

Educating, training, recruiting, and retaining the best: Is NIDCAP ready for Generation Z?

Roman Chabba,^{1,2} B Sc and Juzer M Tyebkhan,² MBBS, FRCPC

DOI: 10.14434/DO.V16I2.35786

¹Medical Student Class of 2024, ²Dept of Pediatrics, University of Alberta, Edmonton, Canada. Stollery Children's Hospital, Division of Neonatology; Edmonton NIDCAP Training Centre Canada. Roman.chabba@ahs.ca, juzer.tyebkhan@ahs.ca

As happens with many things we came across an article by Eckleberry-Hunt et al¹ by chance, while searching the cyber-library for another topic. This article caught our attention because it reminded us of a recent NIDCAP observation during a training day. The observation was of a very preterm baby, who was six weeks old at the time. Her mother, Amina, was heavily involved in the care of baby Farah (names changed for confidentiality): over the 100+ days of Farah's NICU stay, Amina only missed one morning ward round. She gradually took on the active parenting role so that she was doing much of her baby's care well before discharge. The family was planning to move to another country and Amina proactively asked that a follow-up for Farah be arranged via the Neonatal Follow-Up program at their future city of residence.

Amina agreed to the NIDCAP training observation and graciously gave her permission for the observation to be videoed; clips of the video can be viewed in the Snapshots section of the NASCENT NIDCAP APiB Supplement created by the Edmonton NIDCAP Training centre canada website (www.nidcapedmonton.com).

The observation of Farah was done by a NIDCAP trainee and a NIDCAP Trainer (JMT), together with a video photographer (RC). A five-page NIDCAP report written in the structured format recommended for NIDCAP training was given to the mother. Some days later while talking to Amina, we discovered that although she had seemed very interested in her baby's behavioural communication, and in the recommendations that arose from our observation, she had not had time to look at the written report. This made us question why this mother - who was so involved in her baby's care and seemed so interested in the NIDCAP observation, did not read her baby's NIDCAP report. It also made us wonder about the value of the detailed narrative report if parents - especially parents who are with their baby in the NICU for much of the stay - will not read it. The article that then popped up about Generation Z,¹ resonated with our experience and turned the NIDCAP Training Day into a novel educational opportunity to learn about this new generation of learners, 'Generation Z'.

How is Generation Z (Gen Z) different from other generations?

The generations and their distinguishing traits are summarised in the table below. A global survey of 20,000 Gen Z individuals conducted by Dell Technologies found that young people

around the world share similar values and expectations, such as their desire for work-life balance, their preference for experiential learning, and their reliance on technology. Therefore, it is likely that many of the traits of Gen Z are indeed universal, and not limited to Western cultures.² Note that the birth years of the generations vary slightly depending on the source and that there is overlap across adjacent generations for some of the traits. We acknowledge that these are generalisations and that there is much individual variation amongst those of any one generation. The literature indicates that there is validity in these generational trends and traits.³⁻⁶ Understanding these traits may help us understand the population and families we are interacting with and assist in tailoring our educational methods for the best academic and professional achievement. Adapting our educational methods may lead to increased engagement of parents in the active care of their infants, while in the NICU.

The dividing lines between the generations are based on world events, for example, World War II, migration across countries, increasing use of technology, such as television, computers, and the Internet, and the resultant changes in lifestyle that occur during the formative years of that age group.¹ All of these have influenced how people interact, learn and work, and have thus shaped the expectations of that generation of students and professionals.

Generation Z Characteristics

Gen Z is the cohort born after 1995 and thus makes up a large majority of today's younger workforce. They are the most diverse generation in terms of race, gender, and sexual orientation. They are a hard-working cohort and independent learners and value close mentoring relationships. This is a result of having trusting relationships with their parents in which they received both positive and negative feedback; thus authoritative, didactic styles of learning or feedback do not resonate with Gen Z.³

Gen Z is the first generation to have NOT known a time without the internet and thus has a hard time disengaging from technology. This may seem unfocused to teachers and supervisors who are from the older generations, but this hyperconnectiveness enables Gen Z to effortlessly use computers, the internet, and social media to access information instantly. Despite the facility of Gen Z at locating information online, they may however not take the time to critically evaluate information, nor

Table 1: Generational Differences^{3,6}

Name	Birth Years	Work Ethic	Communication Style	Leadership / Feedback	Technology	Learning Style	Role Today
Silent Gen*/ Veterans	1928 - 1945	Hard-working, disciplined	Formal, by the rules	Authoritative	Tech# for leisure	Didactic, formal, rote memorization	Take pride in their legacy
Baby Boomers	1946 - 1964	Work Hard	Formal, need details	Authoritative	Some Tech#; want to master it	Formal, lectures, note taking, handouts	Creating a legacy
Gen* X	1965- 1980	Work Hard and Play Hard	Informal, flexible, keep it professional	Hierarchical	High Tech#; want to enjoy it	Top-down, formal, some e-learning	Leadership
Millennials	1981 -1994	Work Smart	Fast, efficient, social media	Coaching	All Tech#; need to use it	On demand, creative learning	Discover passions; step into leadership
Gen* Z	1995 -	Work Fluidly	Transparent, highly visual, latest social media	Networked	"What Tech#?"; Tech# is an extension of Self	Constant, mobile, real-time	Entering workforce

Legend: * Gen = Generation; # Tech = Technology

are they likely to read assigned readings.⁴ They are unlikely to visit libraries to look up articles in bound paper journals; in fact, many Gen Z students do not know of the archived collections of bound journals that were consulted by their teachers in their own student days.

The traditional approach to teaching in the NIDCAP model is based on didactic classroom lectures, with intermittent evaluation and feedback, which is a method that seems counter to the learning methods of Gen Z.

Gen Z prefers more individualised learning, with immediate answers to questions that arise, and more personalized, rapid feedback.³

Gen Z is considered to have a very short attention span, described by some as only eight seconds.⁴ It is questionable if this eight-second span of attention truly describes the attention of these young people when involved in an activity that has engaged their attention. We speculate that this attention span is simply a feature of how Gen Z surfs the Internet.

Gen Z's hyperconnectivity is challenging educational systems at all levels, not only in the health sciences.

Suggested interventions to NIDCAP Education and Training to engage Gen Z

The youngest generation of healthcare professionals and the youngest NICU parents will now be from Gen Z. How can we, as NIDCAP professionals engage our young professional colleagues to embark on NIDCAP training when the methods used

for NIDCAP training may not resonate with the preferences of Gen Z? How can NIDCAP Professionals best share the critically important, individualised neurobehavioural information about the infants in their nurseries, with both parents and staff, if neither are likely to read narrative-based reports?

The literature suggests that modifications to traditional methods of medical and nursing education are urgently required, otherwise, it will prove challenging to train, recruit and retain the best of the younger generation. Educational programs that switch to more active learning methods, encouraging more hands-on participation, with opportunities for discussion and reflection with peers and instructors may prove more effective. At many universities, lectures are now available online to students, who can listen/view them at their convenience, and some choose to do this at faster speeds to save time. Online educational lectures (together with other educational resources) are a strategic goal of the NFI and could help to attract our Gen Z colleagues towards NIDCAP training. It may be unrealistic to expect Gen Z to attend a full or even a half-day lecture, where the material is presented to them with little opportunity for interaction. Other possibilities to explore are learning experiences where the student leads the teaching activity¹ - perhaps online discussion groups could occur where trainees decide the topic and are guided by a trainer to direct the discussion.

Eckleberry-Hunt et al¹ suggest that Gen Z expects innovative and creative modalities such as podcasts, interactive tutorials, simulations, and internet-based educational games. Kahoot,

Socratic, and Jeopardy are teaching methods that can be tailored to Gen Z in that they are fun, promote critical thinking, and can be set up to provide more immediate feedback.⁵

NIDCAP and APIB (Assessment of Preterm Infants' Behavior) training are already based on individualised mentored education, with much one-on-one interaction and immediate feedback from the trainer on training days. This may be attractive to Gen Zers, as they expect quick, personalised feedback, although this (training day immediate feedback) will only happen once the learner has begun NIDCAP or APIB training. Thus, the preliminary steps (before a trainee embarks on formal NIDCAP or APIB training) must be more enticing to Gen Z.

If the attention span of Gen Z is truly very short, then tailoring the material to be responsive to their attention span needs may foster increased engagement. Gen Z is the future of NIDCAP and all professions and skills. Suggested ways to do this include 'Reverse Mentoring'¹ and methods where learners can receive help from mentors to appraise the relevance and validity of the information that they have so effortlessly found. It may also be advantageous for Gen Z trainees if the larger goal(s) of training are broken down into smaller but more obvious milestones of achievement,¹ rather than requiring a trainee to wait until the end of NIDCAP or APIB training to either receive certification or not.

The use of mobile technology such as individualised podcasts are ways by which information can be shared with Gen Z parents whose baby is in the NICU. These podcasts could be shared with other caregivers. Information relevant to the baby's developmental progress can only help the baby if families (and staff) have received and understood the key points of their baby's neurobehavioural observations. Perhaps this information must be provided in small chunks, using the technology or social media platforms to which Gen Z parents and staff are hyperconnected.

Recruiting from Gen Z to benefit NIDCAP

Given the research presented here, it may be beneficial for the NFI to recruit from the Gen Z age group, not only to develop the next generation of NIDCAP Professionals but also to learn from them how to engage their peers, and how the NFI can employ educational methods that will be effective for Gen Z. Perhaps each committee, subcommittee and working group of the NFI could recruit one new member from Gen Z to assist in the development of teaching tools that adapt to the learning methods of their age group.

Historically, medical education has been hesitant to make reforms.¹ Some of this hesitation has been due to uncertainty about the impact of educational change on patient care. However, the literature reviewed indicates that we are at risk of losing the best of the young generation if we do not adapt our educational methods as quickly as other professions and occupations.¹ To end, we quote from Eckleberry-Hunt et al¹ "The good news is that we have a little time to make changes. The bad news is that we only have a little time to make these changes". We look forward to attracting Gen Z toward NIDCAP training by engaging them in a learning process that optimizes their success.

References

1. Eckleberry-Hunt J, Lick D, Hunt R. Is medical education ready for Generation Z? *J Grad Med Educ.* 2018 Aug;10(4):378-381. doi:10.4300/JGME-D-18-00466.1.
2. Dell Technologies. 2018. Gen Z: The future has arrived. Are businesses ready? Retrieved from https://www.multivu.com/players/English/8356751-dell-technologies-gen-z-workforce-research/docs/Findings_1541456646778-1316356505.pdf
3. Jenkins, Ryan. 2019. *The Generation Z Guide: The Complete Manual to Understand, Recruit, and Lead the Next Generation.* ISBN 13 978-0998891910
4. Hampton D, Welsh D, Wiggins AT. Learning preferences and engagement level of Generation Z nursing students. *Nurse Educ.* 2020;45(3):160-164. doi:10.1097/NNE.0000000000000710.
5. Shatto B, Erwin K. Moving on from Millennials: Preparing for Generation Z. *J Contin Educ Nurs.* 2016;47(6):253-4. doi:10.3928/00220124-20160518-05.
6. Johnson SA, Romanello ML. Generational diversity: teaching and learning approaches. *Nurse Educ.* 2005;30(5):212-216. doi:10.1097/00006223-200509000-00009



Mission

The NFI improves the future of all infants in hospitals and their families with individualized, developmental, family-centered, research-based NIDCAP care.

Adopted by the NFI Board, June 29, 2022

Vision

The NFI envisions a global society in which all hospitalized newborns and their families receive care in the evidence-based NIDCAP model. NIDCAP supports development, enhances strengths and minimizes stress for infants, family and staff who care for them. It is individualized and uses a relationship-based, family-integrated approach that yields measurable outcomes.

Adopted by the NFI Board, October 20, 2017