Millennials and Their Impact on Practice of Neurology
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Who are millennials?
Neil Howe and William Strauss, authors of the 1991 book Generations: The History of America’s Future, 1584 to 2069, are often credited with coining the term ‘Millennial’. Howe and Strauss define the millennials as consisting of individuals born between 1982 and 2004. Millennials are the first generation to come of age in the new millennium and thus the name. Sometimes referred to as generation ‘Y’, the US census bureau does not officially recognize this terminology or the generation (only baby boomer generation is recognized). There has been wide variations in defining the limits of the millennial cohorts with some including even those born in 1980 or 1981 and some limiting them to only those born before 1996. However, all of them share common characteristics, the chief of which is their embrace of technology.

Why are they important?
Millennials currently account for the largest living generation, surpassing the 74.9-million baby boomers. Further, millennials now constitute about one-third of the American workforce exceeding both the Generation X and the baby boomers. About 155,000 physicians, (15% of the total active physicians) come under the category of millennial physicians. Similarly, one-fourth of the American Osteopathic Association’s membership can be defined as millennial. The share of workforce in medicine and neurology who can be identified as millennial neurologists is only going to increase in the coming years. Given these staggering numbers and their particular set of values, millennial neurologists will have a direct and significant impact on the way neurology is practiced in future.

What are their values and attributes?
Millennials often get the scorn as entitled brats and are sometimes referred to as ‘trophy kids’ (term that reflects a trend in sports, as well as in life, where mere participation is frequently enough for a reward) or even ‘Peter Pan’ generation for their habit of delaying rites of passage.

Struss and Howe have in addition identified 7 traits of millennials:
1. Special
2. Sheltered
3. Confident
4. Team-Oriented
5. Achieving
6. Pressured
7. Conventional

More so in medicine and neurology, there is a subtle underlying theme that millennial neurologists are ‘country club doctors’ limited in their duty hours (not enough time in the trenches as my professor used to say) due to mandatory ACGME work-hour restrictions and have thus not earned their bona fides like prior generations. Despite these negative attributes and at the risk of generalizing an entire generation to which there will be many exceptions, the following are some common values and attributes that millennials across the spectrum might share:

► Proficiency and familiarity with technology
► Desire for flexibility in work schedule, high priority on achieving work-life balance and an emphasis on teamwork
► Working towards achieving social justice including racial diversity, respect for individual rights (of patients and themselves) and a willingness to question imposed hierarchies and standard practice if needed

How is this going to impact the practice of neurology?
These unique attributes and social values (some negative but many positive) along with their sheer number in workforce is likely to have a greater impact on practice of neurology as well as the way AAN might interact with its members in the coming decades. Of course, every generation had their own unique attributes and value system (some of which the millennials have continued from their preceding generation) and have left indelible mark on our cherished field. But the perfect mix of technological advances, importance of work-life balance and break down of social hierarchies has created the possibility of having a significant impact on the practice of neurology. These include:

Impact of technology on practice
Millennial neurologists are technologically savvy due to ubiquitous use and presence of technology in their day to day lives. This can translate into relative ease and comfort with electronic medical records and many millennial neu-
rologists have rarely used paper charts. Many of these electronic medical records are even accessible by tablets and smart phones which can be carried into the patient’s room to show charts and images and used to put in quick orders with the use of speech recognition software embedded in them; documentation has become easy, templated and even on-the-go. The clunky desktops and laptops which were viewed as a barrier to physician patient interaction are going away fast and practices are increasingly under pressure to catch up on new technology. Technology for millennials thus might be a tool to build physician-patient relationship rather than a barrier and practices can save space and money by not investing in desktop workstations.

Teleneurology, with its promise of improving access to care and breaking the traditional face to face physician patient interaction, has emerged as an alternative practice model to many millennial neurologists who may be much more at ease with navigating the technology. With the rapid technological advances that are happening in telemedicine, millennial neurologists and patients may find it more comfortable interacting through telemedicine and it may become the dominant or even the sole mode of practice for millennial neurologists replacing the brick and mortar clinic.

Millennial neurologists are also more likely to have accounts on social networking sites and are likely to use it for networking as well as for job hunting rendering the traditional marketing ads, especially print based ones, redundant. This is something practices and academy might need to invest in to target the millennial neurologists.

On the flip side these technological advances including over reliance on technology for diagnosis and treatment can adversely affect the development of neuro clinical skills which are highly valued by other specialists and patients alike. The master clinician who had shown us the tricks of clinical exam and introduced us to fancy new neurology tools from his bag might be at risk of becoming obsolete.

Impact of work-life balance on practice

Millennial neurologists place high value on work-life balance. It is not that millennials are lazy or don’t want to take care of patients but rather they have seen first-hand the effects of poor work-life balance on marriages and families in their parent’s generation in addition to burn out of promising neurologists and don’t want to repeat these mistakes. Millennial neurologists have also worked and trained in shifts mandated by ACGME. While this can affect continuity of care and learning, it has forced millennial neurologists to work and collaborate in large teams (often with advanced practice providers) which they have come to appreciate and value.

Many millennial neurologists prefer to go into large practices (academic or private) where they lose autonomy but gain flexibility in their work schedules. All these changes and the ever-increasing burden of paper work placed on physicians has sounded the death knell for solo private practitioners. In addition, there is a real risk that the ever-increasing need of flexibility by millennial neurologists might affect our patient’s access to care especially now that many of them have gotten insurance for the first time. Practices may choose to hire more advanced practice providers to prevent this and millennial neurologist are perfectly poised to develop a collaborative team-based approach with them.

Impact of social mores on practice

Millennial neurologists have broken the traditional patriarchal physician-patient relationship and have becomes advocates for patient centered, patient partnered care. Further the current millennial neurologists form the most racially diverse group in the history of American neurology and with it they have a deep understanding of diversity and racial equality which in turn translates into greater respect for patients and colleagues of diverse culture. Millennials also espouse pragmatic idealism as defined by David Burst- ein (author of Fast Future) which is a ‘deep desire to make the world a better place combined with an understanding that doing so requires building new institutions while working inside and outside existing institutions’. This sometimes is misunderstood as millennials questioning authority and hierarchy which is deep seated in medicine and could lead to unnecessary friction within the practice. It is more likely millennial neurologists want to seek clarification and explanation rather than accept status quo so as to make positive changes to the practice.

Conclusion

Millennial neurologists are poised to have significant impact on the practice of neurology but it remains to be seen whether the greater emphasis on work life balance causes issues with access to neurological care or will technological advances and team based approaches favored by millennials compensate for that.

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