

Beyond the Probe

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We drove up a narrow, unpaved road, winding through the hills of rural Guatemala and eventually stopping in front of a steel-paneled house. I crossed the threshold into the makeshift living room, its packed dirt floor swept clean, a small wood stove glowing a few feet away. A young woman waited for us seated on a single worn couch, hands atop her pregnant belly. She smiled as we entered, gestured for us to sit, and moved a hand to her chest, saying “Rosa.”

I approached Rosa in my scrubs, with my stethoscope and a small backpack slung over my shoulder containing a handheld ultrasound probe. I also carried a mix of excitement and trepidation at the thought of using my ultrasound skills outside the familiar environments of the classroom, clinic, and hospital. Our family medicine residency program had recently integrated point-of-care ultrasound (POCUS) into the core curriculum, and after months of dedicated training, I felt nervous, but ready to perform the scan. Now tucked into the stove-warmed space in Rosa’s tiny home, as I pulled out the equipment, I felt humbled by the responsibility of applying this skill and the significance of bringing these clinical pictures to a community with no access to comprehensive imaging.

Probe in hand, I explained to Rosa what I was about to do, the translator repeating my words in rapid Spanish. As I squeezed cool gel onto the probe, I hesitated for a moment, aware of how easily technology can introduce distance into a clinical space. Rosa watched my hands closely. When I placed the probe on her abdomen, the now familiar grainy image flickered to life. A rounded shape came into focus, a head, followed by the rhythmic pulsing of a heartbeat.

Rosa leaned forward, her body language shifting before a word was translated. Her eyes fixed intently on the screen, her smile softening into something quieter. Family members drifted closer, peering curiously at the screen. Under Rosa’s intense gaze, I named the head, traced the curve of the spine, and pointed out the small movements of tiny hands and feet. As I swept the probe in the systematic way I had been taught, a second curved outline appeared. I adjusted my angle, my breath catching slightly as recognition set in—a second head, a second heartbeat.

For a brief moment, time felt suspended. I repositioned the probe and methodically reviewed each part of the image, reminding myself to slow down and be sure of what I was seeing. Beside me, I heard the translator’s voice rise, becoming higher pitched, her words flowing more rapidly as she shared the news. The hush broke, and the family began to chatter animatedly, laughing and talking over each other. Rosa’s hands flew to her mouth, her eyes bright and wide. I felt a surge of awe, joy, and humility not only for the discovery, but also for the privilege of being the one to witness and share it.

Later, as our van bumped along the winding road, I imagined how differently this visit might have unfolded. Without sharing these POCUS ultrasound images, Rosa would have been left with only my translated words, while I would have anxiously carried the weight of unanswered clinical questions. Instead, we both had more clarity. My experience with Rosa helped me recognize how this technology could deepen a relationship rather than dominate it; using bedside ultrasound forced me to slow down and be present and gave us a shared dialogue with which to cross the language barrier.

This personal interaction highlighted for me how POCUS could transform my practice—by enhancing communication with patients, strengthening trust with patients and families, and expanding the quality of relational care I offer as a family medicine doctor.

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