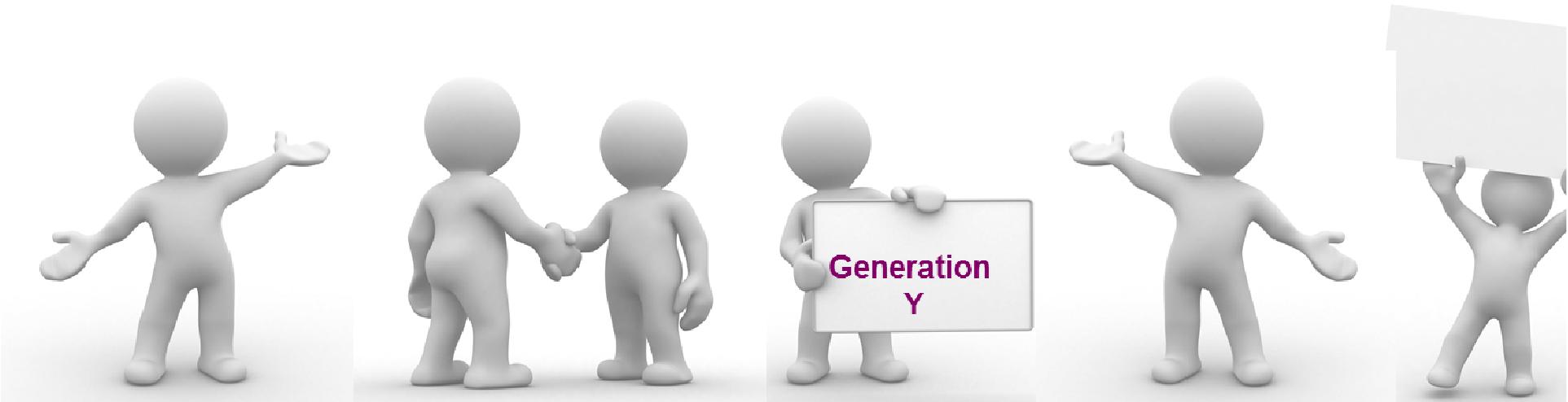




Generation Y – Auswirkungen in Lehre und Prüfungen

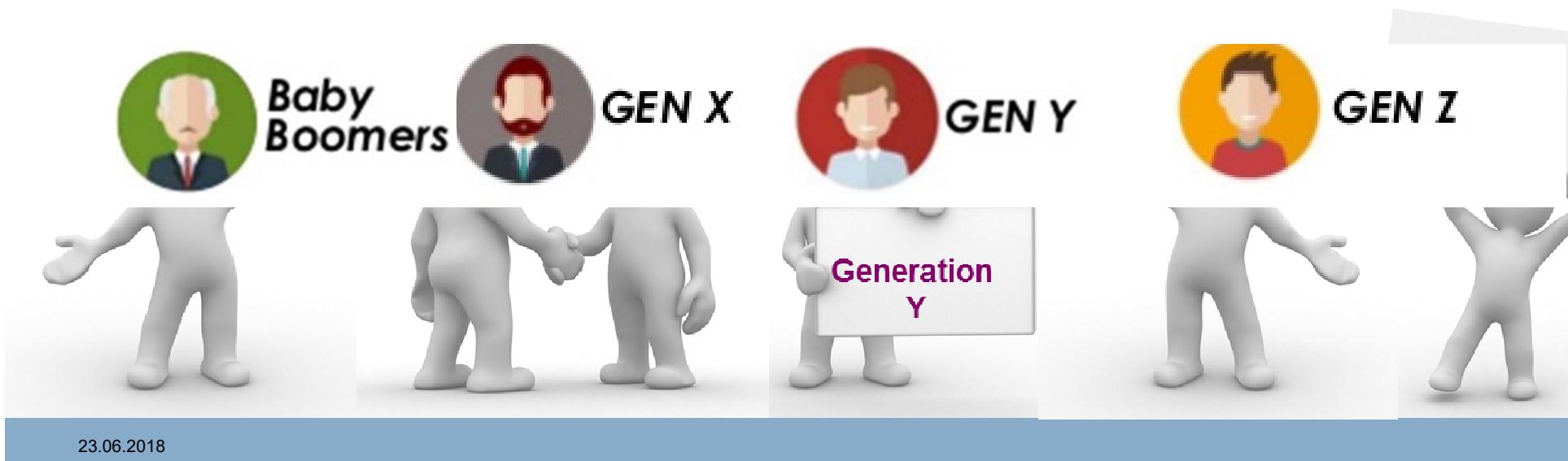
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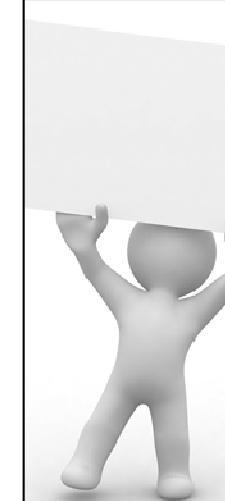
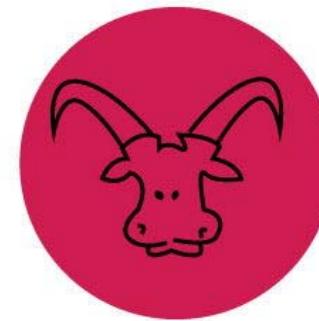
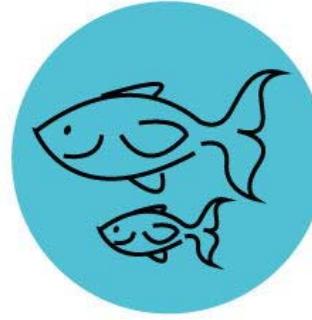
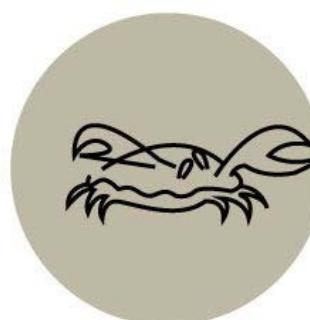
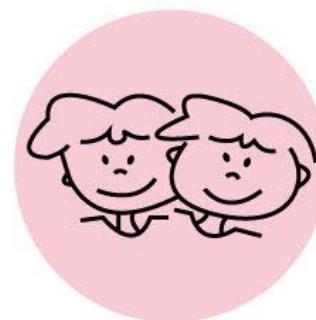
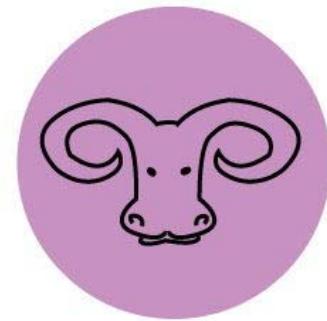
Generation Y – Auswirkungen in Lehre und Prüfungen

Prof. Dr. Susanne Gerhardt-Szep, MME





Who is who?



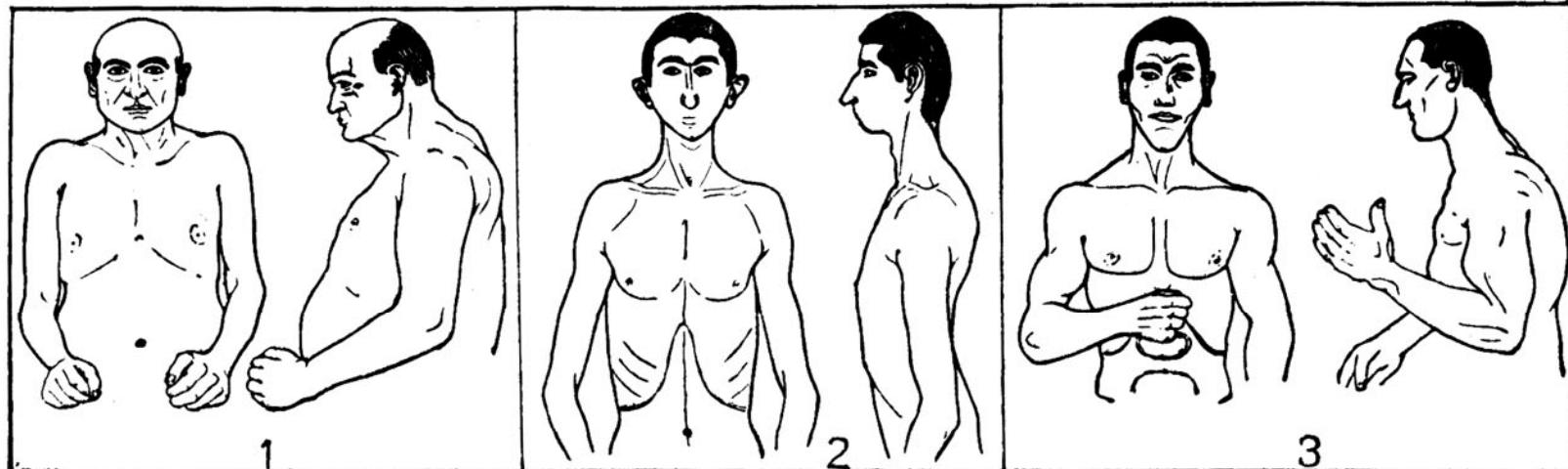
<https://www.we-go-wild.com/fitwerden-mit-sternzeichen/>



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Who is who?

. Jahrh. wird das Wort **K.** auch in der Logie übertragenen allgem. Bedeutung bezeichnet werden. — Die Begründung die ererbte Reaktionsfähigkeit ist indes für nisse heitsl gefaß jener eine sche Lehre nach Zustand gesund ist, v größere



Be- Konstitution: Schemata der drei von E. Kretschmer aufgestellten Körperbauarten:
gen= 1 phänischer, 2 leptosomer, 3 athletischer Typ (aus E. Kretschmer, Körperbau und Charakter).

ion [von lat. constipare 'dichtmachen'], ringere Neigung abhängt, auf äußere Einflüsse hin zu erkranken.



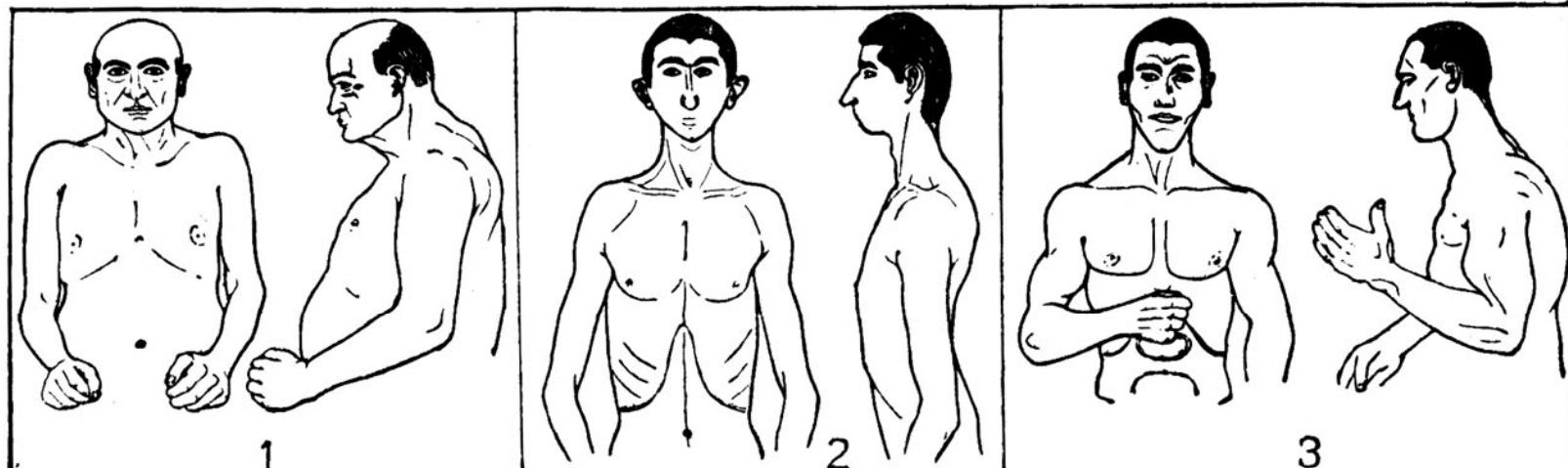
<http://www.enzyklopaedie.ch/dokumente/Temperamente&Emotionen.html>, 1921: Körperbau und Charakter von Kretschmer



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Pykniker (dicht, fest)	Leptosom (fein)	Athletiker (zum Wettkampf)
Zyklothymes Temperament	Schizothymes Temperament	Visköses Temperament
Depression, Manie	Schizophrenie	Epilepsie



Alters- oder Geburtenkohorte (Generation)



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Generation (Gesellschaft)

Im soziokulturellen Verständnis ist eine **Generation** eine große Gruppe von Menschen, die als „**Altersgruppe**“ in ihrer **Gesellschaft** oder aufgrund der gemeinsamen Prägung durch eine spezifische historische oder kulturelle Konstellation eine zeitbezogene Ähnlichkeit aufweisen.

Typisch ist beispielsweise die Unterteilung der Gesellschaft in die Generationen der Jungen und Alten, oder der Kinder- und Elterngeneration. Ein wichtiger Gesellschaftlicher Aspekt ist hier der **Generationenwechsel** (**Generationaler Wandel**) und die **Wissensweitergabe** von Generation zu Generation (vgl. **Kommunikatives Gedächtnis**).

Ähnlich wie **Ethnizität** oder Geschlecht hat sich auch die Vorstellung von Generationen als ein kulturelles Deutungsmuster^{[1][2]} etabliert, um Identität und Differenz von Menschen zu beschreiben. Dabei gehen die **Kulturwissenschaften** mittlerweile nicht mehr davon aus, dass jeder Mensch naturgesetzlich einer Generation angehört, sondern dass Generationen „gemacht“ werden, d. h. sich in **kommunikativen Prozessen** herausbilden.^[3] In dieser Hinsicht lehnen sich die **Generation Studies** an Forschungsansätze der **Gender Studies** an.

Historisch hat sich in verschiedenen Epochen und Diskursen immer verändert, was unter Generation verstanden wurde.^[4] Mal dominiert dabei die genealogische Perspektive, bei der Generationen als Abstammungsgruppen verstanden werden, mal dominiert die Perspektive, dass Generationen historisch einmalige Phänomene sind, weil Menschen durch eine spezifische historische Situation oder auch durch Meilensteine der technischen Weiterentwicklung ähnlich geprägt werden.^[5] Weiterhin lässt sich unterscheiden, ob der Begriff sich auf gesamte (nationale) Gesellschaften erstreckt (die **68er**), auf Teilbereiche der Gesellschaft (z. B. Generationen von Wissenschaftlern oder Schriftstellern). Manchmal steht eher im Vordergrund, die Identität einer Gruppe zu beschreiben („**Generationalität**“), manchmal eher die Differenz zwischen verschiedenen Gruppen („**generationelles Verhältnis**“), manchmal soziale Prozesse wie Prägung, Wirkung und Wandel („**Generativität**“).^[6]



Vier Generationen einer Familie

Für die **Soziologie** hat **Karl Mannheim** 1928 im Rahmen seiner **Wissensoziologie** einen prägenden und auch auf andere Wissenschaften ausstrahlenden „**Generationen**“-Begriff vorgelegt, der nicht die zuvor üblicherweise genannten **30 Jahre** umfasst, sondern durch gemeinsame „**Generationserlebnisse**“ charakterisiert wird, also prägende Ereignisse in Kindheit und Jugend, die einen Einfluss auf ganze Geburtsjahrgänge haben. Bei rapidem **sozialem Wandel** umfasst eine Generation demnach weniger **Kohorten**. Für seine soziologische Analyse des Problems der Generationen beruft sich Mannheim einerseits auf die von



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Generation Y

Generation Y (kurz *Gen Y* oder *Generation Me*^[1]) wird die **Bevölkerungskohorte** bzw. **Generation** genannt, die im Zeitraum von etwa (je nach Auslegung) 1980 bis 2000^[2] geboren wurde. Der Begriff Generation Y tauchte 1993 zum ersten Mal in der Marketingzeitschrift *Advertising Age* auf. Je nach Quelle wird diese Generation auch als **Millennials** (zu deutsch etwa *die Jahrtausender*) bezeichnet. Daneben ist sie die erste der **Digital Natives**. Welche Eigenschaften Mitgliedern dieser Gruppe zugeschrieben werden können, wird in der Fachliteratur und anderen Medien vielfältig diskutiert.^{[3][4]}

Durch die zeitliche Einordnung gilt sie als Nachfolgegeneration der **Boomers** (bis 1965) und der **Generation X** (bis 1980). Der Buchstabe Y wird **englisch Why** (= Warum) ausgesprochen, was auf das charakteristische Hinterfragen der Generation Y verweisen soll.^[5] Die nachfolgende Generation wird hin und wieder als die **Generation Z** bezeichnet, die die Geburtsjahre 1995 bis 2010 umfasst.^[6] Die Abgrenzung der Zeiträume wird in der deutschen und amerikanischen Literatur oft unterschiedlich vorgenommen.^[7]

2015 gehörten in Deutschland nach Daten des Statistischen Bundesamtes rund 22 Prozent der Gesamtbevölkerung und rund 20 Prozent der Arbeitskräfte zur sogenannten Generation Y (16–35 Jahre).^{[8][9]}

Kritik am Begriff [Bearbeiten | Quelltext bearbeiten]

Dem Soziologen Marcel Schütz von der Universität Oldenburg zufolge sind Generationenkonzepte wie Y oder Z reine „Erfindungen“, mit denen sogenannte „Generationsexperten“ einen Beratungsmarkt erzeugten. Permanent würden immer neue Kriterien und abstruse – da völlig konträre und tendenziös gewonnene – Studienbelege zur Generationsdiagnose herangezogen^{[35][36]}: „Je diffuser die Thesen, desto mehr Leute können mitmachen. Man muss unklar bleiben, um verstanden zu werden. Die hohe Kunst der Hype-Produktion besteht ja darin, mit vielen Worten wenig zu sagen. Deshalb gibt es nur vage Definitionen zu Y und Z, die viel Spielraum für Abweichung zulassen. Ihre Erfinder basteln sie so geschickt, dass die Kriterien für Abweichler ebenfalls passen.“^[37] Für Schütz sind Generationenkonzepte wie Y oder Z nichts anderes als Pseudowissenschaft; ein Vorwurf, den er ausdrücklich auch auf Forscher, die diese Konzepte unterstützen, bezieht. Im Kern sieht Schütz Generation Y und Z als medial inszenierte Reaktionen der Gesellschaft auf ein diffuses Arbeitsleben mit hohen



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Nach einer klassischen Definition von Wilhelm Dilthey „bildet eine Generation einen Kreis von Individuen, welche durch Abhängigkeit von denselben großen Tatsachen und Veränderungen, wie sie im Zeitalter der Empfänglichkeit auftraten, trotz der Verschiedenheit hinzutretender anderer Faktoren zu einem homogenen Ganzen verbunden sind.“ Ganz ähnlich argumentiert Marc Bloch:



Generation What?

X, Y, Z - JEDE GENERATION HAT IHREN NAMEN – UND IHRE EIGENARTEN. ON HAT DEN EXPERTEN CHRISTIAN SCHOLZ GEFRAGT, WIE DIE NEUEN GRÖSSELTHERN IN IHRER JUGEND DRAUF WAREN UND WAS NACH DER GENERATION Z KOMMT.

on_info

BABYBOOMER (1950-65)	GENERATION X (1965-80)	GENERATION Y (1980-95)	GENERATION Z (1990-?)
DIE BELENDESTEN NAMEN: Sabine und Thomas (1957)	Nicole und Michael (1972)	Julia und Christian (1987)	ANNA und JAN (1997)
ICH BIN: idealistisch	pessimistisch	optimistisch	REALISTISCH
DAS SIND MEINE STARS: Beatles	Nirvana	Take That	TOKIO HOTEL
MEIN JOB: ... ist einfach da: Arbeit / Plätze gibt es schließlich genug!	... gehört dazu. Gegen die Babyboomer muss ich mich zwar durchsetzen, der Typ für Überstunden bis ich trotzdem nicht	... macht mir Spaß. Ich will Karriere machen – und schaue dafür Überstunden, auch am Wochenende. Mein Chef kann mich Tag und Nacht erreichen.	... macht mir Spaß. Wenn es nötig ist, bleibe ich auch mal länger oder arbeite von zu Hause aus. Das darf aber NICHT DIE REBEL werden! Ich habe schließlich noch ein Privatleben!
GELOD: ... beschäftigt mich nicht – ich habe ausreichend davon.	... ist dafür da, mein Privatleben zu finanzieren.	... kann man nie genug haben.	... ist mir nicht so wichtig. EIN JOB, DER SPASS MACHT , hat höhere Priorität.
WENN MANAGER MILLIONEN VERDIENEN: ... wurde ich in jungen Jahren richtig wütend. Mit dem Alter ist mir das eher egal.	... ist das eben so. Ich unterstütze es nicht, aber was soll ich degenen schon tun?	... werde ich neidisch. Da möchte ich auch mal hin!	... ist mir das egal. Die haben ja auch KEIN LEBEN mehr neben der Arbeit.
MEINE FAMILIE UND FREUNDE: ... sind das Wichtigste für mich.	... haben nach Arbeitsschluss um 17 Uhr höchste Priorität müssen zurückstecken, wenn es um die Karriere geht.	... sind mir genauso wichtig wie mein Job – WENN NICHT SEHR WICHTIGER .
MEINE ELTERN: ... haben weder Zeit noch großes Interesse daran, sich um uns zu kümmern.	... sind peinlich. Was sonst?	... sind schoen mit einer SMS überfordert. Wie soll ich mit denen über die Digitalisierung diskutieren?	... sind immer wirklich IMMER für mich da und passen auf mich auf.
POLITIK INTERESSIERT MICH: ... natürlich! In unserer Jugend wollten wir das System ändern . Heute sind wir Mitglieder der großen Parteien.	... machen irgendwie. Aber ein Aufstand ist uns zu anstrengend	... sehr, weil man wichtige Verbindungen braucht, um Karriere zu machen.	... NICHT WIRKLICH. Die aktuelle Politik kümmert sich nicht um meine Generation, warum sollte ich mich dann für sie interessieren?
STANDIGE ERreichbarkeit: ... über das Festnetztelefon? Ja, das ist schon okay, wenn ich zu Hause bin.	... ist für mich eher privat ein Thema. Diensthandys sind nicht so mein Ding.	... gehört für mich dazu. Geschäftliche E-Mails lese ich beim Familienausflug. Treffen mit Freunden mache ich während der Arbeitszeit aus.	... für meine Freunde ständig über WhatsApp, telefonisch ... Mein Chef hat nach Feierabend Fech gehabt.
UND WAS KOMMT DANN?	Was unterscheidet man Generationen voneinander? Was eine Generation auffaßt, legen Trendtheorien anhand historischer Ereignisse oder des Umgangs mit Medien fest. Gab es einen Krieg, als die Generation aufgewachsen ist? Wie verhielt sie sich im Infrastruktur? Hat man sich für Politik interessiert? Wie wichtig war der Job? Und der Hintergrund taucht alle 15 Jahre eine neue Generation auf. Und das, was Sie da beobachten, gilt dann für alle? Nein, das ist nicht so. Es kann sein, dass Sie das sagen, aber natürlich gibt es Ausnahmen. Und fließende Übergänge. Die Generationen Y und Z laufen in den Geburtsjahrzehnten 1980 bis 1995 ineinander über. Hat das mit der Digitalisierung zu tun? Das vermuten wir. Die Technik entwickelt sich immer schneller. Heute ist jeder ständig geschickt. Das begreift die Generation Y noch, weil sie mehr karriererellevant ist. Die Generation Z hat dagegen keine Lust mehr, rund um die Uhr für den Job erreichbar zu sein. Unternehmen gefällt das natürlich weniger. Ich appelliere trotzdem an die Generation Z, sich nicht von den Arbeitgebern vorrück machen zu lassen. Was kommt nach der Generation Z?		
CHRISTIAN SCHOLZ ist Professor für Betriebswirtschaftslehre an der Universität des Saarlandes und berät Unternehmen zu Personalmanagement, Unternehmenskultur und Trendforschung. Unter anderem ist er Autor des Buchs „Generations Z – Wie sie tickt, was sie verändert und was rum sie uns anstellt“.	Die Generation Z wird einer Europa mit offenen Grenzen und einer globalen Wirtschaft entgegenstehen. Sie werden nicht mehr so leicht von anderen ausnehmen. Die nächste Generation wird sich vielleicht schon wieder an Passkontrollen gewöhnen müssen. Und das hat Auswirkungen auf ihr Selbstbewusstsein und ihr Interesse an Politik. Was diese Generation aber daraus macht, müssen wir abwarten.		



Who is who?

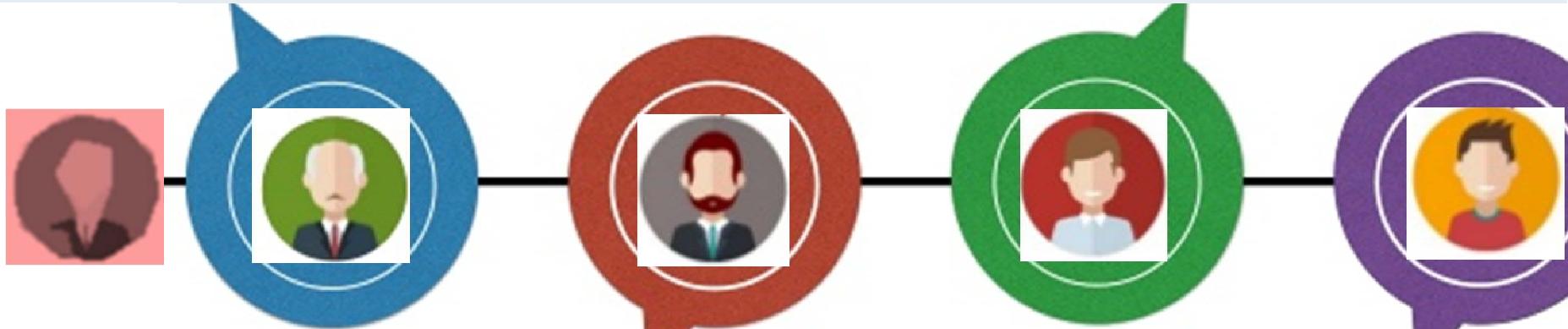
	Wirtschaftwunder-generation	Babyboomer	Generation X	Generation Y
Geburtsjahr	1945–1955	1956–1965	1966–1985	ab 1986
Einstellung zur Arbeit	<ul style="list-style-type: none"> ▶ idealistisch ▶ loyal zum Unternehmen ▶ skeptisch gegenüber Autoritäten 	<ul style="list-style-type: none"> ▶ Wettbewerb um Positionen und Karriere ▶ Umweltbewusstsein ▶ Emanzipation 	<ul style="list-style-type: none"> ▶ Individualismus und materielle Werte ▶ karriereorientiert ▶ ehrgeizig ▶ Work-Life-Balance 	<ul style="list-style-type: none"> ▶ Arbeit muss Spaß machen und fordern ▶ lernbereit ▶ flexibel und mobil
Arbeitsmotto	Leben, um zu arbeiten	Leben, um zu arbeiten	Arbeiten, um zu leben	Leben beim Arbeiten
Angst um Arbeitsplatz	Keine	Beginnend	Ja	Nein
Bedeutung von Titel und Hierarchiestufen	Sehr wichtig	Wenig wichtig bis sehr wichtig	Wichtig	Unwichtig
Auszeiten vom Job	Keine	Sehr selten	Etablierte Auszeiten	Privatleben vor Arbeit
Motivation	<ul style="list-style-type: none"> ▶ Selbstverwirklichung und persönliche Anerkennung ▶ keine materielle Anreize 	<ul style="list-style-type: none"> ▶ Partizipation ▶ weniger materielle Anreize 	<ul style="list-style-type: none"> ▶ materielle Anreize ▶ Karriere 	<ul style="list-style-type: none"> ▶ keine finanzielle Anreize ▶ geregelte und planbare Arbeitszeiten
Physische und psychische Belastbarkeit	<ul style="list-style-type: none"> ▶ abnehmende körperliche Leistungsfähigkeit ▶ Kompensation durch Routine 	<ul style="list-style-type: none"> ▶ hohe körperliche Leistungsfähigkeit ▶ große Erfahrung und Routine 	<ul style="list-style-type: none"> ▶ sehr hohe körperliche Leistungsfähigkeit ▶ große Erfahrung und Routine ▶ noch lernwillig 	<ul style="list-style-type: none"> ▶ sehr hohe körperliche Leistungsfähigkeit ▶ unerfahren und neugierig

Die nächste Generation, die nur den „Wiederaufbau“ erlebt hatte, war dann die der „68er“. In den USA waren 68er und Baby-Boomer weitgehend deckungsgleich. Die geburtenstarken Jahrgänge in Deutschland fanden aber erst 1955–1967 statt, während in den USA bereits von der *Generation Jones* gesprochen wurde. Die späteren US-amerikanischen Jahrgangsgruppen durch *Douglas Coupland* beigelegte Bezeichnung *Generation X* (USA 1960–1970) deckt sich nur teilweise mit der deutschen Zuordnung. Hier etablierte sich für die zwischen 1965 und 1975 geborenen der Begriff der *Generation Golf*.

Alsher MD: Generation Y und die Qualität in der Inneren Medizin- gibt es Lösungen für ein großes Dilemma? Dtsch Med Wochenschr 2015>, 140: 1693-1695.



Who is who?

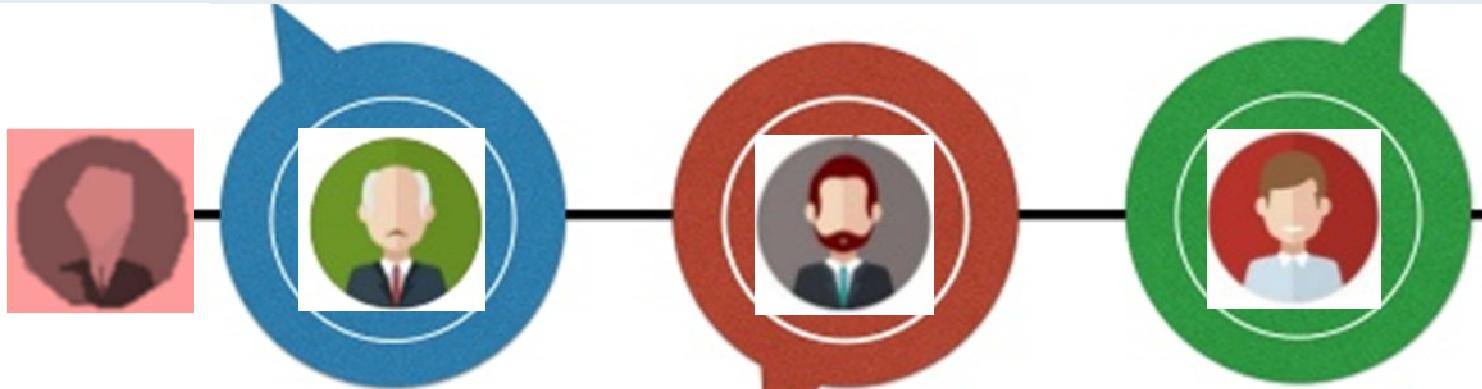


	Traditionalist, Silent Generation, Adaptives, Veterans	Baby Boomer Idealisten	Generation X Reactives	Generation Y Millenial, Net Generation, Generation Me, Digital Generation, Digital Natives	Generation Z
1	1922-1942	1943-1960	1961-1981	1982-2002	k.A.
2	1945-1955	1956-1965	1966-1985	ab 1986	k.A.
3	1925-1942	1943-1960	1961-1981	1982-2001	k.A.
4	Vor 1946	1946-1964	1965-1981	1982-2000	k.A.
5	k.A.	k.A	k.A.	1980-1990	k.A.
6	1928-1945	1946-1964	1965-1982	1982-2000	k.A.
7	k.A.	k.A.	k.A.	1982-2004	k.A.
8	k.A.	1946-1964	1965-1980	1981-2000	k.A.
9	1925-1945	1946-1964	1965-1980	1980-2000	k.A.

1. Evans 2016; 2. Alschner 2015; 3. Di Lullo 2011; 4. Gillispie 2016; 5. Nalliah 2014; 6. Roberts 2012; 7. Rowse 2014; 8. Smith 2012, 9. Waljee 2018



Who is who?



Traditionalist, Silent Generation, Adaptives, Veterans	Baby Boomer Idealisten	Generation X Reactives	Generation Y Millenial, Net Generation, Generation Me, Digital Generation, Digital Natives
World War II, Korean War, Great Depression, polio vaccine	Vietnam War, birth control, first lunar landing, civil right movements	Iran hostage situation, Gulf War, emergency of AIDS, Popularity of video games, children of single parents	War in Iraq, 9/11 attack, cell phone ubiquity, reality television, parents known to be protective
Adapt than rebel, value hard word , work before play, loyalty and trust in the workplace	Driven and dedicated, identify strongly with career , takes care of patient until work is done, likely to bring work home, work during weekends	Hard-working, paying not as relevant , long-term job security not guaranteed, lifelong loyalty to institution not mandatory , motivated by short-term incentives	Question why something must be done a certain way , frequent social interactions, group-team work, prepared to transfer care of patient to colleague
Prefer to learn from someone of their age, use textbooks and printed material, formal teaching style with authority , use lectures, handouts, written tests, strong physical exam and face-to-face interactions	Study on their own , have a list of learning objectives, use reference books, prefer face-to-face interactions with learners	Learn material that is „going to be on the test“, Participate in study groups, view mentoring as a right, actively seek feedback , use interactive didactic strategies, provide web-based resources for independent learning, correspond via email	Variety of styles: visual, auditory, kinesthetic, learn in small groups as opposed to isolated/solitary learning or large groups such as in a lecture hall, use social media to share and better comprehend concepts

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Working style
Learning style



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Acad Psychiatry. 2016 Apr;40(2):382-5. doi: 10.1007/s40596-015-0399-5. Epub 2015 Aug 18.

The Medical Education of Generation Y.

Evans KH¹, Ozdalga E², Ahuja N².

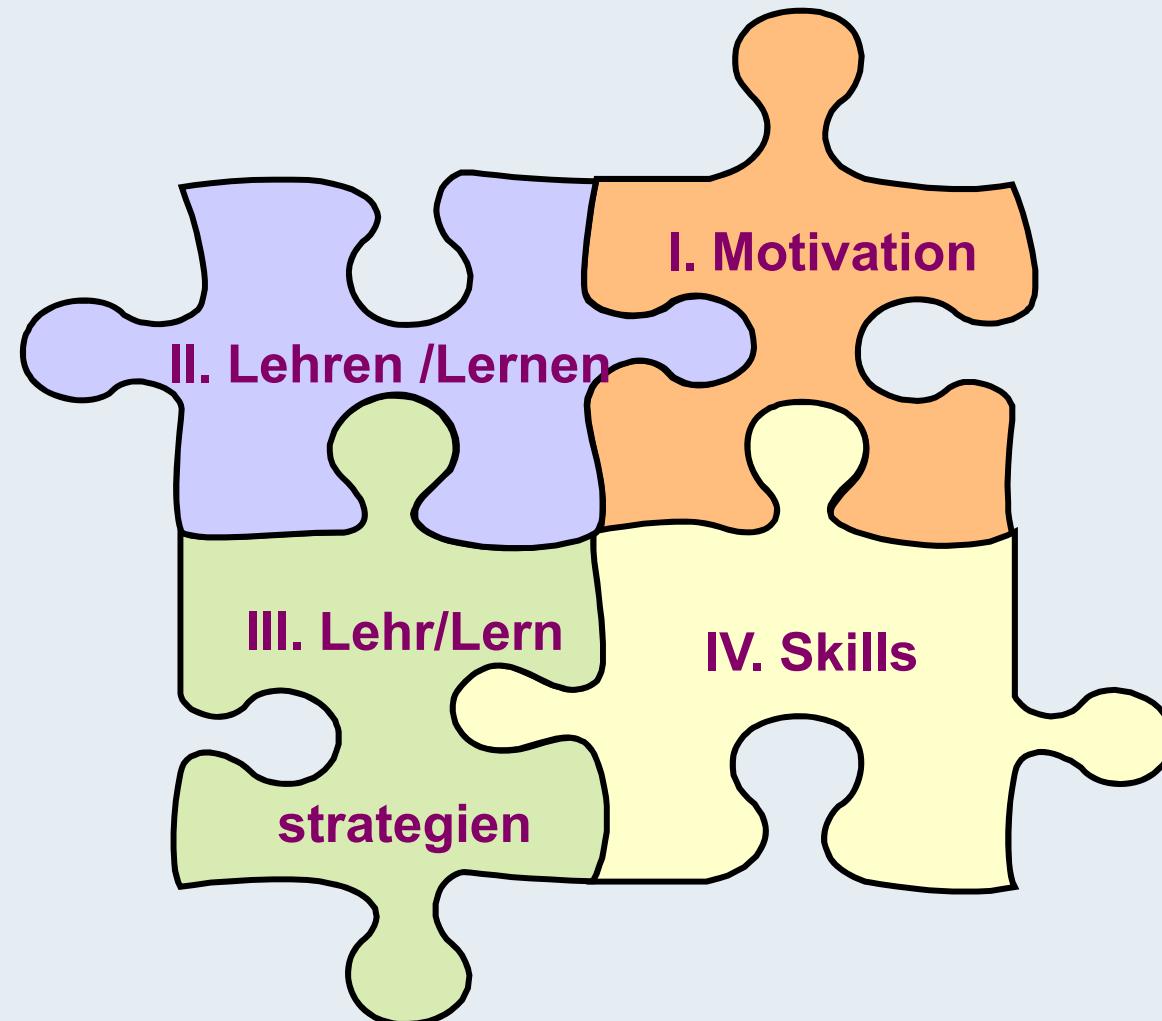
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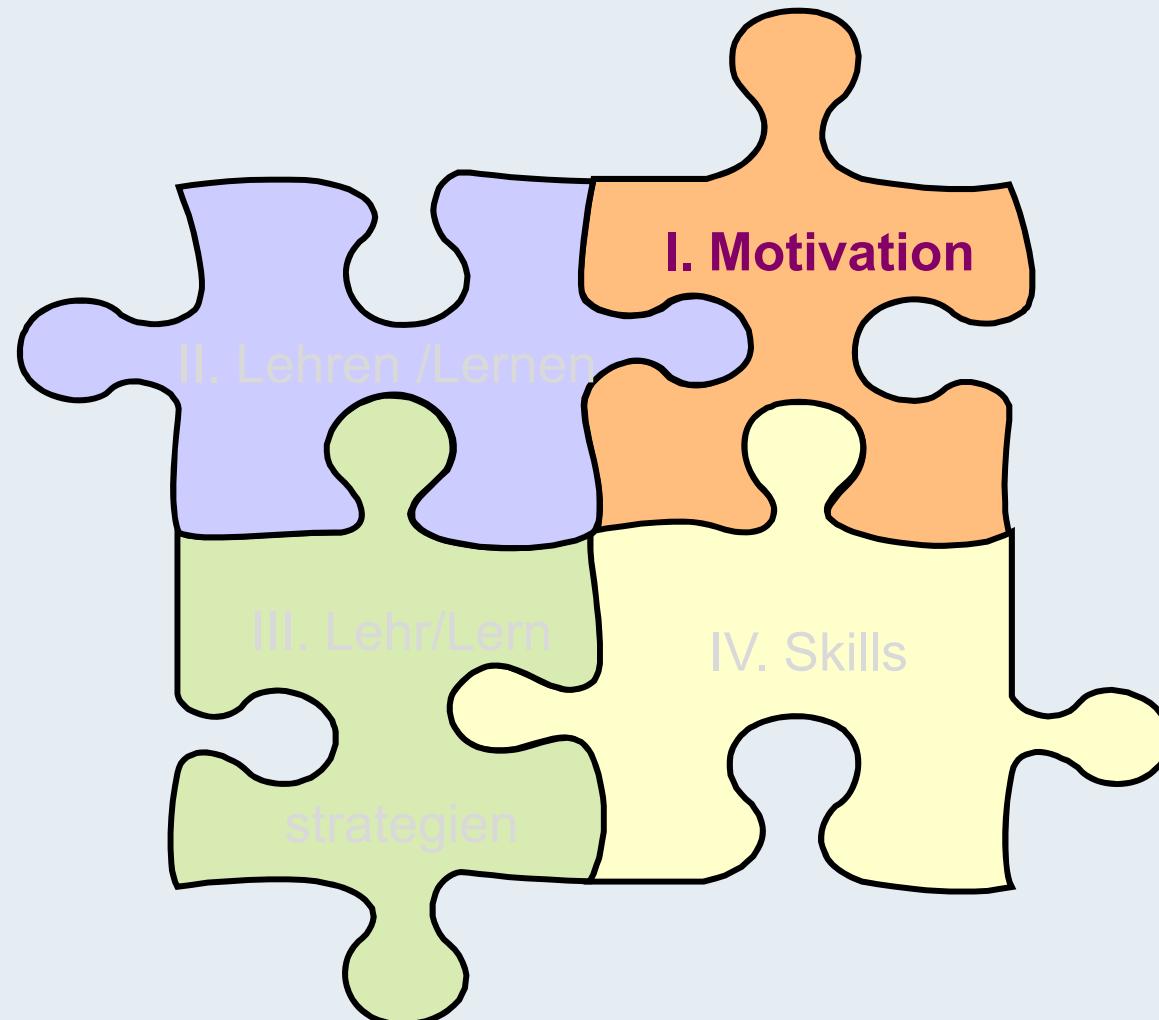
PMID: 26283527 DOI: [10.1007/s40596-015-0399-5](https://doi.org/10.1007/s40596-015-0399-5)

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Motivating Millennials: Improving Practices in Recruiting Younger Employees

by Sara D. Smith and

Available online 31 March 2011

Working with younger students and employees can be a challenge for supervisors in a modern workplace. Because Millennial Generation have different expectations, managers must best meet their needs. By a hundred student employees, Young University's Harold B. learned ways to avoid mistakes due to generational differences. Better supervise and reward employees. The purpose of exploring the library survey results from other nations share what was learned about the Millennial generation within the library.

Harold B. Lee Library,
2226 H Street, NW

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The Journal of Academic Librarianship, Vol.

RELEVANT REVIEW

Demystifying the Millennial Student: A Reassessment Measures of Character and Engagement in Professional Education

Camille Dilillo,^{1,*} Patricia McGee,² Richard M. Kriebel³

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The characteristic profile of Millennial Generation students, driving many educational reforms, can be challenged by research in a number of fields including cognition, learning style, neurology, and psychology. This evidence suggests that the current aggregate of the Millennial student may be less than accurate. Statistics show that Millennials are considerably diverse in backgrounds, personalities, and learning styles. Data presented regarding technological predilection, multitasking, reading, critical thinking, professional behaviors, and learning styles, which indicate that students in the Millennial Generation may not be as homogenous in fundamental learning strategies and attitudes as is regularly proposed. Although their common character traits have implication for instruction, no available evidence demonstrates that these traits impact their fundamental process of learning. Many curricular strategies have been implemented to address all changes in the manner by which Millennial students learn. None has clearly shown prior outcomes in academic accomplishments or developing expertise for graduating students and concerns persist related to the successful engagement of Millennial students in the process of learning. Four factors for consideration in general curricular design are proposed to address student engagement and optimal knowledge acquisition for 21st century learners. *Anat Sci Educ* 4: 214–226. © 2011 American Association of Anatomists.

Key words: assessment; competencies; curriculum; learning; Millennial Generation; net; professional identity; multitasking; innovations; technology in education

INTRODUCTION

The optimal way to engage students from the Millennial Generation in learning has been a major topic of discussion in

educational communities for over a decade, in all aspects of society including higher education. These postulates have been based on postulates put forward about this generation. In the book *History of America's Future, 1594 to 2069*, written by D.C. based social historians Strauss and Howe, the authors showed the patterns of different generations including the Silent Generation, Baby Boom Generation (1943–1960), Generation X (1965–1980), and the Millennial Generation (1981–present), which they coined (Strauss and Howe, 1991). These comparative generational traits in tables, codes, seminars or writings about students from the Millennial Generation. Subsequent publications by various authors contributed to the now popular characterization of Millennial Generation students (Strauss and Howe, 1991).

Millennials have been shaped by a profound expansion of information technology, enhanced social networking, and a connected global culture. Although sometimes labeled as impatient, distracted, overly socialized, and entitled, millennials could also be characterized as deeply empowered, collaborative, and innovative. These generalizations, however, can lead to conflict and misunderstanding, particularly in environments such as hospitals where apprenticeship and hierarchy are the norm.

Mentorship is the cornerstone of academic medicine.

A PIECE OF MY MIND

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Example 1. Susan is a junior faculty member drafted into her career development award with her division chief, Mary, as primary mentor. Their offices are in close proximity. Susan often drops in throughout the day between Mary's meetings to ask questions on the wording. Mary finds this irritating, as it circumvents the usual scheduling channels. Susan is annoyed that Mary seems to have little time for her.

Theme 1. As Needed vs Scheduled Engagement. Millennials have grown up with virtually instant communication and information dissemination. Such engagement facilitates quick decision making and expands collaboration networks. Millennials expect accessibility, fast responses, rapid turnaround, and frequent short meetings to ensure clear direction. Senior mentors often balance administrative, clinical, and academic demands with greater structure and less ad hoc availability. Combined, this leads to frustration and stress for both parties.

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Example 3. Scott, a junior attending, has developed an intervention to improve the safety of common percu-

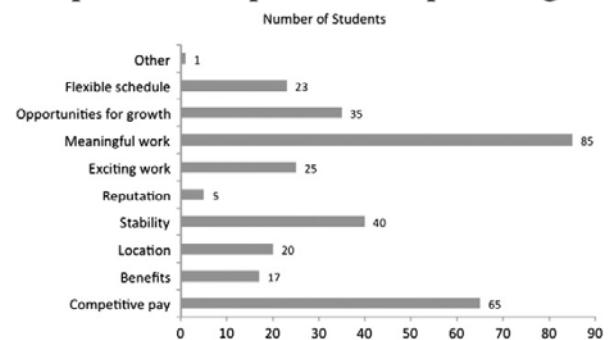
Mentoring Millennials

Opinion

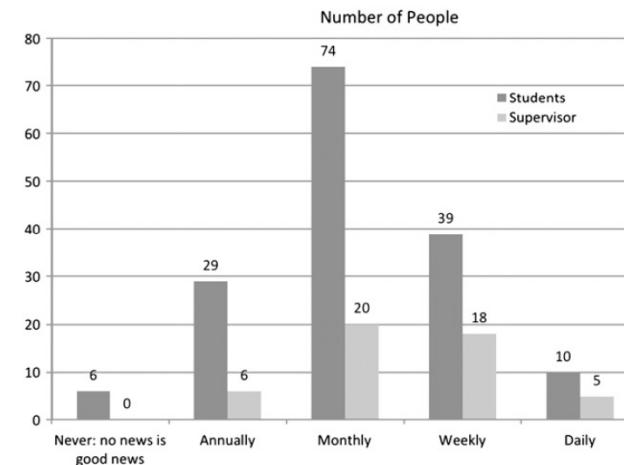


AKWL 2018 in Jena

Students: When considering potential jobs now and in your future careers, what is most important? (n=121)
Students were asked to pick top two responses.
Responses are represented as percentages.



Students: How often do you prefer direct feedback from your supervisor? (n=199).
Supervisors: How often do you think student employees prefer to receive direct feedback? (n=57)
Responses are represented as percentages.



- **Sinnvolle Tätigkeit**
- **Entwicklungsmöglichkeit**
- **Flexibilität**
- **Work-life-Balance**
- **Coaching (Rollen-Modell)**
- **Feedback**
- **Teamwork**
- **“change the world”**
- **“grow and learn”**
- **“83 % sleep with their cell phones close by..”**



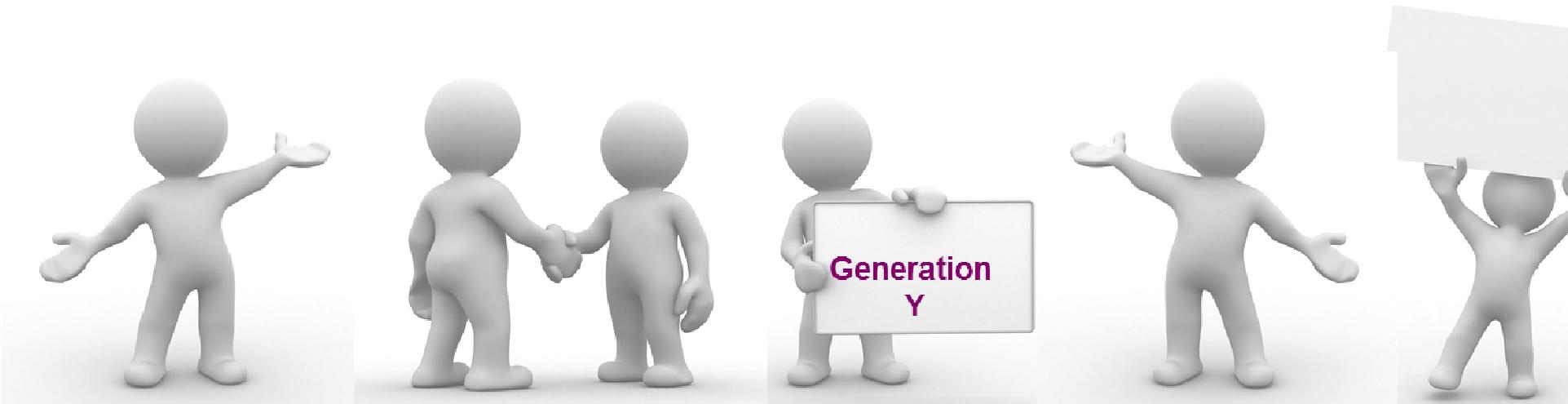
,,...need to better understand this generation in order to meet their needs...and to recruit, retain, and motivate new staff members who will gradually replace the Baby Boomers.“

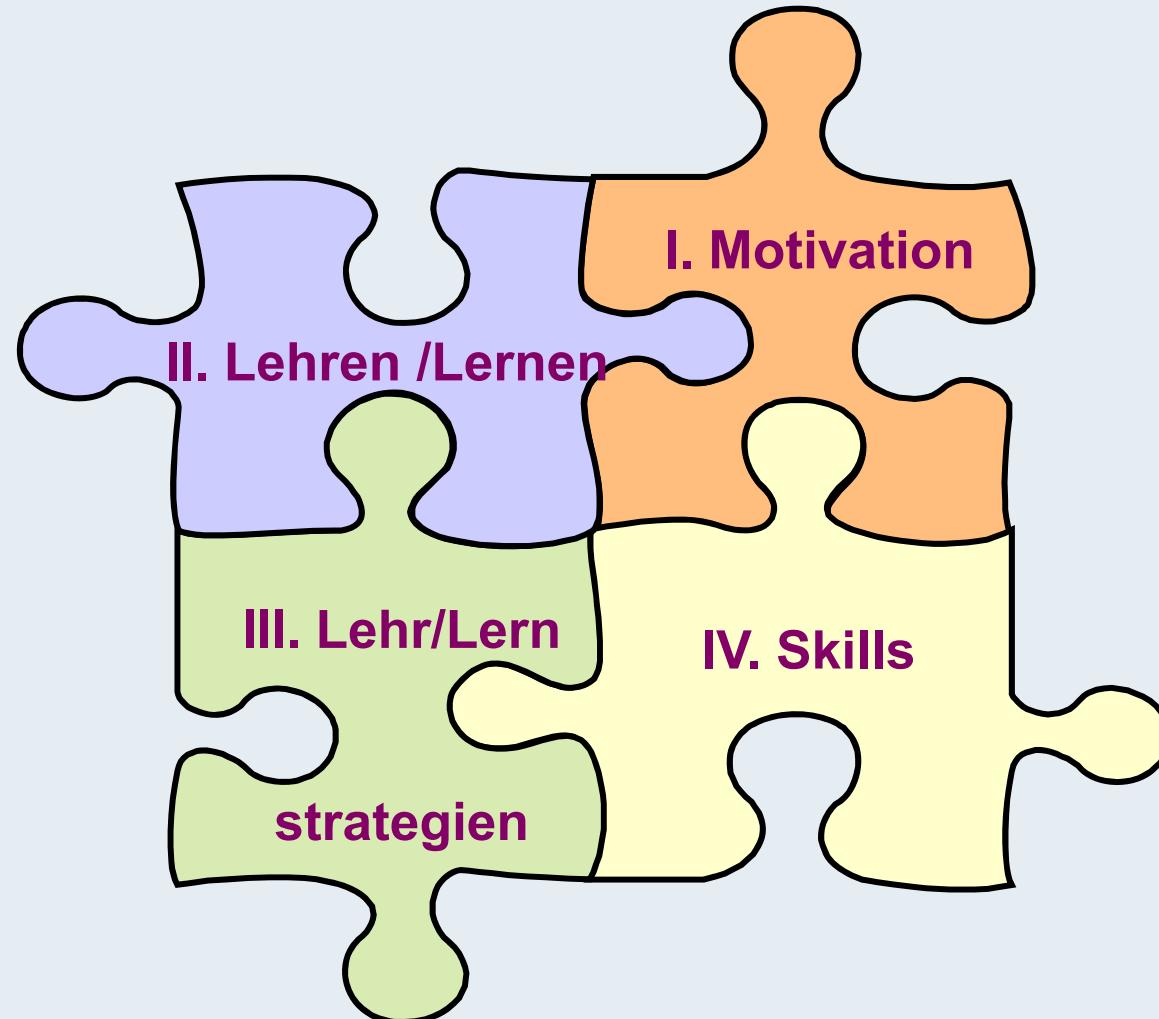
Smith SD, Galbraith Q (2012): Motivating Millennials: Improving Practices in Recruiting, Retaining, and Motivating Younger Library Staff. *The Journal of Academic Librarianship*, 38, 3, 135-144.



Generation Y – Auswirkungen in Lehre und Prüfungen

Vielen Dank für die Aufmerksamkeit







Gruppe 1: „Motivation“



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Gruppe 2: „Lehren/Lernen“

TWELVE TIPS

Twelve tips for facilitating Millennials' learning

DAVID H. ROBERTS, LORI R. NEWMAN & RICHARD M. SCHWARTZSTEIN
Harvard Medical School, USA

Abstract

Background: The current, so-called "Millennial" generation of learners is frequently characterized by a unique set of cultural influences that are essential for medical educators to consider in all aspects including curriculum design, student assessment, and interactions between faculty and learners.

Aim: The following tips outline an approach to facilitating learning of our current generation of medical trainees.

Method: The method is based on the available literature and the authors' experiences with Millennial training.

Results: The 12 tips provide detailed approaches and specific strategies for understanding and engaging Millennial learners.

Conclusion: With an increased understanding of the characteristics of the current generation of medical trainees, faculty will be better able to facilitate learning and optimize interactions with Millennial learners.

Introduction

Successful teaching requires an understanding and appreciation of the learners' needs, backgrounds, interests, and learning styles. In medical education today, as in most academic settings, many faculty are selected to teach based on their years of experience and expertise. This often results in a cadre of senior educators who were born in earlier generations than their learners.

Based on age difference alone, there exists a significant likelihood of intergenerational tension between teachers and learners in medical education. Although this has held true for many years, the potential for generational difference in terms of teaching techniques and learning styles may be exaggerated today due to the rapid growth of new technologies and their incorporation into the daily fabric of society. Additionally, Millennial learners, ranging from medical students to junior physicians in training and practice, have distinct perspectives on the world around them, their interactions with patients, and their learning needs.

As described in more detail in the first two tips, "Millennials" were first defined as those individuals who turned 18 in the year 2000 and entered college or the adult workforce (Towle & Strauss 2000). In this article, we identify 12 tips for teaching Millennial learners to maximize the skills and impact of today's medical educators.

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2012; 34: 274–278 MEDICAL TEACHER

Acad Psychiatry (2016) 40:382–385
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FEATURE: PERSPECTIVE

The Medical Education of Generation Y

Kambria H. Evans¹ • Errol Ozdag¹ • Neera Ahuja¹

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Medical schools face challenges preparing students to meet evolving health-care needs in society. However, little has changed in the way that education is delivered to aspiring health professionals [1]. The in-class lectures continuing in the majority of classrooms across the country do not acknowledge the unique proclivities of the current crop of medical students. An explanation of this observation is gleaned by understanding the fundamental attributes of the current generation of medical trainees.

The Silent Generation encompasses those born between 1928 and 1945. These individuals, born during the Great Depression, the strength of the World War II. Following this, the Baby Boom includes those individuals born between 1946 and 1964. During this time frame, marked by significant political and social change, the civil rights and women's liberation movements, the Vietnam War, and the end of the Cold War, individuals born between 1965 and 1980 are known as the Generation X. Although individuals in this generation are often characterized as being less conformist and more individualistic than previous generations, they are also known for their strong work ethic and commitment to family and work life. Applying knowledge learned in medical school to real-world situations is a key component of their learning style [2].

Generation Y, also known as the Millennial Generation, is the largest generation in the United States, comprising those born between 1981 and 1996. This generation is often characterized as being more technologically advanced, more diverse, and more focused on personal growth and development than previous generations. They are also known for their desire for work-life balance and their willingness to take risks in pursuit of their goals [3].

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General Learners

Academic medical centers are made up of four generations: (1) the Silent or "Adaptive" Generation, (2) Baby Boomers,

OPEN ACCESS

Subjects Dentistry, Science and Medical Education
Keywords Peer-to-peer learning, Self-directed learning, Critical thinking, Team-based learning, Problem solving, Millennials, Generation Y, Dental education

PeerJ

ABSTRACT

Most current dental students were born in the 1980s and 1990s and are defined as Generation Y (Gen Y). The authors developed a customized educational experience that brought together some characteristics of Gen Y and the objective of this educational experience was to develop the critical thinking skills of Gen Y students. The objective of the current study is to evaluate outcomes from pre-session and post-session tests. Additionally, we wanted to integrate aspects of team-based learning, self-directed learning and peer-to-peer teaching as a means of reducing the need for intense faculty supervision but maintain positive educational outcomes. Single bitewing x-ray was displayed and informal class discussion was facilitated by a Senior Tutor. A list of questions and concepts that needed to be understood more clearly was made. Student groups self allocated research tasks to members. After conducting research, students presented to class and faculty facilitated discussions aiming to foster critical thinking and identify what information needed to be more thoroughly understood. Pre-session and post-session tests were conducted and compared. Students who scored below 85% in their pre-session test improved their score in the post-session test by a mean of 9.5 points ($p = 0.02$). Those who scored above 95% in their pre-session test scored less in the post-session test (mean reduction of 6.31 points, $p = 0.001$). Findings from this study demonstrate that the weakest students in the class (those who scored below 85% correct in the pre-session test) benefitted most from this unique educational experience.

INTRODUCTION

There is a nationwide shortage of appropriately qualified dental school faculty in the United States (Chmar, Weaver & Valachovic, 2008). A 2001 report by Haden, Weaver & Valachovic (2002) indicated that half of all dental faculty were 50 years of age or older. It is now 13 years since that report was published, and that cohort of faculty will have already retired or are making retirement plans. This loss of experienced faculty is coupled with growth in the number of dental schools and the increasing class sizes in some existing schools. Additionally, it is challenging to attract qualified dentists into dental education

How to cite this article Nalliah and Allareddy (2014). Weakest students benefit most from a customized educational experience for Generation Y students. PeerJ 2:e682; DOI 10.7717/peerj.682



Gruppe 3: „Lehr/Lernstrategien“



STRATEGIES

The Flipped Classroom: An Opportunity To Engage Millennial Students Through Active Learning Strategies

AMY ROEHL
SHWETA LINGA REDDY
GAYLA JETT SHANNON

“Flipping” the classroom employs easy-to-use, readily accessible technology in order to free class time from lecture. This allows for an expanded range of learning activities during class time. Using class time for active learning versus lecture provides opportunities for greater teacher-to-student mentoring, peer-to-peer collaboration and cross-disciplinary engagement. This review of literature addresses the challenges of engaging today’s students in lecture-based classrooms and presents an argument for application of the “flipped classroom” model by educators in the disciplines of family and consumer sciences.

A sense of urgency to adapt to Millennial learning preferences is heightened as educators increasingly struggle to capture the attention of today’s students. Unlike previous generations, Millennials reared on rapidly evolving technologies demonstrate decreased tolerance for lecture-style dissemination of course information (Prensky, 2001). Incorporation of active learning strategies

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into the classroom is critical in order to reach Millennial students. This review of the literature investigates the “flipped” or “inverted” classroom model (Bergmann & Sams, 2012; Lage, Platt, & Treglia, 2000) in order to address challenges of student engagement in lecture-based classrooms. The authors present an argument for the possible application of this model by educators in the disciplines of family and consumer sciences.

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The Millennial Student

Millennials are individuals born between 1982 and 2002 (Wilson & Gerber, 2008). Millennial students, referred to as “digital natives” (Prensky, 2001), have been exposed to information technology from a very young age. Millennials’ access to technology, information, and digital media is greater than that of any prior generation. According to McMahon and Pospisil (2005), characteristics of Millennial

ORIGINAL RESEARCH

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Using the Flipped Classroom to Bridge the Gap to Generation Y

Veronica Gillispie, MD, FACOG

Department of Obstetrics and Gynecology, Ochsner Baptist, New Orleans, LA
The University of Queensland School of Medicine, Ochsner Clinical School, New Orleans, LA

Background: The flipped classroom is a student-centered approach to learning that increases active learning for the student compared to traditional classroom-based instruction. In the flipped classroom model, students are first exposed to the learning material through didactics outside of the classroom, usually in the form of written material, voice-over lectures, or videos. During the formal teaching time, an instructor facilitates student-driven discussion of the material via case scenarios, allowing for complex problem solving, peer interaction, and a deep understanding of the concepts. A successful flipped classroom should have three goals: (1) allow the students to become critical thinkers, (2) fully engage students and instructors, and (3) stimulate the development of a deep understanding of the material. The flipped classroom model includes teaching and learning methods that can appeal to all four generations in the academic environment.

Methods: During the 2015 academic year, we implemented the flipped classroom in the obstetrics and gynecology clerkship for the Ochsner Clinical School in New Orleans, LA. Voice-over presentations of the lectures that had been given to students in prior years were recorded and made available to the students through an online classroom. Weekly problem-based learning sessions matched to the subjects of the traditional lectures were held, and the faculty who had previously presented the information in the traditional lecture format facilitated the problem-based learning sessions. The knowledge base of students was evaluated at the end of the rotation via a multiple-choice question examination and the Objective Structured Clinical Examination (OSCE) as had been done in previous years. We compared demographic information and examination scores for traditional teaching and flipped classroom groups of students. The traditional teaching group consisted of students from Rotation 2 and Rotation 3 of the 2014 academic year who received traditional classroom-based instruction. The flipped classroom group consisted of students from Rotation 2 and Rotation 3 of the 2015 academic year who received formal didactics via voice-over presentation and had the weekly problem-based learning sessions.

Results: When comparing the students taught by traditional methods to those taught in the flipped classroom model, we saw a statistically significant increase in test scores on the multiple-choice question examination in both the obstetrics and gynecology sections in Rotation 2. While the average score for the flipped classroom group increased in Rotation 3 on the obstetrics section of the multiple-choice question examination, the difference was not statistically significant. Unexpectedly, the average score on the gynecology portion of the multiple-choice question examination decreased among the flipped classroom group compared to the traditional teaching group, and this decrease was statistically significant. For both the obstetrics and the gynecology portions of the OSCE, we saw statistically significant increases in the scores for the flipped classroom group in both Rotation 2 and Rotation 3 compared to the traditional teaching group. With the exception of the gynecology portion of the multiple-choice question examination in Rotation 3, we saw improvement in scores after the implementation of the flipped classroom.

Conclusion: The flipped classroom is a feasible and useful alternative to the traditional classroom. It is a method that embraces Generation Y’s need for active learning in a group setting while maintaining a traditional classroom method for introducing the information. Active learning increases student engagement and can lead to improved retention of material as demonstrated on standard examinations.

Keywords: Education-medical-undergraduate, faculty-medical, flipped classroom, Generation Y education, intergenerational relations, problem-based learning, schools-medical, teaching

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Ochsner Journal



Gruppe 4: „Skills“



2014 APDS SPRING MEETING

Catering to Millennial Learners: Assessing and Improving Fine-Needle Aspiration Performance

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OBJECTIVES: Fine-needle aspiration (FNA) of a palpable cervical lymph node is a straightforward procedure that should be safely performed by educated general surgery (GS) trainees. Retention of technical skill is suspect, unless sequential learning experiences are provided. However, voluntary learning experiences are no guarantee that trainees will actually use the resource.

DESIGN: A 3-minute objective structured assessment of technical skill-type station was created to assess GS trainee performance using FNA. Objective criteria were developed and a checklist was generated (perfect score = 24). Following abysmal performance of 11 postgraduate year (PGY)-4 trainees on the FNA station of our semiannual surgical skills assessment ("X-Games"), we provided all GS residents with electronic access to a 90-second YouTube video clip demonstrating proper FNA technique. PGY-2 ($n = 11$) and PGY-3 ($n = 10$) residents subsequently were tested on FNA technique 5 and 12 days later, respectively.

RESULTS: All 32 trainees completed the station in less than 3 minutes. Overall scores ranged from 4 to 24 (mean = 14.9). PGY-4 residents assessed before the creation of the video clip scored lowest (range: 4–18, mean = 11.4). PGY-3 residents (range: 10–22, mean = 17.8) and PGY-2 residents (range: 10–24, mean = 15.8) subsequently scored higher ($p < 0.05$). Ten residents admitted watching the 90-second FNA video clip and scored higher (mean = 21.7) than the 11 residents that admitted they did not watch the clip (mean = 13.1, $p < 0.001$). Of the 11 trainees who did not watch the video, 6 claimed they did not have time, and 5 felt it would not be useful to them.

CONCLUSIONS: Overall 32 midlevel GS residents, after demonstrating proper FNA weeks before the examination, Half of trainees given the opportunity to take the opportunity to preemptive learning is effective attempt to improve self-directed and evaluate actual long-term e53–e58. © 2014 Published by Association of Program Directors.

KEY WORDS: surgical education, video training, millennial learners

COMPETENCIES: Patient Practice-Based Learning and

INTRODUCTION

Predicted to emerge as the next United States, millennials, a profoundly influencing surge consider American millennials between 1982 and 2004. More self-confident, outspoken, respond well to authority, lived structured lives and clearly outlined goals, expect regular feedback.¹ Grown-up wired neural pathways through gadgetry such as tablet computers. In this world with peers and the virtual world and efficiently multitask. Information technology tools daily to enhance learning. Nevertheless, activity means they will always

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Feature Article

Occupational therapy students' technology Are 'generation Y' ready for 21st century?

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Background/aim: Technology is becoming increasingly integral to the practice of occupational therapists and part of the everyday lives of clients. 'Generation Y' are purported to be naturally technologically skilled as they have grown up in the digital age. The aim of this study was to explore one cohort of 'Generation Y' occupational therapy students' skills and confidence in the use of technologies relevant to contemporary practice.

Methods: A cross-sectional survey design was used to collect data from a cohort of 274 students enrolled in an Australian undergraduate occupational therapy programme.

Results: A total of 173 (63%) students returned the survey. Those born prior to 1982 were removed from the data.

This left 155 (56%) 'Generation Y' participants. Not all participants reported to be skilled in everyday technologies although most reported to be skilled in word, Internet and mobile technologies. Many reported a lack of skills in Web 2.0 (collaboration and sharing) technologies, creating and using media and gaming, as well as a lack of confidence in technologies relevant to practice, including assistive technology, specialist devices, specialist software and gaming.

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Generation Y und die Qualität in der Inneren Medizin – gibt es Lösungen für ein großes Dilemma?

Mark Dominik Alscher

Es gibt viele gute Mediziner – doch nur einige von ihnen sind „exzellent“. Diese Ärzte zeichnen sich u.a. durch Jahrzehnte an klinischer Erfahrung und den Willen zum lebenslangen Lernen aus. Doch wird es solche Ärzte in Zukunft noch geben? Denn mit der „Generation Y“ wächst eine Ärztegeneration heran, die kurikulare Lernen weniger schätzt und der eine ausgeglichene Work-Life-Balance wichtig ist. Verschwindet dadurch die Exzellenz aus der Medizin?

Erfahrung ist nicht gleich Exzellenz | Welche Faktoren sind dafür verantwortlich, dass jemand ein exzellenter Arzt wird? Es ist klar, dass ohne klinische Erfahrungen niemand herausragende Leistungen bringen kann. Auf der anderen Seite wird aber immer wieder beobachtet, dass viel Erfahrung nicht unbedingt zur Exzellenz führt [1]. Eine Erklärung dafür könnte sein, dass Begabungen angeboren sind und sich von Mensch zu Mensch unterscheiden. „Wenger begabte“ Menschen können dadurch limitiert sein. Es ist aber seit Galton im 19. Jahrhundert auch klar, dass ohne ausreichende Übung und Praxis in keinem Feld eine herausragende Leistung erzielbar ist [2].

Heute wird in klinischen Alltag wegen des erheblichen Zeitdrucks für zahlreiche Patienten System 1 angewendet.

Es ermöglicht eine schnelle, in der Regel zuverlässige und für den klinischen Alltag ausreichende Vorgehensweise. Gebunden ist System 1 aber an eine breite Wissensbasis, eine gute klinische Expertise und eine kritische Überprüfung des Ergebnisses. Idealerweise kommen beide Systeme ergänzend zum Einsatz (► Abb. 1). Effektivität im klinischen Alltag und klinische Exzellenz sind aber an System 1 gebunden, das eine große klinische Expertise benötigt.

Tab. 1 Medizinische Entscheidungsfindung intuitiv und analytisch [15].

System 1: Intuitives Vorgehen	System 2: analytisches Vorgehen
experimentell-induktiv	hypothetisch-deduktiv
limitierte Rationalität	unbegrenzte Rationalität
heuristisch	normativ
Mustererkennung	robuste Entscheidungsfindung
modulares („hard-wired“) Vorgehen	kritisch-logisches Denken
Steuerung durch Mustererkennung	verzweigtes Vorgehen (Entscheidungsbäume)
unbewusstes Denken	zielgerichtet, bewusstes Denken

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