PIERCE – cutting a path through the barriers to rural training
Prevocational Integrated Extended Rural Experience
Where is the next generation of rural doctors?
What are we trying to achieve?

Working to learn

Learning to work

Miller's Pyramid

Knows

Knows How

Shows How

Does
This study identified three core domains of learning:

1. **Concrete Tasks**
2. **Project Management**
3. **Identity Formation**

Becoming a practitioner: Workplace learning during the junior doctor’s first year

Dale Sheehan
Tim Wilkinson
Emily Bowie

Medical Teacher, 2012
The recent emphasis on professional identity formation suggests a 5th level for Millers Pyramid “Is”

Amending Millers’s Pyramid to Include Professional Identity Formation
Richard Cruess
Sylvia Cruess
Yvonne Steinert
Academic Medicine, 2016

Abstract
In 1990, George Miller published an article entitled “The Assessment of Clinical Skills: Competence vs. performance” titled to include professional identity formation. It has been used to assist in the assessment of professional identity. The recent emphasis on professional identity formation has raised questions about the appropriateness of “Is” as the highest level of description. It is believed that a more reliable indicator of professional behavior is the incorporation of the values and attitudes of the professional into the identity of the aspiring physician. In this paper, we propose that a 5th level be added to the pyramid. This level, reflecting the presence of a professional identity, should be “Is.”

What are we trying to achieve?
Living to become
Working to learn
Learning to work

What are we trying to achieve?

Miller’s Pyramid

Knows
Lives
Does
Shows How
Knows How
Knows

Rural Generalist Pathway
Queensland Government
Get Real!

Real work in the real world, through increasing involvement with the real people who live the real life.
Knowledge is acquired by *legitimate participation* through progressive involvement in a *community of practice*.

The Rural Generalist Pathway
A pathway to the bush
Queensland's Rural Generalist Pathway
Could Rural Hospitals provide a clinically authentic training opportunity for prevocational RGP trainees in Anaesthesics, O&G and Paediatrics?
The Pilot

Mareeba Hospital

Proserpine Hospital

Stanthorpe Hospital
Semi-structured qualitative interviews

- RGP Trainees
- Supervisors

Comparison

- RGP trainees undertaking PIERCE
- RGP trainees undertaking Traditional Block Rotations (TBR)
Overall Impression
“I loved it, I thought it was a really good program. I thought that the exposure I had was greater than I potentially would have had regionally. .... definitely the best decision I made this year was to do that placement”

“I had a really great experience, I got to get involved in the community and I felt a part of the team in the hospital.” … “there’s no experience like real experience. You can read it all in a text books if you want. But being in XXXX (Regional Hospital) is not anything like being in a rural hospital”

“Don’t tell anyone else because it’s my little secret.”
“It was OK. … I think it’s a good term. I think it’s good to get those base line skills and understanding of how an anaesthetic department runs, and what’s required.”

“I had quite a good time in O&G … it was quite practical in that I do have all of that clinical experience, like standard gynae presentations to ED, and GP type presentations for gynae procedures.”

“It was pretty good. … particularly for the neo-natal side of stuff, baby checks and resuscitation. … reviewing kids in ED and making a decision as to whether they need admission and then also seeing when they decide to step up to tertiary care.”
Rural Medicine
“You’re seeing people that are living the job and seeing them enjoying the job, you’re being immersed in the community where you’re living like it will be.”

“Because it was in a rural setting, it’s more realistic to what I will actually be practising. … What they have now is what I see for my future.”

“I got involved in the community. I felt a part of the team in the hospital.”

“There’s no experience like real experience. You can read it all in a text books if you want. **Being in XXXX (Regional Hospital) is not anything like being in a rural hospital**”
“I came away knowing absolutely that Rural Generalist is what I wanna be.”

“It was very good for me because it affirmed my desire to live rurally and work rurally.”

“You’re seeing people living the job and enjoying the job, you’re being immersed in the community where you’re living like it will be.”

“What they have now is what I see for my future. Their family life, having a property with land. … The future that my husband and I want for ourselves.”

“It was good for me for me to work in XXXX hospital and be in rural centre for that amount of time. I’m not from a rural background and never particularly lived in a rural area for that prolonged period.”
Get Real – the Real Deal!

Real work in the real world, through increasing involvement with the real people who live the real life
“It was fantastic in building doctor patient relationships. I’d never been in a setting where I saw the same group of patients on a regular basis.”

“It teaches you how to build relationships with clients. You get to know the patients really well and their family members and definitely create a good bond with the community.”

“Becoming a part of the community, picking up your own regular patients of your own. … Seeing them regularly, following them up, referring them to XXXX (Regional Hospital) and then seeing them when they come back for step down care.”

“I did a lot of chronic disease in general practice with clinics and XXXX [prison]. … that’s exposure you do not get in the big city hospitals. … I learnt how to engage and handle multiple problems in an otherwise well patient, like preventative medicine.”
“There is a smaller chain of command so you could have a go at these things, whereas I don’t think you could in other places. **You could just be a lot more hands on** with deliveries, hernias, sutures other things like that, that you probably wouldn’t necessarily get to do in a bigger centre.”

“If you are someone who stands back and expects to get through experiences you are not going to get anything out of it, but I really tried to push to be involved. … If any procedures came up I would try to put my hand up and say, ‘can I watch or be involved or have a go.’

“We worked quite long hours but we did it because we knew we wanted to have the exposure. … we obviously had a ACRRM log book … we got 66% of the critical care skills in that 15 weeks and you’re aiming 50% over 2 years … I think we got 44% of the entire logbook signed off while we were. **Procedurally nothing can compare to that**”
“It’s been very useful for getting airway skills. … I don’t think you can have any alternative to actually doing intubations on difficult people, **getting to spend large amounts of time in theatre**.”

“It was quite practical in that I had all of that clinical experience, like standard gynaec presentations to ED, and GP type presentations for gynaec procedures. … I saw a lot more patients that way and you saw a lot more different conditions and different presentations.”

“I did do a lot of neonatal cannulation, and baby checks and all that. It was a good exposure to general paediatrics given that the range of conditions is quite broad.”

“There was a lot more teaching and you got more time to ask questions. … you get to spend a lot of one on one time with your senior colleagues and you learn a lot from them.”
A spectrum of learning experiences

Core Term PGY1

“You absorb things peripherally. You don’t really get to do them.”

“you just learn from watching the Registrars do something”

Block rotation PGY1

“I felt like a … student again. Sitting on the side lines watching.”

Block rotation PGY2

“It was quite practical in that I had all of that clinical experience.”

PIERCE

“You could just be a lot more hands on with deliveries, hernias, sutures other things like that”

“You’re seeing people that are living the job and seeing them enjoying the job, you’re being immersed in the community where you’re living like it will be.”

Learning to Work

Working to learn

Living to become
Any Questions?
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