NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE DEPARTMENT OF SURGERY POLICIES & PROCEDURES

Moonlighting Policy

Updated July 2022

PURPOSE

The level of performance required to successfully complete each year of the residency in general surgery requires a major commitment of time and effort by the resident. This commitment of time and effort is necessary for adequate education and experience of the resident, and for the high quality of care residents are required to deliver to the patients. Patient care activities undertaken outside those assigned to residents in the McGaw Medical Center General Surgery Residency Program ("moonlighting") may interfere with the ability of the resident to deliver quality patient care and to obtain an adequate educational experience. Moonlighting also interferes with adequate recreation, time with family and/or friends, and adequate personal time.

PROCEDURES

During Clinical Years:

The Department of Surgery (inclusive of the following residency programs: General Surgery, Cardiothoracic, Vascular, and Plastic Surgery) prohibits patient care activities outside of Residency ("moonlighting", "extra call for pay") during the clinical years of training required by the Accreditation Council for Graduate Medical Education and the Residency Review Committee for Surgery.

During Research Years:

Moonlighting during research time is permissible if the following criteria are met and/or agreed upon:

- Moonlighting does not conflict with research activities or course work associated with research
- Resident has a permanent (unrestricted) medical license
- Malpractice coverage is detailed in writing, in advance by the authorized official of the proposed moonlighting job. Amounts, limits and duration must be included.
- Resident is permitted to moonlight up to 96 hours per month, as to not interfere with research activities.
- Residents must complete House Staff Moonlighting Application
- Residents must receive approval from both Residency Program Director and research mentor; both must sign this form to indicate approval, to be placed in the resident's electronic file.

Any surgical residents that have received approval can sign up for moonlighting opportunities through the Surgical Education office. Payment is made for all moonlighting shifts at the completion of each month.

The Program Director and the resident's research mentor have the right to prohibit or cease moonlighting activities of a research resident, based on his or her performance and/or productivity. Work performance of the research resident will be evaluated and monitored by their research mentor. Moonlighting privileges may be reinstated at the request of the research resident based on acceptable work performance. Both the Program Director and research mentor must agree to reinstate privileges.

For divisions interested in offering moonlighting opportunities:

In order for a division within the Department of Surgery at NMH (inclusive of Pediatrics at Lurie Children's Hospital) to set-up a moonlighting shift, they must work through the Manager of Surgical Education to finalize opportunities. The Surgical Education team will list all NMH moonlighting in one common sign-up to ensure the resident is not signed up for more than 96 hours per month, and that opportunities are distributed in an equitable fashion. Each division must have moonlighting opportunities and funding approved by Chair of the Department of Surgery.

Divisions must notify Surg Ed team with at least 30 days notification. Please reach out with questions or if an emergency shift needs to be covered.

APPEALS:

Appeals for an exception to this policy may be made by the program director whose decision is final. Any moonlighting exceptions must be documented in the resident file. Moonlighting information becomes part of the resident's file. If outside employment is approved, but impairs a resident's ability to carry out assigned McGaw responsibilities, at the discretion of the program director approval will be withdrawn. Permission to moonlight may be withdrawn at any time.

I accept the above stated moonlighting policies.	
Resident Name	
Resident Signature	. Date
Above resident is approved to moonli	ight during their clinical years.
Program Director Signature	Date
Research Mentor/PI Signature	Date