
CARDIOLOGY GRAND ROUNDS

Title: Hybrid Treatment of Complex Aortic Disease

Speaker: Jessica M. Titus, MD

Vascular and Endovascular Surgeon

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Surgical Director of Heart Failure

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Vascular and Endovascular Surgeon

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Cardiac Surgeon

Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, January 23, 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. Identify candidates who would potentially benefit from a hybrid approach to their aortic disease.
2. Recognize the benefits and potential pitfalls of a hybrid approach to the treatment of complex aortic disease.
3. Describe the benefits of a multi-specialty approach to the treatment of complex aortic disease.

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)*[™]. 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)

Drs. Titus, Sun and Askew have disclosed that they do not have a conflict of interest in making this presentation. Dr. Manunga declares the following relationship—Cook Medical: Consultant.

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.

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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