

# CARDIOLOGY GRAND ROUNDS

**Title: Myocardial infarction and myocardial injury: Where are we now?**

**Speaker: Yader Sandoval, MD,**  
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Hennepin County Medical Center

**Date: Monday, May 22, 2017**

**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 the contemporary classification/nomenclature of myocardial infarction and myocardial injury.
2. Embrace novel rule-in and rule-out diagnostic pathways for patients with myocardial infarction and myocardial injury.
3. Recall the diagnosis and implications of type 2 myocardial infarction.

## ACCREDITATION

### Physician

Allina Health is accredited by the Accreditation Council for Continuing Medical Education (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 only claim 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

### Moderator(s)/Speaker(s)

Dr. Sandoval has disclosed that he does not have any conflicts of interest in making this presentation.

### Planning Committee

Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Dr. Michael Miedema, Dr. JoEllyn Carol Moore, 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. David Hurrell declares the following relationship –Boston Scientific: Chair, Clinical Events Committee.

**We gratefully acknowledge the following organizations for their financial contributions for this activity:**

**AstraZeneca**

**Pfizer**

**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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