

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

Moonlighting Policy

Updated July 2017

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 General Surgery Residency Program prohibits patient care activities outside of the Residency (“moonlighting”) 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 is permissible if the following criteria are met and/or agreed upon: Written permission from the Program Director and Lab Mentor(see page 2 of this document, Moonlighting Request Form); 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; One cannot accept a moonlighting salary if receiving federal dollars as a source of research salary as a postdoctoral researcher.

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ability to carry out assigned McGaw responsibilities, at the discretion of the program director approval will be withdrawn. Permission to moonlight may be withdrawn at any time.

MOONLIGHTING REQUEST FORM

NOTE: Approval must be granted before requested moonlighting period begins (see "Moonlighting Policy" on Purplesurg).

Resident Information

Name: _____

PGY Level: _____

Lab Mentor: _____

Mentor's Email: _____

Lab Phone: _____

Moonlighting Information

Moonlighting Institution: _____

Moonlighting Dates: _____

Is Liability coverage provided by moonlighting site? Yes

Do you have a Permanent License (IL)? Yes No

of hours I moonlighted in current month: _____

of hours I moonlighted in previous month: _____

Approvals

Approved: Yes No

Approved: Yes No

Program Director Signature:

Lab Mentor Signature:

Date

Date

Northwestern Department of Surgery • 251 E. Huron Street, Galter 3-150 • Chicago • Illinois • 60611 • Fax: 312.926.7404