

Medical Education Update and Tips for Working with Learners

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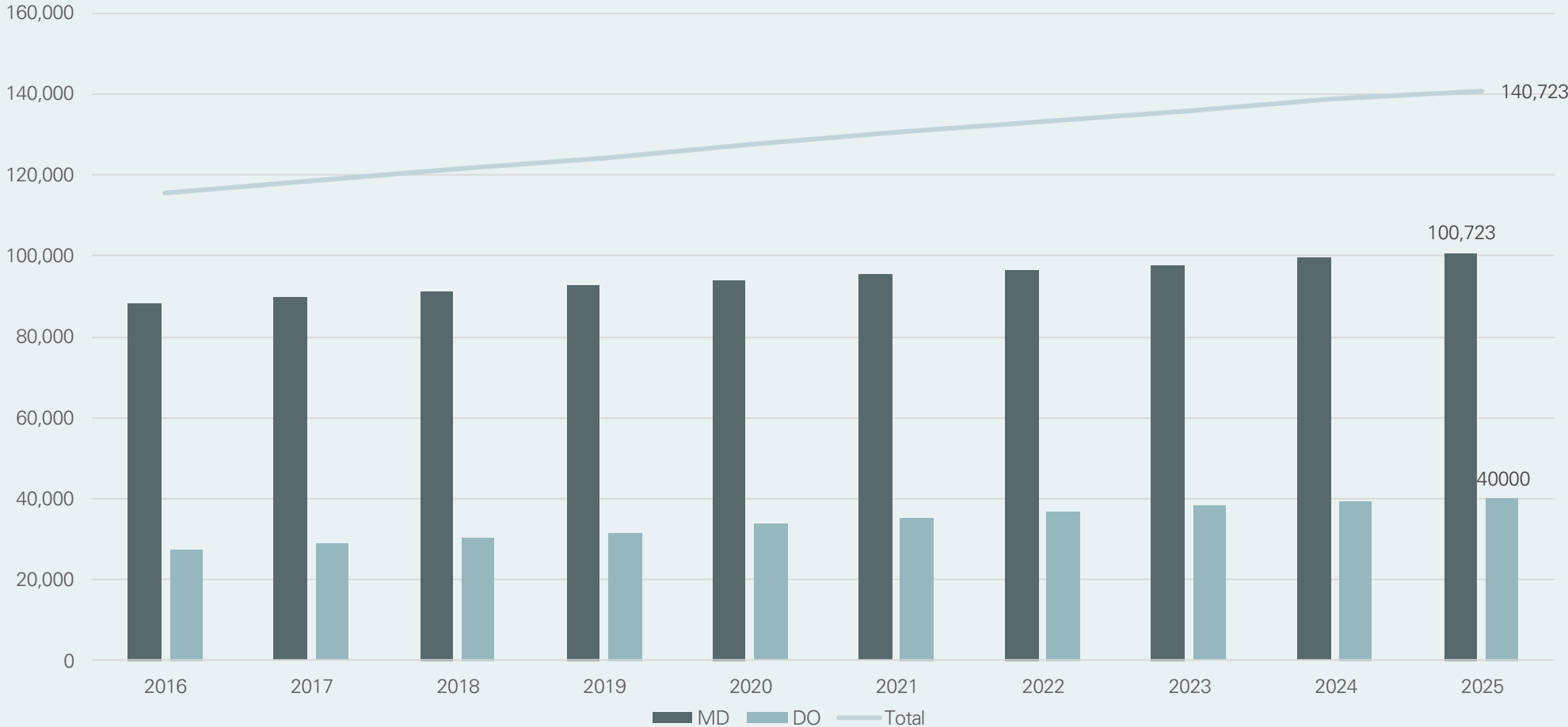
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Learning Objectives

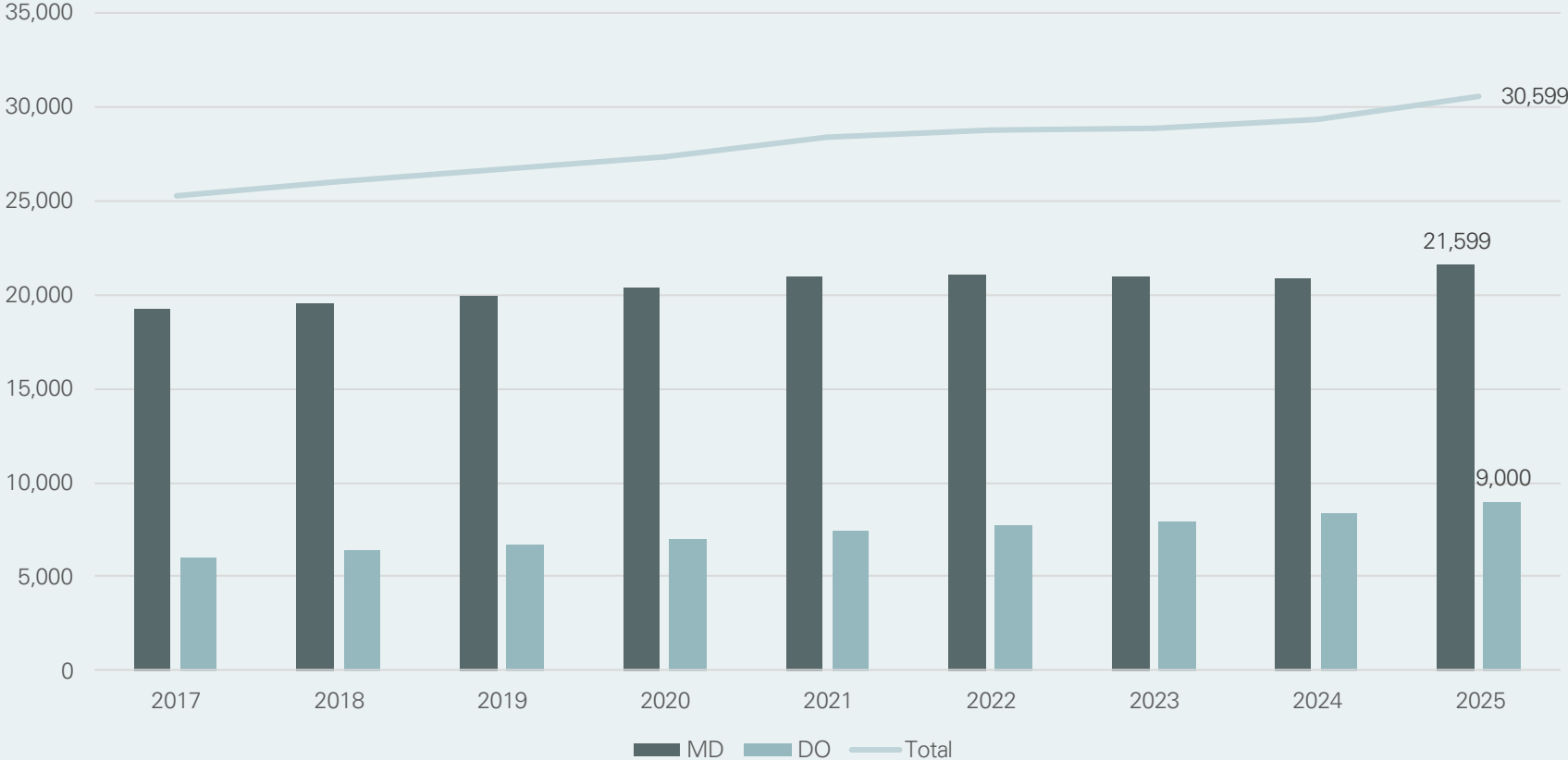
- Describe emerging trends shaping undergraduate and graduate medical education, especially training programs in Montana
- Understand the trends impacting family medicine education and the future family physician workforce, including the numbers of US MD, DO and IMG students entering family medicine residency
- Understand some emerging issues changing how we educate and evaluate medical trainees
- Apply 1-2 strategies to work with clinical learners and provide effective teaching and feedback

Trends in the MD/DO Pipeline

US Medical School Enrollment

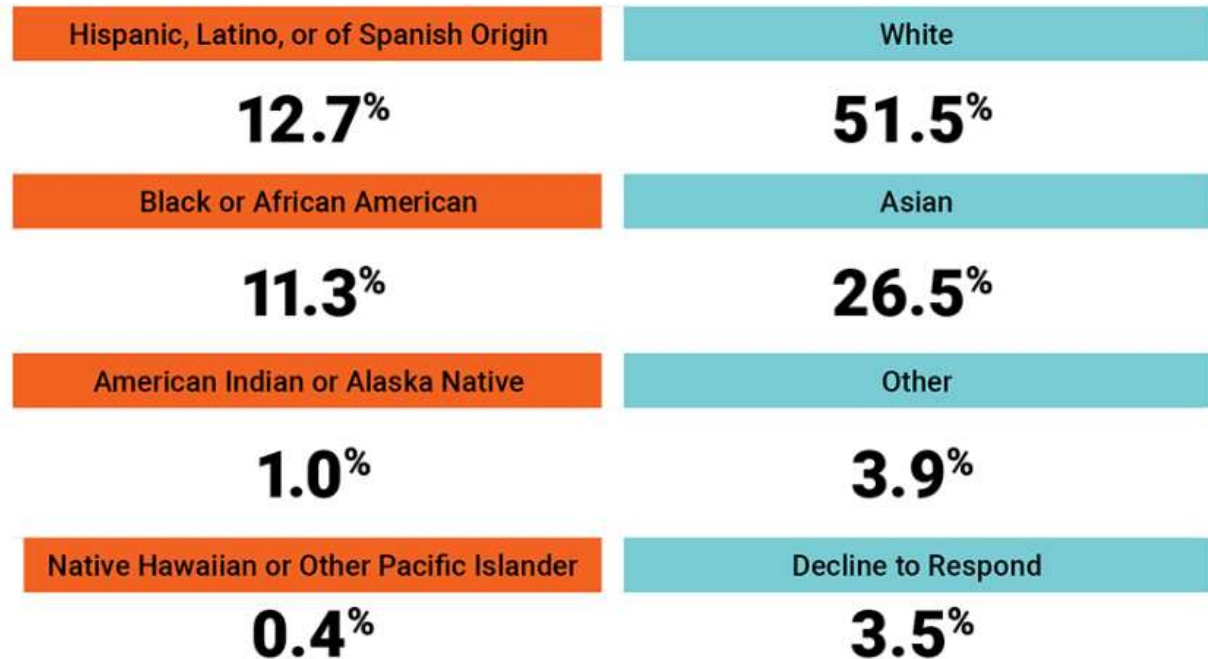
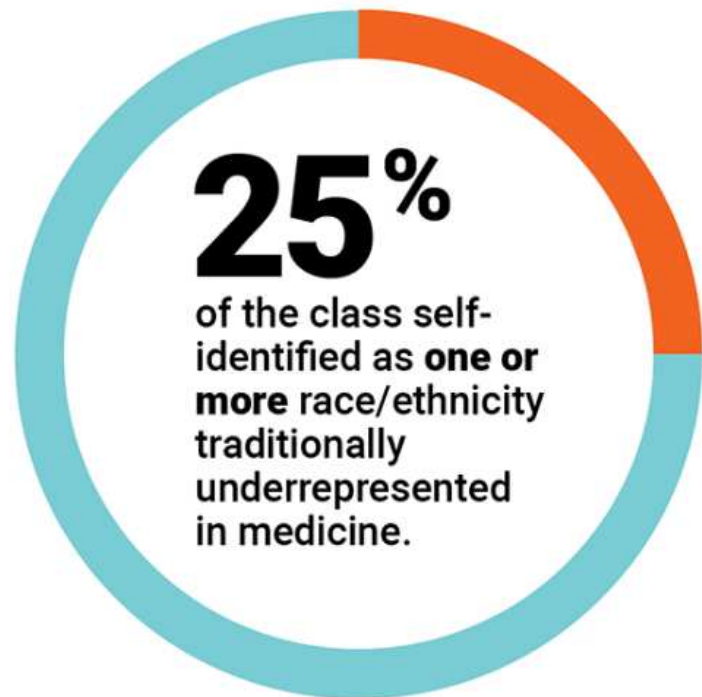


US Medical School Graduates

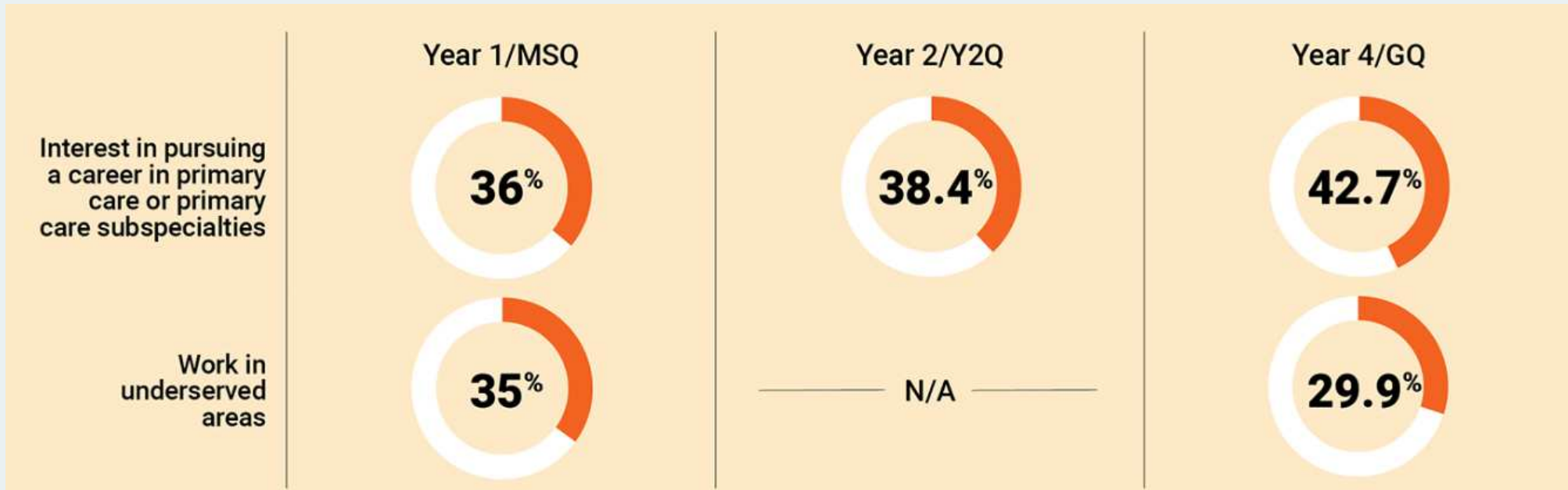


Demographics of MD Class of 2025

That year **women** were the majority of...



Interest in Primary Care and Influences on Career Choice

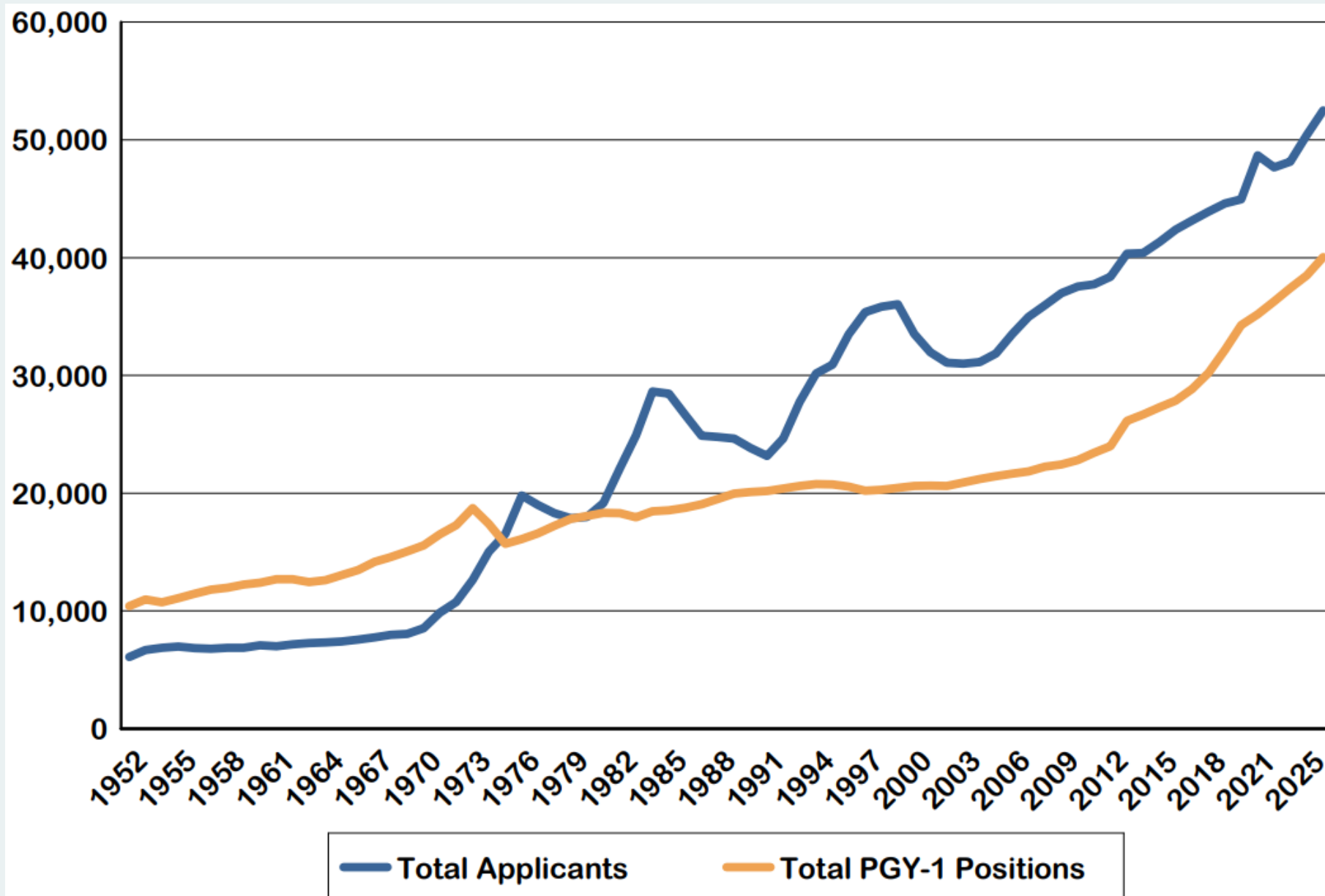


At graduation (2025 GQ), when asked about what influenced their choice of future medical specialty, "My personality, interests, and skills" was the top strong influence.

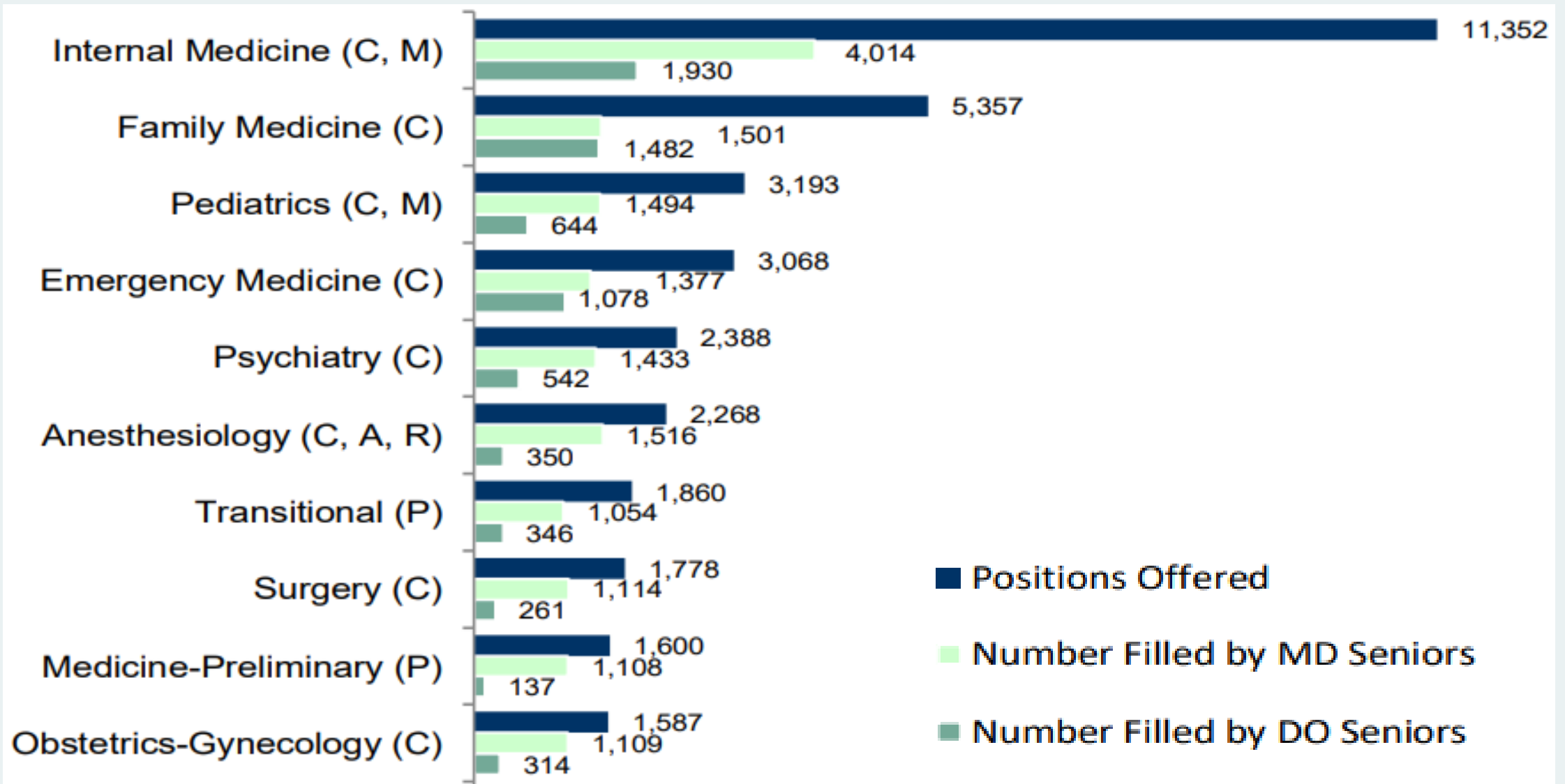


Trends in the Residency Match and Family Medicine

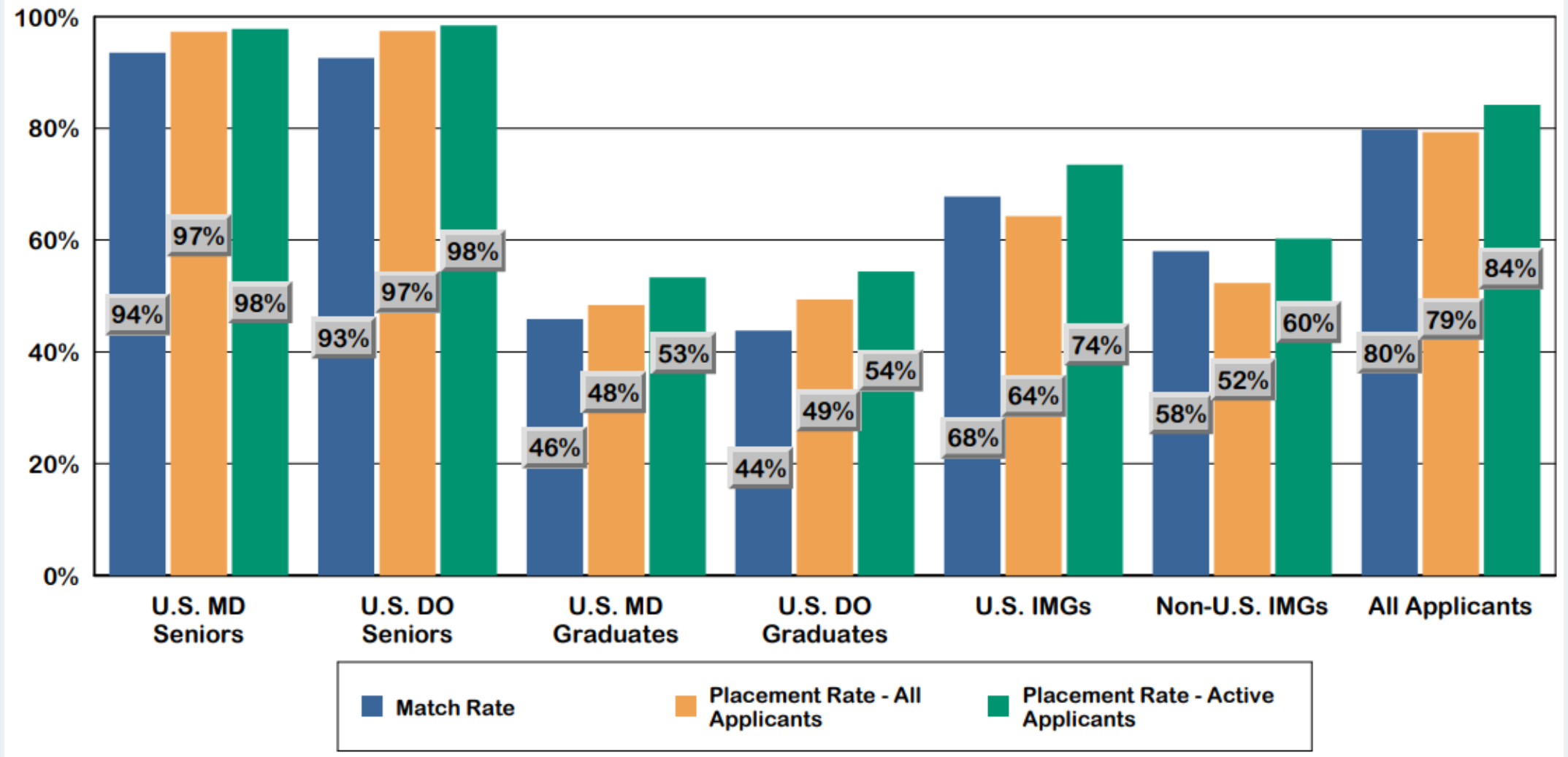
PGY 1 Residency Positions and Applicants



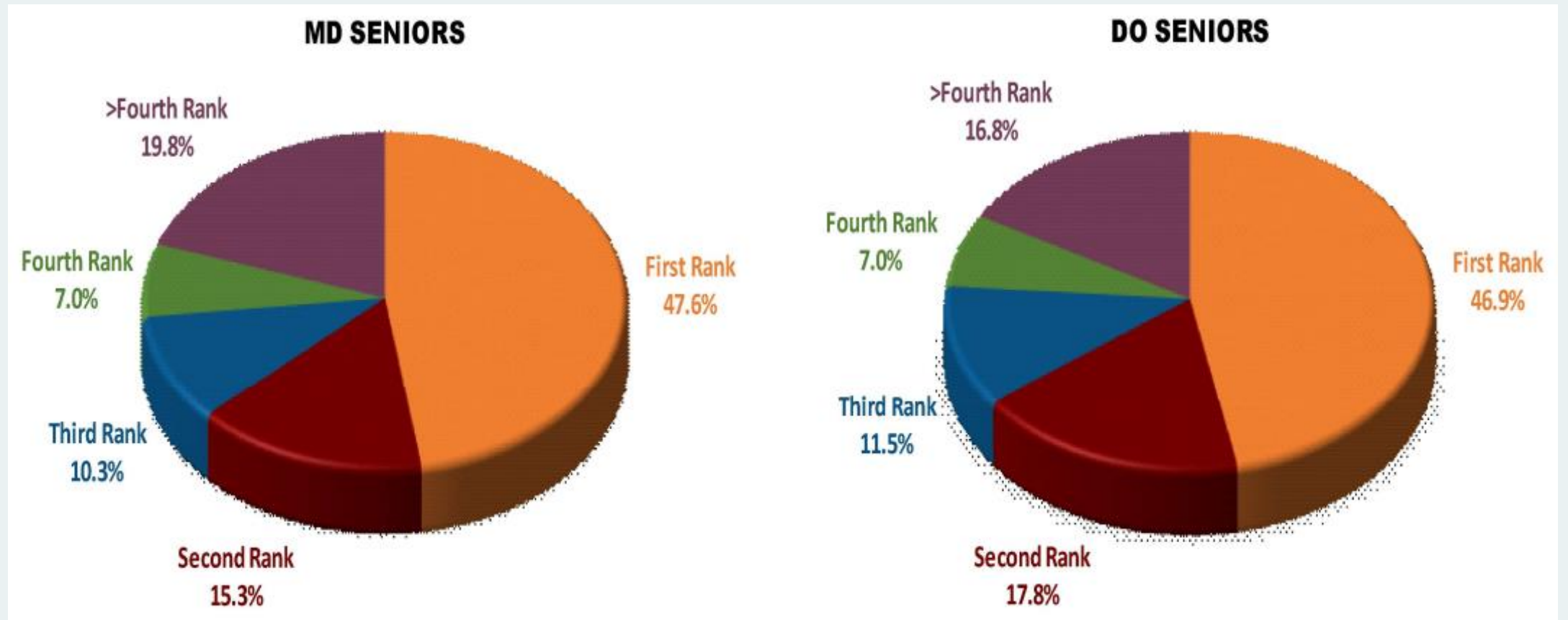
2025 Match by Specialty



Match Rates and Ultimate Placement Rates - 2025



Match by Rank for US and Seniors

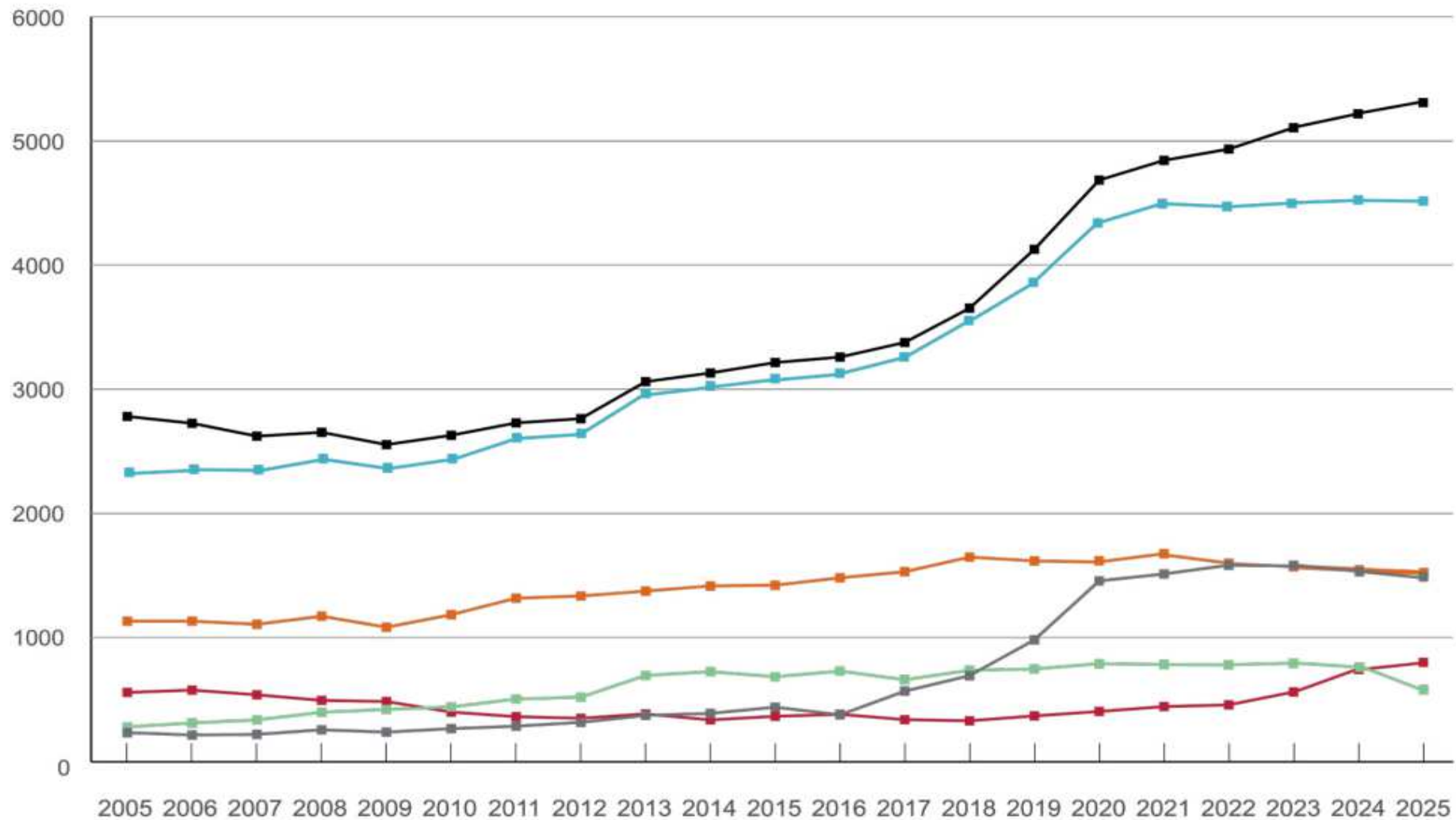


Match Rates of 8 Largest Specialties in 2025

	# of PGY-1 Positions	% US MDs	% Filled
Internal Medicine	10,941	35%	97%
Family Medicine	5,357	28%	85%
Pediatrics	3,135	47%	95%
Emergency Medicine	3,068	45%	98%
Psychiatry	2,388	60%	100%
Anesthesiology	1,805	72%	100%
General Surgery	1,778	63%	100%
OB-GYN	1,587	70%	100%
All PGY1	40,041	48%	94%

Family Medicine in the NRMP Match 2005-2025

PGY-1 Residency Positions Offered and Filled by Applicant Type

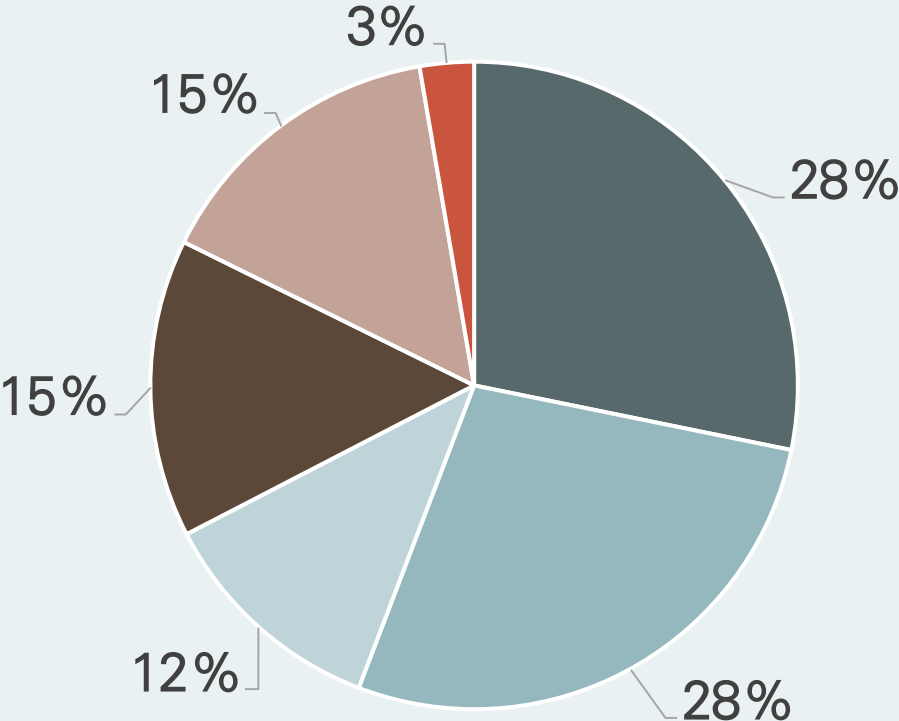


■ Number of positions
 ■ Number filled
 ■ US MD
 ■ DO
 ■ US IMG
 ■ Non-U.S. IMG

Graph created by the American Academy of Family Physicians | MED23011491
 Data are sourced from the National Resident Matching Program as of Match Day each year and do not include positions filled in the Supplemental Offer and Acceptance Program or through the American Osteopathic Association Intern/Resident Registration Program.



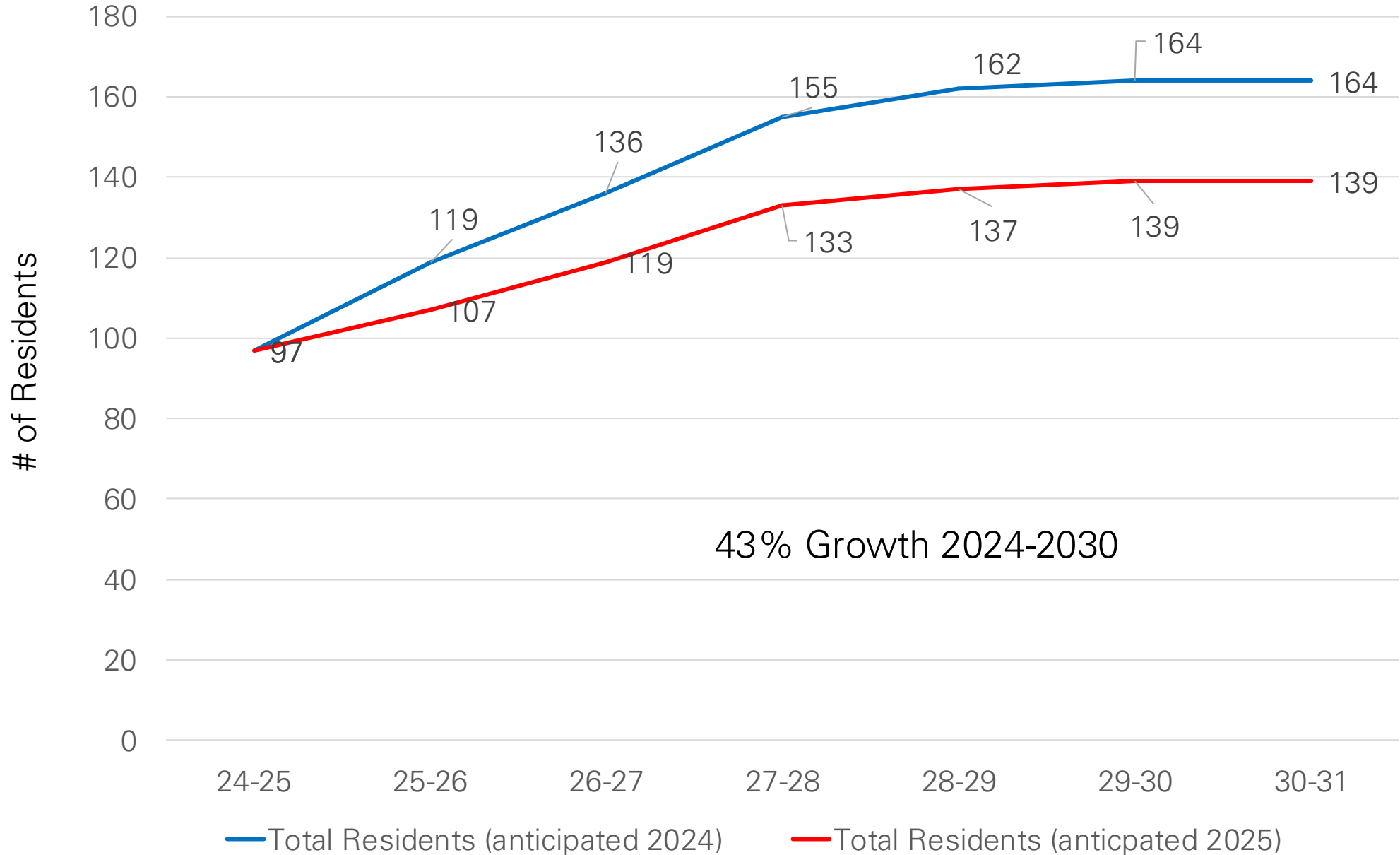
Family Medicine Match 2025



- MD Seniors
- DO Seniors
- US IMGs
- Non-US IMGs
- Unfilled
- Other

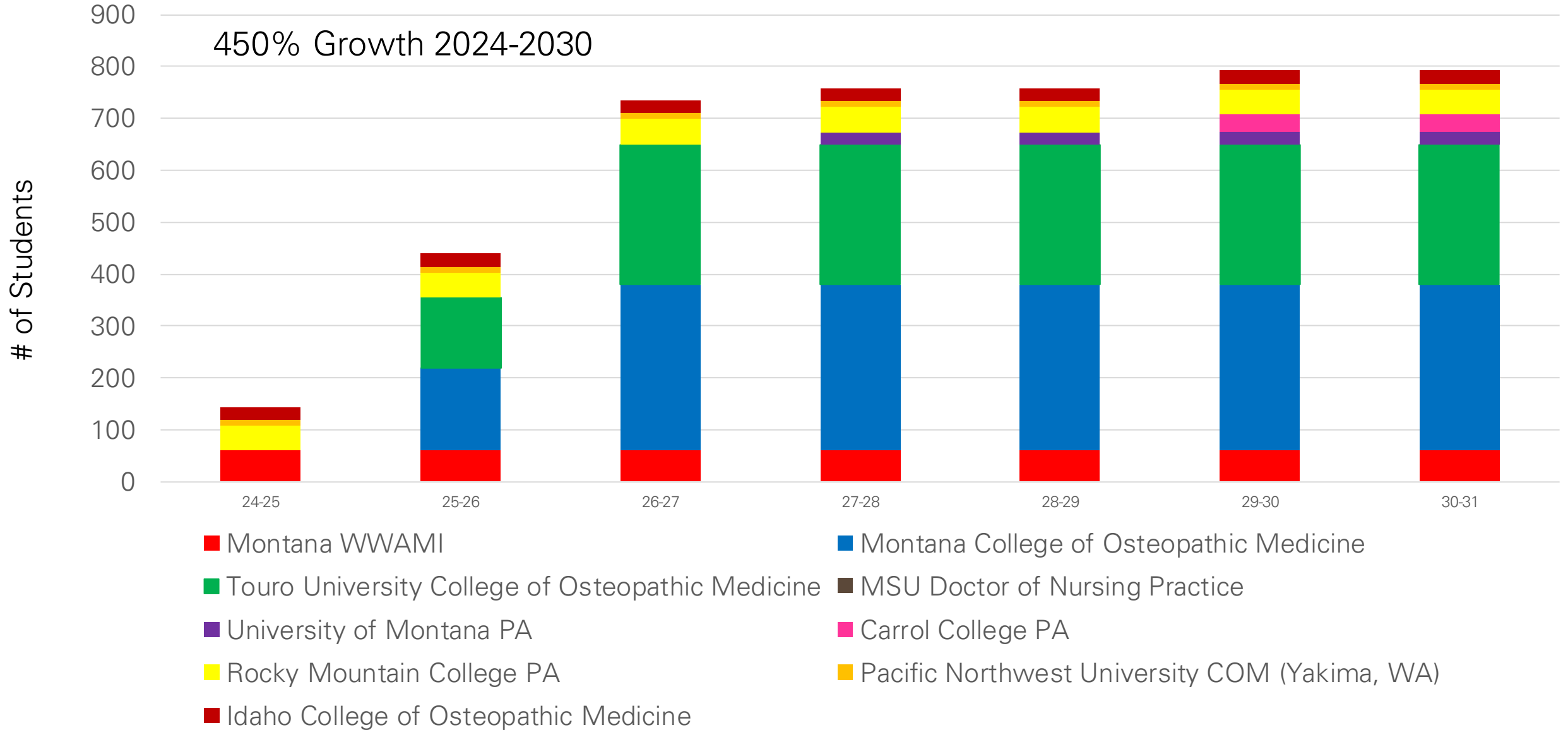
Local and Regional Data

Anticipated MT Residency Growth



of Clinical Learners in MT-based MD, DO, DNP and PA Programs

450% Growth 2024-2030





FAMILY MEDICINE RESIDENCY NETWORK

WASHINGTON • WYOMING • ALASKA • MONTANA • IDAHO



5 STATES WITHIN
OUR REGION



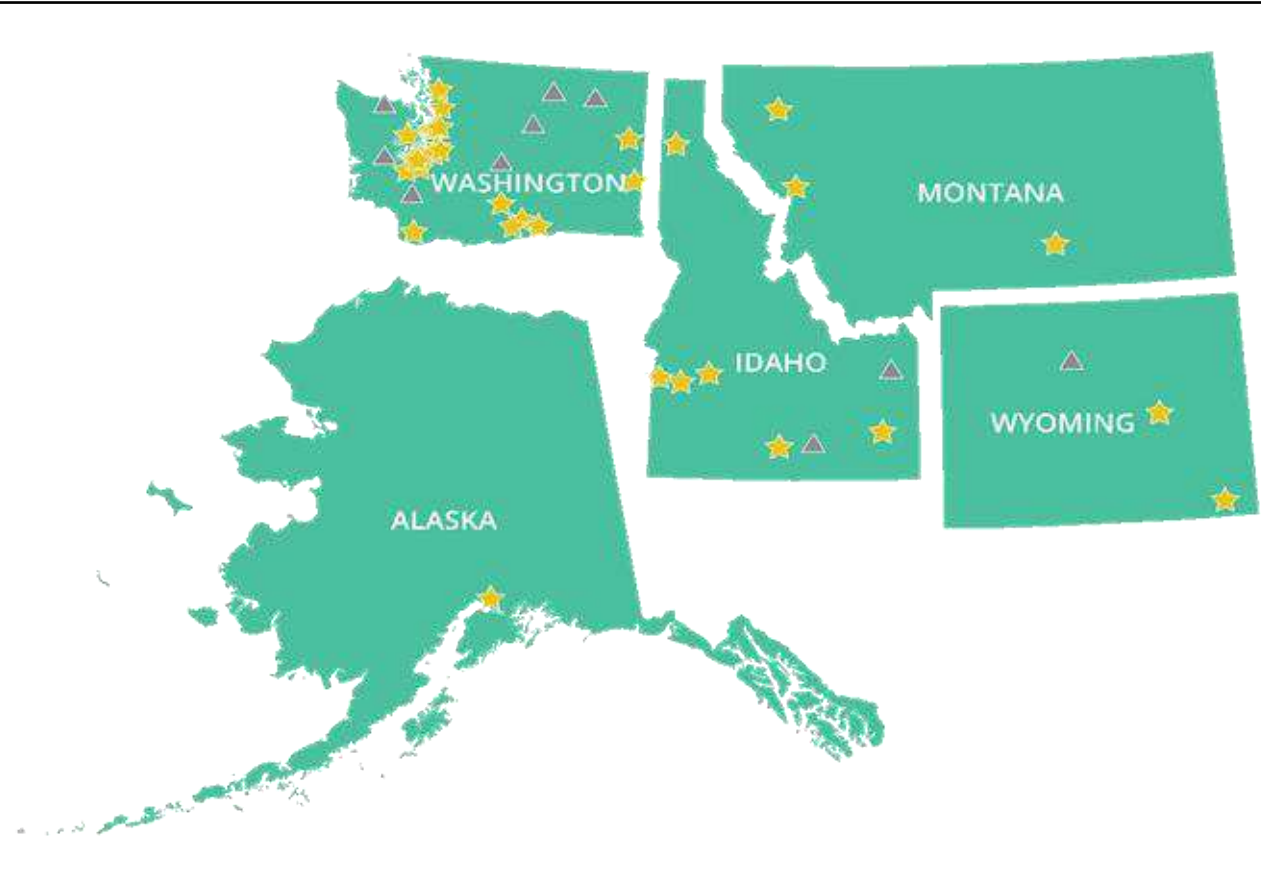
769 RESIDENTS
AND GROWING



32 RESIDENCY
PROGRAMS



10 RURAL TRAIN-
ING TRACK OPTIONS





WWAMI Region FM Data

- 250 residency slots in FM match, 20% (51) unfilled in 2025
- 25-30% of regional FM positions filled by students from regional medical schools
- 2025 Regional Medical School FM Match:

	Class Size	Regional FM	Total FM
UW	256	23 (9%)	33 (13%)
PNWU	140	24 (17%)	42 (30%)
WSU	68	10 (15%)	11 (16%)
ICOM	149	10 (7%)	41 (28%)
Total	613	67 (11%)	127 (21%)

Hot Topics in Medical Education

Generational Shifts in Medicine

- Lisa Rosenbaum, MD

On Calling — From Privileged Professionals to Cogs of Capitalism?

N ENGL J MED 390;5 NEJM.ORG FEBRUARY 1, 2024

Being Well while Doing Well — Distinguishing Necessary from Unnecessary Discomfort in Training

N ENGL J MED 390;6 NEJM.ORG FEBRUARY 8, 2024

What factors are shaping the professional values of the next generation?

Competency-Based Training

"... a shift from numbers-based reporting to requiring programs to assure residents demonstrate competence."

- Medical School and USMLE – trends towards pass/fail and reporting EPA's (Entrustable Professional Activities)
- ACGME Changes – 2023 – new FM Program Standards
- ABFM Changes – 2024-26 - new "core outcomes"

A more hands-on and individualized approach to education:

- More (and more detailed) evaluations, observations and feedback
- Wholistic review and Individualized Learning Plans
- Customized education to meet learning goals
- What can a student/resident "do" by the end of training

Examples of Competency-Based Language in Evaluations

Traditional

“Good fund of knowledge.”

“Excellent fine motor skills.”

“Efficient completion of administrative tasks.”

“Friendly and eager to help.”

Competency-Based

“Able to generate a differential diagnosis for acute chest pain.”

“Performed a simple laceration repair with only verbal coaching from the preceptor.”

“Provides complete sign-out of patients during transitions of care.”

“Functions well as a member of an interdisciplinary team.”

Artificial Intelligence

- AI is pervasive
- Our learners are likely using a variety of tools in ways we are not
 - Cognitive vs administrative offloading
- Risks of AI use at a time when learners are building knowledge and developing critical thinking skills
 - Never-skilling: early learner uses AI to do basic clinical reasoning tasks such as DDX generation or treatment planning
 - De-skilling: advanced learner or practicing clinician has over-reliance on AI to do clinical reasoning work
 - Mis-skilling: clinician fails to recognize/correct systemic bias or errors in AI outputs

Practical Teaching Strategies

DEFT-AI – *precepting a learner using AI*

Diagnosis, Discussion and Discourse

Description of the learner's specific use of AI:

- *What specific AI did you use?*
- *How did you use AI in this process?*
- *What prompts did you enter in the app?*

Evidence

Evaluation of the learner's evidence-based use of AI:

- *How did you verify the AI-generated outputs?*
- *Is the AI that you used shown to be accurate and safe?*

Feedback

Ask the learner to reflect on growth opportunities in AI use:

- *How do you evaluate your own use of AI in this case?*
- *How can you improve your use of AI?*

Teaching

The educator provides focused teaching points based on findings from the conversation

AI Recommendation

The educator provides learner-specific recommendations for the safe use of AI.

One Minute Preceptor (or 5 Micro-skills)

- helping a learner refine clinical reasoning skills

1. Get a Commitment	<ul style="list-style-type: none">- One learning point- Ask for a commitment
2. Probe for Supporting Evidence	- Ask why... what evidence? What other options did you consider?
3. Reinforce what was done well	"I agree asthma is the most likely diagnosis." "You chose an appropriate first line medication for hypertension."
4. Give Guidance about Errors/Omissions	"X is do-not-miss diagnosis for this complaint.. How could we rule it out?: "Did you ask about...."
5. Teach General Rules	<ul style="list-style-type: none">- Structured DDx- Clinical Practice Guidelines- Etc.

Ask-Tell-Ask – *in the moment brief feedback*

Ask - The attending asks the trainee to assess their own strengths and weaknesses over the review period.

“How did it feel taking a sexual history from that patient?”

Tell - The attending elaborates on their own observations, which may or may not be in response to the trainee’s assessment.

“I noticed that you didn’t elaborate or ask more questions when the patient said she is sexually active.”

Ask - The attending inquires a goal based on the discussion.

“What might you do differently next time?”

Structured Direct Observation

- to avoid running behind or getting comfortable with a new learner.

- Coach learner in advance

“Let’s go in together, focus on taking a history about X.”

- Direct patient’s attention to learner and clarify your role, act as scribe.

“I’m going to take notes while Susan asks you about your shortness of breath.”

- Ask learner to summarize in front of the patient, provide direct teaching, perform exam together.

“We’re going to talk shop for a minute...”

- Opportunity to observe both learner’s history taking and communication skills.

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