

EDITORIAL

Wisdom for Navigating the Family Medicine POCUS Adventure

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HOW TO CITE: Wu V. Wisdom for Navigating the Family Medicine POCUS Adventure. *Fam Med*. 2026;58(9):611–612. doi: [10.22454/FamMed.2026.709406](https://doi.org/10.22454/FamMed.2026.709406)

FIRST PUBLISHED: October 7, 2026

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“Medicine’s ground state is uncertainty. And wisdom...is defined by how one copes with it.”
—Atul Gwande¹

Among the many recent changes to family medicine resident education is the addition of point-of-care ultrasound (POCUS) as a required procedure for graduation.² As with any major new requirement, there is uncertainty about how to reach it. Dr Warren Newton describes in his overview the challenges to POCUS education that exist due to many gaps and barriers, including lack of knowledgeable faculty, lack of standards for curriculum and assessment, cost of equipment and training, and the feasibility of using POCUS in the clinical setting. He also helps us understand why POCUS is important to the delivery of care in the family medicine clinic of the future.³ Clements *et al.* provide an overview of the history of POCUS use and education that helps expand our understanding of where we have been and where we can go.⁴ The *Family Medicine* editorial team hopes that the collective knowledge, wisdom, and experiences of our colleagues in this special issue will empower you to tackle the work of integrating POCUS into your own learning environment.

The STFM POCUS Task Force has worked hard to establish residency training POCUS guidelines and benchmarks.^{5–8} Through many rounds of deliberation and a focused in-person meeting, expert family medicine POCUS faculty developed recommendations for both inpatient and outpatient applications. Study the tiering table⁵ to see what is recommended as a core set of POCUS skills to focus on now (Tier 1) and what you can expand to as you move forward in expertise (Tiers 2–5). For those curious as to how the Task Force decided on this list, the process

is described in detail.^{6–8} I confidently attest, from my own experience learning POCUS in the outpatient setting, that all the Tier one and some of the Tier two applications are realistically attainable for beginners. For all the listed applications, there is flexibility regarding which are most relevant for your patient population, so use the tiers as a starting point as you integrate POCUS into your toolbox for patient care. My tip for busy faculty is to take it one step at a time and set small learning goals, such as focusing on one scanning skill per month, aiming to practice on one patient per clinic session and carrying your device in your pocket throughout the clinic day. Just as we did in medical school, we can also shamelessly practice on family and friends.

Many fellow educators have been implementing POCUS education and learner assessment in their programs. In this issue, you have the opportunity to learn from their pioneer work in designing and implementing POCUS curriculum^{9–12} and gain a satellite view of what strategies may work as well as considerations as you develop your program. You may find inspiration in the triumphs, challenges, and hopes in the report of a cohort of residency programs in New England.¹³ The papers in this issue also reveal attitudes of current residency program educators, learners, and those in independent practice toward the use of POCUS in the care of patients.^{14–17} Readers can use the conclusions in these articles to support the resource allocation needs in their own proposals to institutional stakeholders.

Further, to help with comprehending the finer details of POCUS education, consider the faculty development tips presented in the Family Medicine FOCUS section^{18,19} as well as relevant reference

books as you create your program.^{20–22} And finally, we commend the personal stories and reflections of how POCUS has impacted the lives of educators and clinicians.^{23–28}

There are many unknowns as the academic medicine community takes on the new and challenging tasks of developing clinical and academic competence in POCUS. But remember, we have a strong foundation of knowledge in educational design and an abundance of curiosity and creativity to apply to this endeavor. I'm excited for what lies ahead. Welcome to the family medicine POCUS adventure.

ACKNOWLEDGMENTS

Special thanks to the other guest coeditors of this special issue, Jason Frasca, DO, and Ryan Paulus, DO, for their work in curating the contents of this issue. We appreciate their vision of the most beneficial research for enhancing family medicine POCUS education at this transformational juncture.

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