

RESIDENT STIPENDS

(Full-time, ACGME/ADA, Medical/Dental Specialty and Subspecialty Residents)

STATEMENT OF POLICY

The following Resident stipends are set for academic year July 1, 2018 - June 30, 2019. Stipends will be reevaluated in the fall of each year. All Residents will be notified if there are changes to the established stipend levels.

PROCEDURE

1. Resident stipends

PGY-1 51,998

PGY-2 53,658

PGY-3 55,334

PGY-4 57,840

PGY-5 60,141

PGY-6 63,133

PGY-7 67,149

PGY-8 70,896

2. This policy is reviewed and revised annually.

BENEFITS

I. ANNUAL LEAVE of three (3) weeks, as defined by twenty-one (21) days consisting of a maximum of fifteen (15) "working days" (Monday-Friday) plus six (6) "weekend days" (Saturday-Sunday), with pay may be given per twelve month period, unless specifically limited as required for specialty board certification. Time away from MUSC for job interviews, board exams, meetings and conferences must be taken as annual leave unless other arrangements are approved by the Program Director according to departmental policy. Annual leave is granted at the discretion of the Program Director and must be approved, in writing, by the Program Director (or his/her Designee) in advance. Residents are expected to carry out any duties or assignments as directed by their Program Director on Federal or State holidays, unless permission is granted by the Program Director (or his/her designee) according to departmental policy. Residents are not granted "compensation time" for working on Federal or State holidays unless approved in writing by the Program Director according to departmental policy. Note: Annual leave, like all other benefits to residents, does not carry over from year to year. It does not accrue over

time. The Resident Agreement is for one year only, thus, at the end of each year, the terms of the agreement are void, which means all benefits end on the final day of the Agreement.

If an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

II. SICK LEAVE of three (3) weeks, as defined by twenty-one (21) days, (including Saturdays and Sundays) with pay may be given per twelve months of employment. A resident who is absent for four (4) or more consecutive days due to illness must present a clearance letter from the principal treating physician or receive written approval from the Program Director before returning to the program. Under certain circumstances, additional sick leave (e.g., Family Medical Leave Act) without pay may be granted with the written approval of the Program Director, who will send a copy of this approval to the Graduate Medical Education Office.

If an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

III. MATERNITY LEAVE will be granted a minimum of six (6) weeks of Maternity Leave (3 weeks Annual Leave; 3 weeks Sick Leave) per twelve month period. All six (6) weeks will be "paid time off" unless Annual Leave and/or Sick Leave was (were) used previously during the twelve month period. In this instance, the six weeks of leave will still be granted but the previously paid time will be deducted so that the total "paid time off" in any academic year does not exceed six (6) weeks. The Resident may request additional "unpaid" time off beyond this initial six (6) weeks. This request must be approved by the Program Director in writing, in advance. If an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

PATERNITY LEAVE will be granted to the father at the time of birth or adoption in conjunction with the Family Medical Leave Act (FMLA). The father will be granted a maximum of six (6) weeks Paid Leave (3 weeks Annual Leave; 3 weeks Sick Leave) per twelve month period. Paid leave will be reduced by leave used previously during the twelve month academic period. The Resident may request additional "unpaid" time off beyond this initial six (6) weeks. This request must be approved by the Program Director in writing, in advance. If an ACGME RRC and/or the Specialty Board restricts time off to less than six (6) weeks in an academic year, the Program Director will defer to the allowable RRC and/or Specialty Board Eligibility requirement(s), thus, the Resident may be required to make up any time missed in accordance with these requirements.

Official Approval for Maternity/Paternity Leave - The Resident must make a written request for Maternity/Paternity leave to the Program Director the beginning of the Second Trimester so that appropriate accommodations (e.g. rotation schedules, call schedules, etc.) can be made. If the Resident is pursuing adoption, the Resident must notify the Program Director, in writing, at the time of adoption request filing. The total duration of

Maternity/Paternity leave must be approved, in writing, by the Program Director or his/her Designee using the GME Leave of Absence form. A copy of this approval form must be received by the GME Office one month before the Resident begins the Maternity/Paternity leave in order for the leave to be official.

A Resident who is approved for maternity or paternity leave must comply with the requirements of the federal Family Medical Leave Act (FMLA). (See "Salaries and Benefits")

IV. Leave of Absence/FMLA Flowchart

V. BEREAVEMENT LEAVE of three (3) days with pay shall be given per death of an immediate family member (i.e., parents, siblings, grandparents, children or spouse). The Resident may be required to "make-up" the time missed in accordance with the Residency Program and Board Eligibility requirements.

VI. PROFESSIONAL LEAVE OF ABSENCE may be granted under special circumstances and will be handled on an individual case-by-case basis by the Designated Institutional Official for GME in consultation with the Residency Program Director. (See Appendix III for form.) The terms and conditions of the leave of absence will be given to the resident in writing. The Resident may be required to "make-up" the time missed in accordance with the Residency Program and Board Eligibility requirements. Terms of reinstatement after a Leave of Absence will be developed, written and approved by the Program Director and the Designated Institutional Official for GME before the resident will be permitted to return to the residency program.

In the event of military leave, the resident is required to provide his/her Program Director with a copy of the military "orders." The orders should contain the time of deployment and locations. The Program Director must prepare a plan for the resident to "make up" time away from the residency program. The plan, along with a letter approving the LOA, should be submitted to the Designated Institutional Official for GME along with a copy of the military orders. Any resident that is required to fulfill military obligations, **MUST** still complete all the training program requirements for Board eligibility. This may require a change in the original date for the completion of the program.

VII. INSURANCE COVERAGE

Statement of Policy: Insurance coverage shall be available to the resident through:

A. Health Insurance - The Resident is eligible for health (including hospitalization), dental, and/or vision insurance at a nominal cost. Dependents are eligible to be covered. Residents are eligible to participate in a medical and/or dependent care spending account.

B. Life Insurance - If the Resident participates in one of the South Carolina Public Employee Benefits Authority (PEBA) retirement plans, after one year of continuous service, the Resident's beneficiary is eligible to receive a sum equal to the Resident's annual salary. Additionally, if the Resident elects health insurance an additional \$3,000 is payable to the Resident's beneficiary. Optional life insurance is available at reasonable rates and the Resident can elect coverage up to 3 times the annual salary (rounded) without medical evidence, or a maximum of \$500,000 with approval of medical

evidence. Life insurance is available for spouse and/or child(ren).

C. Travel Insurance - All MUSC residents are covered by Workers' Compensation which is designed to provide benefits for individuals who have incurred medical expenses or are unable to work due to bona fide occupational injuries or illnesses.

D. Disability Insurance - Residents will receive basic long term disability insurance if health insurance is elected. If approved, the benefit is 62.5%, not to exceed \$800, and begins after a 90 day waiting period. Supplemental long term disability insurance is available at a competitive rate. If participating in the PEBA traditional pension plan, after eight (8) years of earned service (vesting period) in the event of a disability, Residents are eligible to apply for disability retirement if they are also approved for Social Security Disability.

E. Professional Liability Coverage - The resident will be covered for malpractice liability while performing duties and responsibilities in the program. The policy provides \$1,200,000 per medical occurrence and the coverage will extend beyond the time in residency from incidents that occurred during their training (i.e., "tail coverage").

VIII. PARKING PERMITS

Statement of Policy: The Office of Parking Management is responsible for registration of vehicles, keeping registration records, making parking assignments and issuing parking control devices.

Procedure: Residents of MUSC who desire to use University-provided assigned parking facilities must register their vehicles. All registrants will be required to show a valid State vehicle registration certification and may be required to show a driver's license **and** an MUSC identification card.

IX. In-House On-Call Meals

Statement of Policy: MUSC provides money for meals from the MUSC cafeteria, Subway, Chick-Fil-A, Baja Fresh and Pandini's, and at the Ashley River Tower Cafeteria while the resident is on-call within the Hospital.

Procedure:

All residents will receive \$50 per month for a meal allowance. Those residents who are scheduled for 24-hour in-house call shifts will receive an additional \$15 per scheduled shift. Residents in departments with inpatient services scheduled for home-call shifts receive an additional \$2 per scheduled shift. Residents are only allowed to maintain a maximum balance of \$250.00 for their meal allowance at the time of the monthly deposit.

Only clinical programs (including residents and fellows) that are accredited, either by the ACGME or the ADA, and have a resident agreement with the GME Office will participate in the meal card program.

The \$50 meal allowance and the additional supplement for call shifts will be distributed monthly. Program Coordinators, or designated individuals, are responsible for informing the GME Office which residents are scheduled for call each month. (Note: A

copy of the call schedule in not sufficient.) This list must be submitted three business days prior to the end of the preceding month to ensure timely disbursement onto the residents' meal cards. Any departments who do not submit this list on time will only receive the \$60 meal allowance with no additional funds for call shifts.

Semi-annually, the GME Office will reevaluate the monthly allowance and revise it, if needed, as a result of an increase/decrease in the number of residents or the number of 24-hour call shifts worked during the previous six months.

In addition to the \$15 meal card supplement, residents working 24-hour in-house weekend call will also receive a \$15 weekend meal voucher.

Each resident will receive a voucher with his/her name on it. The voucher can only be used for delivery orders during the scheduled 24-hour in-house weekend call shift. Meal vouchers are only to be used on Friday nights, Saturdays, and Sundays and only with the vendors listed on the vouchers. Residents cannot tip with the vouchers nor can change be received. All vouchers must be used prior to the expiration date printed on the voucher. Any resident who misuses a 24-hour in-house weekend call voucher will be subject to disciplinary action by the Designated Institutional Official.

EMPLOYEE HEALTH

POLICY

A. Health assessment screenings, including a pre-employment drug test, are required of all new residents and shall be scheduled and completed prior to starting their program. Visiting residents are required to complete all health screenings except the drug screen test prior to starting their rotation(s). Appointments for health screenings will be scheduled by the designated representative within each department. Confirmation that the employee has completed the health screening shall become a part of each resident's personnel record.

B. Tuberculin (TB) testing and evaluation or TB symptom updates will be done on all paid and non-paid employees who have the potential for exposure to M. tuberculosis. Each employee will be assigned a level of TB risk and corresponding testing intervals. Frequency of TB testing is dependent upon each employee's work environment (Level 1 = Annual testing, Level 2 = Every 6 months testing for high risk areas, Level 3 = Every three months post exposure follow-up, Level 4 = Every two years for employees not working or frequenting hospital facilities, i.e. business offices off campus).

C. All residents entering MUSC programs after April 1, 2006, will not be authorized to begin their programs unless they satisfactorily complete a drug screen test. If they refuse or test positive to drug use, they will be reported to their Program Director and the Designated Institutional Official for GME for further action.

Call Employee Health Services at (843) 792-2991 (Hours are Monday through Friday from

7:00 am to 4:00 pm) to schedule your urine drug screening test. Please note the following:

- Appointments are scheduled between 7:00 am and 1:15 pm ONLY.
- Bring a government-issued picture ID (ex. Driver's License, Military ID or Passport)
- Be prepared to produce a urine specimen. You must produce a specimen within three hours.
- You cannot exit the office until your appointment is complete. Plan accordingly and allow plenty of time for your appointment as you may be occupied for up to three hours.
- Drug screen results are typically received within two business days. However, depending on the outcome, results may be delayed for one week or longer.

D. Residents with job related injuries will be treated by Medical University Employee Health Services. Worker's Compensation Reports for job related injuries must be completed by the Program Director.

PROCEDURE

A. On the Job Injuries

For any on the job injuries, residents should report immediately to their Program Director and a Workers' Compensation Employer's First Report of Injury or Illness Form (ACORD) should be filled out and signed by the Program Director (Please refer to the Workers' Compensation Policy #27 in the MUSC Human Resources Policy Manual). The resident should then report to Medical University Employee Health Services (57 Bee Street) if the incident occurs Monday-Friday 7:00 a.m. - 5:00 p.m. If assistance is needed after hours or on weekends or holidays, the resident should report directly to 1-West Trauma. Note: If the injury is an occupational exposure to blood borne pathogens, the resident should contact Medical University Employee Health Services at 792-2991 or, if after hours or on holidays and weekends, the Health Services Coordinator (HSC) should be called. The HSC can be reached by calling Hospital Communications at 792-2123. **It is extremely important all BBP exposures be reported within two hours so that the appropriate medical attention can be administered.**

B. Non-Job Related Injuries

1. Injuries or illnesses which are non-job-related and non-emergent should be cared for by the resident's private physician. If a resident does not have a physician, s/he may contact the MUSC Health Connection (792-1414) for information and assistance. (Residents with acute injuries/illnesses can be seen in the Emergency Services department at anytime.)
2. Medical University Employee Health Services will not provide residents with permission to be excused from work due to non-job related injuries or illnesses. It will be the responsibility of the Program Director to make the decision when a resident requests to leave work because of illness or to receive medical treatment. Program Directors will not be asked to make medical decisions, but to make sound decisions, based on their observations of the resident.

HARPER STUDENT WELLNESS CENTER MEMBERSHIP

STATEMENT OF POLICY

Residents are eligible to be members of the Harper Student Wellness Center. The Harper Student Wellness Center may provide spouses with a discounted yearly membership. Fees are subject to change annually.

PROCEDURE

1. New memberships are obtained at the membership desk in the Harper Student Wellness Center.
2. Membership fees to the Wellness Center that are paid by the GME Office will be reported as taxable income on the resident's federal W-2 form.
3. Spouses must bring their marriage licenses to obtain the special rate. The GME Office does not pay for spouses' memberships.

RESIDENT SEPARATION POLICY

STATEMENT OF POLICY

Residents are required to exit through the Graduate Medical Education Office before their last working day at the Medical University of South Carolina. This exit process is to ensure that all appropriate paperwork is completed before the resident leaves. The resident's certificate will be held in the GME Office until this information is provided.

PROCEDURE

All residents finishing their programs must complete a GME Clearance Sheet to be submitted to the GME Office.

You may find the Clearance Sheet here:

<http://academicdepartments.musc.edu/gmehandbook/appendix3/Clearance%20Form%202014.pdf>

STUDENT LOAN PAYMENT POSTPONEMENT

Certain undergraduate and medical school loan payments can be postponed for part or all of a resident's training period. The Office of Graduate Medical Education is authorized to complete deferment and forbearance forms. Residents should contact the appropriate lender to request these forms. The GME Office is an authorized official and can sign off on behalf of the residency training program.

LAB COATS

STATEMENT OF POLICY

New ACGME residents will receive two white clinic lab coats funded by the GME Office. After the first year, each resident will be provided with one new lab coat at the beginning of each new year of training. The GME Office will **not** provide new lab coats for name changes. If a resident changes departments, s/he is provided with two new lab coats during his/her first year and one new lab coat each subsequent year of training. Residents who continue to a sub-specialty in the same department will also receive two new lab coats for the first year of training and one for each subsequent year of training.

The Residency Program will coordinate the ordering of all lab coats for residents. The GME Office will reimburse the departments if both, proof of payment and a list of residents receiving the lab coats, is submitted.

Note: Pediatric Dentistry and Oral Surgery residents contracted through the GME Office also receive this benefit.

Workers Compensation Form

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS											
Employer(Name & Address with Zip Code)				Carrier/Administrator Claim Number			Report Purpose Code				
				Jurisdiction			Jurisdiction Claim Number				
				Insured Report Number							
SIC Code		Employer Fein		Employer's Location Address(If different)				Location #:			
								Phone #			
CARRIER/CLAIMS ADMINISTRATOR											
Carrier(Name, Address & Phone No)			Policy Period		Claims Administrator(Name, Address & Phone Number)						
			To								
			Check if Appropriate								
			Self Insurance								
Carrier Fein		Policy/Self-Insured Number					Administration Fein				
Agent Name & Code Number											
EMPLOYEE / WAGE											
Name (Last, First, Middle)			Birth Date		Social Security Number		Hire Date		State of Hire		
Address (include Zip Code)			Sex		Marital Status		Occupation/Job Title				
							Employment Status				
							NCCI Class Code				
Phone			# Dependents								
Rate		Per		Day		Month		# Days Worked/Week		Full Pay for Day of Injury? Yes No	
										Did Salary Continue? Yes No	
		Week		Other:							
OCCURANCE/TREATMENT											
Time Employee Began Work		Date of Injury/Illness		Time of Occurrence		Late Work Date		Date Employer Notified		Date Disability Began	
AM PM				AM PM							
Contact Number/Phone Number				Type of Injury/Illness			Part of Body Affected				
Did Injury/Illness Exposure Occur on Employer's Premises? Yes No				Type of Injury/Illness Code			Part of Body Affected Code				
Department or Location Where Accident or Illness Exposure Occurred						All Equipment, Materials, or Chemicals Employee was using when Accident or Illness Exposure Occurred					
Specific Activity the Employee was Engaged in When the Accident or Illness Exposure Occurred						Work Process The Employee was engaged in When Accident or Illness Exposure Occurred					
How Injury or Illness/Abnormal Health Condition Occurred. Describe the Sequence of Events and Include Any Objects or substances that Directly Injured the Employee or Made the Employee ILL									Cause of Injury Code		
Date Return(ed) To Work		If Fatal, Give Date of Death		Were Safeguards or Safety Equipment Provided? Yes No							
				Were They Used? Yes No							
Physician/Health Care Provider(Name & Address)				Hospital(Name & Address)				Initial Treatment			
Witness (Name & Phone #)											
Date Administrator Notified			Date Prepared		Preparer's Name & Title				Phone Number		