University of Kentucky College of Medicine – Internal Medicine Residency Program Clinical Experience Standards for Categorical and Primary Care Track Trainees

Background

The Accreditation Council for Graduate Medical Education (ACGME) and American Board of Internal Medicine (ABIM) are the two main organizations responsible for establishing accreditation standards and training requirements for Internal Medicine Residency Programs nationwide. For more information, please visit their respective websites:

- ACMGE: https://www.acgme.org/specialties/internal-medicine/program-requirements-and-faqs-and-applications/
- ABIM: https://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/internal-medicine

Length of Educational Program

Accredited Internal Medicine residency programs must provide **36 months** of supervised graduate medical education, including at least **30 months of clinical experiences**.

Required Clinical Experiences[1]

- At least **10 months** in the **outpatient** setting
- At least **10 months** in the **inpatient** and **critical care** settings
    - **Critical care** must total **2–6 months** and may not occur solely during PGY-1
- Clinical experience in all internal medicine subspecialties, as well as, geriatrics, hospice and palliative medicine, addiction medicine, emergency medicine, and neurology
- At least **6 months** of individualized educational experiences tailored to future practice or skill development

Program Philosophy

While ACGME and ABIM require a minimum of 30 months of clinical training, the University of Kentucky Internal Medicine Residency Program (UK IMRP) strives to provide training that exceeds minimum standards to ensure readiness for independent practice in general internal medicine or transition to subspecialty training.

The program prioritizes the development of **strong clinical knowledge and skills** through experiences that provide meaningful repetition and patient care volume. Although opportunities for scholarly activity and medical education are supported during residency, the curriculum is intentionally designed with clinical proficiency as its primary focus.

PGY-1

The clinical goals of the PGY-1 year are to develop foundational knowledge in diagnostic evaluation and therapeutics across general internal medicine and its subspecialties, and to acquire the procedural and operational skills necessary to provide safe, efficient, and high-quality patient care within a large health care system.

Outpatient

- All residents will complete **4 months** of ambulatory care. During these rotations, the clinical week will be structured into 10 half-day sessions—4 sessions will be dedicated to general internal medicine with the resident's assigned continuity clinic preceptor; 4 sessions will consist of subspecialty ambulatory care experiences; and 2 sessions will be designated as Independent Learning Activities (ILA), during which residents will complete administrative responsibilities and engage in professional development activities.
- During the PGY-1 year, residents are **expected to rotate through most, if not all, of the available internal medicine subspecialties**, including Cardiology, Pulmonology, Nephrology, Gastroenterology, Endocrinology, Rheumatology, Infectious Disease, and Hematology/Oncology, in order to establish a strong foundation of broad-based clinical knowledge and experience.

Inpatient

- Inpatient Wards—**3 months**
    - UK Chandler wards (*at least 1* required, up to 2)
    - VA wards (*at least 1* required, up to 2)
- Night Float—**1 month** *variable*†
- Morehead—**1 month** *variable*†
- Cardiology (CA3)—**1 month** *variable*†
- Critical Care—**1 month**
    - Medical ICU (MICU)
- Neurology—**0.5 month**
- Elective—*up to* **0.5 month**
    - During the remaining 0.5 month of the Neuro rotation, interns will have the ability to indicate their preference to rotate with inpatient consult services or ambulatory services
        - Available inpatient consults may include Gastroenterology, Infectious Disease, Medical Oncology, Nephrology, or Pulmonology
        - Available ambulatory services may include Allergy, Bone Mineral Metabolism, Cardiology, Dermatology, Endocrinology,

Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Otolaryngology (ENT), Podiatry, Pulmonology, Rheumatology, Weight loss clinic, or Women's Health

†*Interns will have the opportunity to indicate their preferences. Program leadership will consider individual interests, career goals, and personal circumstances when possible; however, final assignments will be determined by program leadership based on staffing needs.*

Any request to swap or trade rotations requires approval from a Chief Resident.

PGY-2

The clinical goals of the PGY-2 year are to continue advancing medical knowledge, strengthen clinical reasoning, develop skills in effective supervision, and assume graduated responsibility for the coordination of patient care as part of an interdisciplinary team. PGY-2 residents are provided with increased flexibility to tailor clinical experiences compared with the PGY-1 year to support fellowship preparation or readiness for independent practice. However, the primary goal of residency remains the acquisition of knowledge and skills essential to the practice of general internal medicine.

Outpatient

- All residents will complete **4 months** of ambulatory care structured into 10 half-day sessions—4 dedicated to the resident's assigned continuity clinic; 4 subspecialty ambulatory care experiences; and 2 designated as Independent Learning Activities (ILA).

Categorical

- During the PGY-2 year, residents will be given greater ability to indicate preference for specific ambulatory clinical experiences to better prepare for fellowship training or independent practice
    - Available ambulatory services may include Allergy, Bone Mineral Metabolism, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Otolaryngology (ENT), Podiatry, Pulmonology, Rheumatology, or Weight loss clinic

Primary Care

- During the PGY-2 year, residents will be given greater ability to indicate preference for specific ambulatory clinical experiences to better prepare for fellowship training or independent practice

    - Available ambulatory services may include Allergy, Bone Mineral Metabolism, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Otolaryngology (ENT), Podiatry, Pulmonology, Rheumatology, or Weight loss clinic
- Primary Care track residents will complete an **additional 2 months** of ambulatory care rotations. These clinical rotations can include:
    - 1-month long off-site experiences in a community primary care clinic (Berea, Cynthiana, Frankfort),
    - 1-month long subspeciality ambulatory care experiences or
    - 1-month long general internal medicine clinic and additional subspecialty ambulatory care experiences

Inpatient

Categorical

- Inpatient Wards—**4 months**
    - UK Chandler wards (*at least 1* required, up to 2)
    - VA wards (*at least 1* required, up to 2)
    - Good Samaritan wards (*at least 1* required)
    - Hospital Medicine Fragility Fracture (HMFF)/Graduate Medical Education (GME)
        - *at least 1* required between PGY-2 and PGY-3
    - UK Direct Care
- Critical Care—**2 months**
    - Medical ICU (MICU)
    - Coronary Care Unit (CCU)
- Emergency Medicine—**1 month**
- Consults—**1 month**
    - Addiction Medicine
    - Endocrinology (*reserved for those interested in Endocrinology fellowship*)
    - Gastroenterology
    - Infectious Disease
    - Medical Oncology
    - Nephrology
    - Palliative care (*reserved for those interested in Hospice/Palliative Care fellowship*)
    - Pulmonology

- Rheumatology (*reserved for those interested in Rheumatology fellowship*)

Primary Care

- Inpatient Wards—**3 months**
  - UK Chandler wards (*at least 1* required, up to 2)
  - VA wards (*at least 1* required, up to 2)
  - Good Samaritan wards (*at least 1* required)
  - UK Direct Care

  Residents will have the opportunity to indicate their preference, and consideration will be given to potential career goals, but final assignments are determined by program leadership based on staffing needs
- Critical Care—**2 months**
  - Medical ICU (MICU)
  - Coronary Care Unit (CCU)
- Emergency Medicine—**1 month**

Any request to swap or trade rotations requires approval from a Chief Resident.

PGY-3

The clinical goals of the PGY-3 year are to consolidate and apply advanced medical knowledge and clinical judgment across general internal medicine and its subspecialties, function with increasing autonomy in the supervision and management of patient care, and demonstrate readiness for independent practice. PGY-3 residents are afforded greater flexibility to individualize their clinical experiences in preparation for fellowship training or independent practice.

Outpatient

- All residents will complete **4 months** of ambulatory care structured into 10 half-day sessions—4 dedicated to the resident's assigned continuity clinic; 4 subspecialty ambulatory care experiences; and 2 designated as Independent Learning Activities (ILA).

Categorical

- During the PGY-3 year, residents will be given greater ability to indicate preference for specific ambulatory clinical experiences to better prepare for fellowship training or independent practice
  - Available ambulatory services may include Allergy, Bone Mineral Metabolism, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology,

Otolaryngology (ENT), Podiatry, Pulmonology, Rheumatology, or Weight loss clinic

Primary Care

- During the PGY-3 year, residents will be given greater ability to indicate preference for specific ambulatory clinical experiences to better prepare for fellowship training or independent practice
    - Available ambulatory services may include Allergy, Bone Mineral Metabolism, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Otolaryngology (ENT), Podiatry, Pulmonology, Rheumatology, or Weight loss clinic
- Primary Care track residents will complete an **additional 4 months*** of ambulatory care rotations. These clinical rotations can include:
    - 1-month long off-site experiences in a community primary care clinic (Berea, Cynthiana, Frankfort),
        - ***Note:*** Residents who did not complete a Frankfort rotation during the PGY-2 year will be required to complete one during the PGY-3 year.
    - 1-month long subspeciality ambulatory care experiences or
    - 1-month long general internal medicine clinic and additional subspecialty ambulatory care experiences
- During PGY-3 year, there is an additional clinical experience with the Internal Medicine General Acute Care clinic for which Primary Care Track PGY-3 residents will be given scheduling preference. The goal is to improve clinical approach to urgent concerns to prepare for independent practice.

**Primary Care Track residents may elect to rotate on an inpatient consult service at the expense of an additional ambulatory rotation pending consult availability and approval by the Track Director.*

Inpatient

Categorical

Resident will complete **5 months combined of Inpatient Wards and Critical Care**—either 3 months of Inpatient Wards and 2 months of Critical Care or 4 months of Inpatient Wards and 1 month of critical care‡

- Inpatient Wards—**3 or 4 months‡**
    - UK Chandler wards
    - VA wards
    - Good Samaritan wards

    - Hospital Medicine Fragility Fracture (HMFF)/Graduate Medical Education (GME)
        - *at least 1* required between PGY-2 and PGY-3
    - UK Direct Care
    - Cardiology (CA3 supervisor)
- Critical Care—**1 or 2 months‡**
    - Medical ICU (MICU)
    - Coronary Care Unit (CCU)
- Consults/Elective—*up to* **3 months**
    - Addiction Medicine
    - Endocrinology
    - Gastroenterology
    - Infectious Disease
    - Medical Oncology
    - Nephrology
    - Palliative care
    - Pulmonology
    - Rheumatology
    - Baptist (*only available for residents participating in Hospital Medicine Track)*
    - VA Green +/- Physical Medicine and Rehab consults
        - *Note:* Residents participating in the Hospital Medicine Track (HMT) will be given priority. Additional spots may be offered to residents outside the track if available.
    - Elective—*up to* **1 month**
        - The purpose of this rotation is to provide residents with greater flexibility to support personal and professional development and to pursue unique experiences that better prepare them for their intended career path.
        - Residents are responsible for identifying at least one faculty member who will supervise the rotation and complete a formal evaluation.

Primary Care

- Inpatient Wards—**3 months‡**
    - UK Chandler wards
    - VA wards
    - Good Samaritan wards
    - Hospital Medicine Fragility Fracture (HMFF)/Graduate Medical Education (GME)
        - *at least 1* required between PGY-2 and PGY-3

        -
    - UK Direct Care
- Critical Care—**1 month**
    - Medical ICU (MICU)
- Consults*—*up to* **1 month** (including Elective)
    - Addiction Medicine
    - Endocrinology
    - Gastroenterology
    - Infectious Disease
    - Medical Oncology
    - Nephrology
    - Palliative care
    - Pulmonology
    - Rheumatology
    - Elective—*up to* **1 month**
        - The purpose of this rotation is to provide residents with greater flexibility to support personal and professional development and to pursue unique experiences that better prepare them for their intended career path.
        - Residents are responsible for identifying at least one faculty member who will supervise the rotation and complete a formal evaluation.

**Primary Care Track residents may elect to rotate on an inpatient consult service at the expense of an additional ambulatory rotation pending consult availability and approval by the Track Director.*

‡Residents will have the opportunity to indicate their preference, and consideration will be given to potential career goals, but final assignments are determined by program leadership based on staffing needs.

Any request to swap or trade rotations requires approval from a Chief Resident.

References

1. *ACGME Program Requirements for Graduate Medical Education in Internal Medicine*. https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/140_internalmedicine_2025_reformatted.pdf
2. Internal Medicine Policies | ABIM.org. Abim.org. Published 2024. https://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/internal-medicine/