

THE ECOSYSTEM OF EVIDENCE

Navigating the future
of the ecosystem of evidence

Artificial intelligence and digital transformation
in research and healthcare

11th EBHC International Conference
Taormina, 21st – 24th October 2026

#EBHC2026

Evidence-Based Medicine Faculty Development in Rural and Underserved Residency Programs

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Disclosures

Rural Residency Planning and Development – Technical Assistance Center (RRPD-TAC) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

Teaching Health Center Graduate Medical Education – Technical Assistance Center (THCGME-TAC) is supported by the HRSA of the U.S. Department of Health and Human Services (HHS) under contract #75R60224C00016.

The North Carolina Graduate Medical Education – Technical Assistance Center (NCGME-TAC) is based at the UNC Cecil G. Sheps Center for Health Services Research supported in part by the North Carolina Department of Health and Human Services (NC DHHS) through the Rural Health Transformation Program and by the UNC System Rural Residency and Medical Education Training Fund.

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Collaborators

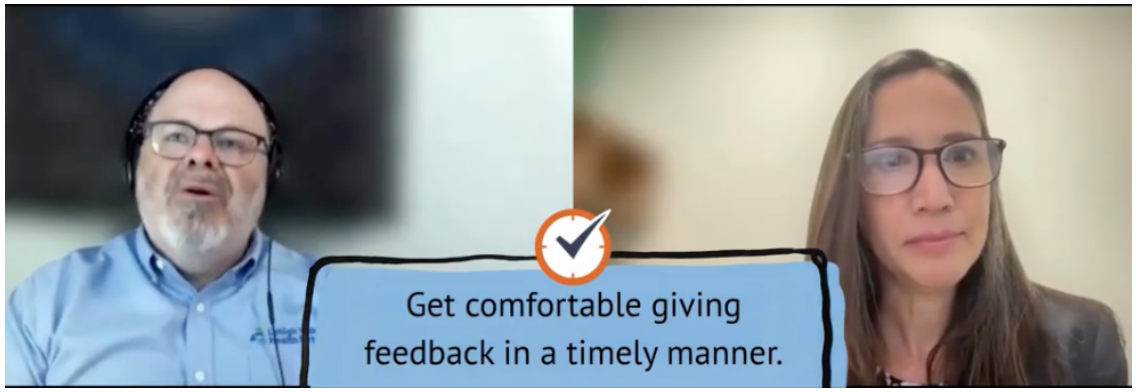
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Agenda



- Why do we need faculty development for rural and underserved settings?
- What works for rural and underserved faculty development?
- What is The Preceptor Pulse?
- What have we learned about creating effective resources for rural and underserved faculty development?

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The Why

- Qualitatively different setting than urban/academic medical center
- More limited formal educational resources and structures
- More limited access to evidence-based materials
- Less time for faculty to engage in educational roles
- Clinicians may be less likely to see themselves as teachers



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Evidence of Need

METHODS

- *Design:* secondary analysis of FY23 performance report data
- *Who:* Rural Residency Planning and Development (RRPD) grant recipients (n=43)
- *What:* Faculty development offerings



Structured training programs



Other faculty development activities

Weidner A, et al. Faculty Development in New and Emerging Rural Residency Programs. DOI:http://dx.doi.org/10.4300/JGME-D-24-00923.1

RESULTS

16/43 (37.2%) indicated their faculty participated in structured, mostly longitudinal faculty development programs

22/43 (51.2%) participated in a faculty development activity such as a conference or class

12/43 (27.9%) had no faculty development activities in FY23

Only program developmental progress was associated with engagement in faculty development; no difference by program specialty, region, size, or structure.

What Works

- Engaging faculty in existing faculty development programs[1]
- Framing development as an investment[1]
  - Return on investment: faculty retention, improved learner outcomes
- Informal training (e.g. role-modeling, reflection, learning from peers)[2]
- Shorter, longitudinal experiences[3]
- Microlearning modules[4]





[1]Weidner et al. *J Grad Med Educ* 2025;17(3):362-66
[2]King et al. Medical Teacher 2021;43:1-5
[3]McLean et all. Medical Teacher 2008;30:555-84
[4]Bowler et al. MedEdPORTAL 2021;11161.

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Our Intervention

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THE PRECEPTOR PULSE

Feedback Conversation

Drew Keister, MD with
Mary Alice Scott, PhD



Topics Addressed



- POwER Precepting (Prepare, Orchestrate, do other work, Educate, Review)
- Tips for Using AI in Resident Training
- Precepting Microskills*
- The Master Adaptive Learner*
- Giving and Receiving Feedback*
- Working with Struggling Learners

*Includes dental perspective addendum

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Process Results

Intervention Development

- **Accessible Expertise Resources**
- **Technical Support Is Necessary**
- **Easy-to-Use Platform**

Evaluation

- **Limited Survey Response**
- **Rich Qualitative Feedback**

Impact Results

Effectiveness for Learning



Deepens understanding when self-paced



Needs flexible, modular framing



May not fit every specialty (e.g., Dental)

Format/Length



Format fits the purpose



Keep videos short



Conversational style Is preferred



Offer multiple formats (infographics, transcripts)

Outcome Results



Increased Confidence Teaching Residents

Small Increase



Additional Learning About Teaching Residents

Some Learning Gained



Likelihood of Changing Teaching Strategies

Some Likelihood

Next Steps

- Continue to develop process, impact, and outcome evaluation models
- Identify additional methods for evaluation that will work for community preceptors
- Produce additional videos based on feedback
- Develop long-term distribution plan



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Lessons Learned

- Community preceptors are sometimes a challenging group to reach - for training in evidence-based teaching and for evaluation of intervention.
- Developing an evidence base for community-engaged interventions requires creativity and time, cannot rely on standard methods of evaluation.
- To enable immediate impact, implementation while still developing evidence base is necessary.

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