



Perspective/Opinion

Adapting Phase I Patient-Based Discussions to Millennial and Generation Z Learners

By Chelsea C. Weaver, PhD – Assistant Professor

Dr. Weaver, who is both a Millennial and is actively engaged in developing the new curriculum's patient-based discussions, demonstrates how this approach is consistent with the optimum approaches to medical students' learning styles. Faculty interested in serving as case facilitators for the 2022 Case-Based Learning Pilots can find a link [here](#) ...

I am a millennial educator currently part of a work group tasked with developing a standardized approach to patient-based discussions (PBDs) for phase I of the new curriculum. These PBDs will be a patient-focused, learner-driven approach to applying foundational science concepts in a clinical context. While reading the [article](#) on “Adapting Medical School Curriculum to Millennial and Generation Z Learners,” it quickly became clear how many ways this project has already incorporated the 5 Rs of Curriculum for Millennial Learners. Here, I’ll break down where I hope to see the design of patient-based discussions in the new curriculum meeting the needs of millennial and generation z learners.

Research-Based Methods

“Generation Z learners (born 1997-2012) are beginning to matriculate in medical school, and they, too, have a penchant for interactive learning, heavy on technology...Learners from these younger groups want alternative methods of information delivery, in addition to traditional lectures.”

These PBDs model the “[flipped classroom](#),” an evidence-based pedagogical approach that has been well-documented for years. In this type of teaching, learners typically receive declarative knowledge, or didactics, asynchronously but come together to work through the procedural knowledge, or application of the concepts. Not only are the Phase I PBDs interactive, but a product of this work group includes templates for interactive pre-work delivery of declarative

knowledge. This makes didactics more engaging, supports diverse learning styles, and allows in-class time to focus on high value procedural skill development.

Relevance

“Young learners want the material to be relevant to their lives and the world.”

The clinical context underlying the foundational sciences are plentiful. By applying foundational science concepts in a case-based learning approach, medical learners could more easily identify the relevance of Phase I content to their future work. Additionally, Phase I PBDs will be delivered in an interrupted approach. This means learners will receive bits of information at a time, discuss that information through probing questions, receive real-time feedback from their facilitators, and then move on to the next bit of information. That approach is meant to represent the context in which the learners will receive this information as future clinicians. Ultimately, the evidence-based approach we plan to take throughout Phase I PBDs will put the clinical relevance of the foundational sciences in the center stage.

Rationale

Millennials “need to understand the “why” of content that they are learning.”

I think we can all empathize with the desire to understand the rationale behind teaching approaches. The standardized structure of Phase I PBDs will allow us to clearly communicate expectations with our learners as they approach clinical applications in a consistent experience from block to block. By communicating why we assign pre-work, the reason for formative assessments prior to the discussion, and the justification for an interrupted case-study, we could help our learners better understand our expectations of them while we honor their expectations of us.

Relaxed

“Millennials do not like hierarchy and enjoy learning in a more casual situation.”

During Phase I PBDs, learners will be placed in small groups of ideally eight to ten where they will go through a case under the guidance of a clinical and a foundational science facilitator. This setting offers the opportunity to work through more challenging concepts in a safe, inclusive atmosphere where incorrect answers are viewed as simply learning opportunities. Learners will support one another as they challenge their critical thinking to work through the interrupted case. My hope is that this learning environment will foster a growth mindset while allowing learners to identify and address gaps in their knowledge.

Rapport

“Optimal education for millennial learners packages information into bite-sized pieces and provides interactive, experiential, and collaborative learning.”

Collaborative learning is at the forefront of these Phase I PBDs. During the discussions, learners will sign up for and rotate roles. From scribes who will keep notes of the discussion to a moderator who keeps the group on time and on task, there will be no shortage of ways to engage in the discussion. A recommended learner-authored social contract will allow groups to maintain an inclusive discussion space where everyone feels heard while holding one another accountable to show up prepared. Finally, the ability to interact with a foundational scientist and a clinician on a weekly basis will help foster meaningful faculty, staff, and learner relationships.

The work this group is doing to outline these PBDs and deliver them in a standardized approach uses research-based methods to clearly outline the relevance and rationale for our learners. Its foundation relies on an inclusive learning environment that is relaxed to help learners build rapport with one another as well as with faculty.

As a former nontraditional student, I would be remiss if I did not acknowledge that not all our learners will be millennials or from generation Z. We must continue the strive to reach learners of all backgrounds with our active-learning approaches. I feel proud to have worked with such an impressive group of experts to carefully approach case-based learning in the new curriculum.

If you would be interested in serving as a case facilitator, [here](#) is a link to sign up for 2022 Case-Based Learning Pilots.

For further reading:

<https://wmjonline.org/120no1/schrager/>

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