Over the past few decades a variety of technological advances have dramatically changed the manner in which physicians practice medicine. Both clinically and administratively the practice of medicine is in evolution – for example; stents instead of surgery and digital health records instead of paper charts. For internal medicine physicians one of the biggest transformations with respect to how we will practice medicine is just on the horizon. The routine use of point-of-care ultrasound (PoCUS) will become an essential skill for the practicing internist. The application for PoCUS in the field of internal medicine is immense – accurately assessing the JVP in critically ill patients, performing arterial and venipunctures, diagnosing pericardial tamponade or determining the likelihood of a pulmonary embolus, or the diagnostic and therapeutic removal of body fluids, to name a few.

While some of our colleagues have adopted this technology as an adjunct to the clinical examination or as an aid to conducting bedside procedures most have not adopted this as a routine skill set. Some of the barriers include insufficient training and a lack of readily accessible equipment in all clinical settings. But this will change, and the use of PoCUS will eventually become a required skill of all practicing internists.

In the current issue of CJGIM Lewis et al. have conducted a needs assessment of PoCUS in answering either a clinical question or in guiding a procedure. As the Royal College of Physicians and Surgeons does not yet require all internal medicine residency programs to provide a formal PoCUS curriculum, the objective of their study was to conduct a systematic needs assessment for the introduction of a PoCUS curriculum to an internal medicine program. The results showed that some internal medicine residents were already using PoCUS yet they had never been formal trained in the skill. One is left to wonder what a similar survey would find if conducted amongst practicing internists.

While each residency programs will inevitably develop a PoCUS curriculum for their trainees, it will remain a continuing education challenge for internists already in practice. The importance of this skill cannot be underestimated and it will require the leadership in the internal medicine community to ensure that they create the opportunity for all internists to master the use of PoCUS.