

CARDIOLOGY GRAND ROUNDS

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

Speaker: Ashenafi M. Tamene, MD

Cardiologist

Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, December 4, 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 rare causes of aortic dissection.
2. Identify possible long term complications after ascending aortic repair.
3. Identify differential diagnosis for wide complex tachycardia.

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)*TM. 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. Tamene 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, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn 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. Dr. Mario Goessel declares the following relationships-Atricure: Consultant; Edwards Lifesciences: Grant/Research support.

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

Janssen Pharmaceutical Companies of

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Signature: _____

My signature verifies that I have attended the above stated number of hours of the CME activity.