

CARDIOLOGY GRAND ROUNDS

Title: Acute Coronary Artery Failure

Speaker: Alex R. Campbell, MD

Cardiologist

Minneapolis Heart Institute® at Abbott Northwestern Hospital

Scott W. Sharkey, MD, FACC

Cardiologist

Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, March 21, 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. Differentiate causes of acute myocardial infarction due to non atherosclerotic coronary disease.
2. Distinguish options for advanced imaging of coronary arteries.
3. Recognize outcome of patients with unique coronary phenomenon.

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)*TM. 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(s): Dr. Campbell and Dr. Sharkey have declared that they do 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.

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