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Generations at work: Where do you fit?

For the first times in American history, the workplace consists of four different generations working side-by-side. The diverse mix of individuals makes for an exciting yet sometimes clashing environment. Do you possess the characteristics of your generation?

<p>Traditionals/Veterans (1922-1945)</p> <ul style="list-style-type: none"> • Returned to work after retirement • Like to feel part of a team and make a difference • Respect authority and remain loyal to employer • View career as an obligation • Grateful for their jobs 	<p>Baby Boomers (1946-1964)</p> <ul style="list-style-type: none"> • Closer to retirement, but remain workaholics • Like to make a difference at work/in the community • View career as an adventure and a central focus • Desire quality
<p>Generation X (1965-1980)</p> <ul style="list-style-type: none"> • Want more than just a paycheck from career • Self reliant; survivors • Less loyal to employer, but loyal to relationships • Stressed out and skeptical 	<p>New Millennium/Generation Y (1981-2000)</p> <ul style="list-style-type: none"> • No loyalty to employer; demand flexibility • Respect authority, but not awed by it • Like to work as teams, and crave feedback • Want to have fun in and out of the workplace

Residents: The New Millennium Generation

It is likely that residents today will be from a different generation than you. Most residents entering residency programs are from the "New Millennium Generation," (NMG), also referred to as "Generation Y." Every generation is characterized by certain phrases. Some of the words used to describe the NMG are: bad attitude, continually complaining, gossip, lazy, rude, apathetic, wants reward, and want to have fun. Each generation forms their attitudes, values, and ethics based upon the experiences they had during childhood and adolescence. These experiences are often referred to as "generational signposts." Most NMG's have parents of the Baby-Boomer generation, who as a whole are, older parents, who raised them in a time that was considered extremely "child-focused." These were not latchkey kids; instead they were kids that grew up with play-dates, soccer moms, family games nights, quality time, take-your-child-to-work days, and stay-at-homes dads. Their parents have been heavily involved in their school activities, extracurricular interests, college choices, and prospective job choices. So, how do these things impact their performance as residents, or at a new job?

NMG's often expect the same level of interest from preceptors, supervisors, and bosses that they have had from their parents for so many years. Setting clear expectations, asking them what they hope to get out of their residency or job, and explaining what they can expect from you, can help them feel connected and perform at their best. The NMG does not possess the same sense of loyalty as the traditional generation employees. Often, their parents are willing to help them financially; therefore, they are looking for more than just a paycheck from their employer. They are not afraid to leave a position that they find dissatisfactory. So, how do we attract and retain the NMG? Thinking creatively, and individualizing jobs and experiences can help. Flexibility in all areas of a career is important to the NMG. Obviously, not all rules, policies, or procedures can be changed just to suit the desires of the NMG, but in areas where there is some room to bend, it will be of benefit to allow these employees to have some control. NMG's also thrive on feedback and acknowledgment. They grew up in a time during which they have had information at their fingertips, with technology improving as they grew.

To make your experience successful for a NMG, you must offer them effective leadership, engaged preceptorship, lots of training opportunities, and a positive workplace environment.

Jerks at Work: Who are They & How to Deal With Them

Wouldn't it be nice if we could get along well with everyone we interact with at work? Of course, this would be ideal, but with many different people, with various backgrounds, beliefs, and work ethics, all working in the same place, sometimes there are "jerks" hidden among us. Wishing that these difficult people would change and always see things to way you see them is unrealistic, so this article will explore three different types of "jerks" looking at their behaviors, and how you may manage them. Could one of them actually be you?

□The Aggressor□

The aggressor could also be looked at as the "screaming monkey," someone who is often loud, confrontational, and likes to make others squirm. This type of "jerk" may give people the "glare" and often, they have certain buttons, that when pushed, can set them off. In dealing with the aggressor, first, if possible, try to learn their "triggers" and if possible, avoid incidences that you know will set them off. Of course, it is sometimes necessary to confront an aggressor with an issue, especially when patient care is at stake. If the aggressor gets aggravated, it is important to realize that often, they just need time to calm down. Therefore, it may help to walk away and take a break to give them this much-needed time. It is also important to be assertive with these people, but not aggressive. If they realize that you have a real concern, and you are not going to back down, and that you take them seriously, it may make working with the aggressor a little easier.

□The Fault-Finding Critic□

The fault-finding critic is often someone who wants to be right all of the time, and will tear others down to make themselves look better to others, or sometimes, just to feel better about him or herself. This "jerk" may use a tone of certainty when speaking, even if they are uncertain. They often point out the negative in a situation, instead of looking to the positive. When dealing with a fault-finding critic, it is important to be prepared; do your homework before confronting them with an issue. It is also important to be attentive and listen to their story, although you don't necessarily have to agree with it. It may be helpful when trying to reach a resolution to ask questions instead of making statements. Making statements gives them the impression that you "know it all," while asking questions may show them that you are willing to listen and learn about their side of the story.

□The Staller□

The staller could also be called the procrastinator. This "jerk" may not address a situation or an assignment in hopes that it will just disappear. The staller often fails to meet deadlines and targets. They may appear "two-faced," telling people what they want to hear, just to keep them off their backs. Dealing with a staller takes persistence and perseverance. Try to make it easy for this person to tell you what the problems are and why they will not meet a deadline or have failed to complete a task. Keeping them on task with mini-deadlines and action steps may help the staller to accomplish assignments in a timely manner.

As you can see, there are various types of "jerks" that you may encounter, so be prepared with coping strategies, and dealing with these "jerks" will be easier!

Project ideas?

Drug
information
question?

Policies
Protocols
Order Sets
that need
development
or revision?

Residents can
help!

Have ideas for
future preceptor
development
newsletter
articles?

Have unique
precepting
ideas?

Have questions
regarding ASHP
and
requirements for
preceptors or
preceptor
development?

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Preceptor Development Series Review

Starting a Journal Club

Susan Dick, R.Ph., Pharm.D.

- **Journal Club:** a group of individuals who meet regularly to critically evaluate recent articles in scientific literature
- **Evidence Based Medicine:** the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients
- Journal clubs are not a new idea, there is evidence of journal clubs dating back to the 1830s, with evidence of formalized journal clubs in the 1870s
- **Goals of journal clubs**
 - Keep current on literature
 - Impact clinical practice
 - Teach critical appraisal skills
 - Increase biostatistics knowledge
 - Develop oral communication skills
- **Starting a journal club**
 - Select a director or committee, these person(s) should be committed to the concept, have a strong interest in education, and be able to organize the project
 - Optimize attendance by making sessions mandatory, having food at the meetings, selecting a convenient location, making resources readily available, and selecting a convenient meeting time
 - Generate interest in the club by creating an enthusiastic atmosphere, varying the type of article reviewed, or adding formalized instruction in areas such as biostatistics or clinical epidemiology
 - Prepare for sessions by setting up meeting time and location, sending copies of articles to members of the club in advance, and reading the article
 - Keep members interested by varying the types of articles reviewed, creating a controversy on the topic at hand, or selecting classic articles to review that have significantly impacted pharmacy practice or patient care
- **Format of a journal club**
 - Meticulous analysis of a single article, looking at aspects such as study design, hypothesis, methods, data analysis, conclusions, results, and potential bias
 - Start and end sessions on time
 - Try to get all members of the club involved
 - Create a check list to assure you don't miss any important aspects of the study
 - Computer software is available to assist with journal clubs (i.e. CATmaker)
- **Successful journal clubs**
 - Have a designated and dedicated leader
 - Are held in the evenings or at off-site location for optimal participation
 - Have a high level of member participation
- **Evaluation of the journal club**
 - Assess goals and satisfaction of the participants
 - May be necessary if participation is low
 - Can help evaluate knowledge gained via pre/post-tests
 - Offer suggestions for future articles or topics