Perspective

Are millennial residents really any different?

esidents born between 1982 and 2004 have been accused of not being cut from the same mold as us old guys and gals, more concerned over control of their lives and adequacy of leisure time. Such residents are known to be particularly technology proficient and the field of neurosurgery is often a natural for such individuals. They are reported to have more professionalism and performance issues (PPI) than past generations. In the field of neurosurgery - a self-selected specialty not renowned for its lifestyle – such a generational change might have a negative impact on the future practice of brain and spine surgery.

Having been at the same neurosurgery department for 43 years, 32 of which as the resident director, and 10 as the department chair, the senior author enlisted the assistance of one of our senior residents in a retrospective look back at the 141 residents admitted for training at the University of Pittsburgh (subsequently UPMC) over the last five decades. We compared the incidence of reported PPI each decade to assess whether the incidence of such issues had changed during the 50 years spanning 1971-2021 (the year that some of our current residents will enter practice).

Serious PPI are those behaviors or failures that lead to disciplinary actions ranging from counselling to remedi-



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ation to termination. Serious performance issues might include irremediable knowledge deficits or poor technical skill acquisition. Professionalism issues include poor faculty or staff interactions, anger management difficulties, cultural sensitivity or inappropriate gender interactions, poor fit for the field, and even substance abuse issues. We found no statistically significant differences by decade in this analysis. That being said, in the last decade, as the electronic world mushroomed, we found that there was a significant increase in the *reporting* of all resident concerns. We suspect that this is related to the wide availability of reporting mechanisms such as Risk Master, open to all staff. Enhanced scrutiny of even the mildest perceived variation has been encouraged in response to professionalism goals established by the Accreditation Council for Graduate Medical Education (ACGME). It seems



that current guidelines and declining tolerance of any perceived PPI leads to the increased reporting of even minor concerns. All reported events require a response, documentation and discussion with the resident. In line with current concepts, we have recently added a new wellness curriculum to W. CHRISTOPHER our resident training.

> Our review does not support the concept that millennial residents are a different breed. The same energy, commitment, and focus exists now as it did in prior decades. In addition, we surveyed all living graduates of the program and 81 percent responded. With respect to career satisfaction, we found no significant difference over these decades. Over these same years, graduates did note increasing concern related to the toll the field of neurosurgery has taken on their families. We also detected a decline in subsequent job satisfaction of more recently graduating residents. This may portend future risks for earlier burnout.

> We suspect that it may take another 10 years to reassess if a career such as neurosurgery fits the attributes of millennial surgeons. Although the training landscape may have changed, for now we are confident that the individuals who self-select neurosurgery have the same abilities and energy as us old folks. They are neither more likely nor less likely to have serious

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PPI. But in the current ever-vigilant world, they are more likely to get detected periodically on even low-level radar screens searching for such performance or professionalism issues.

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The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the *Bulletin*, or the Allegheny County Medical Society.

Reference

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