

FAMILY MEDICINE

POCUS READINESS GUIDE 2027

Preparing Residency Programs for the
New ABFM & ACGME Requirements

A practical guide for program directors and faculty to prepare
for the future of competency-based procedural education.



Faculty Ready



Residents Ready



Patients Benefit

1

WHAT ABFM & ACGME ARE CHANGING

Family Medicine residency education is evolving toward competency-based medical education (CBME) and competency-based procedural skills.

Key changes coming in 2026–2027:



Procedural competence attestation

Program directors will attest to resident competence across core domains.



POCUS becomes a required procedure

POCUS is expected to be a required procedure for graduation and board eligibility beginning in 2027.



Faculty expectations increase

Faculty will increasingly be expected to supervise POCUS.



Standardization and assessment

Structured training pathways and objective competency assessment will be increasingly important.



These changes reflect a broader shift toward frontline diagnostic capability, earlier patient assessment, and high-quality procedural care in primary care.

2

WHAT RESIDENCY PROGRAMS WILL NEED TO PREPARE FOR

The transition toward mandatory POCUS competency introduces new operational, educational, and faculty development needs.



Faculty Readiness

Can current faculty confidently supervise and validate POCUS competency?



Standardized Curriculum Development

Does the program have a repeatable and scalable framework for teaching acquisition and interpretation?



Competency Documentation

How will resident competency be assessed, tracked, and validated consistently?



Supervision Capacity

Can the program support increasing resident procedural exposure without overwhelming faculty?



Educational Scalability

Can procedural education expand across multiple care environments using consistent and quality?



Early preparation strengthens faculty, attracts top residents, and positions your program for the future of competency-based education.

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THE FOUR BIGGEST IMPLEMENTATION GAPS

These are the most common challenges programs face as they prepare for 2027.



Gap 1: Faculty Shortages

Limited numbers of faculty with advanced POCUS experience create challenges in supervision, feedback, and scaling education.



Gap 2: Lack of Standardized Curriculum

Variable teaching methods lead to inconsistent learner experiences and difficult benchmarking across programs.



Gap 3: Insufficient Proctors & Support

Traditional models rely heavily on one-to-one teaching, creating bottlenecks in faculty time and learner access.



Gap 4: Competency Assessment & Documentation

Programs need objective assessment methods and structured pathways to validate competency consistently.

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THE FACULTY COMPETENCY CHALLENGE

Many faculty completed training before widespread adoption of ultrasound in primary care.

As requirements evolve, institutions must support faculty in:

- Building scanning confidence
- Standardizing teaching methods
- Supervising learners consistently
- Assessing competency objectively
- Integrating POCUS into existing workflows



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SCALING SUPERVISION WITHOUT SCALING BURNOUT

As resident demand increases, traditional models become unsustainable.

PROGRAMS FACE:

- Faculty overload
- Limited bedside teaching capacity
- Scheduling complexity
- Reduced educational opportunities
- Variable educational quality

THE FUTURE REQUIRES BLENDED LEARNING MODELS THAT COMBINE:

- Faculty instruction
- Simulation
- Structured pathways
- Objective feedback
- Self-directed practice
- Technology-assisted learning



The goal is not to replace faculty.
The goal is to amplify faculty impact.

STANDARDIZATION IS CENTRAL TO COMPETENCY-BASED EDUCATION

It helps programs:

- Deliver consistent teaching experiences
- Reinforce correct scanning technique
- Reduce variability between learners
- Support objective learner quality assessment
- Create repeatable educational workflows

Without standardization, programs risk:

- Uneven competency development
- Faculty variability
- Difficulty benchmarking outcomes
- Increased remediation burden
- Lower learner confidence



Standardization supports faculty alignment, learner confidence, and more reproducible outcomes.

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SUGGESTED IMPLEMENTATION ROADMAP

1

AWARENESS & ASSESSMENT

Evaluate current faculty competency, curriculum, equipment, teaching capacity, and resident exposure.

2

FACULTY DEVELOPMENT

Build faculty skills through structured education, hands-on workshops, competency validation, and standardized supervision expectations.

3

CURRICULUM STANDARDIZATION

Develop repeatable learning pathways, defined competency milestones, structured protocols, and assessment frameworks.

4

SCALABLE RESIDENT TRAINING

Expand education through repeatable guided practice, simulation, and objective feedback for longitudinal competency development.







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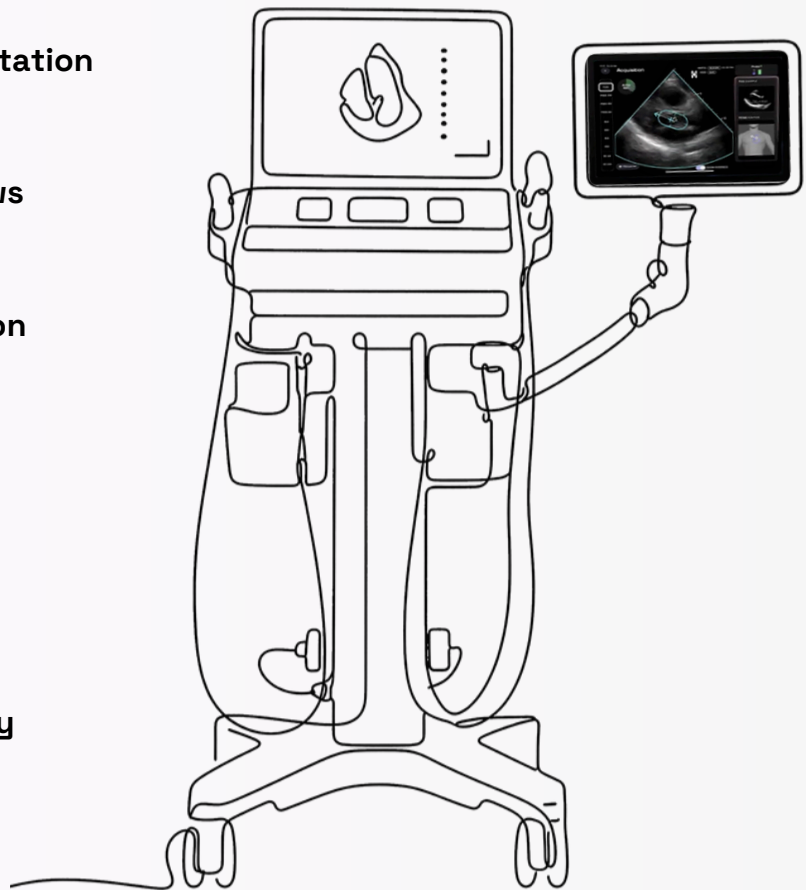
LONG-TERM COMPETENCY INFRASTRUCTURE

Build systems for ongoing faculty onboarding, continuous assessment, consistency, scalability, and accreditation readiness.

HOW AI-GUIDED LEARNING CAN HELP

AI-guided educational tools can play an important role in procedural learning by helping programs deliver:

-  **Procedural competence attestation**
-  **Structured scanning workflows**
-  **Standardized image acquisition**
-  **Objective quality feedback**
-  **Increased learner confidence**
-  **Greater educational scalability**



HeartFocus, developed by DESKi, is an FDA-cleared AI-guided cardiac ultrasound platform that helps clinicians acquire diagnostic-quality cardiac images with confidence.



By supporting guided acquisition and structured feedback, AI-assisted tools help programs expand access, reduce variability, and scale competency development.

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PREPARING FOR THE FUTURE OF FAMILY MEDICINE EDUCATION

The transition to competency-based procedural education is a major opportunity. Programs that prepare now will be better positioned to:



Support faculty readiness



Scale resident competency



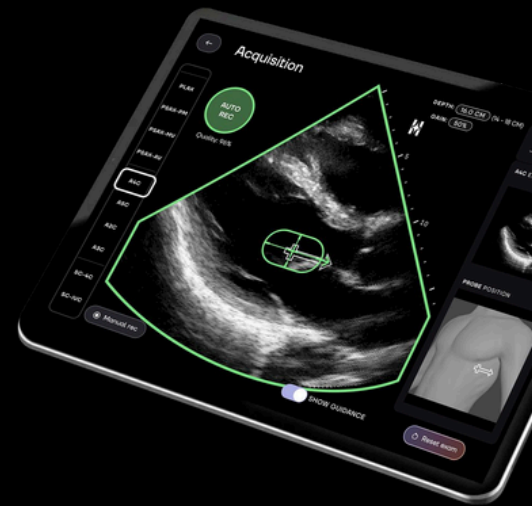
Standardize educational outcomes



Reduce implementation friction



Strengthen accreditation preparedness



The future of Family Medicine education will depend on scalable systems that help clinicians learn, practice, supervise, and validate procedural competency with greater consistency and confidence.

No Heart Can Wait™

ABOUT

HeartFocus

HeartFocus, developed by DESKi, is an FDA-cleared AI-powered platform redefining how cardiac imaging is learned, performed, and scaled across healthcare systems.

Using real-time AI guidance and automatic quality validation, HeartFocus helps clinicians and learners acquire diagnostic-quality cardiac ultrasound images.



AI-Guided Real-Time Support



Automatic Quality Check

FDA

FDA Cleared



Designed for Education

Learn more at

www.heartfocus.ai



KEY RESOURCES

Stay informed. Get prepared.

These organizations are leading the way in advancing POCUS education in Family Medicine.

Organizations

STFM — Society of Teachers of Family Medicine

ABFM — American Board of Family Medicine

ACGME — Accreditation Council for Graduate Medical Education

AFMRD — Association of Family Medicine Residency Directors

AAFP — American Academy of Family Physicians

POCUS.org — Point-of-Care Ultrasound Certification Academy™

**Together, we can prepare the next generation of
Family Physicians for 2027 and beyond.**

HeartFocus

AI-Guided Cardiac Ultrasound

