

CARDIOLOGY GRAND ROUNDS

Title: What would you do? Case Records from the Minneapolis Heart Institute

Speaker: Matthew C. Chu, MD
Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, December 5, 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. Show proficiency in ambulatory cardiology clinical assessment and decision making.
2. Show proficiency in inpatient cardiology clinical assessment and decision making.
3. Show proficiency in intensive care cardiology clinical assessment and decision making.

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)*[™]. 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. Chu 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.

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.