

# CARDIOLOGY GRAND ROUNDS

**Title: Reintroduction Overview: Watchman**

**Speaker: Mario Goessl, MD, FACC, FAHA, FESC, FSCAI**  
Minneapolis Heart Institute® at Abbott Northwestern Hospital

**Date: Monday, October 24, 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. Define the rationale behind LAA closure.
2. List indications for the Watchman device.
3. Describe the Watchman procedure.

## ACCREDITATION

**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>TM</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(s):** Dr. Goessl declares that he does not have any conflicts of interest to disclose.

**Planning Committee:** Dr. JoEllyn Carol Moore (Abraham), MD, Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Dr. Michael Miedema, Dr. Scott Sharkey, Eva Zewdie and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. David Hurrell declares the following relationship – honoraria: Boston Scientific.

## ACKNOWLEDGMENT OF SUPPORT

This presentation is partially funded by an educational grant from **Abbott Vascular**.

**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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