

CARDIOLOGY GRAND ROUNDS

Title: Interventional Cardiology Case Carousel

Speaker: Jamil Abuzetun, MD

Cardiovascular Disease Fellow

Minneapolis Heart Institute® at Abbott Northwestern Hospital &
Hennepin County Medical Center

Date: Monday, May 23, 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 early complications of acute coronary syndrome.
2. Identify other etiologies of acute coronary syndrome.
3. Restate the rule of myocardial biopsy in patients presenting with acute coronary syndrome.

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. Abuzetun has declared that he 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.

ACKNOWLEDGMENT OF SUPPORT

This presentation is partially funded by an educational grant from **Abbott Vascular, a division of Abbott Laboratories.**

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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