

Comparing Millennial and Generation X Medical Students at One Medical School

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Abstract

Purpose

Two main generational cohorts comprising students enrolled in medical schools today are Generation Xers (born 1965–1980) and Millennial students (born 1981–1999). A subset is Cuspars (born 1975–1980), who share traits with both generations. Population theorists ascribe different personal characteristics, attitudes, and preferences to each group. The authors examined whether selected characteristics describing Generation X and Millennial students were quantifiable using a personality measure. Differences among Generation X, Millennial, and Cuspar medical students were investigated.

Method

Eight hundred and nine medical students

(399 females and 410 males) who matriculated between 1989–94 and 2001–04 at the Northeastern Ohio Universities College of Medicine completed the 16 Personality Factor Questionnaire (16PF). Differences in responses to the 16PF among the three generations were analyzed using multivariate analysis of variance (MANOVA).

Results

Analyses showed significant differences for Generation X versus Millennial students on 10 of the 16 personality factors. Millennial students scored significantly higher than Generation X students on factors including Rule-Consciousness, Emotional Stability, and Perfectionism; Generation X students

scored higher than Millennials on Self-Reliance. Millennials also were significantly different from Generation Xers on several other factors. Significant differences were noted among Cuspars, Generation Xers, and Millennials.

Conclusions

The 16PF is a useful tool to examine differences among these groups and to help understand the factors that constitute their personalities. Given differences among the generational groups, the authors forecast possible educational implications for medical school academic affairs and student services, and suggest areas for future research.

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Born over a 20-year period that approximates the passage from birth to adulthood, a generation is a peer group defined by both its demographics and its key life events.¹ Shaped by their common history, generational cohorts are influenced by common icons (people,

places, or things), as well as events and conditions (forces in the environment) that become reference points for them.² Because of similar influences and experiences, individuals within a generational cohort are likely to possess shared values and behaviors. Generational differences among groups of individuals in employment settings are a topic of current consideration in the business literature as managers seek insight into ways to motivate, direct, and reward employees from different generational cohorts.^{2,3} Recent work in the academic medicine setting has reviewed differences in work styles and attitudes of multigenerational teams of health care providers, differing values and expectations across generations, and challenges in resolving intergenerational conflicts in the workplace.^{4,5}

The two generational cohorts that represent most of the students enrolled in medical schools today are Generation X and Millennial students. According to Lancaster and Stillman, Generation Xers were born between 1965 and 1980; Millennials were born between 1981 and 1999.² Millennial students thus first

started entering colleges and universities in 1999. Various researchers and trend watchers have suggested clear differences between members of the Generation X and Millennial groups.^{1–3} Their opinions regarding differences between these two groups of students have been formulated through qualitative studies that address the preferences, attitudes, and behaviors of members of both generations. They contend that many of these differences can be traced to the different roles that parents assumed for the two groups.^{1–3,6–9} Research suggests a number of generalizations that can be made about the two groups; as with all generalizations, there are individuals who do not fit the mold. Generation X students were largely latch-key children, possibly raised in single-parent households where direct supervision and family bonding were challenged. As children, these students likely spent more time watching television than in the company of their parents.^{1,2,6} Alternatively, Millennial students as children were more likely to be doted on by overprotective parents who were concerned about their safety, their security, their schooling, and their

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successfulness in the present as well as the future.^{1,2,6}

As a result of their lack of consistency and structure in an unpredictable environment and their relative isolation or aloneness as children, as a group Generation X students are thought to be cynical and pessimistic.^{9,10} They may believe they live in troubled times marked by intractable problems and have little confidence in the nation's social institutions.^{1,10} They are private, may fear intimacy, and are likely to take care of their own needs.^{1,2,7,10} Generation X students are described as culturally independent and skeptical, but also resourceful.^{6,10} They are comfortable with technology and are attracted to its uses.^{1,2} They are likely to want hard facts, expertly delivered, and value variety and speed.⁶

Millennial students as a group, on the other hand, have been described as optimistic, generous, and practical.⁸ They are likely to be team oriented, value being connected with others, and have the ability to organize and mobilize.^{7,8} They are accustomed to having their time structured and to following rules.^{1,2} They are likely to be hard working and to have been raised to aim for success in all they do by their supportive parents. They are accustomed to being tested, to receiving feedback, and to achieving set goals.¹⁻³ However, given their extensive participation in planned activities and lack of experience with unplanned time, they may not be spontaneous or introspective.⁶ Having always had access to computers, pagers, and cell phones, they are likely to appreciate how technology enables them to do many things at one time and have a high expectation of technology's usefulness and availability in all settings.^{1,2,6-8,11}

Researchers have gathered information about Generation X and Millennial students on undergraduate college campuses and in employment settings through interviews, opinion surveys, and focus groups with students. These researchers have used the same qualitative methods to obtain the perspectives of faculty and student affairs officers in colleges and universities regarding generational differences, as well as the perspectives of employers in various work settings. However, to our knowledge, no studies to date have

empirically tested whether the ascribed differences in personal characteristics can be assessed quantitatively. Therefore, to expand the previous research, we had two goals for this study. First, we sought to explore whether the characteristics used to describe Generation X and Millennial students were quantifiable using a validated measure of personality. We chose the Sixteen Personality Factor Questionnaire (16PF)^{12,13} as an assessment tool because of the similarity between the descriptors of Generation X and Millennial students and several factors describing personality traits in the 16PF. Second, we sought to examine differences in selected personality characteristics between Generation X and Millennial students enrolled in medical school.

Method

Students who matriculated between the years of 1989–1994 and 2001–2004 in either a combined BS/MD degree program or an MD degree only program at the Northeastern Ohio Universities College of Medicine (NEOUCOM) were invited to complete the 16PF. Based on the model proposed by Lancaster and Stillman,² we first categorized medical students in our study as either Generation Xers, if born between 1965–1980, or Millennials, if born in 1981 or after. Students born on the cusp between two generations, called Cuspars by Lancaster and Stillman, may “identify strongly with one generation or another” or “have characteristics of both generations,”^{2,p.32} and thus not be clearly differentiated from either group. In order to account for any differences in the Cuspars, we also classified the entire sample of 809 students into three groups to include Cuspars born from 1975–80, Generation Xers born from 1965–75, and the Millennials born in 1981 or after.² Participants completed the 16PF during new student orientation at the beginning of their program or during the first semester of their program. In accordance with informed consent procedures, student participation in completing the instrument was elective. The current study was approved by the institutional review board at NEOUCOM.

We used a standardized format for administering the 16PF for both data collections periods. We administered the 16PF fourth edition¹² to participants

during the data collection that occurred between 1989 and 1994. Because the 16PF underwent an update in 1994, we used the 16PF fifth edition¹³ for subsequent data collection from participants who matriculated between 2001 and 2004. Research has shown that the fourth and fifth editions of the 16PF measure the same traits.¹⁴ For purposes of data analyses, we converted the 16PF fourth edition scores to the updated 16PF fifth edition scores using a regression-based linking formula.¹⁵

The 16PF measures sixteen independent dimensions associated with personality: Warmth, Reasoning, Emotional Stability, Dominance, Liveliness, Rule-Consciousness, Social Boldness, Sensitivity, Vigilance, Abstractedness, Privatness, Apprehension, Openness to Change, Self-Reliance, Perfectionism, and Tension.¹⁶ For the 16PF fourth edition, the average test-retest reliability is .80 for a short-term interval and .52 for long-term,¹⁷ whereas for the 16PF fifth edition test-retest reliability estimates have been reported to be approximately .80 for a 2-week interval and .70 for a two-month interval.¹⁷ The 16PF fifth edition has been noted to have an internal consistency average of .74, with a range of .64–.85.¹⁸ Both editions of the instrument used a scoring system based on the standard ten (STEN) continuum ranging from 1–10. The mean STEN score for each personality factor is 5.5, with a standard deviation of 2 STEN points. The personality factors are described on a bipolar scale with a STEN of 1 indicating the smallest magnitude of a given trait and 10 indicating the greatest magnitude.

Using the 16PF and considering the descriptors that generational researchers have posited regarding these two generational cohorts, we hypothesized the following scoring patterns on selected factors measured by this instrument. Compared to Generation X students, Millennials would score higher on Warmth and Sensitivity because of the value they place on being connected with others, Rule-Consciousness due to being accustomed to following rules, Emotional Stability for having had strong, stable, supportive parental influence, and Perfectionism because of being goal directed and successful. Generation X students, we hypothesized, would score higher than the Millennials on Dominance because of their preference to

take care of their own needs first, Vigilance due to their skeptical nature, Privatensness for their preference for privacy, Openness to Change because of their early adoption of technology, and Self-Reliance for their independence.

We analyzed differences in responses to the 16PF using a multivariate analysis of variance (MANOVA) model for the Generation X and Millennials groups, with the significance level (*p* value) set at < .01. We also calculated effect sizes (partial Eta²). A MANOVA and post hoc analysis were used to analyze the differences in responses to the 16PF for the three generational cohorts: Generation X, Millennials, and Cuspars. The 16PF factors used in the analyses were Warmth, Reasoning, Emotional Stability, Dominance, Liveliness, Rule-

Consciousness, Social Boldness, Sensitivity, Vigilance, Abstractedness, Privatensness, Apprehension, Openness to Change, Self-Reliance, Perfectionism, and Tension.

Results

Eight hundred and nine medical students (399 females and 410 males) completed the 16PF; the response rate for all test administrations was over 90%. Under the two-category analysis, Generation X medical students made up 68% (*n* = 555) of the study population and Millennial medical students constituted 32% (*n* = 254). Table 1 displays the characteristics of the two groups of students over the ten-year study period. During this period, the mean age for matriculants in each of the entering classes was 20 years. For the

entering classes of 1989–94, the preponderance of matriculants was Generation X students. For the entering classes of 2001–04, the preponderance of matriculants was Millennial students. Across all study years, nontraditional students (age 26 and older at the time of matriculation) accounted for only 3% of the class rolls.

For purposes of hypothesis testing, we performed a MANOVA to determine if significant differences existed between Generation X and Millennial medical students for personality traits as measured by the 16PF. Results of the MANOVA (see Table 2) revealed significant differences (*p* < .01) for ten of 16 factors. Our hypotheses were generally supported: Millennial students scored significantly higher than did Generation X students on Warmth, Rule-Consciousness, Sensitivity, Emotional Stability, and Perfectionism. Additionally, as hypothesized, Generation X medical students scored significantly higher on Self-Reliance. However, Millennials scored significantly higher than Generation Xers on Openness to Change, contrary to our hypothesis. The remaining hypotheses were not supported: Generation X and Millennial students did not score significantly differently on Dominance, Vigilance, and Privatensness. Although our hypotheses did not include predictions about the 16PF factors of Reasoning, Social Boldness, and Apprehension because those factors were not directly addressed in generational characteristics ascribed in earlier work, the Millennial medical students in our study scored significantly higher than did Generation X medical students for those factors.

We performed a second MANOVA to examine the differences in responses given on the 16PF among Generation Xers (*n* = 331), Millennials (*n* = 254), and Cuspars (*n* = 224) (see Table 3). The results across these three groups were similar to our initial analysis, which compared only Generation X and Millennial students. We noted significant differences (*p* < .01) for the same ten factors. Post hoc analysis indicated that Millennials scored significantly higher on Warmth, Sensitivity, Apprehension, and Openness to Change compared to Generation X students and Cuspars and significantly lower on Self-Reliance compared to Generation X students but

Table 1
Characteristics of 555 Generation X and 245 Millennial Medical Students, Northeastern Ohio Universities College of Medicine, Rootstown, Ohio, 1989–1994 and 2001–2004*

Characteristic	No. (%) Generation X	No. (%) Millennial
Age		
18	14 (2.5)	1 (0.4)
19	94 (16.9)	10 (3.9)
20	240 (43.2)	98 (38.6)
21	126 (22.7)	86 (33.9)
22	25 (9)	49 (19.3)
23	19 (3.4)	10 (3.9)
24	9 (1.6)	—
25	6 (1.1)	—
26	7 (1.3)	—
27	7 (1.3)	—
28	—	—
29	1 (0.2)	—
30	3 (0.5)	—
31	1 (0.2)	—
32	1 (0.2)	—
33	2 (0.4)	—
Sex		
Male	299 (53.9)	111 (43.7)
Female	256 (46.1)	143 (56.3)
Ethnicity		
Caucasian	280 (50.5)	150 (60.5)
Asian/Pacific Islander	253 (45.7)	86 (34.7)
African American	18 (3.2)	11 (4.4)
Hispanic	2 (0.4)	1 (0.4)
Native American	1 (0.2)	0 (0.0)
Unknown	1 (0.2)	6 (2.4)

* Generation X students were born between 1965 and 1980; Millennial students were born between 1981 and 1999.

Table 2

Multivariate Analysis of Variance Results for the 16 Personality Factor Questionnaire (16PF) for 555 Generation X and 254 Millennial Medical Students, Northeastern Ohio Universities College of Medicine, Rootstown, Ohio, 1989–1994 and 2001–2004*

Personality variable	Generation X mean (SD)	Millennial mean (SD)	F	p value	Effect size [†]
Warmth	5.07 (1.92)	5.63 (1.86)	15.18	.000 [‡]	.02
Reasoning	5.51 (1.90)	7.49 (1.59)	209.07	.000 [‡]	.21
Emotional Stability	4.54 (2.00)	5.48 (1.71)	41.97	.000 [‡]	.05
Dominance	5.12 (1.80)	5.11 (1.92)	.01	.915	.00
Liveliness	6.05 (1.90)	6.24 (1.65)	1.76	.186	.00
Rule-Consciousness	4.20 (2.03)	5.18 (1.66)	44.84	.000 [‡]	.05
Social Boldness	4.95 (1.93)	5.67 (1.90)	24.52	.000 [‡]	.03
Sensitivity	4.55 (1.95)	5.27 (1.94)	24.24	.000 [‡]	.03
Vigilance	5.97 (1.87)	6.29 (1.84)	5.45	.020	.01
Abstractedness	5.71 (1.85)	5.76 (1.89)	1.55	.694	.00
Privateness	4.97 (1.93)	5.25 (1.92)	3.94	.048	.01
Apprehension	5.67 (1.92)	6.14 (1.80)	11.07	.001 [‡]	.01
Openness to Change	5.15 (1.85)	5.96 (1.86)	33.37	.000 [‡]	.04
Self-Reliance	5.77 (1.60)	5.33 (1.68)	12.91	.000 [‡]	.02
Perfectionism	4.33 (1.98)	5.34 (2.01)	44.50	.000 [‡]	.05
Tension	5.66 (1.79)	5.37 (1.65)	4.84	.028	.01

* Generation X students were born between 1965 and 1980; Millennial students were born between 1981 and 1999. The 16PF is scored on a 1–10 scale with a mean score of 5.5 and standard deviation of 2. *df* (1, 808).

[†] Partial Eta squared.

[‡] *p* < .01.

not Cuspars. Furthermore, Generation X, Millennial, and Cuspar students were significantly different from each other on the five factors of Reasoning, Emotional Stability, Rule-Consciousness, Social Boldness, and Perfectionism. The means for each group fell on a continuum for these five factors, with Generation Xers having the lowest mean score, Millennials having the highest, and Cuspars falling in the middle.

Using descriptors from the 16PF subscales,¹⁶ we found that Millennial students are more *warm and outgoing* (Warmth), more *abstract than concrete* (Reasoning), more *adaptive and mature* (Emotional Stability), more *dutiful* (Rule-Consciousness), more *socially bold and venturesome* (Social Boldness), more *sensitive and sentimental* (Sensitivity), more *self-doubting and worried* (Apprehension), more *open to change and experimenting* (Openness to Change), and more *organized and self-disciplined* (Perfectionism) compared to Generation X medical students. Furthermore, we found Millennial medical students to be less *solitary and individualistic* (Self-Reliance) than their Generation X counterparts. When we considered

Cuspars as well, we found that they fell between Generation Xers and Millennials on certain personality factors (i.e., Reasoning, Emotional Stability, Rule-Consciousness, Social Boldness, and Perfectionism), with Generation Xers overall scoring lower on these factors and Millennials consistently scoring higher.

Discussion

The results of our exploratory study reveal that personality differences do exist between Generation X and Millennial medical students as measured by the 16PF, but much more research is needed before our results can be extrapolated to other medical school students or to society in general. While most of our findings confirmed our hypotheses that were based on the theories of generational behaviors, some results were surprising. For example, with regard to Openness to Change, Millennials scored significantly higher than did Generation X students. On the 16PF, the defining behavior for high scorers on this factor is “experimenting”; defining factors for low scorers are “traditional and attached to familiar.” Given the literature, we expected the risk-taking Generation X

students to be the higher scorers. Further, we found no differences in the two groups’ scores for Dominance, Vigilance, and Privateness, factors for which we expected Generation X students who are described by the 16PF as “assertive, skeptical, and discreet and nondisclosing” to have scored higher than Millennials.

Reviewing our hypotheses, Millennial students did score higher on all of the factors we expected them to, yet Generation X students did not. Why would this be so? Perhaps the 16PF is not sensitive enough to pick up differences among the groups regarding these factors, perhaps there are no real differences among the generations on these factors, or perhaps the generational cohort theories need refining. Or, perhaps Generation X students who attended medical school were a highly selected sample, and not representative of the larger population of that generational group. For example, the typical Generation X student may have been selected out of our medical school, either through self-selection in not applying in the first place or through the interviewing process.

We also suspect that selection is the reason behind the Millennials scoring higher on abstract reasoning skills than the Generation Xers in this particular sample. NEOUCOM made a concerted effort to raise its academic standards of admission over the 15-year period of the study. The fact that the Cuspars’ Reasoning scores fell between those of the Generation Xers and those of the Millennials further supports the gradual increase in academic standards as an intervening variable. Therefore, Reasoning might not necessarily be a distinctive trait among generational groups at other medical schools. Replication and extension of this study at other medical schools would help to better define the characteristics of the generational cohorts.

Future studies to investigate the personality traits of Millennials and Generation Xers should consider using other validated measures in addition to the 16PF. We recognize that the personality measure we chose may be considered a limitation of this study. Although the 16PF was helpful in identifying personality differences among the groups, some of the 16PF factors did

Table 3

Multivariate Analysis of Variance Results for the 16 Personality Factor Questionnaire (16PF) for 331 Generation X, 254 Millennial, and 224 Cuspar Medical Students, Northeastern Ohio Universities College of Medicine, Rootstown, Ohio, 1989–1994 and 2001–2004*

Personality variable	Generation X mean (SD)	Millennial mean (SD)	Cuspars mean (SD)	F	p value	Effect size [†]
Warmth	5.08 (1.98)	5.64 (1.86)	5.04 (1.84)	7.93	.000 [‡]	.02
Reasoning	5.02 (1.74)	7.49 (1.59)	6.24 (1.88)	146.73	.000 [‡]	.27
Emotional Stability	4.28 (1.86)	5.49 (1.70)	4.91 (2.14)	29.35	.000 [‡]	.07
Dominance	5.07 (1.72)	5.12 (1.92)	5.19 (1.92)	.28	.756	.00
Liveliness	5.99 (1.95)	6.24 (1.65)	6.14 (1.82)	1.45	.234	.00
Rule-Consciousness	3.96 (1.95)	5.17 (1.66)	4.57 (2.08)	29.27	.000 [‡]	.07
Social Boldness	4.76 (1.88)	5.66 (1.89)	5.21 (1.98)	16.73	.000 [‡]	.04
Sensitivity	4.54 (1.90)	5.28 (1.95)	4.57 (2.03)	12.10	.000 [‡]	.03
Vigilance	5.97 (1.95)	6.30 (1.84)	5.95 (1.74)	2.84	.059	.01
Abstractedness	5.79 (1.82)	5.76 (1.89)	5.58 (1.88)	.86	.417	.00
Privateness	5.03 (1.96)	5.25 (1.93)	4.88 (1.88)	2.30	.102	.00
Apprehension	5.63 (1.89)	6.14 (1.80)	5.73 (1.97)	5.56	.004 [‡]	.01
Openness to Change	5.01 (1.81)	5.96 (1.89)	5.37 (1.89)	19.16	.000 [‡]	.04
Self-Reliance	5.84 (1.63)	5.33 (1.68)	5.65 (1.54)	7.29	.001 [‡]	.02
Perfectionism	4.12 (1.95)	5.34 (2.01)	4.65 (1.99)	27.15	.000 [‡]	.06
Tension	5.72 (1.84)	5.38 (1.65)	5.57 (1.71)	2.82	.060	.00

* Generation X students were born between 1965 and 1975; Millennial students were born between 1981 and 1999; Cuspar students were born between 1975 and 1980. The 16PF is scored on a 1–10 scale with a mean score of 5.5 and standard deviation of 2. *df* (1, 808).

[†] Partial Eta squared.

[‡] $p < .01$.

not clearly align with the attitudinal characteristics that researchers have used to define Millennials and Generation Xers. It is possible that the Five Factor Model of personality, which combines a variety of theoretical perspectives on personality, may help to shed further light on generational differences. The Five Factor Model could be explored using the NEO (Neuroticism, Extraversion, Openness) Personality Inventory-Revised or the NEO Five Factor Inventory.

A recommendation for future studies is to better control for consistency when administering the personality measures to medical students. An inherent limitation in our study is that data collection for the Generation X students occurred at the beginning of the first year of their six-year BS/MD program, whereas for the Millennial cohort data were collected at the beginning of their first year of medical school. Students enrolled in the BS/MD program usually begin medical school two years after enrolling in the program. Our study is also limited by the fact that we collected data for medical students from only one

medical school and, therefore, generalizing the results of this study should be done with caution. Future studies seeking to explore generational differences should include more than one medical school and preferably schools without BS/MD programs to gain a representative sample.

Learning about who Millennial students are, and how this generation may differ from the previous generation of medical students, may have educational implications for both academic and student affairs.^{10,11,19} A host of questions arises. For example, to what extent should medical educators take into consideration the characteristics of Millennial students in curriculum design, student services, development of initiatives to foster professionalism, or specialty choice counseling?

As a result of curricular revision, some medical schools have provided more independent and unstructured learning time for their medical students. Given that the students who are currently entering medical school are mostly Millennials, these curricular changes

seem to be in conflict with what Millennials are accustomed to—that is, having their time structured. How might an independent learning environment affect the academic performance and overall student satisfaction of Millennial students? What are the implications of changing personalities on medical professionalism or teaching/learning pedagogies (e.g., problem-based learning, team learning approaches, and so forth)? How should medical educators revise their instructional and evaluation methods? In addition, because of their goal orientation and drive to be successful, can educators assume that Millennial students will have different or more pressing needs and demands for academic and student services than did their predecessors? Will the demands for learning specialists, tutors, and other academic services increase as Millennials students strive to improve their class rank or board scores? How can advising and mentoring programs be restructured to meet the Millennial students' needs and preferences, while taking into account that individuals in the advisory role are for the most part Baby Boomers and Generation Xers? What other ramifications for teaching and advising Millennial students might exist because educators and many patients have been socialized during one era and students have grown up in another? What can faculty development do to address these multigenerational challenges and train faculty to mentor across these differences?

It has been posited by population researchers that Millennial students as a group may not be introspective.¹⁹ Will Millennial medical students have more difficulty with self-reflection and self-assessment? Could this trait influence the manner in which Millennial medical students are evaluated and given feedback? What about service learning projects and other types of service requirements in the curriculum? Millennials are likely to be interested in volunteering and many have done so prior to entering medical school. Will they expect that their service-related experiences be ones where they can be involved and make significant contributions? Finally, related to physician career development, how will Millennial medical students differ in their choices of medical specialties? Will the trend for choosing controllable lifestyle

specialties continue? What residencies will Millennial medical students be more likely to enter? Most important, regarding clinical care of patients, how will medical students who represent the Millennial generation interface and communicate with patient populations? Results of a recent study support a link between personality and clinical skills performance.²⁰ Most of the medical students in this study were Millennials. With regard to communication, students who had higher levels of Warmth, Emotional Stability, and Perfectionism also had higher communication skills. Interestingly, these factors were among the ones identified in the current study that differentiated Millennials from Generations Xers; with Millennials, as a whole, scoring higher on these factors. So, if medical students today are mostly Millennials, do they already possess some of the qualities that may incline them to be better at communicating with their patients? Longitudinal studies involving Millennial medical students need to be conducted to answer these and other relevant questions.

We believe that our study is important in that it is the first research on the two generational cohorts to use a validated personality measure to assess differences among groups. While the 16PF may serve as a useful tool to examine the differences among these groups and to gain a better understanding of the factors that make up their personalities, future studies should consider other theoretical models of personality to better understand the differences among the generations.

Additionally, we recommend that characteristics (e.g., values, motives, abilities, learning styles,) besides personality should be explored to help medical educators gain a more complete view of our future physicians and how they compare to previous generations. Lastly, the scope of this paper did not allow for an exploration of personality differences between men and women who are Generations Xers or Millennials. We recognize this as an important topic and intend to explore it in future research.

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Did You Know?

In 1983, researchers at the Stony Brook University School of Medicine discovered the cause of Lyme disease by isolating spirochetes, the bacteria that cause the disease. This research was made possible through funding from the National Institutes of Health.

For other important milestones in medical knowledge and practice credited to academic medical centers, visit the "Discoveries and Innovations in Patient Care and Research Database" at (www.aamc.org/innovations).