

University of Rochester School of Medicine and Dentistry
Strong Regional Trauma Center &
American College of Surgeons Committee on Trauma

presents

Advanced Trauma Life Support 2010 Series

ATLS®



University of Rochester Medical Center
Rochester, New York

Organized by



MEDICINE *of* THE HIGHEST ORDER

2010 Advanced Trauma Life Support Series

Traumatic injury remains a major cause of death and disability in all age groups. It is clear that prompt recognition of life-threatening injury and appropriate early management can significantly improve outcomes following trauma.

The Advanced Trauma Life Support (ATLS®) Course provides a structure in which the participant will learn to identify injuries associated with major trauma as well as the management skills required for proper early resuscitation and treatment of injured patients.

As a national standard in trauma education, the ATLS® course provides participants with the basic skills required for timely management of traumatic injury. The course format involves both didactic and practical sessions with all skills taught using state-of-the-art human simulators (Trauma-Man®).

This course remains a basic requirement for all physicians who have responsibility for the management of injured patients.

Course Director

Mark Gestring, MD

*Associate Professor, Department of Surgery
Director, Adult Trauma
Strong Regional Trauma Center
University of Rochester School of Medicine and Dentistry*

COGNITIVE OBJECTIVES

Upon successful completion of this course, the student should be able to:

- Demonstrate concepts and principles of primary and secondary patient assessment
- Establish management priorities in a trauma situation
- Initiate primary and secondary management necessary in the early hours of emergency care
- Demonstrate skills used in the initial assessment and management of the patient with multiple injuries



2010 Advanced Trauma Life Support Series

LOCATION

These courses will take place at the University of Rochester Medical Center. Driving instructions will be mailed or e-mailed with the registration acknowledgement.

SPECIAL SERVICES

To request disability arrangements, contact the Trauma Program Office at 585.276.5500 (10 days in advance of the conference). Office hours are Monday – Friday, 8:00 am – 4:00 pm

REGISTRATION & FEE INFORMATION

ORIGINAL PROVIDER SESSION (TWO DAYS)

- \$700 / Practicing Physician / PA / NP
- \$400 / Auditor (RN/EMT-P)

REVERIFICATION SESSION

Day 2 of Original Provider Session

- \$450 / Practicing Physician / PA / NP

Please call Trauma Services at 585-276-5500 before mailing your payment and registration form to confirm the requested date is still available. Classes fill about 2-3 months prior to the course. There is a maximum registration level of 24 persons per course. Registrations will be processed in order of receipt. Receipts will be issued at the conference. **Courses are on a First Paid, First Serve Basis!**

The appropriate registration fee must accompany the Registration Form, Personal Check accepted.

Please make check payable to **University of Rochester - ATLS** and mail your registration form and check to our office address listed below.

University of Rochester Medical Center
c/o Jeannie Burger
601 Elmwood Avenue, Box SURG
Rochester, NY 14642

ACCREDITATION STATEMENT

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians and physician extenders (PAs & NPs).

With the new 8th edition, the American College of Surgeons has enabled course completion cards to be issued to physician extenders (PAs & NPs).

CERTIFICATION STATEMENT

Original Provider Session:

The American College of Surgeons designates this educational activity for a maximum of 19 hours AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for 19 hours of ACEP category 1 credit.

Renewal Session:

The American College of Surgeons designates this educational activity for a maximum of 5 hours AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for 5 hours of ACEP category 1 credit.

REGISTRATION

Contact: Jeannie Burger, Trauma Services

Office:

University of Rochester Medical Center
601 Elmwood Avenue, Box SURG
Rochester, NY 14642
Phone: 585.276.5500
Email: Jeannie_Burger@URMC.Rochester.edu

Fee includes attendance at all applicable sessions, course materials, and applicable food and beverage breaks. **Written cancellation refund policy** for September 2010 course: Before August 25, 2010 = Full Refund; On or After August 25, 2010 = 50% Refund; After September 7, 2010 = No Refund. Written cancellation refund policy for November 2010 course: Before October 20, 2010 = Full Refund; On or After October 20, 2010 = 50% Refund; After November 2, 2010 = No Refund.

SMOKE FREE POLICY

Effective November 16, 2006, the University of Rochester became a Smoke Free institution – inside and out. This means that all staff, patients and visitors who wish to smoke must do so outside of the established Smoke FREE perimeter.

As a leading health care organization, it is inconsistent with our missions to allow anyone to smoke – or be exposed to smoke – while at our facilities. This policy includes all tobacco products including: cigarettes, cigars, pipes, and chewing tobacco. Single-dose nicotine replacement products will be available for purchase at cost throughout the Medical Center. Please see conference staff at the registration desk for more information.

2010 Advanced Trauma Life Support Series

REGISTRATION FORM

Please return this form with payment **AS SOON AS POSSIBLE**.

Each course has a maximum registration level of 24.

CHECK IF NEW NAME ☐ OR NEW ADDRESS ☐

Name: _____

Title: _____

Birth Month and Day: (e.g. July 12, 1965 = 0712):

for record keeping only

_____ M _____ M _____ D _____ D

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Affiliation or Institution: _____ Practice Specialty: _____

Food Allergies: _____

ORIGINAL PROVIDER SESSION

(Please check off date of attendance)

☐ September 13 & 14, 2010

☐ November 8 & 9, 2010

Fees

☐ \$700 Practicing Physician / PA / NP

☐ \$400 Auditor

RE-VERIFICATION SESSION

To meet ACS requirements for the Refresher Course, you must not be past the 6-month grace period of the expiration date on your current ATLS card.

☐ September 14, 2010

☐ November 9, 2010

Fees

☐ \$450 Practicing Physician / PAs / NPs

Please mail completed registration form with payment to:

University of Rochester Medical Center
c/o Jeannie Burger
601 Elmwood Avenue, Box SURG
Rochester, NY 14642

Copies of this form are acceptable.

Please do not reduce this form.

For further information contact:

Krista Sokolowski, RN, MS
Trauma Program Manager
University of Rochester Medical Center
Box SURG
Office: 585.276.3760
or
ATLS Division
American College of Surgeons
633 N. Saint Clair Street Chicago, IL 60611-3211
Phone: 312.202.5160

CURRENT ATLS INFORMATION

(this section **MUST** be filled out in order to register for Reverification course)

Course date: _____

Course No.: _____

Expiration Date: _____

Course Location: _____

