

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

presents

Advanced Trauma Life Support

2016-2017
Series

ATLS[®]

University of Rochester Medical Center
Rochester, New York



MEDICINE *of* THE HIGHEST ORDER

2016-2017 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, FACS

*Associate Professor, Department of Surgery
Director, Adult Trauma
Kessler 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

2016-2017 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)

- \$750 / Practicing Physician / PA / NP
- \$400 / Auditor (RN/EMT-P)

REVERIFICATION SESSION

Day 2 of Original Provider Session

- \$500 / 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 Vieira
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 Vieira, Trauma Services

Office:

University of Rochester Medical Center
601 Elmwood Avenue, Box SURG
Rochester, NY 14642
Phone: 585.276.5500

Email: Jeannie.Vieira@URMC.Rochester.edu

Fee includes attendance at all applicable sessions, course materials, and applicable food and beverage breaks.

Written cancellation refund policy for February 2016 course: Before January 9, 2016 = 100% refund; on or after January 10, 2016 = 50% refund; after January 17, 2016 = no refund. For September 2016 course: Before August 29, 2016 = 100% refund; on or after August 31, 2016 = 50% refund; after September 7, 2016 = no refund. For November 2016 course: Before October 3, 2016 = 100% Refund; on or after October 4, 2016 = 50% refund; after October 11, 2016 = 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.

2016-2017 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: _____

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Affiliation: _____

Practice Specialty: _____

Food Allergies: _____

Please mail completed registration form with payment to:

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

Copies of this form are acceptable.

Please do not reduce this form. For further information contact:

Gina E. Ryan RN, BSN
 Trauma Program
 University of Rochester Medical Center
 Box SURG
 Office: 585.275.7401
 or
 ATLS Division
 American College of Surgeons
 633 N. Saint Clair Street Chicago, IL 60611-3211
 Phone:

ORIGINAL PROVIDER SESSION

(Please check off date of attendance)

2016

2017

- | | |
|---------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> February 8 th & 9 th | <input type="checkbox"/> February TBD |
| <input type="checkbox"/> September 19-20 th | <input type="checkbox"/> September TBD |
| <input type="checkbox"/> November 7-8 th | <input type="checkbox"/> November TBD |

Fees

\$750 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.

2016

2017

- | | |
|--------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> February 8-9 th | <input type="checkbox"/> February TBD |
| <input type="checkbox"/> September 19-20 th | <input type="checkbox"/> September TBD |
| <input type="checkbox"/> November 7-8 th | <input type="checkbox"/> November TBD |

Fees

\$500 Practicing Physician / PAs / NPs

CURRENT ATLS INFORMATION

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

Course Date: _____

Course #: _____

Expiration Date: _____

Course Location: _____

