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# CARDIOLOGY GRAND ROUNDS

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**Title:** Cardiology Case Carousel

**Speaker:** Benjamin K. Johnson, MD  
Cardiovascular Disease Fellow  
Minneapolis Heart Institute® at Abbott Northwestern Hospital &  
Hennepin County Medical Center

**Date:** Monday, January 11, 2016

**Time:** 7:00 – 8:00 AM

**Location:** ANW Education Building, Watson Room

## OBJECTIVES

At the completion of this activity, the participants should be able to:

1. Identify complications in patients with mechanical assist devices..
2. Describe imaging modalities to use in diagnosing mechanical assist device complications.
3. List the advantages and disadvantages of different imaging modalities in patients with mechanical assist devices.

*Physician:* This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allina Health and Minneapolis Heart Institute Foundation. Allina Health is accredited by the ACCME to provide continuing medical education for physicians.

Allina Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*Nurse:* This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

## DISCLOSURE STATEMENTS

### Speaker

Dr. Benjamin has declared that she does not have any conflicts of interest to disclose.

### Planning Committee

Dr. Michael Miedema, Dr. Scott Sharkey and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. Robert Schwartz declared the following relationship - consultant: Boston Scientific.

**PLEASE SAVE A COPY OF THIS FLIER AS YOUR CERTIFICATE OF ATTENDANCE**

**Signature:** \_\_\_\_\_  
*My signature verifies that I have attended the above stated number of hours of the CME activity.*