
<td>5%</td>
<td>49%</td>
<td>20%</td>
<td>28%</td>
<td>6%</td>
<td>39%</td>
<td>2%</td>
<td>24%</td>
<td>6%</td>
<td>2%</td>
<td>9%</td>
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<tr>
<td>Preference for Narrow practice</td>
<td>4%</td>
<td>10%</td>
<td>77%</td>
<td>74%</td>
<td>62%</td>
<td>48%</td>
<td>61%</td>
<td>47%</td>
<td>66%</td>
<td>14%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Mean Educational Debt of Graduates

- $0
- $20,000
- $40,000
- $60,000
- $80,000
- $100,000
- $120,000

Match History
Career Trends

- Generalists
- Med Specialities
- Surg Specialities
- Support Specialties

Years: 1984 to 2004