

# University of Kentucky College of Medicine – Internal Medicine Residency Program Trainee Leave Policy

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## **Background**

The Accreditation Council for Graduate Medical Education (ACGME) and American Board of Internal Medicine (ABIM) are the two main organizations responsible for Program accreditation and establishing educational standards and training requirements for Internal Medicine Residency Programs nationwide. The University of Kentucky College of Medicine Office of Graduate Medical Education (UK GME) oversees all graduate medical education training programs at the institutional level. Please note, if there are any discrepancies between UK-GME formal policy and University of Kentucky College of Medicine Internal Medicine Residency Program (UK IMRP) formal policy, the UK GME policy will supersede the UK IMRP policy.

Definition of Graduate Medical Education according to ACGME:

“Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice... [and] **occurs in clinical settings**”<sup>1</sup>

Length of Educational Program<sup>1,2</sup>:

“36 calendar months of full-time training in supervised graduate medical education, with at least 30 months of clinical training in general internal medicine, subspecialty internal medicine, and emergency medicine...and up to **three months of leave.**”

Up to **five weeks (35 days) per academic year** are cumulatively permitted over the course of the training program for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities.<sup>3</sup>

Activities such as attendance at training seminars, courses, interviews for subsequent training positions or jobs, etc., are considered bona fide educational experiences or duties essential for the continuity of education in internal medicine and its subspecialties. These activities need not be counted as part of the allocation for leave time in the academic year for purposes of tracking training time for ABIM.<sup>3</sup>

*In summary, the ACGME and ABIM establish educational standards for Internal Medicine Residency training nationally. The goal is to transform trainees from medical students to physicians prepared for autonomous clinical practice through graded autonomy and faculty supervision. Being physically present in a clinical setting is necessary to accomplish this goal. As such there is a minimum time requirement prior to completion of training.*

## **Paid Leave**

Annual paid leave benefits are outlined in UK GME resident and fellow contracts. Paid leave time includes vacation, holiday, temporary disability/sick, wellness, bereavement, educational, family medical, jury duty, and military leave. The most recent UK GME policy can be found here: (<https://medicine.uky.edu/sites/default/files/2025-06/2025-2026%20Policy%20and%20Procedures%20Manual.pdf>).

## **Vacation Leave**

GME residents receive **15 days** of vacation per contract year, which may not be rolled over to the next contract year. For purposes of tracking vacation leave, leave must be taken on days occurring **Monday through Friday**.

### **Internal Medicine Residents** (including categorical and primary care track)

- Vacation leave may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
- Vacation leave may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine.
  - The process for requesting and approval of vacation leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of vacation leave when on inpatient services is determined by the Inpatient Chief Resident
- If the vacation leave occurs in its entirety within one assigned clinical rotation (typically one-month blocks beginning on the 1st of the calendar month for PGY-1 and the 4<sup>th</sup> of the month for PGY-2+), the resident will also be excused from clinical duties on the adjacent weekend days (“bookend weekends”)
- If the vacation leave involves more than one assigned clinical rotation, the resident forfeits the right to be excused from clinical duties on the adjacent weekend days (“bookend weekends”) and may be required to fulfill clinical duties as assigned
- Residents are encouraged to use all vacation leave while rotating on services within the Department of Internal Medicine. However, residents may desire to utilize vacation leave while assigned to a clinical service external to the Department of Internal Medicine (“off-service”). In this case, the time must be requested of, and approved by, both programs (rotating program/service and home program).

### **Preliminary Residents**

- Vacation leave may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine

- Vacation leave may be taken when assigned to rotate on inpatient consult services or elective rotations within the Department of Internal Medicine.
  - The process for requesting and approval of vacation leave when on inpatient services is determined by the Inpatient Chief Resident
- If the vacation leave occurs in its entirety within one assigned clinical rotation (typically one-month blocks beginning on the 1st of the calendar month for PGY-1) the resident will also be excused from clinical duties on the adjacent weekend days (“bookend weekends”)
- If the vacation leave involves more than one assigned clinical rotation, the resident forfeits the right to be excused from clinical duties on the adjacent weekend days (“bookend weekends”) and may be required to fulfill clinical duties as assigned
- Residents are encouraged to use all vacation leave while rotating on services within the Department of Internal Medicine. However, residents may desire to utilize vacation leave while assigned to a clinical service external to the Department of Internal Medicine (“off-service”). In this case, the time must be requested of, and approved by, both programs (rotating program/service and home program).

**Combined Programs** (including Medicine-Pediatrics “Med-Peds” and Medicine-Psychiatry “Med-Psych”)

- The combined Med-Peds and Med-Psych programs are considered separate training programs from UK IMRP with their own respective Program Director, Program Coordinator, and Chief Resident(s). As such, all residents of combined programs are encouraged to discuss all paid leave time with their respective Program Director, Program Coordinator, and Chief Resident(s)
- Vacation leave may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
- Vacation leave may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine.
  - The process for requesting and approval of vacation leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident (Internal Medicine)
  - The process for requesting and approval of vacation leave when on inpatient services is determined by the Inpatient Chief Resident (Internal Medicine)
- If the vacation leave occurs in its entirety within one assigned clinical rotation (typically one-month blocks beginning on the 1st of the calendar month for PGY-1/2 and the 4<sup>th</sup> of the month for PGY-2/3+), the resident will also be excused from clinical duties on the adjacent weekend days (“bookend weekends”)
- If the vacation leave involves more than one assigned clinical rotation, the resident forfeits the right to be excused from clinical duties on the adjacent weekend days (“bookend weekends”) and may be required to fulfill clinical duties as assigned

- If residents desire to utilize vacation leave while assigned to a clinical service external to the Department of Internal Medicine (“off-service”), including services within the Department of Pediatrics or Department of Psychiatry, the time should be requested of, and approved by, the rotating program/service according to the rotating program/service specific policy.

### **Neurology Residents**

- The Neurology Residency Program is a separate training program from UK IMRP with its own respective Program Director, Program Coordinator, and Chief Resident(s). Moreover, Neurology residents are considered “off-service” to the Department of Internal Medicine. As such, Neurology residents are encouraged to discuss all paid leave time with the Neurology Program Director, the Neurology Program Coordinator, and the Neurology Chief Resident(s)
- However, UK IMRP recognizes that Neurology residents spend a significant amount of time rotating with internal medicine services during the PGY-1 year, so it is permissible to utilize vacation leave while rotating with internal medicine services according to the following:
  - Vacation leave may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - Vacation leave may be taken when assigned to rotate on inpatient consult services or elective rotations within the Department of Internal Medicine.
    - The process for requesting and approval of vacation leave when on inpatient services is determined by the Inpatient Chief Resident (Internal Medicine)
  - If the vacation leave occurs in its entirety within one assigned clinical rotation (typically one-month blocks beginning on the 1st of the calendar month for PGY-1) the resident will also be excused from clinical duties on the adjacent weekend days (“bookend weekends”)
  - If the vacation leave involves more than one assigned clinical rotation, the resident forfeits the right to be excused from clinical duties on the adjacent weekend days (“bookend weekends”) and may be required to fulfill clinical duties as assigned

### **All other “Off-Service” Residents**

- All other GME residents, not described above, including but not limited to, Anesthesiology, Emergency Medicine, Family Medicine, Ophthalmology, Psychiatry, and Physical Medicine & Rehab, are considered “off-service” to the Department of Internal Medicine. As such, off-service residents are encouraged to discuss all paid leave time with their respective Program Director, Program Coordinator, and Chief Resident(s)
- However, UK IMRP recognizes that off-service residents are not infrequently assigned to rotate with internal medicine services during the PGY-1 year, so it is

permissible to utilize vacation leave time while rotating with internal medicine services according to the following:

- Vacation leave may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
- Vacation leave may be taken when assigned to rotate on inpatient consult services or elective rotations within the Department of Internal Medicine.
  - The process for requesting and approval of vacation leave when on inpatient services is determined by the Inpatient Chief Resident (Internal Medicine)
- If the vacation leave occurs in its entirety within one assigned clinical rotation (typically one-month blocks beginning on the 1st of the calendar month for PGY-1) the resident will also be excused from clinical duties on the adjacent weekend days (“bookend weekends”)
- If the vacation leave involves more than one assigned clinical rotation, the resident forfeits the right to be excused from clinical duties on the adjacent weekend days (“bookend weekends”) and may be required to fulfill clinical duties as assigned

## **Holiday Leave**

The most up to date University of Kentucky officially recognized holidays can be found here: (<https://hr.uky.edu/official-staff-holiday-schedule>).

Note: The Winter Holiday season (which includes Christmas Day, Special Holidays/Bonus Days, and New Year’s Day of Jan 1 but does NOT include Christmas Eve or New Year’s Day Jan 2) is handled separately from other holidays. All residents rotating on a clinical service within the Department of Internal Medicine (including ambulatory, inpatient, and critical care) during the month of December will be split into 2 cohorts, with each cohort assigned to work one 6-day block and assigned off the other 6-day block of Dec 21-26 and Dec 27-Jan 1. Residents will have the opportunity to submit preferences for which block they would like to work and which block they would like to have off.

HMD – stands for “holiday make-up day” otherwise known as “holiday worked”

### **Internal Medicine Residents** (including categorical and primary care track)

- If rotating on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - If schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
  - If the defined holiday occurs on routine day off (“Off”) the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year

- If rotating on outpatient/ambulatory services or inpatient consult service within the Department of Internal Medicine residents are to be given defined holiday off
  - The resident may elect to work on the defined holiday. Doing so would earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
  - If the defined holiday occurs during scheduled vacation leave, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If rotating “off-service” (including Neurology and Emergency Department) and schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that should be used prior to completion of the “off-service” rotation

### **Preliminary Residents**

- If rotating on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - If schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
  - If the defined holiday occurs on routine day off (“Off”) the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If rotating on inpatient consult service within the Department of Internal Medicine residents are to be given defined holiday off
  - The resident may elect to work on the defined holiday. Doing so would earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
  - If the defined holiday occurs during scheduled vacation leave, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If rotating “off-service” (including Radiology) and schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that should be used prior to completion of the “off-service” rotation

### **Combined Programs** (including Medicine-Pediatrics “Med-Peds” and Medicine-Psychiatry “Med-Psych”)

- The combined Med-Peds and Med-Psych programs are considered separate training programs from UK IMRP with their own respective Program Director, Program Coordinator, and Chief Resident(s). As such, all residents of combined programs are encouraged to discuss all paid leave time with their respective Program Director, Program Coordinator, and Chief Resident(s)
- If rotating on essential services including general medicine wards or critical care within the Department of Internal Medicine

- If schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If the defined holiday occurs on routine day off (“Off”) the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If rotating on outpatient/ambulatory services or inpatient consult service within the Department of Internal Medicine residents are to be given defined holiday off
  - The resident may elect to work on the defined holiday. Doing so would earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
  - If the defined holiday occurs during scheduled vacation leave, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If rotating “off-service” (including Neurology and Emergency Department) and schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that should be used prior to completion of the “off-service” rotation
- If rotating on clinical service within the Department of Pediatrics or Department of Psychiatry at the time of the defined holiday, the resident should follow the holiday leave policy as defined by Pediatrics or Psychiatry, and should NOT utilize HMD when rotating on clinical service within the Department of Internal Medicine

### **Neurology Residents**

- The Neurology Residency Program is a separate training program from UK IMRP with its own respective Program Director, Program Coordinator, and Chief Resident(s). Moreover, Neurology residents are considered “off-service” to the Department of Internal Medicine. As such, Neurology residents are encouraged to discuss all paid leave time with the Neurology Program Director, the Neurology Program Coordinator, and the Neurology Chief Resident(s)
- However, UK IMRP recognizes that Neurology residents spend a significant amount of time rotating with internal medicine services during the PGY-1 year, so it is permissible to utilize holiday leave time while rotating with internal medicine services according to the following:
  - If rotating on essential services including general medicine wards or critical care within the Department of Internal Medicine
    - If schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that can be used during ambulatory or consult rotation within the Department of Internal Medicine before the end of the contract year
    - If the defined holiday occurs on routine day off (“Off”) the resident will earn a HMD that can be used during ambulatory or consult rotation within the Department of Internal Medicine before the end of the contract year

- If rotating on inpatient consult service within the Department of Internal Medicine residents are to be given defined holiday off
  - The resident may elect to work on the defined holiday. Doing so would earn a HMD that can be used during ambulatory or consult rotation within the Department of Internal Medicine before the end of the contract year
  - If the defined holiday occurs during scheduled vacation leave, the resident will earn a HMD that can be used during ambulatory or consult rotation before the end of the contract year
- If rotating on clinical service within the Department of Neurology at the time of the defined holiday, the resident should follow the holiday leave policy as defined by Neurology, and should NOT utilize HMD when rotating on clinical service within the Department of Internal Medicine

#### **All other “Off-Service” Residents**

- All other GME residents, not described above, including but not limited to, Anesthesiology, Emergency Medicine, Family Medicine, Ophthalmology, Psychiatry, and Physical Medicine & Rehab, are considered “off-service” to the Department of Internal Medicine. As such, off-service residents are encouraged to discuss all paid leave time with their respective Program Director, respective Program Coordinator, and respective Chief Resident(s)
- If rotating “off-service” within the Department of Internal Medicine, the resident is to be given defined holiday off. However, if the schedule necessitates the resident work on the defined holiday, the resident will earn a HMD that should be used prior to completion of the “off-service” rotation

### **Temporary Disability (Sick Leave) and Wellness Leave**

GME residents receive **12 days** of temporary disability (TDL) per contract year. Of the 12 days, up to a maximum of **2 days** per contract year may be utilized as “wellness days”. Unused TDL does carry over into the next contract year.

The purpose of TDL is to provide leave for residents “who have an illness, injury, or medical condition which prevents them from reporting to work, to care for eligible family members, including adult and child dependents, and to take time off for healthcare appointments for themselves or eligible family members.”<sup>4</sup>

The purpose of “wellness days”, a subset of TDL, is to enable residents to engage in any activity that promotes their overall well-being. However, programs may decline to allow a GME trainee to schedule a wellness day on a particular date if doing so would result in a negative impact to patient care.<sup>4</sup>

#### **Internal Medicine, Preliminary, and Combined Programs**

- TDL, including “wellness days”, may be used as intended above when residents are on outpatient/ambulatory services or inpatient consult or elective services within the Department of Internal Medicine.
  - The process for requesting and approval of planned TDL, including “wellness days”, when on inpatient services is determined by the Inpatient Chief Resident
  - The process for requesting and approval of planned TDL, including “wellness days”, when on outpatient services is determined by the Ambulatory Chief Resident
    - Residents are strongly discouraged from using “wellness days” on days with Continuity Clinic, to promote continuity of patient care

### **All other “Off-Service” Residents**

- All other GME residents, including but not limited to, Anesthesiology, Emergency Medicine, Family Medicine, Neurology Ophthalmology, Psychiatry, and Physical Medicine & Rehab, are encouraged to discuss all paid leave time with their respective Program Director, respective Program Coordinator, and respective Chief Resident(s)
  - “Off-service” residents are strongly discouraged from using planned TDL on essential services including general medicine wards or critical care within the Department of Internal Medicine, but this will be handled on a case-by-case basis
- “Off-service” residents may use planned TDL, including “wellness days”, as intended above when residents are on outpatient/ambulatory services or inpatient consult or elective services within the Department of Internal Medicine.
  - The process for requesting and approval of planned TDL, including “wellness days”, when on inpatient services is determined by the Inpatient Chief Resident
  - The process for requesting and approval of planned TDL, including “wellness days”, when on outpatient services is determined by the Ambulatory Chief Resident

### **Family Medical Leave (FML)**

For residents who require 5 or more consecutive Temporary Disability Leave (TDL or sick) days or experience some other qualified Family Medical Leave (FML) event due to “serious health conditions which involve either the University employee or a qualified family member” UK IMRP recommends the resident consider Family Medical Leave (FML). For more information on FML, including eligibility, application process, and policy, please refer to UK GME website (<https://medicine.uky.edu/sites/gme/benefits-0>) or contact the UK GME office, the GME Benefits Coordinator, or the resident’s respective Program Coordinator.

## Bereavement Leave

Please refer to the University of Kentucky Human Resources (UK HR) policy for Bereavement and Funeral Leave, which can be found here: (<https://hr.uky.edu/policies/funeral-leave>).

## Educational Leave

### Reading Days

Eligible residents receive up to **5 days** of “Reading Days” (RD) per contract year, which may not be rolled over to the next contract year. For purposes of tracking, leave can be taken on any day of the week.

The purpose of “Reading Days” is to allow eligible residents to independently organize and participate in activities that enhance their knowledge or skills in areas of professional interest.

### **Internal Medicine Residents** (including categorical and primary care track)

- RD may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - PGY-1 IM categorical and primary care track are typically assigned RD leave during the “Night Float” rotation
- RD may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine.
  - The process for requesting and approval of leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **Preliminary Residents**

- RD may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
- RD may be taken when assigned to rotate on inpatient consult services within the Department of Internal Medicine.
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **Combined Programs** (including Medicine-Pediatrics “Med-Peds” and Medicine-Psychiatry “Med-Psych”)

- The combined Med-Peds and Med-Psych programs are considered separate training programs from UK IMRP with their own respective Program Director, Program Coordinator, and Chief Resident(s). As such, all residents of combined programs are

encouraged to discuss all paid leave time with their respective Program Director, Program Coordinator, and Chief Resident(s)

- RD may not be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
- RD may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine.
  - The process for requesting and approval of leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **All other “Off-Service” Residents**

- All other GME residents, including but not limited to, Anesthesiology, Emergency Medicine, Family Medicine, Neurology, Ophthalmology, Psychiatry, and Physical Medicine & Rehab, are considered “off-service” to the Department of Internal Medicine and are not eligible for RD when rotating with the Department of Internal Medicine

### Conference Days

Eligible residents receive up to **2 days** of “Conference Days” per contract year, which may not be rolled over to the next contract year.

The purpose of “Conference Days” is to encourage and support eligible residents in activities such as attending academic or professional conferences for subsequent training positions or future employment.

### **Internal Medicine Residents** (including categorical and primary care track)

- Conference Days may be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident
  - However, if attendance at or participation in an approved activity may result in a negative impact on patient care, such as less than minimal staffing, it is the program expectation that **the resident** coordinate and arrange for appropriate coverage as described in the Absence Policy
- Conference Days may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine
  - The process for requesting and approval of leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **Preliminary Residents**

- Conference Days may be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident
  - However, if attendance at or participation in an approved activity may result in a negative impact on patient care, such as less than minimal staffing, it is the program expectation that **the resident** coordinate and arrange for appropriate coverage as described below.
- Conference Days or Interview Days may be taken when assigned to rotate on inpatient consult services within the Department of Internal Medicine.
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **Combined Programs** (including Medicine-Pediatrics “Med-Peds” and Medicine-Psychiatry “Med-Psych”)

- The combined Med-Peds and Med-Psych programs are considered separate training programs from UK IMRP with their own respective Program Director, Program Coordinator, and Chief Resident(s). As such, all residents of combined programs are encouraged to discuss ALL paid leave time with their respective Program Director, Program Coordinator, and Chief Resident(s)
- Conference Days may be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident
  - However, if attendance at or participation in an approved activity may result in a negative impact on patient care, such as less than minimal staffing, it is the program expectation that **the resident** coordinate and arrange for appropriate coverage as described in the Absence Policy
- Conference Days may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine
  - The process for requesting and approval of leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **All other “Off-Service” Residents**

- All other GME residents, including but not limited to, Anesthesiology, Emergency Medicine, Family Medicine, Neurology, Ophthalmology, Psychiatry, and Physical Medicine & Rehab, are considered “off-service” to the Department of Internal

Medicine and are not eligible for “Conference Days” when rotating with the Department of Internal Medicine

### Interview Days

Eligible residents receive up to **2 days** of “Interview Days” per contract year.

The purpose of “Interview Days” is to encourage and support our residents in obtaining subsequent training positions or future employment.

### **Internal Medicine Residents** (including categorical and primary care track)

- Interview Days may be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident
  - However, if attendance at or participation in an approved activity may result in a negative impact on patient care, such as less than minimal staffing, it is the program expectation that **the resident** coordinate and arrange for appropriate coverage as described below.
- Interview Days may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine. This includes primary care and subspecialty care
  - The process for requesting and approval of leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

### **Preliminary Residents**

- Preliminary residents are not eligible for “Interview Days” when rotating with the Department of Internal Medicine

### **Combined Programs** (including Medicine-Pediatrics “Med-Peds” and Medicine-Psychiatry “Med-Psych”)

- The combined Med-Peds and Med-Psych programs are considered separate training programs from UK IMRP with their own respective Program Director, Program Coordinator, and Chief Resident(s). As such, all residents of combined programs are encouraged to discuss ALL paid leave time with their respective Program Director, Program Coordinator, and Chief Resident(s)
- Interview Days may be taken when assigned to rotate on essential services including general medicine wards or critical care within the Department of Internal Medicine
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

- However, if attendance at or participation in an approved activity may result in a negative impact on patient care, such as less than minimal staffing, it is the program expectation that **the resident** coordinate and arrange for appropriate coverage as described below.
- Interview Days may be taken when assigned to rotate on outpatient/ambulatory services or inpatient consult services within the Department of Internal Medicine. This includes primary care and subspecialty care
  - The process for requesting and approval of leave when on outpatient/ambulatory services is determined by the Ambulatory Chief Resident
  - The process for requesting and approval of leave when on inpatient services is determined by the Inpatient Chief Resident

#### **All other “Off-Service” Residents**

- All other GME residents, including but not limited to, Anesthesiology, Emergency Medicine, Family Medicine, Neurology, Ophthalmology, Psychiatry, and Physical Medicine & Rehab, are considered “off-service” to the Department of Internal Medicine and are not eligible for “Interview Days” when rotating with the Department of Internal Medicine

#### Exams

UK IMRP recognizes that standardized tests including USMLE Step 3, COMLEX Level 3, and In-Training Exams (ITE) are an essential and required component of graduate medical education. As such, all residents will be excused from clinical duties to complete required exams. This is considered separate time off from routine “off” days and leave. Residents and/or their respective programs are asked to provide reasonable notice of exam dates prior to beginning rotation on clinical services within the Department of Internal Medicine to minimize potential negative impacts on patient care. Residents are strongly encouraged to schedule exams while assigned to rotate on outpatient/ambulatory services or inpatient consult services as much as possible.

## References

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