

CARDIOLOGY GRAND ROUNDS

Title: Direct Oral Anticoagulants, Update

Speaker: Nedaa Skeik, MD, FACP, FSVM, RPVI

Assistant Professor of Medicine; Section Head, Vascular Medicine; Medical Director, Thrombophilia and Anticoagulation Clinic; Medical Director, Hyperbaric Medicine
Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, May 16, 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. Recognize direct oral anticoagulants (DOACs) including indications, dosage, side effects and pharmacokinetics.
2. Review updated DOAC bleeding reversal recommendations.
3. Review updated periprocedural anticoagulation recommendations.

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)*[™]. 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. Skeik has declared that he has received consulting & speaker compensation from Pfizer, BI, BMS, J&J, and consulting compensation from Daiichi.

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.

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