

## TRAUMA NURSING CORE COURSE ~ TNCC

Wednesday & Thursday, February 3 & 14, 2010  
Wednesday & Thursday, May 19 & 20, 2010  
Wednesday & Thursday, August 11 & 12, 2010  
Wednesday & Thursday, November 17 & 18, 2009

### TNCC REVERIFICATION COURSE

Thursday, February 4, 2010  
Thursday, May 20, 2010  
Thursday November 18, 2010

REGISTRATION DEADLINE: 4 WEEKS PRIOR TO COURSE

#### LOCATION :

**MARQUETTE GENERAL HOSPITAL  
EDUCATION / CONFERENCE CENTER**  
3<sup>rd</sup> Floor, East Entrance

The **Marquette General Hospital Conference Center** is located in the East Building, also known as the 1984 Building. Park in Lot A, located at the corner of Hebard Court and College Avenue. Enter the hospital through the East Entrance canopy and take the elevator to the third floor and exit to the right.

**In accordance with the Americans with Disabilities Act, please advise Gail Schneider or Trish Nadeau at (906) 225-3470 or 1-800-562-9753, ext 3470 if you have any disabilities that require special materials and/or services so that appropriate personnel can be advised.**

MARQUETTE GENERAL HOSPITAL CONFERENCE CENTER  
(906) 225-3470 or 1-800-562-9753

Preview Future Conference Offerings, Go to **MGHS Webpage** at [www.mgh.org](http://www.mgh.org), scroll over **HEALTH INFORMATION**, & down to click on **EDUCATION DEPT**, click on **PROFESSIONAL CONFERENCE CALENDAR**, scroll down to desired program and click on it to open and print brochure when available.

#### TARGET AUDIENCE:

TNCC verification is open only to Registered Nurses. TNCC provides core level knowledge, both cognitive and psychomotor skill, based on the nursing process as the standard of care. It is designed for the Registered Nurse caring for the Trauma Patient. It is recommended that the provider have at least 6 months of clinical nursing experience.

*Other Health Care Providers may attend as auditors*

#### CONTINUING EDUCATION CREDITS:

*The Emergency Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Commission on Accreditation.* TNCC provides 14.42 contact hours to the Registered Nurse.

TNCC REVERIFICATION provides 7.75 contact hours to the Registered Nurse

The Michigan Department of Community Health has pre-approved EMS continuing education credits for TNCC

Auditors will receive a certificate of attendance and education credits for the portion of the course attended

#### PROGRAM OBJECTIVES:

On completion of this course, the learner should be able to:

##### Course Objectives:

- Identify the common mechanisms of injury associated with trauma
- Describe the pathophysiologic changes as a basis for signs and symptoms
- Describe the nursing assessment of patients with trauma
- Describe the appropriate interventions for patients with trauma
- Describe mechanisms for evaluating the effectiveness of nursing interventions for patients with trauma

##### Skill Station Objectives:

- Demonstrate standardized, systematic, and organized approach to assessment, planning, intervention, and evaluation
- Perform primary and secondary assessments
- State patient problem based on assessment data
- Describe appropriate interventions for a plan of care
- Identify patients potential response to nursing interventions

**FEE:** Provider: \$250 Reverification \$175  
**REGISTRATION DEADLINE:** 4 WEEKS PRIOR TO COURSE  
Fee includes registration, meals, refreshment breaks, and handouts Refundable with at least 4 week notice & return of unopened materials  
\$100 Cancellation Fee less than 4 weeks with return of unopened materials

— By Mail —

Marquette General Hospital  
ATTN: Trish Nadeau, Education Dept.  
580 W. College Avenue  
MARQUETTE, MI 49855

— By Fax —

906-225-3037

### ?? QUESTIONS ??

**Please Contact Gail Schneider, MGH Education**  
**Phone: (906) 225-3470**

**Email: [gjschneider@mgh.org](mailto:gjschneider@mgh.org)**

REGISTRATION Enclosed for:

#### PROVIDER

February 3 & 4, 2010

May 19 & 20, 2010

August 11 & 12, 2010

November 17 & 18, 2010

#### REVERIFICATION

February 4, 2010

May 20, 2010

November 18, 2010

#### Please Print

LAST 4 DIGITS OF SS#: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Agency \_\_\_\_\_

Circle One: RN LPN EMS Other: \_\_\_\_\_

Check One:

Payment Enclosed

Payable to Marquette General Hospital - EDUCATION

Charge My Credit Card:

MasterCard  Visa  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

MGH Employee Department # \_\_\_\_\_