
Minneapolis Heart Institute Foundation® Cardiovascular Grand Rounds

Title: Case Carousel

Speaker(s): Amit Sharma, MD

Cardiology Fellow Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: October 8, 2018

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. Understand the clinical, echocardiographic, and hemodynamic features of constrictive pericarditis.
2. Discuss the diagnosis and clinical management of left ventricular tract obstruction.
3. Know when to order a stress echocardiogram and how to risk stratify patients non-invasively.

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 1.0 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

DISCLOSURE POLICY & STATEMENTS

Allina Health, Learning & Development intends to provide balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All speakers and planning committee members participating in sponsored activities and their spouse/partner are required to disclose to the activity audience any real or apparent conflict(s) of interest related to the content of this conference.

The **ACCME defines a commercial interest** as “any entity” producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

Moderator(s)/Speaker(s)

Dr. Sharma has disclosed that he DOES NOT have any real or apparent conflicts with any commercial interest as it relates to presenting their content in this activity/course.

Planning Committee

Dr. Alex Campbell, Jake Cohen, Jane Fox, Dr. Mario Gössl, Dr. Kevin Harris, Dr. Kasia Hryniewicz, Rebecca Lindberg, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn Moore, Pamela Morley, Dr. Scott Sharkey, and Jolene Bell Makowsky have disclosed that they DO NOT have any real or apparent conflicts with any commercial interest as it relates to the planning of this activity/course. Dr. David Hurrell has disclosed the following relationship –Boston Scientific: Chair, Clinical Events Committee.

NON-ENDORSEMENT OF COMMERCIAL PRODUCTS AND/OR SERVICES

We would like to thank the following company for exhibiting at our activity.

Bristol-Myers Squibb

Pfizer

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When you request a transcript this serves as your personal tracking of activities attended. Most professional healthcare licensing/certification boards **will not accept** a Learning Management System (LMS) transcript as proof of credit; there are too many LMS's across the country and their validity/reliability are always in question.

If audited by a licensing board or submitting for license renewal or certification renewal, boards will ask you not the entity providing the education for specific information on each activity you are using for credit. You will need to demonstrate that you attended the activity with a copy of **your certificate/evidence of attendance, a brochure/flier and/or the conference handout.**

Each attendee at an activity is responsible for determining whether an activity meets their requirements for acceptable continuing education and should only claim those credits that he/she actually spent in the activity.

Maintaining these details are the responsibility of the individual.

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.

Allina Health - Learning & Development - 2925 Chicago Ave - MR 10701 - Minneapolis MN 55407