Rotations in Orthopedics, Cardiology, and Urology – Notice Regarding X-ray exposure

As a rotating resident in our institution you must demonstrate that you have been oriented in the area of radiation safety before you can receive an ID badge. You may either bring in proof of such training from the Radiation Safety officer at your home institution or schedule a 20-30 minute session with our own officer, Mr. Corey Ginetz, M.S. (312-864-7070). In addition, you are required to wear a film badge (Radiation Dosimeter Badge) while rotating here. To facilitate tracking of radiation exposure by your institution’s safety officer, we encourage you to bring in a badge from your home institution. If this is not possible, a temporary one can be issued by Mr. Ginetz.

In order to assure that while on your rotation you are properly protected, please know that you will not be allowed in the OR without a properly fitting apron and a thyroid protector. If there is not one immediately available, you are to go to the Charge Nurse, who will make it their priority to find one or both. If the proper lead apron etc. cannot be found, your attending has been made aware that you are not to participate in the case. In the event that this happens, both the Chairman of Surgery and myself are to be notified. If you are ever told that you don’t need protection or in some way it is implied that because you are at a public hospital, we do not follow the same rules (“this is County”), please let the Charge Nurse or myself know the name and context immediately. Please also know that any such reports to me will be handled with complete confidentiality.

Sincerely,

[Signature]
John M. O’Brien, MD
Chairman, Department of Professional Education

The resident received radiation safety training at __________________________ (institution) on _____________ (date).

The resident will: € wear their film badge their home institution.
€ wear their film badge from Stroger (we will inform you of the amount of radiation exposure you received during the rotation here at Stroger)

__________________________  __________________________  _____________
Name of Safety Officer     Signature                      Date