

LPCH Pediatric Residency Moonlighting Policy & Permission Form

Please refer to Stanford's GME website for the full GME moonlighting policy. The following outlines specific highlights of the policy for pediatric residents at LPCH. **Please note, in order to moonlight residents must be (1) PGY3s-PGY5s, (2) in good standing with the residency program (including completion of administrative duties), (3) have the permission of the program director, and (4) have submitted this completed form to a program coordinator.**

ACGME Work Hour Restrictions Affect Moonlighting

ALL Moonlighting hours count toward your work hours. Therefore, all the ACGME work hour rules apply to your combined residency + moonlighting involvement, including:

- a. No breaking 80-hour/week limits by moonlighting (averaged over month).
- b. No working > 24 hours continuously by moonlighting.
- c. Must have 8 hours off between shifts.
- d. Must have 4 days off per block.
- e. Must not work more than 19 days in a row (LPCH policy).

Initial _____

No moonlighting while on jeopardy.

Initial _____

Moonlighting can only be done in the evening and weekends (i.e. not M-F, 8a-5p)

Initial _____

No moonlighting during any rotation where you have a high likelihood of breaking work hours (including PICU, NICU, wards).

Initial _____

Time spent moonlighting must be documented in your MedHub work hours log.

Initial _____

The institution you are moonlighting at should have malpractice insurance and tail insurance coverage for you as a moonlighter (for your own protection).

Initial _____

There is zero tolerance for violation of this moonlighting policy. It puts both our institution and the institution you are moonlighting at in jeopardy, and it is inconsiderate of colleagues. Penalties will be decided by residency program leadership, but will likely include additional jeopardy coverage and/or additional calls. **In addition, anyone who violates the moonlighting policy will permanently lose the privilege of moonlighting throughout their residency at Stanford.**

I, _____, agree to abide by the policies above while moonlighting during my residency training.

Resident Signature

Date

The resident above is in good standing in the residency program and has permission to moonlight in the academic year _____ - _____.

Program Director Signature

Date

Program Coordinator Signature

Date