Journal Club Presentation:

Is Medical Education Ready for Generation Z?

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Citation: Eckleberry-Hunt J, Lick D, Hunt R. Is medical education ready for generation Z. *J Grad Med Educ.* 2018;10(4):378-381

The article begins by pointing out how medical education should plan to make adaptations based on how different Generation Z is from other generations.

Generation Z are those born between 1995 and 2012. They are the only generation that has always had access to the internet and social networking, and hence have a hard time disengaging from technology. They are hardworking and independent in their learning but also prefer close mentoring relationships. Having always had access to technology and the internet, they want to know what they need to know in the moment and prefer not to spend long hours listening to lectures. Rather than the traditional approach to medical education, these students will both need and expect a customized experience.

Generation Z is known to have a shorter attention span compared to other generations, and expect material presented to them to be engaging. Since retrieving information has always been so easy for this generation, they lack the skills to be able to evaluate information and will need help to do so.

The authors suggest education of Generation Z should include modern technology, and creative modalities such as podcasts and simulations. This generation also expects quick and personal feedback. Active learning methods including reflection and discussion will be more useful with this generation versus traditional lectures.

The authors conclude by reminding us that the goal should always be to ensure quality patient care as we consider making these changes, although historically, medical education has been hesitant to make reforms.

Relevance for NIDCAP

- The youngest parents and new staff coming into the NICU are Generation Z and will want to receive information as described by this article.
- The NIDCAP model involves observation and sharing that observation in a detailed narrative report to both staff and patients. Based on the findings of this article, both staff and patients may not engage with this material thus suggesting there is an immediate need for change.
- The new generation of NIDCAP trainees are likely to prefer more creative ways of sharing their observations. We suggest that these creative ways are embraced by the NFI.

Journal Club Presentation:

Early Parenting Intervention – Biobehavioral Outcomes in Infants with Neurodevelopmental Disabilities (EPI-BOND): Study Protocol for an Italian Multicenter Randomized Controlled Trial

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Citation: Montiroso R, Rosa E, Giorda R Early Intervention Study Group, et al Early Parenting Intervention – Biobehavioral Outcomes in infants with Neurodevelopmental Disabilities (EPI-BOND): study protocol for an Italian multicentre randomised controlled trial *BMJ Open* 2020;10:e035249. doi: 10.1136/bmjopen-2019-035249**Overview**

Infants with neurodevelopmental disability are at risk for altered behavioral and socio-emotional patterns. The present longitudinal, multi-center interventional clinical trial aims at assessing the effectiveness of an early parenting intervention based on video-feedback technique (VFI) to support maternal responsiveness (parental sensitivity) and the socio-emotional

development of infants with developmental disabilities using a multi-layer approach to outcomes assessment (behavioral, neuroendocrine and epigenetic outcomes).

The study plans an estimated enrollment of 180 participants, randomized into parallel assignment intervention model with double masking participant, outcome assessors. The study start date was September 2019 and estimated completion date was December 2021.

Study design**Inclusion criteria**

- Infants: Age range 3-18 months with mild- moderate psychomotor delay