Dr. Pugnaire recognizes a generational shift in American medicine. The “traditionalists”, born in 1922-1943 are ceding seniority to the “Baby Boomers” born in 1943-1960. She examines that generation, graduating from medical school in 1960-1980 through the perspective of the next generation by comparing and contrasting the characteristics of the class of 1980 with today’s class of 2007. Seven themes stand out in that examination: diversity, flexibility, choice, learning models, regulation, technology and cost.

Increasing diversity has changed the typical “single, white male, just out of college” composition of the class of 1980 to now include more women and a more diverse mix of ethnic, racial and linguistic backgrounds.

Consequent to diversity, the trend to greater flexibility emerges in more tolerance and greater respect for differences in the personal treatment of students.

Increasing choice of career options and post graduate specialities is now prominent with the number of residency programs expanding from 36 to 103 over the past 25 years.

There is now more to learn, causing increasing demands on medical schools to add new content and new information handling technologies to their programs.

Public demand for quality assurance and regulation has grown steadily over the past 25 years and has led to increasing rigor in regulation of standardized clinical skills in today’s students.

The cost of medical education has risen faster than the consumer price index with average student debt rising over the past generation from about $25,000 to $125,000. Such costs limit entry into medicine of students from the bottom tier of family incomes.

Dr. Pugnaire reflects that for the current senior generation, medical school featured a comparatively uniform peer group; an educational environment that was relatively inflexible in its tolerance for differences; a more restricted menu of career options in a medical workplace that favored generalism as opposed to specialization; learning methods that focused on the fundamentals of clinical patient care, conducted predominately at the bedside, with pencil and paper and no technology; less regulation and general affordability for those of low and modest income. Today’s students find themselves in a far more diverse learning environment; more tolerant of differences; providing an extensive choice of career options fueled by intense medical subspecialization; with learning driven more by information and less by experience at the bedside; with new and diverse technologies to use in learning; greater regulation and closer scrutiny of performance; and escalating costs that increasingly limit access to medical education for those who can’t afford to pay.

The implications of these transgenerational contrasts in medical education, reminds the class of 1980 that “My experience is not yours.” For the baby boomer cohort of physicians, this will mean more than simply acknowledging that “times have changed.” Being mindful of contrasting experiences, appreciating the differences, and believing in the strengths of today’s learners will enable today’s senior generation of physicians to understand both the limits and the potential of their collective experience as the medical class of 1980.